Preparing for a Lifetime
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Improving Infant Outcomes

Infant Mortality Data

What is infant mortality?

Infant mortality is defined as the death of a baby that is less than one year old. Infant deaths are typically classified as neonatal or postneonatal. Neonatal deaths are those to infants who die before 28 complete days of life; postneonatal deaths are defined as deaths to infants at least 28 days but less than 365 days old.

How does Oklahoma compare to the rest of the United States regarding infant mortality rates?

One of the factors in considering a nation's health status compared to other countries is its infant mortality rate (IMR), which is the number of infant deaths per 1,000 live births. The United States ranks 31st among the 34 industrialized countries in infant mortality.

Source: Organization for Economic Co-operation and Development (OECD). OECD Health Data 2010 - Version October 2010.

In 2007, Oklahoma ranked 46th in the United States with an IMR of 8.5. Oklahoma's IMR has consistently remained above the national rate since 1992. While some improvements have been observed, the state's IMR of 8.5 deaths per 1,000 live births for 2007 is no better than the national average of 8.5 achieved over 15 years earlier.

How does Oklahoma compare to surrounding states?

Chart 1: National IMR Rankings

2007 National Ranking	State	IMR
–	US Average	6.7
1	Washington	4.8
12	Colorado	6.1
13	New Mexico	6.2
14	Texas	6.2
40	Kansas	7.9
33	Missouri	7.4
46	Oklahoma	8.5
37	Arkansas	7.6
48	Louisiana	9.1
50	Mississippi	10.0
51	D.C.	13.1

Source: Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final date for 2007. National vital statistics reports; vol 58 no 19. Hyattsville, Maryland: National Center for Health Statistics. 2010

What causes infant mortality?

The top three rankable causes of infant death in Oklahoma are:

- congenital malformations (medical condition present at birth)
- disorders related to short gestation (less than 37 weeks of completed pregnancy) and low birth weight (less than five pounds, eight ounces)
- Sudden Infant Death Syndrome (SIDS)

NOTE: The leading cause of infant death for whites, American Indian/Alaska Natives, Asian/Pacific Islanders, and Hispanics is "congenital malformations" while the leading cause of infant death for African Americans is "disorders due to short gestation and low birth weight".

Are there racial and ethnic disparities in IMR in Oklahoma?

Yes. The following shows IMR by race and ethnicity of the mother from 2003-2007.

Chart 2: Oklahoma IMR by Race, Ethnicity (2003-2007)

Statewide	8.1

Race/Ethnicity	
White	7.1
African American	16.4
American Indian/Alaska Native	8.6
Asian/Pacific Islander	4.4
*Hispanic	7.1

**Persons of Hispanic origin can be of any race and are mutually exclusive from the other race categories*

Source: Oklahoma State Department of Health, Center for Health Statistics, Vital Records Division. OK2SHARE Online Database.

What can I do to prevent infant mortality in Oklahoma?

There are many things that everyone can do to help ensure Oklahoma's babies are safe and healthy. Some are:

- Being healthy before and between pregnancies greatly improves the chances of having a healthy baby
- Having a full-term pregnancy (about 40 weeks) contributes to good birth outcomes
- Breastfeeding offers a baby the best nutrition for every stage of growth
- Getting tested and treated, if needed, for sexually transmitted diseases promotes a healthy pregnancy and birth
- Placing baby on his or her back to sleep decreases the chances of Sudden Infant Death Syndrome
- Avoiding exposure to secondhand smoke contributes to strong and healthy babies
- Preventing injuries among infants will keep them safe and secure
- Recognizing the signs and getting help for postpartum depression can improve health for both mother and baby

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Nursing Your Newborn

Strong & Healthy Begins with Breastfeeding

Breastfeeding is Going Well When:*

- Your baby nurses 8 or more times in a 24-hour period (about every 2 to 3 hours)
- Your baby has at least 3 wet diapers a day during the first few days and at least 6 wet diapers a day by the end of the first week
- Your baby has 3 or more yellow, loose bowel movements a day by the end of the first week
- You can see your baby sucking and hear swallowing while nursing
- Your full breasts are softer after the baby nurses
- Your baby seems satisfied after nursing

Some parents find it helpful to keep a diary of when their baby eats, has a wet diaper, and has a bowel movement.

