Perinatal Health Education Class
Lesson Plans

1. Changes In Your Body, And How The Baby Grows Inside You
2. How To Deal With Discomforts, And Keep You And Your Baby Healthy
3. Easy Ways To Eat Healthy Food
4. Romance: Now And After Your Baby Is Born
5. Prepare For Labor And Delivery
6. After The Baby Is Born: How You Will Feel / What To Expect From Your Newborn
7. Caring For Baby
8. Infant Feeding

Appendices

To start each class
- Sign-in sheet (see appendix for a sample you may want to use)
- name tags (optional)
- teacher introduction
- client introductions (name, due date, number of children, etc)
- ask clients their expectations for learning from this class

Alameda County Public Health Department, MCAH, Perinatal (510) 618-1990
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1. Changes In Your Body, And How The Baby Grows Inside You

OBJECTIVES
• Patient will identify at least 10 basic words relating to anatomy, conception and pregnancy.
• Patient will be able to discuss emotional changes that occur in each of the trimesters of pregnancy and why these changes come about.
• Patient will be able to demonstrate how to wear a seat belt during pregnancy.

MATERIALS (suggested)
• Posters called Four Trimesters of Childbearing (order from Childbirth Graphics)
• Poster of female reproductive organs
• Flip chart stand, paper, pens
• Pamphlets/handouts:
  - The Pregnancy Baby Book (diary), (March of Dimes), $14/50 booklets, Eng or Span
  - How Your Baby Grows poster, (March of Dimes)
  - How Your Baby Grows pamphlet, (March of Dimes), Eng or Span
  - Men Have Babies Too, (March of Dimes), Eng
  - “Kick Counts” (see appendices of CPSP Protocol for a master copy)
  - “Welcome to Pregnancy Care” (see appendices of CPSP Protocol for a master copy)
  - “Should Pregnant Women Wear Seat Belts?” (see appendices of CPSP Protocol for a master copy)
• Optional:
  - Will I Be Pregnant Forever? Poster, (Childbirth Graphics)
  - The Miracle of Life video: (show the last 1/3 of the video)
  - Apron showing size of uterus (Childbirth Graphics)
  - Baby Basics, month-by-month, $12 each, (March of Dimes), Eng or Span

TIME 60 minutes

METHODS/CONTENT
• General discussion to gauge their interest and knowledge levels:
  - when do you start to "show"
  - how uterus grows from fist size to full-term size
  - weight gain includes baby, placenta, uterus, blood and fluids, extra fat, increased breast size
- is everyone taking prenatal vitamins?

- Using chart or handouts, describe each month’s developments:
  - baby length, weight (compare to commonly used objects, or use a model)
  - baby’s development
  - what the woman feels (quickening, pressure on ribs, baby hiccups, etc.)
  - start "kick counts" at 28 weeks; (see “Kick Counts”)
  - review danger signs; (see “Welcome to Pregnancy Care” sample).

- Demonstrate correct seat belt use (lap belt should be worn low across the abdomen, not across the tummy) (see “Should Pregnant Women Wear Seat Belts?”)

- Discuss changes in pregnant woman and her feelings:
  - skin, hair, breasts, dental, mucosal, sexual, etc.
  - a good exercise to prepare vagina: kegels (describe and ask them to practice along with you.) (See Steps To Take “Exercises When You Are Pregnant”.)
  - discuss changes in physical and emotional feelings from the group and write on flip chart, by trimester.
  - Examples: tiredness, happy/sad about being pregnant/having a baby, sexuality, other peoples' reactions, support from father of the baby/family, changes in lifestyle to adjust to, ability to exercise, nausea, fear of delivery, excitement, ability to move around/breathe/sleep comfortably in third trimester, etc.

- Discuss changes for baby’s father, other family relationships.

- During the discussion as you use the words listed below, use a chart, pamphlet with drawing of reproductive organs or teaching smock to describe what these words mean and show (if applicable) where the parts are. Some clients may need extra time to become comfortable with these concepts.

  uterus  placenta  ovaries  ejaculation  
cervix  bag of waters  eggs  conception  
vagina  fetus  sperm  lactation  
menstrual cycle  umbilical cord  implant  colostrum

Optional: penis, testicles, fallopian tubes, perineum, dilation, episiotomy, epidural, etc.

- Testing during pregnancy: discuss routine tests, such as urine, fetal measurement, heart tone, AFP, glucose, TB, HIV, etc.

**EVALUATION**  Verbal questions - how well did your patients understand the class?

- Review by pointing to organs on chart and asking them to identify several by name.
- Ask them to name several feelings they may feel as they progress through the pregnancy.
- Ask them to demonstrate how to wear a seat belt.
How To Deal With Discomforts, And Keep You And Your Baby Healthy

OBJECTIVES
- Patient will list 3 common discomforts of pregnancy
- Patient will be able to discuss danger signs during pregnancy, and be able to identify actions to take if danger signs are experienced during the day or night.
- Patient will identify at least 3 risks associated with use of alcohol, tobacco, over-the-counter drugs, and street drugs.

