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Early and regular prenatal care visits are crucial to helping you have a healthier delivery and a healthier baby. See your provider as soon as you think you might be pregnant. If you don't have a maternity care provider, our Customer Care Center can help you choose a provider near you. They can also help you schedule a visit or arrange transportation.

Specially trained and experienced OB nurse care managers are also available for you to talk with. They can share key information about pregnancy and having a healthy baby. They can also connect you to one or more of many resources that may be available in your community. Call our Customer Care Center at 800-582-8686, TTY 711.

During your pregnancy

See your provider for a pregnancy visit:

- As soon as you think you might be pregnant.
- Once every four weeks until you are 28 weeks pregnant.
- Once every two to three weeks until you are 36 weeks pregnant.
- Weekly visits from 36 weeks until your delivery.

[Continue reading here](#)

Growing Together: The Parenting Connection



Talking to your providers about your pregnancy and delivery

To get the best care possible for you and your baby, tell each of your health care providers about your pregnancy. It is important that they all know about your health history as well as any current problems during your pregnancy. And it is just as important to tell each provider if you have had a baby within the last year. Talk about any complications you had during pregnancy. And share any changes you have during your postpartum year. If you have new symptoms, or simply notice something doesn't feel right, don't ignore it. Talk with your providers.

Urgent maternal warning signs

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

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

More information is available at the CDC's "Hear Her" web page: www.cdc.gov/hearher/index.html.

Continued from "From Bump to Baby: Care During and After Pregnancy"

During your pregnancy, be sure to:

- Eat healthy foods.
- Make water your drink of choice and be mindful of your caffeine intake.
- Do not drink alcohol, use drugs or smoke while pregnant.
- Talk with your provider about any medications you take.
- Take a prenatal vitamin with folic acid.
- Ask about vaccines like flu and Tdap to protect yourself and your baby.
- As you get closer to time for delivery, talk with your provider about future birth control options. Ask about available long-acting reversible contraceptives as well as immediate postpartum long-acting reversible contraceptives.

To learn more, go to the CDC's pregnancy web page: www.cdc.gov/pregnancy/during/index.html.

[Continue reading here](#)



Growing Together: The Parenting Connection

Continued from "From Bump to Baby: Care During and After Pregnancy"

After you give birth

It is very important for you to see your provider for your first postpartum visit within three weeks after childbirth. This will be sooner if you had a C-section. Your provider may recommend more visits based on your specific postpartum needs. Finally, you should also have a comprehensive postpartum visit no later than 12 weeks after your delivery. At these postpartum visits your provider will:

- Check to make sure you are healing properly.
- Talk to you about and screen for postpartum depression.
- Review and explain your family planning and birth control options.

Planning your next pregnancy

Your body needs time to fully recover from your last pregnancy before it's ready for another pregnancy. It is recommended for most women to wait at least 18-months between giving birth and getting pregnant again. The shorter the time between pregnancies, the higher the risk for premature birth. Premature birth is when your baby is born too early. Talk to your provider about how you can reduce your risk.

To learn more, check out the March of Dimes birth spacing information sheet:

www.marchofdimes.org/sites/default/files/2023-04/MOD-birth-spacing-health-action-sheet-bilingual-041423.pdf

Count the Kicks, Cherish the Moments

Between 18 to 25 weeks into your pregnancy, you should begin to feel the baby move. For first-time moms, feeling movement may not start until closer to 25 weeks. For moms having their second or more baby, feeling the baby's movement may start earlier. This may start closer to 18 weeks into the pregnancy.

It is important to keep track of your baby's movements. By counting your baby's movements, you will get to know what is normal for your baby. A change in your baby's movements could be a sign of distress.

How do I get to know my baby's movement patterns?

- Begin counting "kicks" and other movement in the third trimester, which is at 28 weeks. Start at 26 weeks if you are told you have a "high-risk pregnancy" or if you are pregnant with multiples (*twins, triplets, etc.*).
- Count your baby's movements every day – at the same time every day is best.
- Pick a time when your baby is usually active.
- To get started:
 - » Sit with your feet up or lie on your side.
 - » Count each of your baby's movements until you reach 10 movements.
 - » Count kicks, jabs, pokes, rolls or swishes. Do not count hiccups – hiccups are involuntary movements.
 - » Time and track how long it takes your baby to get to 10 movements.