Breastfeeding Benefits for Your Baby:

- Provides the best nutrition for your baby
- Contains the best nutrients that your baby needs for the first 6 months of life**
- Protects against illnesses such as ear and respiratory infections
- Decreases allergies
- Creates a special bond between you and your baby
- Supports brain development
- Lowers risks of obesity and diabetes

** These guidelines are for healthy term babies. For those with special needs or specific questions, please contact your healthcare provider or call the Oklahoma Breastfeeding Hotline at 1-877-271-MILK (6455).*

***The American Academy of Pediatrics recommends that all babies receive 400 IU of Vitamin D each day starting at birth. After six months of age, your baby may have a need for fluoride. To check the fluoride level in your community's water, view My Water's Fluoride at http://apps.cc.cdc.gov/MWF/Index.asp. Talk to your healthcare provider about the need for a vitamin D or flouride supplement.*

Adapted from "Nursing Your Newborn-Breastfed Babies are Healthier Babies" American Academy of Pediatrics New York Chapter 2 Nutrition Committee.

Tips for Successful Breastfeeding

- It's best if your baby nurses within the first 1 to 2 hours after birth
- Skin-to-skin contact is good for your baby and can help increase your milk supply
- Nurse your baby every 2 to 3 hours
- Early and frequent breastfeeding will allow your milk supply to increase to meet your baby's needs
- Do not give your baby water or formula unless directed by your healthcare provider
- Breastfeeding can take some work and practice to get you and your baby used to each other, so give it some time

Breastfeeding Benefits for You

- Convenient
- Breastmilk is free
- Always readily available to feed your baby
- Helps you lose your pregnancy weight faster
- Helps your uterus return to its normal size faster
- Lowers your risk of breast and ovarian cancer
- May lower your risk of heart disease

Help is Available

- Your baby should be seen by a breastfeeding educated healthcare provider 2 to 5 days after discharge and again at 2 to 3 weeks of age
- Your baby's healthcare provider and your lactation consultant can provide help and support during your breastfeeding experience
- Mothers and healthcare providers with breastfeeding questions can call the toll-free Oklahoma Breastfeeding Hotline at 1-877-271-MILK (6455)
- For help and support, please call your local WIC Clinic or 1-888-655-2942
- For more information, visit the Oklahoma State Department of Health Breastfeeding Information and Support Website: **http://bis.health.ok.gov**

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Pregnancy and Infections

Vaginal infections have been linked with pregnancy in the tubes (ectopic pregnancy), preterm labor, babies born too early, and Pelvic Inflammatory Disease (an infection in the uterus and tubes) that can lead to problems getting pregnant in the future. Babies born early have a much higher chance of dying within the first year of life. Since over 50 percent of pregnancies in Oklahoma are not planned, it is important for you to take steps to avoid getting an infection or, if you have an infection, to get treated as soon as possible.

If you are planning a pregnancy or are pregnant and have ever had more than one sex partner or have a partner that has had or currently has more than one sex partner, please ask your healthcare provider to test you early in your pregnancy. Most likely your insurance will pay for testing.

If you change partners during your pregnancy or suspect your partner has other partner(s), please ask your healthcare provider to test again during the pregnancy. The testing is simple and often the infection is curable before delivery. This will increase the chances for a healthy pregnancy and a healthy baby.

Bacterial Vaginosis (BV): Vaginal infection is common in sexually active women but is not sexually transmitted. This infection is associated with preterm labor, premature birth and uterine infection if not treated. With this infection you may notice an increase in vaginal discharge and a fishy odor. More than half of all women with this infection do not have any symptoms.

The following infections are sexually transmitted and both you and your partner need to be treated:

Chlamydia: Chlamydia is the most common sexually transmitted infection. Both you and your partner could have this infection and not know it. You might have an increased discharge, pain with sex or bleeding after sex. Untreated Chlamydia infections in pregnant women can cause serious eye and lung infections in babies after they are born.

Gonorrhea: Gonorrhea is the second most commonly reported sexually transmitted infection. This infection can cause the same symptoms as Chlamydia or cause no symptoms at all. A pregnant woman can transmit the infection to her baby during delivery causing blindness, joint infection or a life threatening blood infection.

Herpes: Genital Herpes is a sexually transmitted infection that usually causes blisters in the genital area and flu-like symptoms. The blisters or "outbreaks" can come back at any time after the first infection. A pregnant woman with blisters during the last few weeks of pregnancy, can pass the infection to her baby. Herpes infections can cause death in newborns.

Human Immunodeficiency Virus (HIV): HIV is the virus that causes AIDS. This virus may be passed from one person to another through infected blood, semen, vaginal secretions, or breast milk. HIV can be sexually transmitted or can be transmitted from mother to baby during pregnancy. It is very important that you know your HIV status. Every pregnant woman should receive HIV testing early in her pregnancy and again before delivery. A pregnant woman with HIV can reduce the risk of transmitting HIV to her baby to as low as 2 percent with proper care and treatment from a physician. However, without treatment the risk of transmission from you to your baby is 25 percent. As a pregnant mom making healthy decisions for you and your unborn baby, knowing your HIV status is vital.