MATERIALS
- Flip chart stand/paper/pens.
- Choices poster from Childbirth Graphics
- Handouts:
  - Steps To Take (STT): Nausea
  - STT: Heartburn, STT: Constipation, STT: Stay Active When Pregnant, STT: Keep Safe When Exercising, STT: If Your Labor Starts Too Early
  - Materials from Tobacco Education Clearinghouse of CA; many languages, low prices, 1-831-438-4822 ext. 230 or 103, http://www.tecc.org
  - “Marijuana and Pregnancy” (see appendices of CPSP Protocol for a master copy)
  - “You Can Quit Smoking” (see appendices of CPSP Protocol for a master copy)

Optional: Comfort Measures in Pregnancy from Childbirth Graphics, $1.63 each

TIME 60 minutes

METHODS/CONTENT
- Discomforts: ask patients to tell the group various discomforts they have had or have heard of. Write up on the flip chart.
- Add ones they haven't mentioned: nausea and vomiting, fatigue, headaches, heartburn, stuffy nose and allergies, constipation, backache, leg cramps, varicose veins and hemorrhoids, swelling, difficulty sleeping. Relate discomforts to trimesters they usually occur in.
- Review Steps To Take (STT) handouts that relate to discomforts mentioned; discuss. Dispel myths patients may bring up.
- Review the need to stay physically active; brainstorm ways to get a 30-minute walk, for those that need to. Suggest and demonstrate exercises that may be helpful when individuals experience backaches, difficulties with breathing, inability to fall asleep, etc. Discuss STT handouts on Stay Active When Pregnant and Keep Safe When Exercising.
- Include discussion of dental care; possible changes in gums, dental check-up, preventing oral infections. Optional: Discuss bras, shoes, and support hose.
• Review pamphlet on danger signs. Identify those for early pregnancy, those for later in pregnancy. Review how danger signs differ from common discomforts, and what to do if they experience a danger sign (pain, bleeding, severe nausea, difficulty breathing, dizziness, change in vision, headache, cramps, leakage of fluids, fever or chills). Identify where to call, daytime, evening, weekend.

• Discuss pre-term labor and what to do if experience symptoms. (Use STT handout *If Your Labor Starts Too Early*)

• Display "Choices" poster to introduce new topic.

• Discuss how abusing drugs, alcohol, tobacco, etc. can affect development, especially early stages (by trimester, which fetal systems are developing). See “Marijuana and Pregnancy”, “You Can Quit Smoking”, as needed.
  - Anything we eat, drink, smoke, or inject may affect the fetus. Review all types of substances to avoid: alcohol, smoking, secondhand smoke, street drugs, over-the-counter drugs, excessive caffeine, harmful herbs, etc.
  - Secondhand smoke may be as dangerous as smoking – limit exposure to it.
  - Review need to tell all medical/dental caregivers about pregnancy; check with doctor before taking even prescription medications.
  - You probably know women who used substances while they were pregnant and had a healthy baby. Bad effects don't happen every time, but one can never predict which baby will be affected. Effects on baby can include: underweight, breathing problems, difficulty learning as a child, problems with impulse control, etc.(short/long term effects).

• Discuss and share ideas on how to avoid harmful substances:
  - support from family, friends
  - treatment or cessation programs for drugs, alcohol, tobacco, etc.
  - for smokers, request permission to fax their phone number to CA Smokers’ Helpline for assistance with quitting
  - read labels on food and beverages
  - substitute non-alcoholic drinks for alcoholic drinks you used to have
  - inform all doctors that you're pregnant (or breastfeeding)

• Discuss, if time allows, workplace/household safety from chemicals, cats, raw food, etc. (see STT for more information).

**EVALUATION**  Verbal questions - How well did your patients understand the class?
• What would you do if you felt: a dull headache? ... a high fever? .. leg cramps? ... a lot of pain in your lower back?
• Name some symptoms that would make you call a doctor right away.
• Would advise a pregnant woman to use: NyQuil? Aspirin? Sudafed? Penicillin?
• Describe some healthy ways you can change your diet to help with symptoms like constipation, nausea, vomiting, etc.
• How much alcohol is safe to drink? (none - there's no known safe quantity)
Easy Ways To Eat Healthy Food

OBJECTIVE
• Patient will be able to plan nourishing meals and snacks using the Daily Food Guide for Pregnancy as a guide, while staying within a food budget.
• Patient will be able to state the benefits of taking a daily prenatal vitamin.
• Patient will be able to state two benefits of enrolling herself in WIC prenatally.

MATERIALS
Posters: Choices, Baby Building (Childbirth Graphics)
Food samples/snacks (use whole grains, fruits, vegetables), food models (optional), blender (optional)
• Handouts:
  - Alameda County Resource Guide (attached; also, print new version from website at least once/year: http://www.acphd.org/user/publications/Pubs_ListbyCat.asp?PubsdivId=2&Pubsdivcatid=35
  - Pamphlets - Welcome to WIC (obtain from WIC)
  - STT Daily Food Guide For Pregnancy handout
  - STT Choose Healthy Foods to Eat
  - STT You Can Eat Healthy and Save Money
  - STT Don’t Get Sick From Foods You Eat

TIME 60 minutes

METHODS/CONTENT
• Discuss normal weight gain - prenatal check-ups are important for checking your weight. It’s one way of making sure you and the baby are doing OK.
  - If starting out pregnancy at a normal weight, should gain 25 to 35 pounds.
  - If underweight, will need to gain 28-40 pounds; if over, maybe as little as 15-25 pounds.