[Continue reading here](#)

Growing Together: The Parenting Connection

Continued from "Count the Kicks, Cherish the Moments"

- After your baby reaches 10 movements, rate the strength of your baby's movements from 1 to 5. With "1" being fluttery and "5" being fierce.
- After a few days, you will begin to see the average length of time it takes for your baby to reach 10 movements.

Count the Kicks has charts you can print and a no-cost phone application to help you keep track of your baby's movement. Click the following links for those resources.

countthekicks.org/download-app
countthekicks.org/printable-charts

Review your Count the Kicks chart with your provider at every appointment.

Call your provider right away if there is a change in how long it takes your baby to get to 10 movements or if you notice a drop in the strength of your baby's movements. If there is no movement (or a big drop in your baby's movements), do not wait. Contact your provider immediately. If you can't reach your provider, go to the nearest hospital.

Week #: _____ Start Date: _____

How long does it take for baby to move 10 times?

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time	○	○	○	○	○	○	○
Count the kicks	○	○	○	○	○	○	○
End time	○	○	○	○	○	○	○
Minutes							

Find the pattern

Minutes	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0							
10							
20							
30							
40							
50							
1 hour							
+10							
+20							
+30							
+40							
+50							
2 hours							

Week #: _____ Start Date: _____

How long does it take for baby to move 10 times?

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time	○	○	○	○	○	○	○
Count the kicks	○	○	○	○	○	○	○
End time	○	○	○	○	○	○	○
Minutes							

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Minutes	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0							
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30							
40							
50							
1 hour							
+10							
+20							
+30							
+40							
+50							
2 hours							

HEALTHY BIRTHDAY
English

Count the Kicks is a program of Healthy Birth Day, Inc., a 501(c)(3) organization dedicated to the prevention of stillbirth through education, advocacy and research. This information is for educational purposes only and is not meant for diagnosis or treatment. Use of this information should be done in accordance with your healthcare provider.
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Count the Kicks
CountTheKicks.org

Print this page 6 times to count weeks 28-40!

WIC Arizona

WIC is the Arizona supplemental nutrition program for women, infants and children. WIC is a no-cost program that will help you and your family get healthy foods. WIC focuses on good nutrition during and after pregnancy. It can also help while breastfeeding and during early childhood.

Who is WIC for?

- Pregnant women – sign up as soon as you find out you are pregnant
- Women whose pregnancy ended less than six months ago
- Breastfeeding women – until the infant's first birthday
- Infants and children – from birth up to 5 years of age

For more information, call 800-252-5942 for an appointment with your local WIC clinic. You can also find WIC on the web at www.azwic.gov or search "EzWIC" in the Apple Store or on Google Play.

Breastfeeding Support

Get answers to your breastfeeding questions 24-hours a day by calling the Arizona Department of Health Services 24-Hour Breastfeeding Hotline.

24-Hour Breastfeeding Hotline
800-833-4642



Growing Together: The Parenting Connection



Healthy Smiles Start Here

Healthy gums and teeth are important to your child's overall health. This is why your child's provider will talk with you about good dental habits even before your child's first tooth appears.

The American Academy of Pediatrics recommends that all infants receive oral health risk assessments by 6 months of age. Once your child has their first tooth show, your provider may recommend that your child receive fluoride varnish treatments in the pediatrician's office to help prevent tooth decay. This can be done up to four times per year for your child, through 5 years of age. Fluoride varnish is an easy treatment. The fluoride is simply painted on the top and sides of each tooth with a small brush.

Take action to good dental health

- Receive regular care by a dentist trained to treat young children.
- Brush with a fluoride toothpaste (*at least twice a day*).
- Floss regularly.
- Eat a healthy diet.
- Drink tap water that contains fluoride.

Stay Ahead of Syphilis

Syphilis

Syphilis is a sexually transmitted infection (STI). People who are sexually active can get syphilis. Since early infection can be present without active symptoms, it's possible to get syphilis and not even know it. Without testing and proper treatment, syphilis can cause serious and lasting health problems. The good news is that effective antibiotic treatment is available through your health care provider.