Human Papillomavirus (HPV): HPV infection is a sexually transmitted infection causing genital warts and cervical cancer. This infection is caused by a group of viruses with more than 100 different strains or types. A baby exposed to one of these viruses during delivery can develop warts in the throat or voice box.

Syphilis: Syphilis is a sexually transmitted infection, but many people infected with syphilis do not have any symptoms for years. This bacterium can cross the placenta and infect a baby before it is born. An infected baby may be born dead or may be born without signs of infection but develop serious problems within a few weeks (learning problems, seizures, or death).

Hepatitis B: Hepatitis B is a virus that attacks the liver. All women should be tested for this virus when they have their prenatal lab work done. Most women who have Hepatitis B do not even know they are sick. There are many ways you can get Hepatitis B. You may have gotten it from your mother when you were a baby. It can be transmitted sexually or through blood or blood products. It can also be transmitted if you use intravenous drugs or "shoot up".

If you have the virus, your baby will need to be given the Hepatitis B vaccine at birth and another shot, called HBIG that helps the baby's immune system. If your baby receives these shots there is less than a 15 percent chance your baby will become infected.

Trichomoniasis (Trich): Trich is a common sexually transmitted infection. With this infection, you may have an increased yellow-green vaginal discharge with itching and a foul odor. Pregnant women with Trich may have babies who are born early or weigh less than five pounds.

For more information on HIV, call the Perinatal HIV Hotline/National Perinatal HIV Consultation and Referral Service at 1-888-448-8765 or the National HIV Testing Resources at the Centers for Disease Control and Prevention (CDC-Info, 24 hours/day) at 1-800-232-4636 or visit http://www.hivtest.org.

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Preparing for a Lifetime
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Your Baby's Safety

Preparing for Your Baby's Safety

Items to Prepare 2-3 Months before Expected Delivery – Places Where Baby will Spend the Most Time

Crib

- Firm mattress that fits close to crib sides
- Crib slats/bars not farther apart than 2 3/8 inches
- No pillows, toys, loose blankets, or bumper pads

Bassinet/Cradle

- Firm, thin mattress with no space between it and the sides
- Sides high enough so baby cannot fall out
- Stable and cannot be knocked over
- Cradle that cannot swing high enough to overturn

Dressing or Changing Baby

(table, crib or floor)

- Uncluttered, firm surface
- Stable, not slippery

Bathing Baby (in baby tub, tub placed in big tub or regular bathtub)

- Non-slippery surface
- Do not use baby bath seat because it can tip over easily
- Never leave baby alone or with siblings, not even for a second

Playpen

- If has slats, no wider than 2 3/8 inches apart
- If net, closely woven
- Sturdy, sides cannot collapse
- Firm cushion, no bumper pads

Infant Car Seat

- Use seat approved by federal agency
- Know history of used seat – cannot have been in a crash
- Install rear-facing, 45° angle
- Install in back seat of vehicle
- Use directions in car seat manual to install car seat securely or have it installed by a trained person

Infant Carrier (cannot use as car seat)

- Plastic with cushioned lining
- Baby should be belted in
- Use only for infants 1-6 weeks because it tips easily when baby moves
- Cannot be used on shopping cart unless belted/attached

Safety – Environment

- Mother, or anyone around her, should not use alcohol, drugs, or tobacco
- Rest and eat a healthy diet
- Keep floors and stairs clear/good condition
- Maintain home temperature at around 70°

Birth to Two Months

Write down all the new physical, language and social advances baby has made. If your baby was born early or has a disability, carry out the doctor's orders and advice on how to care for your child.

Crib

- Place baby to sleep on back (Reduces danger of sudden infant death syndrome (SIDS))
- Keep crib or bassinet side up so baby is protected from pets, other children and falls
- Keep crib clear of loose blankets, bumper pads, toys, pillows and strings

Baby's Bath

- Non-slippery surface
- Shallow water, test temperature on wrist
- Hold baby's head up with arm around back of neck
- If you feel tired or ill, give baby a sponge bath
- Never leave baby alone or with siblings, not even for a second

Dressing or Changing Baby

(table, crib or floor)

- Do not leave baby alone on an elevated surface
- Keep powder, lotion, or other uncovered materials, caps, small objects, strings and jewelry etc. out of baby's reach
- Place arms and legs carefully into clothing, without bending out of normal position

Car Safety

- Use directions for installing car seat securely or have installed by trained person
- Use rear-facing infant car seat and place in back seat of vehicle
- Vehicle should be safe and in good condition
- Baby must always be in properly buckled car seat, which should be reclined
- Keep objects in car secured so as not to injure baby during sudden stops