  - protein foods
  - milk products
  - breads/cereals/grains
  - vitamin C-rich fruits and vegetables
  - vitamin A-rich fruits and vegetables
  - other fruits and vegetables
  - unsaturated fats

• Discuss how to choose wisely in each food group.
  Possible activity:
Have patients describe foods they like and eat often. Make a one-day menu from their suggestions. Point out which foods are healthier choices, which food groups the items come from, and generally comment on whether there are appropriate servings from each of the food groups.

- **Planning nourishing meals**
  - review recommended amounts for pregnant women. If possible, show how much is considered a portion or serving. (Use food models if available, or other comparisons.)
  - combining foods from all groups on a daily basis
  - **activity** - make breakfast drink or snack - give samples to patients. Use whole grains, fruits, or vegetables, since these are often lacking.
  - substances to eat **less of** - caffeine, excessive sugar, fats or oils. Avoid alcohol and drugs.
  - drink 6-8 glasses of water or **fluids** per day. Other fluids?? decaf coffee, tea with no caffeine, lowfat/nonfat milk, broth, juice. Discuss real fruit juice vs. "fruit drink"; discuss quantity of juice recommended. Discourage sodas.
  - staying within budget - eating healthy can save money. Buying fresh foods can be more economical than buying processed/prepared foods. Ask for their experiences with and locations of **farmer’s markets**.

- **Prenatal vitamins** -- important to take one a day **and** eat healthy food. Verify that everyone has a supply to last throughout pregnancy; continue taking any leftovers after the baby is born.

- **Food aversions or cravings** -- try to maintain balance of healthy foods and discuss with medical provider if needed.

- Discuss any special issues they mention, such as: not eating meat, how to cook vegetables, specific cultural practices, sources of calcium for lactose-intolerant, etc.

- **Food resources** – refer to **WIC**, and explain benefits to pregnant women (see appendix “How WIC Helps”). Women who use WIC while pregnant have healthier pregnancies and healthier newborns.

- Other food programs and food stamps; refer to Alameda County Community Food Bank, 1-800-870-FOOD or 834-3663. (See Resource Guide.)

**EVALUATION**

Verbal questions - How well did your patients understand the class?

- Can you give samples of foods from each one of the food groups?
- What is a healthier choice of snack - piece of cake or peanut butter sandwich? A bag of chips or a yogurt? etc. If there’s time, could make a game of it.
- What are some ideas for healthy meals and snacks that you could make at home?
- What are some ideas for healthy meals that you could choose when you eat at a restaurant?
- Prenatal vitamins – when to take? What to do with the rest after baby is born?
Romance: Now And After Your Baby Is Born

OBJECTIVES
• Patient will be able to identify three methods of birth control, discuss how to obtain them, recognize advantages and disadvantages of each, and state reasons for using family planning methods.
• Patient will explain emergency contraception and how to obtain it.
• Patient will state that a benefit of early detection of HIV infection during pregnancy is specialized medical treatment.

MATERIALS
• Condoms, Depo Provera, foam, suppositories, BCPs, diaphragm, lubricants, cervical cap, IUD, etc.
• poster on correct usage of condom.
• Handouts:
  - HIV Testing During Pregnancy (Eng/Span) (see appendices of CPSP Protocol for a master copy)
  - STT What You Should Know About STDs
  - STT You Can Protect Yourself and Your Baby from STDs
  - Right For You -- Choosing A Birth Control Method (order from EPA), English, Chinese or Spanish
  - Emergency contraception pamphlets, call (510) 272-0150 for copies

TIME 60 minutes

METHODS/CONTENT
• Discuss recommendations about sex during normal pregnancy.
  OK to have intercourse throughout pregnancy until you deliver, unless provider tells you otherwise.
  Feelings -- some women feel more sexual, some less (hormonal changes, your size, your feelings about being pregnant, no need to worry about getting pregnant, being tired or having morning sickness, etc.)

• Ask if they know reasons they still may need "contraceptives"? Answer: Sexually transmitted infections (STIs), including HIV. If you or your partner has more than one sexual partner, very important to protect yourself and your baby from STIs.
  - Transmission during sex (vaginal, oral, anal) from infected person. Examples: warts, gonorrhea, syphilis, HIV, chlamydia, herpes, hepatitis, etc.
  - Ways to protect: don’t have intercourse; use condom/foam.
  - Use HIV Testing During Pregnancy to discuss purpose and risks/benefits of HIV testing.
  - HIV test is routine in prenatal care. HIV treatments should be started early in pregnancy and can help keep the mom healthier and the baby from getting HIV.
• **After baby is born**, many medical providers advise to wait at least 6 weeks before putting anything in the vagina. After the 6 weeks, you may still feel tender and may want to wait a while longer, or you may be ready to resume sexual intercourse.
  - If breastfeeding, may need to add vaginal lubrication (show examples) because hormones are not back to normal; breasts may leak milk.
  - It may be normal to not return to your former levels of desire for some time (tiredness, the demands of caring for the baby, need for privacy, etc.)
  - It’s possible to get pregnant before menstruation returns.

