how to

GET PREPARED EARLY

Hints for a Healthy Pregnancy & Baby

- Eat three meals each day, plus a snack at bedtime. Eat six small meals if you get filled up fast.
- Do not exceed more than 8 hours without eating.
- Drink plenty of liquids and at least three glasses of milk each day. If you do not like milk, try cheese, ice cream and yogurt.
- Inform your medical provider of all medications; both prescription and over the counter, and herbal products that you are currently taking.
- If you experience morning sickness, tell the nurse.
- If you smoke, quit. If you need help quitting, we can assist.
- Avoid alcohol during your pregnancy. Please do not drink beer, wine or liquor. There is no safe level of alcohol during pregnancy. If you have a problem drinking, please let us know: we want to help.
- Avoid illegal drugs such as cocaine, crack, ecstasy, etc., all which can harm you and your baby. If you use drugs, we can refer you to drug rehab to help you stop.
- Avoid the use of hot tubs and saunas.
- Take prenatal vitamins as directed. Our pharmacy can give you refills.
- If you desire tubal ligation after delivery, please discuss the issue with your provider during your prenatal visits; preferably at 28 weeks.
- After delivery, within the first week, remember to schedule your newborn appointment and post partum visits.

Prenatal Classes Are Encouraged

- Lamaze
- Prenatal Exercise
- Siblings Preparation
- Introduction to Breast-feeding Basics
- Mother & Baby

Healthy Food Choices During Pregnancy

**PER FDA GUIDELINES FOR PREGNANT WOMEN.*

- **Meat and Meat Substitutes**
  - Liver
  - Lean red meats, including beef, pork, lamb
  - Seafood, such as oysters, clams, tuna, salmon, shrimp, etc.
  - Beans: including kidney, lima, navy, black, pinto, soy beans, and lentils
  - Eggs
- **Vegetables and Fruits**
  - Broccoli
  - Green peas
  - Dark Green and leafy vegetables: spinach, collard greens, turnip and mustard greens.
  - Tomatoes
  - Dried fruits: raisins, apricots, peaches, prunes, dates
  - Watermelon, strawberries, bananas and mangos
- **Breads and Cereal**
  - Enriched Cereal: Special K, Total, Wheaties, Raisin Bran and any other fortified cereals which have greater than 25% iron as listed on the nutrition label.
  - Cream of Wheat, Malt-O-Meal, and Oatmeal
  - Enriched flour, cornmeal and tortilla
  - Enriched macaroni, rice and noodles



Debra Andree, MD
PRESIDENT/CEO

SAFE PREGNANCY TIPS

Facts About False Versus True Labor

AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

Hint	False Labor	True Labor
Timing of contractions	Contractions often are irregular; they do not get closer together as time goes on.	Contractions come at regular intervals and get closer together.
Change with movement	Contractions may stop when you walk,rest, or change.	Contractions keep coming.
Strength of contractions	Contractions often are weak, and they tend to stay that way; or strong contractions are followed by weaker ones.	Contractions steadily get stronger.
Pain on contractions	Pain usually is felt only in the front.	Pain usually starts in the back and moves to the front.

Medications

Use of some medications during pregnancy including over the counter medications could be potentially harmful and should not be taken while you are pregnant. To find out if a particular medication is safe to take during pregnancy consult your pharmacist or medical provider.

Cautionary Signs During Pregnancy

CALL THE NURSE OR GO DIRECTLY TO THE HOSPITAL IF YOU EXPERIENCE

- Severe headaches
- Continuous nausea and vomiting
- Dim or blurred vision
- Severe abdominal pain
- Swelling of the upper and lower extremities
- The baby does not move at least 4 times in one hour when you are resting or after a meal.
- Vaginal bleeding
- Leakage of water from the vagina
- Fever
- Skin rashes or sores on the body
- Signs of labor more than three weeks before your due date such as, greater than 4 contractions in one hour unrelieved by rest and 4 glasses of water.

PLEASE KEEP A LIST OF DANGER SIGNS

If you are concerned about a particular issue or symptom, or if in doubt, contact your provider or go to the hospital, as it is better to be safe than sorry.

welcome to the

PRENATAL CARE PROGRAM

Our Goal is to Help You Have A Healthy Baby

THE INFORMATION ENCLOSED WILL HELP TO ANSWER QUESTIONS ABOUT YOUR PRENATAL CARE.