Carriage/Stroller

- Strong and stable so it will not tip over
- Baby securely placed and strapped
- At this age, stroller back should be reclined at about 45° (Keeps chin off of chest and airway from being blocked)
- Keep face clear of blankets for breathing

Back or Front Carry Pack

- Correct size and material for age of baby
- Keep baby's head supported
- Check that baby does not slide inside and have trouble breathing
- Make sure pack is tied securely to person carrying baby

Safety – Environment

- Do not smoke or take drugs or alcohol
- Do not drink or handle hot liquids while holding baby
- Keep area around baby clear of food, toys, small items, strings, jewelry
- Maintain a functioning smoke alarm
- Keep home clean and temperature about 70°
- Learn infant CPR
- Keep nearby emergency phone numbers for your child's pediatrician, the ambulance service, local emergency room, local hospital, fire station, Poison Control and your nearest relative handy

Two to Six Months

Baby begins moving more, pushing, pulling, rolling over, getting caught in things nearby, or falling off high places. Baby also is putting hands and things in mouth. Begin child-proofing your home.

Preventing Baby From Falling

- Lower crib mattress to keep baby from falling out over sides
- Keep crib free of stuffed animals and toys so baby will not stand up on them
- Support baby when sitting up to prevent head or neck injury
- Always keep one hand on baby when the baby is on high surfaces (changing tables, beds, sofas)
- When using carrier in shopping carts, hold baby in with belt and secure carrier to cart or else both carrier and baby could fall out
- Children must be seated and watched carefully if allowed to hold baby
- If you use a swing, it must be stable; baby must be belted in so as not to fall

Vehicle Safety

- Continue using rear-facing safety seat properly secured in back seat of car; never in front seat
- While baby is in vehicle, do not prop a bottle and keep small objects, cords and plastic bags out of reach
- Keep siblings from giving baby their toys

Play Pen (A safe place for baby)

- If it has slats, must be less than 2 3/8 inches; if it has net sides, holes must be less than ¼ inch
- No stuffed animals, plastic bags, or pillows in play pen
- Playpen floor must be secure and strong with firm padding

Keeping Baby Safe Around Water

- Always supervise babies around water
- Test bath water on your wrist to make sure it is not too hot for baby
- Do not leave alone or with siblings in tub or bathing area, even when baby is able to sit
- Remember, babies can drown in less than an inch of water in a few seconds
- Keep pails, cups and other containers with liquid away from baby
- Do not give baby water-filled plastic bags, gloves, or balloons

Keeping Environment Safe for Baby

- Check smoke alarm every month
- Make a plan for family to escape home in case of smoke or fire
- If baby is burned with hot solid or liquid, apply cool water and call doctor
- If baby falls or head is bumped, watch for unconsciousness, vomiting, unusual behavior. If so, call doctor or take to emergency room.
- Remember never to shake a baby because the brain can be injured
- Baby proof home with outlet plugs, door locks
- Call Poison Control (1-800-222-1222) or bring baby to emergency room if baby swallows poisonous material and tell what poison is suspected

Six to Twelve Months

Baby grows and develops rapidly. New personality and physical changes can be seen each day. Baby can sit, crawl and stand and will fall often. Home must be made safe.

Preventing Falls

- Install sturdy gates at top and bottom of stairs
- Install operable window guards
- Keep space in front of windows free of chests, tables
- Do not allow baby to crawl onto furniture
- Never use a baby walker because it may tip over or fall down the stairs
- Keep play area clear of hard, sharp-edged objects and toys and furniture
- If baby falls, check that baby is alright before picking baby up. If baby acts differently, call the doctor or take to emergency room.

Bathroom Safety

- Keep baby away from bathroom by keeping the door closed
- Keep toilet lid down
- Keep free of pails or other water containers
- Keep water heater lower than 120°
- Bathe baby on a non-slippery surface and hold neck and head up

Safety Habits to Prevent Suffocating and Choking

- Stay with baby while baby is eating
- Do not give baby food that could cause choking (peanuts, popcorn, carrots, grapes, hotdogs)
- Learn how to remove food or other items from choking baby
- Learn CPR and first aid
- Keep baby's crib away from windows, curtains and cords from blinds. Tie cords should be kept high and out of reach.
- Remove labels from stuffed toys
- Remove mobiles from crib because baby can reach parts, pull and put into mouth

Kitchen Safety

- Keep baby away from kitchen, especially while cooking
- Do not use the microwave to heat baby's milk bottles to avoid internal burns
- Place baby in a safe place nearby (playpen, low highchair) when you cook or work in kitchen
- Keep baby away from stoves, refrigerators and hot appliances
- Keep pans toward back of stove; turn handles inward
- Do not hold baby and work with the stove at the same time
- Keep waste baskets closed and out of baby's reach
- Keep small fire extinguisher available in kitchen
- If child is burned, apply cool water and loose bandage and call 9-1-1