• Display all methods of **birth control**. Can patients put them into two piles based on what you can buy in a store vs. what needs a doctor's prescription?
  - Show/discuss which ones can be used if breastfeeding (see STT Guideline on Family Planning Choices).
  - Ask patients to talk about advantages/disadvantages of each - add to what they say or correct misinformation. BCPs, injections, barriers, IUDs, NFP, sterilization, EC.
  - Factors to consider: how safe is it? How easy to use? Cost? Covered by insurance? Is partner willing? Need protection from STIs? Fit with religious beliefs?
  - Explain that you can get pregnant when breastfeeding, and that if they want breastfeeding to delay pregnancy they need to know all the details of how to make that work (see lactation amenorrhea in *Contraceptive Technology*).

• **After baby is born -- spacing** -- minimum time to wait for next pregnancy (one year recommended). Reasons: mother's health, stress on family, etc.
  Discussion on planning our reproductive lives; what plans does each participant have for additional babies, for the number she desires in her family. What are her goals for career, education, community involvement, financial needs of family, etc.

• Avoiding unwanted pregnancy. Have **emergency contraception** prescription in case of accidental unprotected intercourse or birth control failure.

• Moms without partners – may need to be prepared for future sexual relationship; have birth control handy.

• Where to get condoms, etc. at low cost: STD clinic, family planning clinic, HIV testing sites. Drug stores, higher cost, but available.

• Self-care/avoiding diseases – sex partners that don’t share needles, don’t have other partners.

**EVALUATION**
Verbal questions/answers - How well did your patients understand the class?
• What are the advantages of using a condom? Answers to look for: prevention of pregnancy and protection from STDs; no prescription needed; inexpensive - can be obtained free from clinics.
• After the baby is born, when should you start using birth control?
• What type of birth control method seems right for you?
• How can you get emergency contraception?
Prepare For Labor And Delivery

OBJECTIVES
• Patient will be able to identify 5 routine hospital procedures during labor and delivery.
• Patient will be able to recognize symptoms of labor
• Patient will identify 2 reasons a cesarean section may be needed.
• Patient will state when to go to the hospital (frequency/timing of contractions)

MATERIALS
Posters from Childbirth Graphics: positions during labor, signs of labor, the process of labor and birth, labor chart.

• Pamphlets:
  - Welcome to Prenatal Care (tailored to your clinic/site), lists danger signs (see appendices of CPSP Protocol for a master copy)
  - Know the Signs of Preterm Labor, (March of Dimes), English or Spanish.
  - Labor and Delivery Handbook (EPA), English or Spanish.
  - Birth Companion (Childbirth Graphics), English or Spanish.
  - STT If Your Labor Starts Too Early

• Flyers for childbirth preparation classes at local hospitals.
• Follow STT guideline Hospital Orientation, if appropriate.

TIME 60 minutes

METHODS/CONTENT
• Using chart, describe the progress of labor and how it feels during each phase. Discuss:
  - early phase, 0-3 cm., 7-8 hours long, contractions 5-20 minutes apart.
  - active phase, 3-7 cm., 3-5 hours long, contractions 3-5 minutes apart.
  - transition phase, 7-10 cm., 30-90 minutes long, contractions 3-5 minutes apart.
  - birth, delivery of placenta (possibly stitches).
  - total time, on average from the time of regular contractions: 12-15 hours (depends on how many deliveries she's had and other factors)

• Practice timing contractions. From the beginning of one contraction to the beginning of the next one is how far apart they are. The length of the contraction is how long is lasts (20-30 seconds). Find out if client has a watch with a "seconds" hand.

• Discuss when to go to the hospital (when contractions come every 3-5 minutes for one hour); identify phone number to call for questions.

• Discuss signs of true labor (use handout if available):
- Bloody show; leakage of fluid from vagina; meconium in amniotic fluid; strong or regular contractions
- Walking makes contractions stronger. Lying down does not make them go away, they may be irregular at first, usually get more regular, closer together, longer and stronger.
- Discuss Braxton Hicks contractions.

- What to do during early labor (0-4 centimeters dilation of cervix): if it’s night, rest; keep drinking fluids; eat lightly; time contractions; practice breathing and relaxation techniques, pay attention to baby’s movements, massage

- What to do during active labor (4-7 cm dilated): more difficult to relax; go to bathroom frequently; massage; shower; walk; change positions; keep drinking fluids; support from others; focus on present

- Final stage of labor and birthing (7-10 cm dilated): very emotional, may feel desire to push, relax between contractions; short shallow breathing; constant reassurance; cool cloth on head; support people help with leg position; may feel tremendous pressure; coordinate pushing

Review danger signs from “Welcome to Prenatal Care” and what to do if they experience any of them:
- Feel dizzy.
- Have a fever or chills.
- Have a really bad headache, or your headache goes on for days.
- Have any change in your eyesight, like blurred vision, flashes of lights, or spots in front of your eyes.
- Swell up in the face or hands.
- Gain too much weight too quickly.
- Have a hard time breathing.
- Fall, get hit in the stomach, or are in a car accident.
- Any bleeding from your vagina.
- Water from your vagina, in a sudden flow or leak.
- Discharge from your vagina changes.
- A sharp pain when you urinate (pee).
- Your baby moves a lot less than usual.
- Your uterus tightens up more than 5 times in 1 hour; cramping.
- You vomit or have a bad stomachache, maybe with diarrhea or cramps. You may feel pain or pressure in your thighs or around your vagina.
- You have a lower backache, with pain or a dull pressure.