- You will be cared for during your pregnancy by our team of physicians and nurse practitioners.
- We offer normal and high risk prenatal care. Our providers work in conjunction with high risk pregnancy specialists to co-manage high risk pregnancies.
- Your patients are screened for various risk factors, and any potential problems are identified.
- Your OB/GYN physicians are on call 24 hours a day, 7 days a week to care for your medical needs.

Let Us Help Find Answers To Your Prenatal Care Questions

Appointments

- After your initial visit with the OB Coordinator, your return visits will be scheduled every four weeks until you are 28 weeks pregnant; every two weeks until you are 36 weeks; and then once a week until delivery. High risk pregnant patients may experience more frequent visits during their pregnancy.
- If you cannot keep your appointment, please call us as soon as possible to reschedule.

Hospitals

- You will be having your baby at **AdventHealth for Women** located at 601 East Rollins St, Orlando, FL 32803.
- Labor and delivery check in is located on the 1st Floor. One of our medical providers will be caring for you and the delivery your baby.
- The hospital has a neonatal intensive care unit to care for babies needing intensive medical attention.

Emergencies

DURING OFFICE HOURS PLEASE CONTACT

- APOPKA: OB Coordinator (407) 614-5310
- PINE HILLS: OB Coordinator (407) 614-5317

DURING THE CASE OF AN EMERGENCY AND AFTER HOURS
PLEASE GO DIRECTLY TO AdventHealth for Women.



AdventHealth for Women
601 E ROLLINS ST
ORLANDO, FL 32803
PHONE: (407) 303-5600

AdventHealth Orlando

AdventHealth for Women

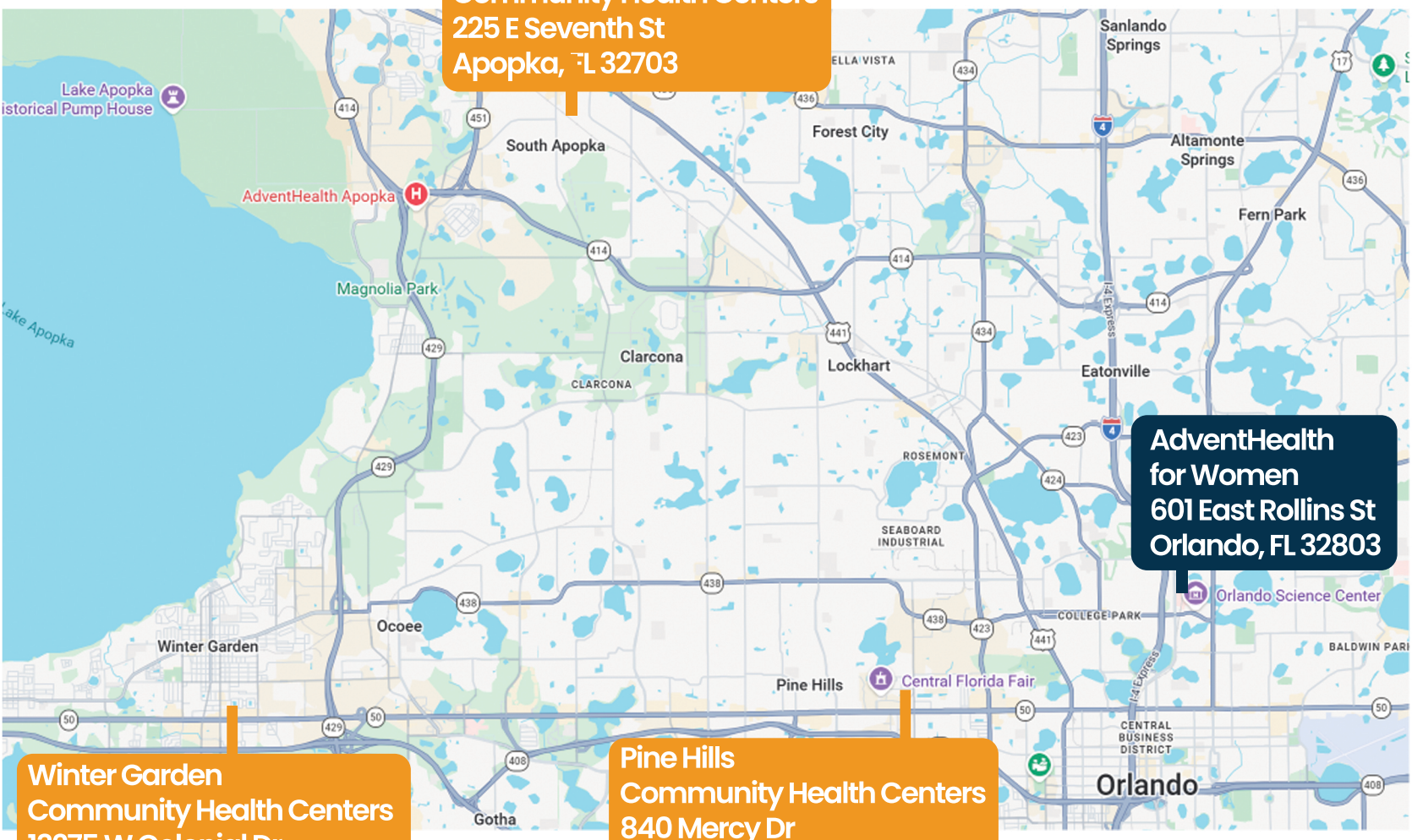
AdventHealth strives to ensure that mothers-to-be get the absolute best care possible. This includes not only having access to the best physicians, specialists, facilities and state-of-the-art technology, but also a nurturing, attentive, patient-centered environment. Every day, the highly skilled physicians and staff work diligently to live up to that honor.