Child-Proofing Home for Safety

- Keep matches and lighters away from children
- Do not keep guns or firearms in the home, or keep guns unloaded, with a safety device and stored in a locked place
- Throw away all water, chemicals and other mixtures after use
- Check smoke alarm batteries monthly
- Keep tool chests locked so baby will not be caught or injured
- Keep baby out of garage and basement
- Apply child-proof latches to cabinets

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Prescription for a Healthy Future

- Take a multivitamin with **400 mcg of folic acid** every day to prevent birth defects and reduce the risk of certain cancers. Foods that contain folic acid are beans, leafy green vegetables, orange juice and fortified/enriched breads and cereals.
- Eat a variety of nutritious foods every day; avoid foods high in fat and sugar; cut back on caffeine
- Talk with your healthcare provider to learn your healthy weight and ways to reach it
- See your healthcare provider and dentist before becoming pregnant
- Wash your hands often. Some infections harm a growing baby.
- Find out if you have a sexually transmitted disease (STD)
- Ask your healthcare provider about screenings for STDs and Human Immunodeficiency Virus (HIV)
- Stop smoking. Smoking while you are pregnant puts your baby at greater risk for being born prematurely or too small.
- Stop using drugs and alcohol. Beer, liquor, wine and wine coolers can cause your baby to have lifelong problems such as Fetal Alcohol Spectrum Disorders (FASD), which may include physical, mental, behavioral and learning problems. Using or abusing legal and illegal drugs may also result in physical, mental, behavioral and learning problems in babies.
- Talk with your family members about their health conditions or those that run in your family
- Have a healthy relationship with your partner. Talk to your healthcare provider if you are in an abusive relationship.
- Manage stress. Stress can increase the risk of preterm labor and low birthweight.

Prescription for a Healthy Future
- Females -

___ Take a multivitamin with at least 400 mcg of folic acid daily

___ Eat right and maintain a healthy weight

___ Engage in physical activity on most days of the week

___ Quit smoking and avoid secondhand smoke

___ Get help for alcohol and/or drug problems

___ Schedule regular health and dental check-ups

___ Schedule pap smear, mammogram, colon and other screenings as recommended by your doctor

___ Get any health problems under control

___ Practice abstinence or, if sexually active, use birth control

___ Use latex condoms to reduce the risk of sexually transmitted diseases

___ Limit exposure to hazardous chemicals

___ Talk with your family members about their health history

___ Reduce stress in your life

___ Learn to recognize signs of an abusive or violent relationship and talk with someone you trust

___ Plan for a healthy pregnancy when and if you want a baby

Prescription for a Healthy Future
- Males -

___ Take a multivitamin with at least 400 mcg of folic acid daily

___ Eat right and maintain a healthy weight

___ Engage in physical activity on most days of the week

___ Quit smoking and avoid secondhand smoke

___ Get help for alcohol and/or drug problems

___ Schedule regular health and dental check-ups

___ Schedule testicular, prostate, colon and other screenings as recommended by your doctor

___ Get any health problems under control

___ Practice abstinence or, if sexually active, use condoms

___ Use latex condoms to reduce the risk of sexually transmitted diseases

___ Limit exposure to hazardous chemicals at home and at work

___ Talk with your family members about their family health history

___ Reduce stress in your life

___ Learn to recognize signs of an abusive or violent relationship and talk with someone you trust

___ Plan with your partner for a healthy pregnancy when and if you want a baby

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Recognizing Postpartum Depression

What is Postpartum Depression?

Postpartum depression (PPD) can be disabling for a new mother. PPD is a type of major depression that affects about one in 10 new mothers within the first year after childbirth. Postpartum depression has the potential to negatively impact a new mother's health and her ability to care for and nurture her infant.

New mothers most commonly experience what is known as 'the baby blues.' Up to 70 to 80 percent of new mothers experience this. Baby blues are normal reactions following childbirth triggered by hormonal changes and stress that having a baby brings. Characterized by mood swings, mild sadness, irritability and some worry, the baby blues usually occur around 3 – 5 days after delivery and tend to subside as hormone levels begin to stabilize. The baby blues differ from PPD in that the symptoms tend not be severe, do not need treatment and generally do not last beyond two weeks.

A woman with PPD experiences the symptoms much more strongly and can be impaired to the point where she is unable to do the things she needs to do every day. PPD can begin at any time within the first year after giving birth and lasts longer than the blues. While PPD is a serious condition, it can be treated successfully with medication and counseling.