- Discuss going to the hospital, the tour, and routine hospital procedures. (Follow STT guideline Hospital Orientation). Discuss: IV, external monitoring, blood pressure cuff, internal monitoring, pelvic exams, labor coach, sonograms.

- Options for dealing with pain: sedatives or tranquilizers; epidural; general anesthetic. (A childbirth preparation class would explain more in-depth about the effects of each drug
on mother and fetus. If a patient wants to know more, refer to a childbirth prep class.)

- Possible reasons for cesarean section (not a personal failure, most important is health of mom and baby):
  - fetus is not in head-down-first position
  - placenta or cord in the way
  - fetal head too big for maternal pelvis
  - medical problems for mother
  - fetal distress

Other concerns that may be discussed, as time/interest allows:
- VBAC (vaginal birth after cesarean)
- Practice kegels to prepare for labor/delivery
- Breathing and relaxation exercises
- Positions for labor/delivery
- No eating allowed during labor
- Birth plan/preferences
- Translation needs, if appropriate
- Copy of chart (?)
- going-home clothes should be as if 4-5 months pregnant; what else to bring for mom
- plans for transportation to and from hospital (including infant car seat for baby);
- plans for support person, or doula;
- latching baby onto breast within first hour
- choosing a baby name;
- information for the birth certificate (prepare in writing if patient is not English-speaking);
- decide about circumcision in case of boy;
- supplies for the baby;
- how the father of the baby can help;
- plans for childcare of other children (if needed)
- going beyond due date

- Where to go for childbirth preparation classes.

**EVALUATION** Verbal questions - How well did your patients understand the class?
- What is an average length of time for labor for a typical birth?
- How will you know when you're in labor? When to go to the hospital?
- What signs are **not** normal - what will make you call your doctor or go to the hospital immediately?
After The Baby Is Born
How You Will Feel, What To Expect From Your Newborn

OBJECTIVES
• Patient will identify at least 2 strategies for taking care of physical and emotional needs after delivery.
• Patient will be able to name at least 2 life/family adjustments that must be made in order to prepare for the new baby.
• Patient will be able to name at least 5 characteristics of newborns.

MATERIALS
• Handouts:
  - STT Exercises When You Are Pregnant
  - “A Guide To Breastfeeding Support”, Alameda County (see protocol for a master copy), or http://www.ackids.org/Documents/FSS/Basic%20Breastfeeding%20Guide.pdf
  - "Newborn Baby Characteristics" Chart (Childbirth Graphics)

TIME 60 minutes

METHODS/CONTENT
Discuss care of mother.
- Uterine firmness will be checked, may have cramping feeling, vaginal discharge.
- Perineum/episiotomy -- sitz bath after 24 hours, pat to dry, nothing in vagina for 6 weeks, possible stitches, use spray bottle after using toilet, ice packs, etc. Odor can indicate infection. Discomfort usually lasts 7-10 days.
- Review kegels (see STT Exercises When You Are Pregnant handout).
- Constipation/hemorrhoids – high fiber foods, exercise, drink fluids; b.m. before leaving hospital; stool softeners, sitz baths, hemorrhoidal creams, Tucks or suppositories; cushion to sit on. Drink enough fluids to keep urine light in color.
- Breast care: -- Plan for breastfeeding before baby comes (staff can refer to STT Infant Feeding Decision-Making); notify L&D staff about feeding plans. Briefly review breastfeeding latch and positions and where to get help. Give list of local resources for help with breastfeeding (A Guide To Breastfeeding Support). If not breastfeeding, she can ask at hospital about techniques to slow milk production.
- Rest -- nap when baby sleeps, may feel irritable if don't get enough rest; plan for getting help -- housework, cooking, taking care of other children, etc. No entertaining. Special time for bonding with baby.
- Have plain Tylenol at home; sanitary pads. Change pads frequently; wipe from front to back.
- Make postpartum check-up appointment. Review importance of keeping appointment.
- Continue prenatal vitamins.
Possible psychological stress – changes include
- time/routines changes;
- new roles,
- juggling more responsibilities,
- not knowing what to expect and how to handle pressures.
- Some strong feelings may be normal; but if you feel unable to cope, very sad, frustrated, you may need help! Don't hesitate to call your clinic for a referral to a counselor or new mother's support groups, or you can call just to talk. Staff can refer to STT Depression for information on postpartum depression.

Places to get support: FamilyPaths (formerly Parental Stress) (800)-829-3777, available 24 hours per day/7 days a week, or Postpartum Assistance for Mothers (PAM) (510) 889-6017. “Are You Feeling Sad, Alone, or Crying a Lot?” if needed (see appendices of CPSP Protocol for a master copy)).