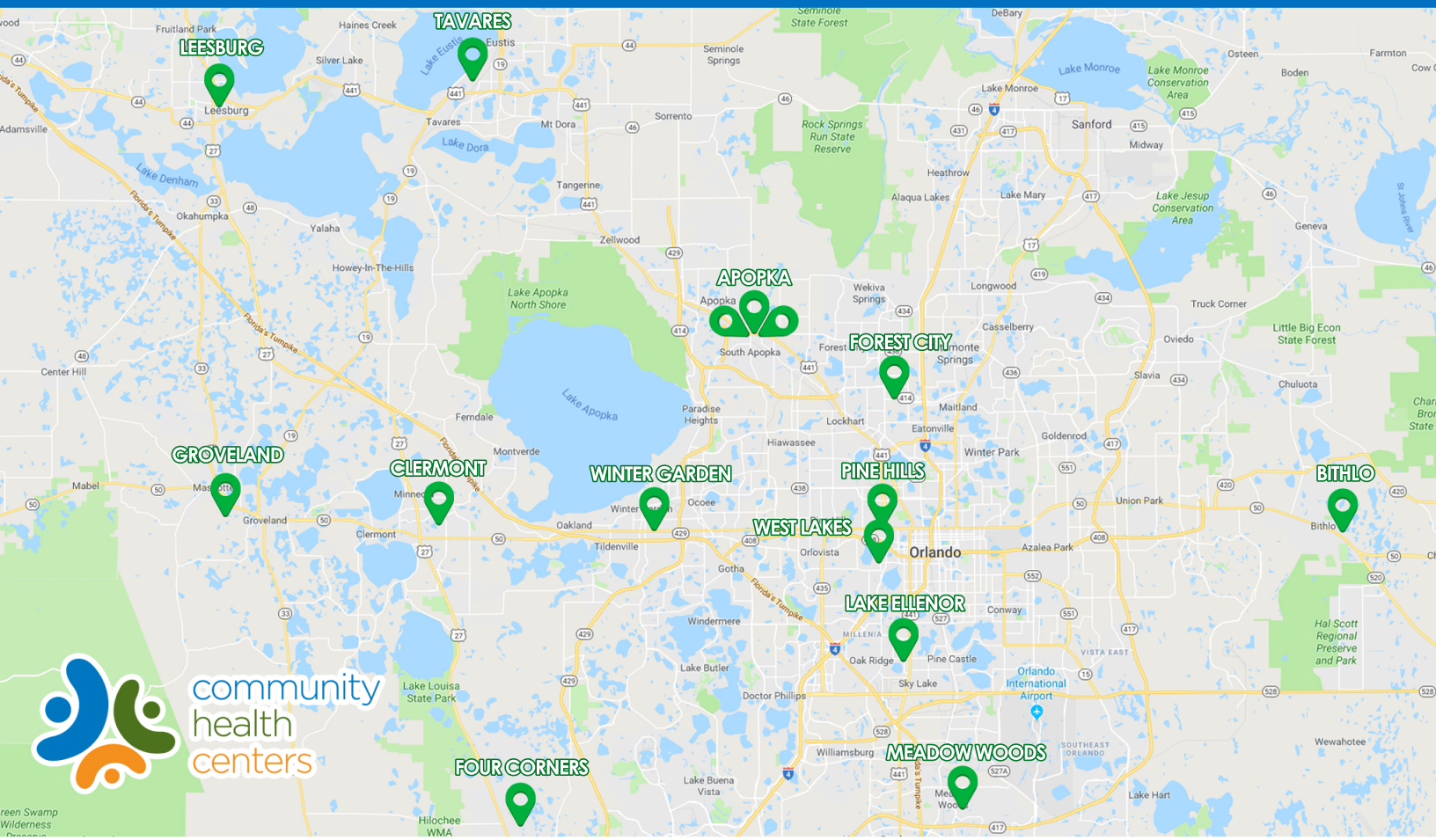
AdventHealth for Women
MAIN (407) 303-5600
REGISTRATION (407) 303-8572