Symptoms of Postpartum Depression

The following symptoms of PPD may mean that a mother is experiencing something more serious than the baby blues. Multiple symptoms that do not go away or thoughts of suicide may mean the mother could need an evaluation by a physician or mental health professional.

Emotions

- Increased crying and irritability
- Hopelessness and sadness
- Uncontrollable mood swings
- Feeling overwhelmed or unable to cope
- Fear of harming the baby, her partner or herself
- Fear of being alone

Behaviors

- Not having any interest in the baby or overly concerned for it
- Poor self-care
- Loss of interest or pleasure in activities
- Decreased energy and motivation
- Withdrawal or isolation from friends and family
- Inability to think clearly or make decisions

Physical Symptoms

- Exhaustion, sluggishness and fatigue
- Sleep and appetite disturbances not related to care of the baby
- Headaches, chest pains, hyperventilation, heart palpitations

Risk Factors

Certain factors may increase a new mother's risk of depression during and after pregnancy. Detection of risk factors early is critical to preventing postpartum depression. The following represent possible risk factors:

- A personal history of depression or another mental illness or substance abuse
- A family history of depression or another mental illness
- A lack of support from family and friends
- Anxiety or negative feelings about the pregnancy
- Previous pregnancy, birth or postpartum difficulties
- Marriage or money problems
- Stressful life events
- Young and/or single mother
- Complications during labor/birth
- Low confidence as a parent
- Problems with baby's health
- A major life change at same time as birth of baby

In Oklahoma

- One in four Oklahoma mothers suffer from key symptoms of postpartum depression between two and six months postpartum
- Approximately 40 percent of all Oklahoma mothers reported that their healthcare provider did not discuss postpartum depression in their prenatal care
- Women ages 20 – 24 were twice as likely to indicate symptoms of depression when compared to women ages 35 or older; adolescents (under 20) were 2.5 times as likely
- Stressors found to increase the risk of depression symptoms were having an unintended pregnancy, arguing with a partner more than usual during pregnancy and having bills one could not pay

Sources:

US Department of Health and Human Services, Office on Women's Health: http://www.womenshealth.gov/faq/depression-pregnancy.pdf

Oklahoma Pregnancy Risk Assessment Monitoring System, v. 12 no. 2 Spring 2008

For more information contact:

Oklahoma Department of Mental Health and Substance Abuse Services
http://www.odmhsas.org

Reachout hotline 1-800-522-9054

Mental Health Association
Toll Free 1-800-969-NMHA(6642)
TTY 1-800-433-5959 http://www.nmha.org

Postpartum Support International (PSI)
National hotline 1-800-944-4PPD www. Postpartum.net

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AN EQUAL OPPORTUNITY EMPLOYER

This publication was issued by the Oklahoma State Department of Health, as authorized by Terry Cline, Ph.D., Commissioner of Health. 3,000 copies were printed as part of a set by Heritage Solutions in May 2011 at a cost of $2,957.50. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. Funding provided by the Title V Maternal and Child Health Block Grant, Maternal and Child Health Bureau, Department of Health and Human Services.

Preparing for a Lifetime
It's Everyone's Responsibility

Facts About Preterm Birth

Preterm Birth:

- A birth that occurs before 37 completed weeks of pregnancy
- A full-term pregnancy lasts about **40 weeks**, more than nine months

In an average week in Oklahoma:

- 1,039 babies are born
- 144 babies are born preterm
- 87 babies are born low birthweight (<2,500 grams)
- 8 babies die before their first birthday

Prematurity Facts

- In the United States, **12.8 percent** of babies are born preterm (500,000 per year)
- In Oklahoma, **13.9 percent** of babies are born preterm (one in seven)
- The rate of preterm birth is highest for African American infants, **20.1 percent** in Oklahoma
- Most preterm babies are born between 34 and 36 weeks, **71 percent**

Source: Final data for 2006. National vital statistics reports; vol 57 no 7. Hyattsville, MD: National Center for Health Statistics, 2009

Who is at risk for preterm birth?

Three groups of women have the highest risk for preterm birth:

- Women who have had a preterm baby before
- Women who are pregnant with twins, triplets or more
- Women with some abnormalities of the uterus or cervix

Some medical conditions may increase the risk for preterm birth:

- High blood pressure
- Infections
- Diabetes
- Short time between pregnancies
- Obesity

The way you live may increase the risk for preterm birth:

- Smoking
- Drinking alcohol
- Using illegal drugs
- Taking some medications
- Not getting prenatal care
- Domestic violence
- Lack of social support
- High stress
- Long working hours or long periods of standing

What medical complications are common in premature babies?

