

Pregnancy Visit #4

- Alcohol, Drugs, and Smoking in Pregnancy
- Life History Calendar



Topics for Next Visit

- Fetal Development
 - As Baby Grows
 - Kick Counts
- Baby's Brain Development

Substance Use During Pregnancy

Many substances pass easily through the placenta, so substances used by a pregnant person also reach the fetus. Using tobacco, alcohol, illicit drugs, or misuse of prescription drugs while pregnant can have serious health consequences for infants.

Quitting any time during pregnancy improves your chances of giving birth to a healthy baby. Help is available for individuals who want to stop using substances.

Do you have concerns
about any unhealthy habits
that may affect your
pregnancy?



Substance use during pregnancy can...

Result in negative fetal development, including:

- Miscarriage
- Placenta problems
- Early delivery
- Stillbirth

Result in negative fetal development, including:

- Withdrawal after birth (e.g., Neonatal Abstinence Syndrome -NAS)
- Growth problems
- Birth defects
- Brain damage
- HIV or Hepatitis C (if individual shares needles or other drug injection supplies)

Result in negative child development outcomes, including:

- Language delays
- Learning problems
- Behavior problems
- Lifelong disabilities
- Short attention span

To learn more about substance use treatment referral and information, 24/7:

- National Council on Alcoholism and Drug Dependence 1-800-622-2255
- Substance Abuse & Mental Health Services Administration National Helpline 1-800-662-4357

Alcohol Use During Pregnancy

Some people know a lot about the risks of using alcohol during pregnancy. Others know less. What do you know about drinking during pregnancy?

Circle any risks you did NOT know. Put a check mark by any risks you already knew.

Alcohol is bad for pregnancy. Drinking during pregnancy increases the risk for:

- Miscarriage
- Premature birth
- Stillbirth



Alcohol is bad for an unborn baby. Drinking during pregnancy can cause:

- Intellectual disability
- Emotional and behavioral problems
- Learning problems
- Heart and face defects
- Fetal Alcohol Syndrome

What is Fetal Alcohol Syndrome (FAS)? Put a star by anything you have questions about.

FAS is a mix of physical and mental birth defects. Most babies with FAS have:

- Small eyes, thin upper lip, smooth skin between nose and mouth
- Small brain
- Some degree of mental impairment
- Poor coordination
- Short attention span
- Behavioral and learning problems

**The effects of Fetal Alcohol Syndrome are permanent.
No level of alcohol use during pregnancy has been proven safe.**

***Talking about the dangers of alcohol when pregnant can be scary.
What are your thoughts?***

Do you or someone you know need help to stop drinking alcohol? Look up SAMA and NCADD websites for more information and resources!

Facts and Myths About Alcohol

Answer True or False to these statements:



Alcohol is a drug which when mixed with over-the-counter, prescription, or illegal drugs can be dangerous and even fatal.	<input checked="" type="radio"/> True	<input type="radio"/> False
Beer, wine, wine coolers, liquor and mixed drinks all contain alcohol.	<input checked="" type="radio"/> True	<input type="radio"/> False
If people in my family are alcoholics, I am more likely to become an alcoholic.	<input checked="" type="radio"/> True	<input type="radio"/> False
More young women are drinking today, including during pregnancy.	<input checked="" type="radio"/> True	<input type="radio"/> False
Pressure from friends is the number one reason that people drink.	<input checked="" type="radio"/> True	<input type="radio"/> False
Alcohol makes you feel more confident and happier.	<input type="radio"/> True	<input checked="" type="radio"/> False
Recent research shows that women may feel the effects of alcohol more quickly than men.	<input checked="" type="radio"/> True	<input type="radio"/> False
There are lots of ways to sober up quickly, such as drinking a lot of coffee.	<input type="radio"/> True	<input checked="" type="radio"/> False
When I drink alcohol, I am less coordinated, have trouble driving, or have trouble thinking.	<input checked="" type="radio"/> True	<input type="radio"/> False
Alcohol will make sex more enjoyable.	<input type="radio"/> True	<input checked="" type="radio"/> False
Alcohol helps people sleep.	<input type="radio"/> True	<input checked="" type="radio"/> False
Drinking too much alcohol regularly (daily) for a number of months could cause stomach problems and ulcers.	<input checked="" type="radio"/> True	<input type="radio"/> False
You can really help a person with alcoholism by just letting them handle the problem themselves.	<input type="radio"/> True	<input checked="" type="radio"/> False
Alcoholics Anonymous (AA) is a cure for alcoholism.	<input type="radio"/> True	<input checked="" type="radio"/> False
You can die from alcoholism.	<input checked="" type="radio"/> True	<input type="radio"/> False
Alcoholism can cause violent or abusive behavior.	<input checked="" type="radio"/> True	<input type="radio"/> False
Children of an alcoholic parent may have trouble trusting others in a relationship.	<input checked="" type="radio"/> True	<input type="radio"/> False
Breast-fed babies of mothers who drink one or two alcoholic drinks daily have been shown to have lower motor development scores at one year of age.	<input checked="" type="radio"/> True	<input type="radio"/> False