Community Health Centers Makes Your Follow-Up Care Appointment In Your Hospital Room

Bringing home a baby can be a stressful time for the entire family. To help ease the transition home with your new baby, a Community Health Center Women's Health Services Manager will meet with you during your stay at AdventHealth to schedule your postpartum office visit and your baby's first check-up with one of our trusted pediatricians.



LOCATIONS



Apopka
FAMILY & OB/GYN CARE
225 E Seventh St
Apopka, FL 32703

Apopka
DENTAL CARE
210 E Seventh St
Apopka, FL 32703

Apopka
PEDIATRIC CARE
618 S Forest Ave
Apopka, FL 32703

Bithlo
CHILD · ADULT MEDICAL & DENTAL CARE
19108 E Colonial Dr
Orlando, FL 32820

Clermont
CHILD & ADULT MEDICAL CARE
2140 N Don Wickham Dr
Clermont, FL 34711

Forest City
CHILD · ADULT MEDICAL & DENTAL CARE
7900-7912 Forest City Rd
Orlando, FL 32810

Four Corners
CHILD · ADULT MEDICAL & DENTAL CARE
509 Cagan View Rd
Clermont, FL 34714

Groveland
CHILD · ADULT MEDICAL & DENTAL CARE
1296 W Broad St
Groveland, FL 34736

Lake Ellenor
PEDIATRIC DENTAL & ADULT EMERGENCY DENTAL CARE
6101 Lake Ellenor Dr, Suite 106
Orlando, FL 32809

Leesburg
CHILD · ADULT MEDICAL & DENTAL CARE
225 N First St
Leesburg, FL 34748

Meadow Woods
ADULT MEDICAL, PEDIATRICS, & PEDIATRIC DENTAL
849 Greenway Professional Ct
Orlando, FL 32824

Pine Hills
FAMILY, PEDIATRIC, OB/GYN & DENTAL CARE
840 Mercy Dr
Orlando, FL 32808

Tavares
CHILD · ADULT MEDICAL & DENTAL CARE
212 E Main St
Tavares, FL 32778

West Lakes
CHILD · ADULT MEDICAL & SPECIALTY CARE
710 S Tampa Ave, Suite 203
Orlando, FL 32805

Winter Garden
CHILD · ADULT MEDICAL & DENTAL CARE
13275 W Colonial Dr
Winter Garden, FL 34787

WWW.CHCFL.ORG

FOR MORE INFORMATION, CALL (407) 905-8827

Community Health Centers, (CHC) is a private, non-profit organization that provides healthcare services to insured, uninsured, under-insured, and under-served children and adults within Central Florida.

community health centers

Prenatal Information Checklist

The following is reviewed when the OB History is completed

- Prenatal Program Welcome Letter
- Tips to Get Prepared
- Safety Pregnancy Tips
- Meet Our OB/GYN Providers
- Map of AdventHealth - Orlando
- Meet Our Pediatric Providers
- Community Health Center, Inc. Locations
- Prenatal care (March of Dimes)
- Call WIC Today
- It's Only Natural (Breastfeeding)
- Depression During and After Pregnancy
- What Does a Safe Sleep Environment Look Like?
- Birth Control Methods
- Healthy Start Pregnancy Planner

The following is reviewed and signed when the OB History is completed

- Prenatal Treatment & Delivery Acknowledgment
- Healthy Start Prenatal Risk Screening
- Cystic Fibrosis Consent

If additional information is provided, list below:

_____ _____

_____ _____

By signing below, I acknowledge receipt of the above items

_____

Patient Signature Date

_____

CHC Staff Member Signature Date

Call WIC today!