- Babies born too soon may have problems with breathing, bleeding in the brain, heart problems, intestinal problems and other problems
- Premature babies have not finished developing when they are born. This is true for all of their organ systems, including the brain
- The last few weeks of pregnancy are very important for brain development
- Babies born too soon may have more learning and behavior problems than babies born at 40 weeks
- Premature babies are more likely to have cerebral palsy, mental retardation, vision problems and hearing loss than babies born at 40 weeks

What are the costs of U.S. preterm births?

- The emotional costs to a family of having a preterm baby are high
- Direct healthcare costs to employers in the first year of life for a premature infant are about $49,033 compared to $4,551 for a full-term infant without complications
- Direct healthcare costs to employers for maternal health care for a premature birth are $18,419 compared to $10,499 for a full-term birth
- The annual economic burden of preterm birth is estimated to be $26.2 billion

What can be done to prevent preterm births?

Some causes of preterm birth cannot be changed, but women who are healthy during pregnancy are more likely to have a healthy baby. A woman can:

- Plan pregnancies, be healthy and see a doctor before she gets pregnant
- Get prenatal care before 10-12 weeks and keep all appointments
- Stop smoking, drinking alcohol and taking illegal drugs; avoid secondhand smoke
- Take vitamins
- Eat healthy - lots of fruits and vegetables. Avoid excess sugar and fat
- Maintain a healthy weight before and during pregnancy
- Know the signs of preterm labor
- Avoid scheduling the time of the baby's birth unless there is a medical reason to deliver early
- If you do schedule the baby's birth, wait until you are at least 39 weeks

Information from the March of Dimes and the Institute of Medicine. Preterm Birth: Causes, Consequences, and Prevention. National Academy Press: Washington, D.C., 2006.

Every Day Makes A Difference In Your Baby's Development

To find out more about preterm birth:

- Visit the March of Dimes website at: www.marchofdimes.com

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Safe Sleep for Your Baby

Protect Your Baby From Unsafe Sleep Deaths And Injuries

The American Academy of Pediatrics (AAP) guidelines for reducing the risk of Sudden Infant Death Syndrome (SIDS) recommend using a separate but close sleeping environment for babies. The AAP also notes that it is appropriate to take the baby to bed for nursing, comforting, and bonding, but after the baby is nursed the baby should be returned to a separate crib or bassinet sleeping space.

If you bring your baby to bed to nurse or comfort:

- Make sure your bed has a firm mattress, with no heavy blankets, comforters or pillows that could cover your baby's face or make the baby hot
- Make sure that your mattress fits tightly against the headboard and the sides are at least two feet away from the wall

To keep your baby safe, make sure no one in the bed:

- Is very tired or a heavy sleeper
- Is extremely overweight
- Smokes
- Has been drinking
- Has taken medications (illegal, prescribed, or over-the-counter) that could make them sleepy

How should baby be placed for sleep?

- Always place your baby on his or her back to sleep at all times, even for naps, unless baby's doctor tells you to do something different for the baby's health
- Placing baby on the side or stomach increases the chances of SIDS
- Tell everyone caring for your baby to place baby to sleep on the back at all times, even for naps

Where is the safest place for baby to sleep?

Doctors agree that the safest place for baby to sleep is in your room in a separate sleep area.

- Keep baby's bed right next to your bed so it is easy to put baby in the crib, portable crib, or bassinet after feeding

How do I make baby's bed safe?

Baby's bed should have:

- Railings that are no more than 2 3/8 inches apart (a soda can will not fit through railings)
- A firm mattress that fits snugly in the frame with a fitted sheet that is tight around the mattress

Do not use:

- Bumper pads
- Quilts
- Comforters
- Duvets
- Blankets
- Stuffed animals
- Sheepskins

These items are dangerous and can result in suffocation or strangulation

How should baby be dressed for sleep?

- Do not overheat or overdress baby
- Make sure your baby's head and face remain uncovered during sleep
- Keep the room temperature comfortable for a lightly clothed adult (68° to 72°)
- Your baby should be in a one-piece sleeper with nothing over him
- If it is cold, layer the baby's clothing. For example, add a tee-shirt and socks under his or her sleeper. Use only a light blanket, if necessary.

What else can I do to keep my baby safe?

- Do not smoke or allow anyone else to smoke in the house, car, or anywhere your baby will be. Secondhand smoke increases baby's risk of SIDS.

To keep baby from being smothered, make sure baby does not sleep in an adult bed, futon, sofa, chair, or recliner because:

- Baby can roll out of your arms, become trapped and suffocate
- An adult, child, or pet can roll over on the baby without meaning to
- Baby can get caught between the bed and the wall and smother
- Baby can smother next to or under a pillow, bumper pads, or bed covers

Provide tummy time for play and exercise while baby is awake and being watched.