- **Adjustments**: Ask class participants how they think the baby may affect their lives. Possible discussion topics:
  - sibling rivalry
  - increased stress between mom and father of the baby
  - exhaustion/increased need for sleep at first
  - limit on outside activities
  - money needed for baby things
  - adjustment to role of "mom" for first-timers
  - changes in relationships with other family members
  - increase in responsibilities
  - house/apartment more crowded
  - ways to enjoy their baby

- Partner/Father’s role – encourage partners/fathers participation: diapers, baths, playing with baby, comforting baby, taking baby on walk, helping mothers with healthy eating and drinking, helping care for other children, etc.

- Normal newborn characteristics: Using charts, discuss appearance, reflexes, size, etc.

**EVALUATION**

Verbal questions - How well did your patients understand the class?
- Can you describe one exercise that will help you return to normal and restore muscle tone in the vagina?
- Can you name some rewarding experiences you expect to have after birth? Some challenging/difficult experiences you expect? How to cope?
- Can you describe how caring for a newborn will change your day-to-day routine?
- Can you describe your plan for who to call if you get overwhelmed with the new baby?
Caring For Baby

OBJECTIVES
- Patient will be able to identify 2 danger signs in the newborn and what to do if these occur.
- Patient will be able to demonstrate taking an infant's temperature.
- Patient will state safety precautions required for infants, including car seats, and putting them to sleep on their backs.
- Patient will be able to discuss the schedule for routine immunizations through age two.

MATERIALS
- Newborn baby doll(s)
- Handouts:
  - STT handout, Danger Signs -- When To Call The Baby's Medical Provider
  - STT handout, Infant Safety In The Home and Danger Signs -- When To Call The Baby's Medical Provider.
  - Caring for Your Baby (EPA) English or Spanish
  - The First 12 Months (WIC)
  - "Childproofing" home; Poison Control, call for copies at 1-800-222-1222.
- Flip chart stand, paper, pens
- Additional materials, if possible: Baby bathtub, alcohol and cotton balls or Q-tips, receiving blanket, thermometer, infant car seat.
- Optional video excerpt: The Happiest Baby on the Block (72 min., www.thehappiestbaby.com)

TIME 60 minutes

METHODS/CONTENT
Demonstrations and group discussion on the following:
- Appearance of newborn: vernix, flaky/peeling skin, fontanels, swollen genitals
- Car seat use (use doll to demonstrate); always buckle up, rear-facing, not in front seat with air bag
- Immunization schedule (2, 4, 6, 12, 15 months old)
- Back-to-sleep position for baby; crib safety (bars no wider than 2 3/8 inches apart, firm mattress - same size as crib, no pillows or toys)
- Avoid secondhand smoke exposure for baby
- Demonstrate safety during bathing (with baby model and baby tub)
- Demonstrate cord care – alcohol wipes, avoid contact with diaper, keep dry, it will fall off around 1 week, call provider if notice signs of infection (swelling/pus/redness)
- Signs of jaundice, remedies.
- Discuss dangerous practices -- shaking baby, leaving baby on table or bed.
- "Childproofing" home; Poison Control, call for copies at 1-800-222-1222.
- Choosing a pediatrician; schedule for check-ups (2, 4, 6, 12 months)
- Danger of choking on small objects

- Review danger signs vs. common disorders -- use STT handout, **Danger Signs -- When To Call The Baby's Medical Provider:**
  - fever (danger level varies by age)
  - diarrhea (formula vs. breastmilk) -- discuss color/texture of normal b.m.
  - choking/breathing problems, breathing too fast
  - skin rash (purplish)
  - vomiting
  - dehydration signs (not urinating or dark urine)
  - not breastfeeding well
  - tired/sleeping all the time
  - jaundice (yellow skin and eyes)

- Review emergency precautions to take: "911 ", infant CPR classes, where to call during the day vs. night for urgent problems.

- Circumcision decision and care of penis

- Comforting: demonstrate swaddling; discuss common causes of crying, different types of crying (hungry, wet, comfort, bored, too much stimulation), dressing baby to ensure enough warmth/not too hot. Ask for their ideas on ways to soothe an infant. Show excerpt from “Happiest Baby on the Block” video.

- Using baby model, demonstrate: how to pick up while holding head, how to put in car seat, how to take temperature.

- Never shake a baby – can cause brain damage. If baby’s crying is causing frustration, call a friend or family member for support; leave baby in crib and wash face or get a drink of water; call local parental stress line for other ideas (FamilyPaths): 1-800-829-3777.

**EVALUATION**  
Verbal questions - How well did your patients understand the class?
- Can you demonstrate how to use a car seat?
- Can you list when to get baby’s immunizations from birth until age 2?
- Can you show how to take a baby's temperature?
- Can you name 5 things you would try to calm a crying baby?
- Can you describe how to care for the belly button?
Infant Feeding

OBJECTIVES

• Patient will be able to demonstrate 2 positions for breastfeeding.
• Patient will be able to describe steps to get baby latched on to breast correctly.
• Patient will be able to list 2 breastfeeding resources for assistance in case of problems.
• Patient will be able to name 2 risks of using formula.