WIC provides healthy foods that are good for you, your infant, and your child, plus helpful nutrition information—all at no cost.

For more details, call:

Orange County WIC Program at 407-858-1494



WIC serves these eligible Women, Infants, and Children.

- **Women who are pregnant or breastfeeding**
- **Women who have recently been pregnant**
- **Infants under 12 months of age**
- **Children under 5 years of age**

To be income-eligible for WIC, you must have a total household income equal to or less than the amounts shown in the WIC INCOME GUIDELINES OR you are income-eligible if you are currently receiving Medicaid, Temporary Cash Assistance (TCA), or Food Assistance. This institution is an equal opportunity provider.

WIC INCOME GUIDELINES
PAUTAS de INGRESOS para WIC

Household Size Tamaño de la Familia	Monthly Income* Ingreso Mensual*
1	$2,461
2	$3,337
3	$4,212
4	$5,088
5	$5,964
6	$6,839
7	$7,715
8	$8,591

*before taxes & deductions
*antes de descontados los impuestos y otras deducciones
Revised/Revisado 6/26/26

¡Llame a WIC hoy mismo!

WIC provee alimentos saludables para usted, su bebé y su niño, además le brinda información nutricional, sin costo alguno para usted.

Para obtener más detalles, llame al:

Programa de WIC de Condado Orange al 407-858-1494

WIC ofrece servicios a Mujeres, Infantes y Niños que son elegibles:

- Mujeres embarazadas o que estén dando pecho
- Mujeres que hayan estado embarazadas recientemente
- Bebés menores de 12 meses de edad
- Niños menores de 5 años de edad

Requisitos de ingresos para ser elegible en WIC, debe tener un ingreso familiar total a/o inferior a las cantidades que figuran en las PAUTAS de INGRESOS para WIC O, reunirá los requisitos si actualmente recibe Medicaid, asistencia financiera temporera (Temporary Cash Assistance—TCA) o asistencia de alimentos (Food Assistance). Esta institución es un proveedor que ofrece igualdad de oportunidades.

Florida Department of Health, WIC program FloridaWIC.org

Florida HEALTH

It's only natural

mother's love. mother's milk.



Cross Cradle Hold



Football Hold



Side-lying



Cradle Hold



Breastfeeding takes patience and practice at first. With the right support and information you can make it work.

Simple steps to breastfeeding success

Position yourself comfortably

- Sit up in bed, in a comfortable chair, or in a rocking chair (unless you are side-lying).
- You can use pillows to support your back and arms while you hold your baby.
- Relax your muscles and get comfortable.

Position your baby

- Hold your baby lying on his/her side with his/her body facing you.
- Hold your baby at the level of your nipple so that you're not leaning forward. Using the pillow on your lap will help.
- Use your hand to form a "U" around the darker part of your breast (areola) and offer your breast to the baby. Your thumb should be in line with the baby's nose, with the rest of your fingers on the other side of your breast.
- Your baby's head should be tilted back slightly to make it easy to suck and swallow.
- As shown here, there are several types of holding positions you can try to find the one that is right for you.
- Remember that making sure both you and your baby are comfortable is important to breastfeeding success.
- You can find more information about positioning and feeding your baby at **www.womenshealth.gov/ItsOnlyNatural**

Help your baby to latch properly

- Tickle the lips so your baby opens wide. Some women feel a pinch at first. However, if it lasts longer, your baby may not be latched correctly.
- Pull your baby close so the chin and lower jaw move into your breast first.
- Put the lower lip as far from the base of the nipple as possible, so your baby takes a large mouthful of breast.
- Remember your baby can breathe while at your breast because nostrils open wider to let air in.
- Some babies latch on right away, and some take more time.

Signs of a good latch

- The latch feels comfortable to you.
- Your baby's chest is against your body so the head doesn't need to turn.
- Your baby's mouth is filled with breast.
- You hear or see your baby swallow. For some babies the only sign of swallowing may be a pause in breathing.
- Your baby's ears "wiggle" slightly.
- Your baby's lips turn out, not in.