Congenital syphilis

Congenital syphilis occurs when a baby acquires syphilis during pregnancy. Health impacts depend on how long the mother had syphilis and if she was treated. Congenital syphilis can cause miscarriage, stillbirth, prematurity or death shortly after delivery. Babies with congenital syphilis infection may not have symptoms right at birth. But without treatment right away, the baby may develop serious medical problems, such as:

- Rashes.
- Enlarged liver or spleen.
- Jaundice (*yellow skin or eyes*).
- Bone deformities.
- Brain or neurological problems.
- Meningitis.
- Blindness.
- Deafness.

If you are pregnant:

- Syphilis can pass to your baby any time during pregnancy.
- Get tested for syphilis and other STIs at your first prenatal visit to stay healthy and protect your baby.
- Repeat the screening at the start of your third trimester and again at the time of delivery
- Tell your provider about any new or unusual symptoms.
- Tell your provider if you have new or multiple sex partners.
- If you test positive, it is very important that your sex partner(s) get treated.
- Follow-up testing by your health care provider is necessary to make sure your treatment was successful.



Resources

www.cdc.gov/syphilis/about/about-congenital-syphilis.html

Making Every Breath a Little Easier: Protecting Your Baby From RSV

What is RSV?

Respiratory Syncytial Virus (RSV) is a very common seasonal virus that affects the lungs and breathing. RSV season is usually from late fall (*October*) through winter and into early spring (*April*). RSV is contagious and is easily spread through close contact. Most children will catch RSV by the time they turn two years old. For many kids, RSV causes cold-like symptoms. But RSV can lead to serious health problems in babies, young children and kids with other health problems.

Signs and symptoms of RSV

RSV symptoms usually show up about four to six days after catching the virus.

Common signs and symptoms

- Runny or stuffy nose
- Coughing
- Sneezing
- Fever
- Wheezing
- Less appetite
- Tiredness

Serious signs and symptoms

- Shortness of breath
- Trouble breathing
- Bluish colored lips or face
- Extreme tiredness
- Difficulty responding or interacting
- Confusion

If your child has these serious symptoms, call 911 and seek emergency medical care right away.

Ways to help prevent RSV

- **Wash hands:** Have everyone wash their hands often with soap and water, especially after using the bathroom and before eating.
- **Avoid close contact:** Keep your child away from people who are sick and limit time in crowded places during RSV season.
- **Stay home when sick:** If your child is sick, keep them at home to avoid spreading the virus to others.

You can help prevent the spread of RSV and help protect your child. Avoid close contact with those who are sick. Wash hands and common surfaces often. Talk with your health care provider more about RSV and RSV vaccines.



Vaccine protection against RSV

Beyfortus injection

Beyfortus is a single injection for the baby. It provides fast-acting protection from RSV. It can help prevent serious lung infections in babies, including premature babies. Your baby may be able to get Beyfortus if they are less than 8 months old during their first RSV season. Also, children with higher risk may be able to get the Beyfortus shot up to 24 months old. Talk to your child's provider about the Beyfortus vaccine to see if it's right for your child.

Synagis injection

Synagis is given as a monthly injection to the baby during the RSV season. Synagis can be given to babies who are less than 6 months old at the start of RSV season. High risk babies less than 24 months old may also be able to get the shot series.

Abrysvo (an RSV vaccine for the pregnant members)

Pregnant people should talk to their provider about getting the RSV vaccine before childbirth. This one-shot vaccine can help protect your baby from RSV for up to 6 months once they are born. Most babies whose birthing parent received the RSV vaccine during pregnancy will not need a dose of Beyfortus.

Growing Together: The Parenting Connection

HIV Testing and Care in Pregnancy: Ensuring a Healthier Future for You and Your Baby

The Human Immunodeficiency Virus (HIV) virus causes the disease Acquired Immunodeficiency Syndrome (AIDS). HIV affects the body's immune system. This makes the body less able to fight infection and illness. HIV can enter the bloodstream through sexual contact, direct contact with body fluids like blood or semen or by sharing needles. HIV can also pass from mother to baby at any time during pregnancy, childbirth or through breast milk.

To help prevent HIV infection:

- Use condoms every time you have sex.
- Never share drug needles.
- Ask any partner to be tested before you have sex.
- People who are pregnant or planning to get pregnant should get a voluntary HIV test (*available at no cost*).