MATERIALS

- Breastfeeding flip chart and/or pamphlets (Childbirth Graphics),
- Additional materials, if possible: Nursing bra, nursing pads, pictures of various breast pumps (if models are not available)
- Newborn baby doll(s)
- Breastfeeding handouts from Steps to Take

TIME 60 minutes

METHODS/CONTENT

Demonstrations and group discussion on the following:

• Ask clients what they have heard about breastfeeding. Acknowledge their comments and feelings. Then, provide information about their concerns to answer questions they have or to correct misinformation.
• Write their comments on the flip-chart paper, in two columns “breastfeeding” and “formula”. Add to their lists if they do not mention the ones below.

Breastfeeding

Advantages

- easier for parents (no bottles to wash, formulas to buy, it’s always ready)
- better for baby (immunities – protects against many infections, provides for optimal brain growth/intelligence, no constipation, facial muscle development, perfect food, easier to digest);
- better for mother
- saves money – it’s free (WIC doesn’t cover cost of all formula needed);
- special relationship between mother and baby;
- relaxing, and good feeling knowing you’re giving baby the best

Common concerns: it’s more work for others to feed baby (would need to express/store milk); mother should continue to avoid any alcohol, other drugs
Formula

Advantages: others can feed baby easily; some mothers may need to use formula for mother’s health reasons.

Common concerns:
- formula is expensive (WIC doesn’t provide all that is needed);
- time consuming to clean bottles and prepare formula,
- feeding baby away from home may be more complicated because of refrigeration and storage issues; it’s easy to overfeed the baby.
- baby at higher risk of ear infections, diarrhea, constipation, pneumonia, SIDS
- parents need to take more time off from work/school because babies tend to have more medical needs.

Demonstrate how to breastfeed

- Use flip chart, pamphlets, dolls. Demonstrate latch (baby is close to mom – tummy to tummy, baby’s head is tipped back, mouth open wide). Explain hunger cues of babies.
- Demonstrate positions and allow clients to try, using baby dolls to demonstrate. Discuss colostrum, engorgement, milk expression, etc.
- Explain supply-and-demand concept relating to milk production; giving formula interrupts the balance between mother’s and baby’s bodies
- At the hospital, ask to feed baby right after birth, within first hour. Skin-to-skin if possible.
- Rooming-in, if possible. Feed baby every two hours, especially first 2-3 days.
- No bottles or pacifiers for several weeks; nipple confusion.
- While pregnant, talk to others about their experiences / observe others breastfeeding.

How to know baby is getting enough?

- Baby should latch-on and feed 10-12 times/day
- Stools change from green to yellow, curdy-loose
- Baby is active and alert for periods of time
- Frequent wet diapers, 4-10 stools/day
- You can see baby has milk in mouth
- Mother feels “let-down”
- Breast is softer after the feeding
- Listen for baby swallowing milk

Local resources for help

- WIC
- La Leche League
If there’s time in the class, discuss:

- Burping - demonstrate positions, discuss timing.
- Prenatal preparation: read about breastfeeding, observe mothers/babies breastfeeding, discuss nipple type with your provider.
- If nipples get sore/painful, caused mostly by poor latch-on and positioning. Get help from someone on the resource list. OK to use hand-expressed milk to soothe nipple, or lansinoh ointment.
- Teach how to hand-express milk.
- Some babies eat very often and some cry a lot – not necessarily a sign that there’s not enough milk. When in doubt, ask for help from provider to consider baby’s breastfeeding and list of **how to know baby is getting enough.** Discuss increased feeding during growth spurts.
- If using both breastfeeding and formula – wait until breastfeeding for 4-6 weeks to avoid possible nipple confusion.
- How to use bottles with pumped milk or formula: throw away what remains after feeding, washing bottles and nipples, safe methods for warming bottles, etc.
- Introducing any solid food: wait until 6 months old; don’t “pre-chew” as parents have oral bacteria that can spread to baby.

**EVALUATION**  Verbal questions - get a sense of how well your patients understand the class.

- Name some important benefits of breastfeeding.
- Can you explain supply-and-demand concept relating to milk production?
- Can you explain how to get a baby started with breastfeeding (tummy-to-tummy, etc)?
Selected catalogs offering health education materials:


Appendices to Perinatal Lesson Plans

- Perinatal Class Sign-In Sheet
- Chart documentation for class participation
- Sample Progress Note Documenting Attendance in Perinatal Education Class
- How WIC Helps
# Perinatal Class Sign-In Sheet
(keep this form on file for audit purposes)

<table>
<thead>
<tr>
<th>Date</th>
<th>Instructor’s name</th>
<th>Instructor’s title</th>
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**Check which class is conducted:**  (keep these class outlines on file)
- Changes In Your Body, And How The Baby Grows Inside You
- How To Deal With Discomforts, And Keep You And Your Baby Healthy
- Easy Ways To Eat Healthy Food
- Romance: Now And After Your Baby Is Born
- Prepare For Labor And Delivery: The Big Event!
- After The Baby Is Born: How You Will Feel And What To Expect From Your Newborn
- Caring For Baby
- Infant Feeding