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Smoking & Pregnancy

When you are pregnant, the things you do affect your unborn child. Smoking – or even being around other people who smoke – exposes your baby to harmful chemicals that can have a lifelong impact. No matter how far along you are in your pregnancy, your baby will be healthier if you quit.

By quitting smoking you can:

- Reduce the risk of miscarriage
- Reduce the number of colds that both you and your baby have
- Avoid having your baby go through nicotine withdrawal at birth
- Decrease your baby's risk of sudden infant death syndrome (SIDS)
- Assure your breast milk will be healthier for your baby
- Increase the chance of your baby having healthier lungs
- Increase the amount of oxygen your baby gets, helping the baby grow
- Reduce the chance that your baby will be born too early, before the lungs and other organs are fully formed
- Save money to buy more things for your baby – and yourself

When you are pregnant and smoke:

- Your baby receives less oxygen which will slow your baby's growth
- Your baby's lungs may develop slower
- Your baby could develop asthma, allergies and other lung problems
- Your baby could suffer from attention deficit hyperactivity disorder (ADHD)

The Oklahoma Tobacco Helpline is here to help you quit. Even if you have tried before, there are new tools and medications that can help you quit tobacco for good.

When you call the Helpline you:

- Receive free one-on-one quit coaching with a highly trained quit coach
- Receive specialized help if you are a pregnant or postpartum caller

Call Today!

Oklahoma Tobacco Helpline
1 800 QUIT NOW
Free help 1-800-784-8669

TOBACCO STOPS WITH ME.
StopsWithMe.com

Secondhand smoke and children

According to the Surgeon General:

- Because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke
- Both babies whose mothers smoke while pregnant and babies who are exposed to secondhand smoke after birth are more likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed to cigarette smoke
- Mothers who are exposed to secondhand smoke while pregnant are more likely to have lower birth weight babies, which makes babies weaker and increases the risk for many health problems
- Babies whose mothers smoke while pregnant or who are exposed to secondhand smoke after birth have weaker lungs than other babies, which increases the risk for many health problems
- Secondhand smoke exposure causes acute lower respiratory infections such as bronchitis and pneumonia in infants and young children
- Secondhand smoke exposure causes children who already have asthma to experience more frequent and severe attacks
- Secondhand smoke exposure causes respiratory symptoms, including cough, phlegm, wheezing, and breathlessness, among school-aged children
- Children exposed to secondhand smoke are at increased risk for ear infections and are more likely to need an operation to insert ear tubes for drainage
- Children aged 3-11 years, who are exposed to secondhand smoke, have cotinine levels (a biological marker for secondhand smoke exposure) more than twice as high as nonsmoking adults
- Children who live in homes where smoking is allowed have higher cotinine levels than children who live in homes where smoking is not allowed

The Surgeon General also concluded that there is no safe level of secondhand smoke exposure and eliminating smoking in indoor spaces is the only way to fully protect children from exposure to secondhand smoke. A primary source of children's secondhand smoke exposure is in their homes and vehicles. Secondhand smoke permeates the entire house and lingers long after the cigarette has been extinguished, so smoking in certain rooms, at certain times, or by a window or fan is not safe.

What You Can Do To Protect Kids from Secondhand Smoke

Sadly, children are powerless to protect themselves from the dangers of secondhand smoke. But we each can play an important role in protecting them from secondhand smoke exposure.

The single best step you can take to protect your family's health and your own is to quit smoking. Quitting smoking will also reduce the chance that your children will grow up to become smokers themselves.

While quitting smoking may be difficult, there are a number of proven resources available to help including free counseling and a range of FDA-approved medications. To receive free counseling to help you quit, please call 1-800-QUIT-NOW.

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Initiative Partners

Coalition of Oklahoma Breastfeeding Advocates

Community Health Centers, Inc./Central Oklahoma Healthy Start

Community Service Council of Greater Tulsa

Indian Health Services

Infant Crisis Services, Inc.

March of Dimes

Oklahoma Child Death Review Board

Oklahoma City Area Inter-Tribal Health Board

Oklahoma City-County Health Department

Oklahoma Department of Human Services

Oklahoma Department of Mental Health and Substance Abuse Services

Oklahoma Family Network

Oklahoma Health Care Authority

Oklahoma Hospital Association

Oklahoma Institute for Child Advocacy

Oklahoma State Department of Health

OU Medical Center

Safe Kids Coalition

Smart Start Oklahoma

The Oklahoma City Indian Clinic

The Parent Child Center of Tulsa

The State Chamber

Tulsa Health Department/Tulsa Healthy Start

Turning Point Coalitions

University of Oklahoma Health Sciences Center OKC /Departments of OB/GYN and Pediatrics

University of Oklahoma College of Continuing Education