If you have HIV and are pregnant:

- See your provider regularly.
- Take your HIV medicines as instructed.
- Do not breastfeed or pump and feed with breast milk.

There is no cure for HIV. But early diagnosis and treatment can help people with HIV stay healthy for many years. If your HIV test is positive, counseling and treatment are available. This will help keep both you and your baby as healthy as possible.

Babies born to HIV positive mothers should also see their pediatrician regularly. Your baby will be tested for HIV several times. The provider may prescribe medications for your baby. This will help protect your baby from becoming HIV positive.

Additional HIV resources

The Centers for Disease Control and Prevention (CDC) webpage www.cdc.gov/hiv/default.html has a lot of information on HIV and additional HIV resources. There is information for you on risk, prevention, testing options and locations for testing in your area.

Fast-Facts on early testing and treatment improves outcomes for mothers and babies: stacks.cdc.gov/view/cdc/83515

You can also call the CDC Hotline at 800-CDC-INFO.

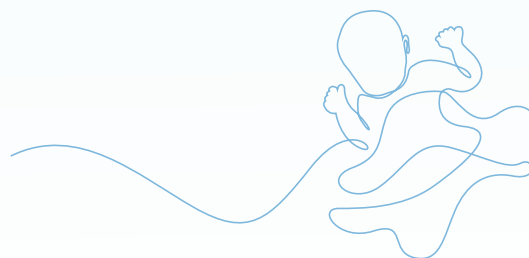
If you need help finding a provider or would like to speak with one of our OB or pediatric care managers, please call our Customer Care Center at 800-582-8686, TTY 711.

Safe Sleep, Sweet Dreams Giving your baby the safest start

SIDS stands for sudden infant death syndrome. SIDS is the unexplained sudden death of a baby less than 1 year old and otherwise healthy. You can help reduce the risk of SIDS and other sleep-related infant death.

- Place all babies on their back to sleep until they are 1 year old. Babies who sleep on their backs are at lower risk for SIDS. It's not safe to place babies on their sides or their stomachs to sleep – not even for a nap.
- Use a firm and flat sleep surface, such as a mattress in a safety approved crib, covered by a fitted sheet. No other bedding or soft items should be in the sleep area.
- Give babies their own sleep space. This may be a crib, bassinet or portable play pen. Sharing your room and having the baby's sleep space near your bed is safer than sharing your bed with baby.
- Couches and recliners or armchairs are never safe for baby sleep.
- Babies who are fed breastmilk (*breastfed or by breast pump and feed*) are at lower risk for SIDS than babies who were never fed breastmilk.

Learn more about SIDS and safe infant sleep: safetosleep.nichd.nih.gov



Growing Together: The Parenting Connection

The Importance of Well-Child Visits

It is important for your child to get regular well-child checkups. These visits are also called Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits or well-exams. They are complete health checks for members under 21 years old.

EPSDT visits include:

- A medical history.
- Physical exam.
- Screenings.
- Health counseling.
- Vaccines.
- Medical treatment.
- Follow-up care for physical and behavioral health problems.

Our Customer Care Center can help with scheduling or transportation. Please call 800-582-8686, TTY 711.



[Continue reading here](#)

Establish Healthy Habits and Prevent Childhood Obesity

About one in five American children has obesity. Children with obesity are at a higher risk for health problems like asthma, sleep apnea, bone and joint problems, type 2 diabetes, high blood pressure and other risk factors for heart disease.

Factors that contribute to obesity

- Genetics
- Physical activity levels
- Eating habits
- Sleep routines

Ways families can prevent or reduce obesity

- Develop and model a healthy eating pattern for the entire family.
 - » Offer a variety of fresh fruits and vegetables throughout the day.
 - » Look for low sodium or no salt added foods.
 - » Provide fruits packed in 100% fruit juice or water (*not syrup*).
 - » Replace sugary drinks such as soda, fruit flavored drinks or flavored milks, with water, 100% juice or plain low-fat milk.
- Be more active and move more as a family.
 - » Children ages 3 to 5 years should be physically active throughout the day.
 - » Children ages 6 to 17 years need at least 60 minutes of physical activity every day.
- Set consistent sleep routines.
 - » Preschoolers need between 10 to 13 hours of sleep per day, naps included.
 - » Children 6 to 12 years old need between 9 to 12 hours of uninterrupted sleep a night.
 - » Youth from 13 to 17 years need 8 to 10 hours of sleep a night.
 - » Keeping a consistent sleep schedule through both the week and weekends, can help children sleep better and improve weight management.
- Replace screen time (*TV, computers, tablets, phones, video games, etc.*) with family time.
 - » Turn off screens at least one hour before bed.
 - » Remove screens from children's bedrooms.