About It's Only Natural

Breastfeeding provides mothers and their babies with a healthy start. The U.S. Department of Health and Human Services created *It's Only Natural* to offer African American moms the knowledge, help, and support they need to breastfeed. You'll find all this at **www.womenshealth.gov/ItsOnlyNatural**. Breastfeeding. It's only natural with mother's love, mother's milk.

U.S. Department of Health and Human Services

How to know if your baby is getting enough milk



You may be concerned that you're not making enough milk. But your baby is likely getting more than you think at each feeding. Regardless of your baby's weight, a newborn's stomach is only the size of an almond.

Many babies lose a small amount of weight after birth, so don't be alarmed. Your baby's doctor will check weight at the first visit after you leave the hospital, which should be scheduled 2 to 3 days after birth. After the first few days, typical weight gain is a little less than 1 ounce per day. If he/she is getting enough milk, your baby will:

- Pass enough clear or pale yellow urine. It should not be deep yellow or orange. In the early days, your baby should have at least 1 wet diaper for each day of life (1 on day 1, 2 on day 2, etc.). Once the amount of milk you are making increases (24-72 hours), expect at least, 5–6 wet diapers every 24 hours.
- Have enough bowel movements. In the early days, your baby should have at least 1 dirty diaper for each day of life (1 on day 1, 2 on day 2, etc.). After day 4, expect at least 3–4 stools daily.
- Switch between short sleeping periods and wakeful, alert periods.
- Be satisfied and content right after feedings. (Keep in mind that breast milk digests quickly so babies must eat frequently.)
- Also, your breasts may feel less full after feeding your baby.

Talk to your baby's doctor or a breastfeeding expert if you are concerned that your baby is not getting enough milk before you stop breastfeeding or begin using formula.

It's only natural
mother's love. mother's milk.





http://www.womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

Depression During and After Pregnancy

Q: What is depression?

A: Depression is more than just feeling "blue" or "down in the dumps" for a few days. It's a serious illness that involves the brain. With depression, sad, anxious, or "empty" feelings don't go away and interfere with day-to-day life and routines. These feelings can be mild to severe. The good news is that most people with depression get better with treatment.

Q: How common is depression during and after pregnancy?

A: Depression is a common problem during and after pregnancy. About 13 percent of pregnant women and new mothers have depression.

Q: How do I know if I have depression?

A: When you are pregnant or after you have a baby, you may be depressed and not know it. Some normal changes during and after pregnancy can cause symptoms similar to those of depression. But if you have any of the following symptoms of depression for more than 2 weeks, call your doctor:

- Feeling restless or moody
- Feeling sad, hopeless, and overwhelmed
- Crying a lot
- Having no energy or motivation
- Eating too little or too much
- Sleeping too little or too much
- Having trouble focusing or making decisions
- Having memory problems
- Feeling worthless and guilty
- Losing interest or pleasure in activities you used to enjoy
- Withdrawing from friends and family
- Having headaches, aches and pains, or stomach problems that don't go away

Your doctor can figure out if your symptoms are caused by depression or something else.

Call 911 or your doctor if you have thoughts of harming yourself or your baby!

Q: What causes depression? What about postpartum depression?

A: There is no single cause. Rather, depression likely results from a combination of factors:

- Depression is a mental illness that tends to run in families. Women with a family history of depression are more likely to have depression.
- Changes in brain chemistry or structure are believed to play a big role in depression.



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- Stressful life events, such as death of a loved one, caring for an aging family member, abuse, and poverty, can trigger depression.
- Hormonal factors unique to women may contribute to depression in some women. We know that hormones directly affect the brain chemistry that controls emotions and mood. We also know that women are at greater risk of depression at certain times in their lives, such as puberty, during and after pregnancy, and during perimenopause. Some women also have depressive symptoms right before their period.

Depression after childbirth is called postpartum depression. Hormonal changes may trigger symptoms of postpartum depression. When you are pregnant, levels of the female hormones estrogen (ESS-truh-jen) and progesterone (proh-JESS-tur-ohn) increase greatly. In the first 24 hours after childbirth, hormone levels quickly return to normal. Researchers think the big change in hormone levels may lead to depression. This is much like the way smaller hormone changes can affect a woman's moods before she gets her period.

Levels of thyroid hormones may also drop after giving birth. The thyroid is a small gland in the neck that helps regulate how your body uses and stores energy from food. Low levels of thyroid hormones can cause symptoms of depression. A simple blood test can tell if this condition is causing your symptoms. If so, your doctor can prescribe thyroid medicine.