**Patients participating in class:**

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<th>Minutes spent:</th>
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## CPSP Perinatal Classes
(for the patient chart)

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<th>Class lesson plan followed</th>
<th>Minutes spent</th>
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<td>Infant Feeding</td>
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</tbody>
</table>
Sample Progress Note Documenting Attendance in Perinatal Education Class

December 13, 2006
CPSP Perinatal Education Class
Maria Lopez attended the Caring for Baby class.
72 minutes
Carrie Marshall, RN
How WIC Helps

WIC saves lives and improves the health of nutritionally at-risk women, infants and children. The results of studies conducted by FNS and other non-government entities prove that WIC is one of the nation’s most successful and cost-effective nutrition intervention programs. Since its beginning in 1974, the WIC Program has earned the reputation of being one of the most successful Federally-funded nutrition programs in the United States. Collective findings of studies, reviews and reports demonstrate that the WIC Program is cost effective in protecting or improving the health/nutritional status of low-income women, infants and children. The following highlights some of the findings (pertinent references are provided).

Improved Birth Outcomes and Savings in Health Care Costs

Research has shown that the WIC Program has been playing an important role in improving birth outcomes and containing health care costs.\(^7\),\(^20\) A series of reports published by USDA based on linked 1988 WIC and Medicaid data on over 100,000 births found that every dollar spent on prenatal WIC participation for low-income Medicaid women in 5 States resulted in:

- longer pregnancies;
- fewer premature births;
- lower incidence of moderately low and very low birth weight infants;
- fewer infant deaths;
- a greater likelihood of receiving prenatal care; and
- savings in health care costs from $1.77 to $3.13 within the first 60 days after birth.\(^3\),\(^4\),\(^5\)

Improved Diet and Diet-Related Outcomes

Studies have found WIC to have a positive effect on children's diet and diet-related outcomes such as:

- higher mean intakes of iron, vitamin C, thiamin, niacin and vitamin B6, without an increase in food energy intake, indicating an increase in the nutrient density of the diet;\(^19\)
- positive effects on the intakes of ten nutrients without an adverse effect on fat or cholesterol;\(^14\)
- more effective than other cash income or food stamps at improving preschoolers' intake of key nutrients;\(^14\) and
- decline in the rate of iron deficiency anemia from 7.8 percent in 1975 to 2.9 percent in 1985 which the Centers for Disease Control and Prevention attributed to both a general improvement in iron nutrition and participation in WIC and other public nutrition programs.\(^20\)

Improved Infant Feeding Practices

WIC promotes breastfeeding as the optimal method of infant feeding. Studies show:

- WIC participants who reported having received advice to breastfeed their babies from the WIC clinic were more likely to breastfeed than other WIC participants or eligible nonparticipants;\(^18\)
- WIC breastfeeding policy and program activities were strengthened in the early 1990’s;
- Between 1996 and 2001, the percentage of WIC mothers breastfeeding in the hospital increased by almost 25 percent, from 46.6 to 58.2 percent;
- The percentage of WIC infants breastfeeding at six months of age increased by 61.2 percent, from 12.9 to 20.8 percent; and,
- For those infants who are fed infant formula, 90 percent received iron-fortified formula, which is recommended for nearly all non-breastfed infants for the first year of life.\(^1\)
Immunization Rates and Regular Source of Medical Care
A regular schedule of immunizations is recommended for children from birth to 2 years of age, which coincides with the period in which many low-income children participate in WIC. Studies have found significantly improved rates of childhood immunization and of having a regular source of medical care associated with WIC participation.19

Improved Cognitive Development
Cognitive development influences school achievement and behavior. Participation in the WIC Program has been shown to:
- improve vocabulary scores for children of mothers who participated in WIC prenatally; and
- significantly improve memory for numbers for children enrolled in WIC after the first year of life.19

Improved Preconceptional Nutritional Status
Preconceptional nutritional status is an important determinant of birth outcome. A previous pregnancy can cause nutritional depletion of the postpartum woman, particularly those with high parity and short interpregnancy intervals. One study found:
- women enrolled in WIC both during pregnancy and postpartum periods delivered infants with higher mean birth weights in a subsequent pregnancy than women who received WIC prenatally only; and,
- the women who received postpartum benefits had higher hemoglobin levels and lower risk of maternal obesity at the onset of the subsequent pregnancy.2

Other Improved Outcomes
WIC participation has also been shown to:
- increase the likelihood of children having a regular provider of medical care;19 and,
- improve growth rates.6,8

Summary:
- WIC reduces fetal deaths and infant mortality.
- WIC reduces low birth weight rates and increases the duration of pregnancy.
- WIC improves the growth of nutritionally at-risk infants and children.
- WIC decreases the incidence of iron deficiency anemia in children.
- WIC improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women.
- Pregnant women participating in WIC receive prenatal care earlier.
- Children enrolled in WIC are more likely to have a regular source of medical care and have more up to date immunizations.
- WIC helps get children ready to start school: children who receive WIC benefits demonstrate improved intellectual development.
- WIC significantly improves children’s diets.

For references listed in the article see the website, or contact Therese McCluskey, (510) 618-1990 or Therese.Mccluskey@acgov.org.