If you are concerned about your child's weight, talk with your child's health care provider. Their provider can assess your child's weight and check for health risks related to excess weight.

For more information:

[Preventing Childhood Obesity: 6 Things Families Can Do | Obesity | CDC](#)

Growing Together: The Parenting Connection

Birth to Five Helpline

The Birth to Five Helpline is a no-cost service open to all Arizona families with young children. Their early childhood specialists are available to help with childhood development, parenting and caregiving. The helpline can also connect you with a wide range of specialists.

Childhood development specialists

- Psychologists
- Master's level counselors
- Registered nurses
- Disability specialists
- Literacy specialists
- Physical therapists
- Occupational therapists
- Speech and language therapists

Areas of focus

- Sleep
- Challenging behaviors
- Potty training or learning
- Health and nutrition
- Feeding and eating
- Fussiness or colic
- Safety
- General child development
- Parenting

You can dial the helpline directly at 877-705-KIDS (5437) Monday through Friday from 8 a.m. to 8 p.m. You can also download the Birth to Five Helpline app from the *Apple App Store* or *Google Play*.

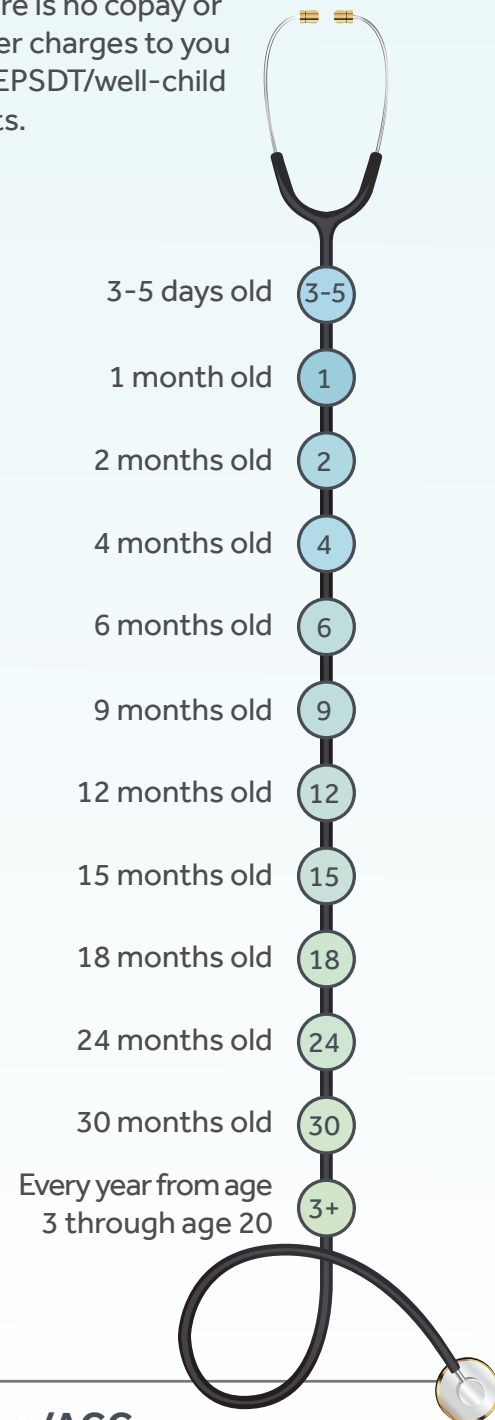
Birth to Five 
HELPLINE
877.705.KIDS

"Nothing Out of the Question"

Continued from "The Importance of Well-Child Visits"

Ages for EPSDT/well-child visits

EPSDT/well-child visits help keep your child well. Seeing the doctor when healthy can help stop problems and illness later. Your child's provider may suggest further well-child visits. There is no copay or other charges to you for EPSDT/well-child visits.