Other factors may play a role in postpartum depression. You may feel:

- Tired after delivery
- Tired from a lack of sleep or broken sleep
- Overwhelmed with a new baby
- Doubts about your ability to be a good mother
- Stress from changes in work and home routines
- An unrealistic need to be a perfect mom
- Loss of who you were before having the baby
- Less attractive
- A lack of free time

Q: Are some women more at risk for depression during and after pregnancy?

A: Certain factors may increase your risk of depression during and after pregnancy:

- A personal history of depression or another mental illness
- A family history of depression or another mental illness
- A lack of support from family and friends
- Anxiety or negative feelings about the pregnancy
- Problems with a previous pregnancy or birth
- Marriage or money problems
- Stressful life events
- Young age
- Substance abuse



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1-800-994-9662
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Women who are depressed during pregnancy have a greater risk of depression after giving birth.

If you take medicine for depression, stopping your medicine when you become pregnant can cause your depression to come back. Before you stop any prescribed medicines, talk with your doctor. Not using medicine that you need may be harmful to you or your baby.

Q: What is the difference between "baby blues," postpartum depression, and postpartum psychosis?

A: Many women have the baby blues in the days after childbirth. If you have the baby blues, you may:

- Have mood swings
- Feel sad, anxious, or overwhelmed
- Have crying spells
- Lose your appetite
- Have trouble sleeping

The baby blues most often go away within a few days or a week. The symptoms are not severe and do not need treatment.

The symptoms of postpartum depression last longer and are more severe. Postpartum depression can begin anytime within the first year after childbirth. If you have postpartum depression, you may have any of the symptoms of depression listed above. Symptoms may also include:

- Thoughts of hurting the baby
- Thoughts of hurting yourself
- Not having any interest in the baby

Postpartum depression needs to be treated by a doctor.

Postpartum psychosis (seye-KOH-suhss) is rare. It occurs in about 1 to 4 out of every 1,000 births. It usually begins in the first 2 weeks after childbirth. Women who have bipolar disorder or another mental health problem called schizoaffective (SKIT-soh-uh-FEK-tiv) disorder have a higher risk for postpartum psychosis. Symptoms may include:

- Seeing things that aren't there
- Feeling confused
- Having rapid mood swings
- Trying to hurt yourself or your baby

Q: What should I do if I have symptoms of depression during or after pregnancy?

Call your doctor if:

- Your baby blues don't go away after 2 weeks
- Symptoms of depression get more and more intense
- Symptoms of depression begin any time after delivery, even many months later
- It is hard for you to perform tasks at work or at home
- You cannot care for yourself or your baby
- You have thoughts of harming yourself or your baby

Your doctor can ask you questions to test for depression. Your doctor can also refer you to a mental health professional who specializes in treating depression.



http://www.womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

Some women don't tell anyone about their symptoms. They feel embarrassed, ashamed, or guilty about feeling depressed when they are supposed to be happy. They worry they will be viewed as unfit parents.

Any woman may become depressed during pregnancy or after having a baby. It doesn't mean you are a bad or "not together" mom. You and your baby don't have to suffer. There is help.

Here are some other helpful tips:

- Rest as much as you can. Sleep when the baby is sleeping.
- Don't try to do too much or try to be perfect.
- Ask your partner, family, and friends for help.
- Make time to go out, visit friends, or spend time alone with your partner.
- Discuss your feelings with your partner, family, and friends.
- Talk with other mothers so you can learn from their experiences.
- Join a support group. Ask your doctor about groups in your area.
- Don't make any major life changes during pregnancy or right after giving birth. Major changes can cause unneeded stress. Sometimes big changes can't be avoided. When that happens, try to arrange support and help in your new situation ahead of time.

Q: How is depression treated?

A: The two common types of treatment for depression are:

- **Talk therapy.** This involves talking to a therapist, psychologist, or social worker to learn to change how depression makes you think, feel, and act.
- **Medicine.** Your doctor can prescribe an antidepressant medicine. These medicines can help relieve symptoms of depression.

These treatment methods can be used alone or together. If you are depressed, your depression can affect your baby. Getting treatment is important for you and your baby. Talk with your doctor about the benefits and risks of taking medicine to treat depression when you are pregnant or breastfeeding.

Q: What can happen if depression is not treated?