Opioids During Pregnancy: Protecting You and Your Baby's Health

Opioids are medications often prescribed for pain during an illness or after an injury or surgery. Some examples include codeine, morphine, oxycodone and others.

Taking opioids during pregnancy can cause serious problems for your baby. If you're pregnant or thinking about getting pregnant and taking an opioid, tell your health care provider as soon as possible. Taking opioids during pregnancy can lead to serious problems for your baby, like Neonatal Abstinence Syndrome (NAS). NAS is when a baby is exposed to a drug in the womb and withdrawals from that drug after birth. NAS is most often caused when a woman takes opioids during pregnancy.

Possible complications linked to opioid use during pregnancy

- Preterm labor or premature birth
- Being born too small or "low birth weight"
- Breathing problems
- Heart issues
- Miscarriage or stillbirth

Where can you get help?

Talk with your prenatal care provider about the risks and benefits of the medications you take, including opioids, even if it is prescribed by another health care provider. You may be able to make changes that are safer for your baby and help you have the healthiest possible pregnancy and baby. Do not stop taking an opioid without talking to your provider first. Quitting suddenly can cause severe problems for your baby.



Additional resources

CDC

(U.S. Centers for Disease Control and Prevention)

www.cdc.gov/opioid-use-during-pregnancy/communication-resources/index.html

www.cdc.gov/medicine-and-pregnancy/about/index.html

FDA

(U.S. Food and Drug Administration)

www.fda.gov/consumers/womens-health-topics/medicine-and-pregnancy

SAMHSA

(Substance Abuse and Mental Health Services Administration)

findtreatment.samhsa.gov/ or call 800-662-4357

MotherToBaby

mothertobaby.org/pregnancy-breastfeeding-exposures/opioids/



Growing Together: The Parenting Connection

Shining a Light on Postpartum Depression

The birth of a baby can cause a lot of feelings from happiness and joy to fear and anxiety. Many moms experience postpartum depression. This may include mood swings, crying spells, anxiety, trouble sleeping and difficulty bonding with your baby. In more intense cases, people may experience extreme sadness, inability to complete normal daily activities or thoughts of harming either themselves or others. This can start within the first few days after birth to as much as a year after delivery.

People with depression may not know that they're depressed. This is why it is important to attend your postpartum follow-up appointments. Your provider will screen for postpartum depression. If needed, they will also provide counseling referrals and resources.

Signs that you may have postpartum depression include:

- Feeling hopeless, helpless, very sad, down or depressed.
- Having trouble sleeping (*even when the baby is asleep or when others are caring for the baby*).
- Low energy levels, even when you have slept well.
- Loss of interest in things that you used to enjoy.
- Feelings of guilt or excessive anxiety.
- Having difficulty with focusing, concentrating or remembering.
- Difficulty bonding with your baby.
- Not taking care of yourself or taking care of your baby.
- Thinking about harming yourself, your baby or others.



Seeking help

Know that you are not alone. Postpartum depression is not uncommon. Many birthing parents experience depression after having a baby. It's appropriate to ask for help.

You can accept help from family or friends. You can also ask for professional help from your OB/GYN provider, your primary care provider, your baby's pediatrician or a mental health provider (*no referral is needed for behavioral health care*). Some people find that talking to a counselor can help. Others find comfort from a support group. Other therapies and even medications may be provided by a qualified health care provider.

Our experienced OB care managers can also help you get the support services you need. Just call our Customer Care Center at 800-582-8686, TTY 711. Ask to speak to an OB care manager.

Additional resources

- Maternal Mental Health Hotline 833-852-6262 (TLC-MAMA)
- Postpartum Support International (PSI) at 800-944-4773
www.postpartum.net/get-help/help-for-moms

Call or text 911 or 988 (Suicide and Crisis Lifeline) if you have thoughts of harming yourself or your baby.

Thank you

for reading our
newsletter.



ATTENTION: If you speak English, language assistance services are available at no cost 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。請致電。

B – UFC/ACC 800-582-8686, TTY 711.

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