A: Untreated depression can hurt you and your baby. Some women with depression have a hard time caring for themselves during pregnancy. They may:

- Eat poorly
- Not gain enough weight
- Have trouble sleeping
- Miss prenatal visits
- Not follow medical instructions
- Use harmful substances, like tobacco, alcohol, or illegal drugs

Depression during pregnancy can raise the risk of:

- Problems during pregnancy or delivery
- Having a low-birth-weight baby
- Premature birth

Untreated postpartum depression can affect your ability to parent. You may:

- Lack energy
- Have trouble focusing



http://www.womenshealth.gov
1-800-994-9662
TDD: 1-888-220-5446

- Feel moody
- Not be able to meet your child's needs

As a result, you may feel guilty and lose confidence in yourself as a mother. These feelings can make your depression worse.

Researchers believe postpartum depression in a mother can affect her baby. It can cause the baby to have:

- Delays in language development
- Problems with mother-child bonding
- Behavior problems
- Increased crying

It helps if your partner or another caregiver can help meet the baby's needs while you are depressed.

All children deserve the chance to have a healthy mom. And all moms deserve the chance to enjoy their life and their children. If you are feeling depressed during pregnancy or after having a baby, don't suffer alone. Please tell a loved one and call your doctor right away.

For more information

For more information on depression during and after pregnancy, call womenshealth.gov at 1-800-994-9662 or contact the following organizations.

National Institute of Mental Health, NIH, HHS
Phone: (301) 496-9576
Internet Address: http://www.nimh.nih.gov

National Mental Health Information Center, SAMHSA, HHS
Phone: (800) 789-2647
Internet Address: http://www.mentalhealth.org

American Psychological Association
Phone: (800) 374-2721
Internet Address: http://www.apa.org

National Mental Health Association
Phone: (800) 969-NMHA
Internet Address: http://www.nmha.org

Postpartum Education for Parents
Phone: (805) 564-3888
Internet Address: http://www.sbpep.org

Postpartum Support International
Phone:(800)944-4PPD,(800)944-4773
Internet Address: http://www.postpartum.net

Content last updated March 6, 2009.

This FAQ was expert reviewed by:
John W. Schmitt, MD
Associate Professor of Clinical Obstetrics and Gynecology
University of Virginia Medical School

What Does a Safe Sleep Environment Look Like?



Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

SAFE TO SLEEP®

Safe Sleep For Your Baby

SAFE TO SLEEP®

- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Room sharing—keeping baby's sleep area in the same room where you sleep—reduces the risk of SIDS and other sleep-related causes of infant death.
- Keep soft objects, toys, crib bumpers, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should:
  - Get regular health care during pregnancy, and
  - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.

* For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.



Remember Tummy Time!

Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

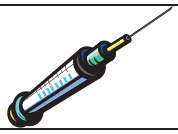
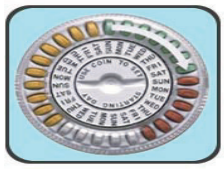
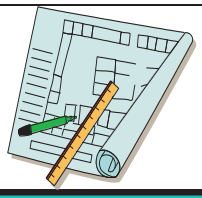
For more information about SIDS and the Safe to Sleep® campaign:
Mail: 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425
Phone: 1-800-505-CRIB (2742)
Fax: 1-866-760-5947
Website: http://safetosleep.nichd.nih.gov

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NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

Birth Control Methods

Type	Effectiveness	Description	Image
Abstinence (not having sex)	100% effective	Avoiding intercourse	"NO"
The shot	99% effective	An injection of Depo-Provera that last three months	
IUD's	98-99% effective	Inserted by a nurse practitioner or doctor	
Birth control pills	97% effective	Pills decrease the risk of some cancers, tubal pregnancy, anemia, and breast disease	
Birth control patch	95% effective	Patch worn on the skin & changed weekly	
Condoms	88% effective	Helps prevent pregnancy, STD's, and the HIV virus that causes AIDS	OTC 
Diaphragm	82% effective	Put in before sex and used with contraceptive jelly or cream	
Emergency contraception	75-89% effective	Pills used within 72 hours of unprotected vaginal intercourse	
Spermicides	79% effective	Contain Nonoxynol-9, a chemical that kills sperm; includes vaginal film, foam, jellies, and creams	 OTC
Natural family planning	Variable effectiveness	Not having sex at certain times of the month; counseling makes this method more effective	
Sterilization	99.9% effective	Permanent; tubal ligation for women and vasectomy for men; need a doctor, signed consent, and medical facilities	