Safety and Alcohol or Drug Use



Some women who are abused drink alcohol or take drugs to hide their pain.

Some of this use is legal. Some is not. You need to know how alcohol and drugs affect you. This helps you keep yourself safe.



Using alcohol and drugs can cause problems in your life:

- 1) Your partner might use alcohol or drugs as an excuse for being abusive.
- 2) Your partner might try to control your access to alcohol or drugs.
- 3) Your partner might use your alcohol or drug use against you. It could cause legal problems in a child custody case.
- 4) Your partner might try to keep you from seeking help or treatment.
- 5) You might be less able to protect yourself and your child.

If you use alcohol or drugs, be safe. Go to a safe place. Stay around people who will keep you safe.

Ways that I stay safe:

If my partner is using, I can:

Other things I can do to stay safe:

Other things I can do to stay safe:

To keep my children safe, I can:

The Facts About Second-Hand Smoke

Answer True or False:



The US Environmental Protection Agency says that second-hand smoke can cause cancer.	<input checked="" type="radio"/> True	<input type="radio"/> False
Tobacco smoke contains 400 chemicals.	<input type="radio"/> True	<input checked="" type="radio"/> False
Smoking releases poisons such as benzene, formaldehyde, and carbon monoxide into the air.	<input checked="" type="radio"/> True	<input type="radio"/> False
Second-hand smoke can cause coughing, chest discomfort, headaches, and burning eyes and nose even in non-smokers.	<input checked="" type="radio"/> True	<input type="radio"/> False
Second-hand smoke cannot cause lung cancer and heart disease.	<input type="radio"/> True	<input checked="" type="radio"/> False
Third hand smoke refers to cigarette residue left on the furniture, rugs, and paint in the walls that can affect the development of the baby's lungs before baby is born.	<input checked="" type="radio"/> True	<input type="radio"/> False
Second-hand smoke is associated with miscarriage and SIDS.	<input checked="" type="radio"/> True	<input type="radio"/> False

Fill in the blank:

When a pregnant woman smokes, poisonous chemicals from her cigarette get into the placenta.

These poisonous chemicals keep the unborn baby from getting the food and oxygen needed to grow.

Second-hand smoke can make conditions for children with asthma worse.



The Facts About Second-Hand Smoke

Children who are exposed to second-hand smoke have twice as many breathing problems, coughing, wheezing, and middle ear infections.

Second-hand smoke remains in the area even after the smoker has left.

Smoking should be done outside the house and clothing changed before entering the home in an effort to reduce third hand smoke exposure.

Tobacco Use During Pregnancy

Many pregnant women want to know how to have a healthy pregnancy. You may want to learn about tobacco use during pregnancy.

On a scale of 1 to 10, how much do you want to learn about smoking during pregnancy?



Smoking hurts mom. Smoking cigarettes can cause:

- High **blood pressure**
- Gum disease
- Heart **attacks** and strokes
- Cancer
- Less oxygen in your brain, muscles, and tissue
- Heavy **bleeding** after delivery

Use these words to fill in the blanks about the hazards of smoking.

attacks
bag of water
bleeding
blood pressure
brain
learning
placenta
premature
withdrawal

Smoking hurts the pregnancy. Smoking during pregnancy can cause:

- **placenta** problems
- Early breaking of **bag of water**
- Stillbirth

Smoking hurts baby. Smoking during pregnancy can cause:

- **Premature** birth (which can lead to lifelong disabilities or death)
- Birth defects
- **withdrawal** symptoms after birth
- Growth problems
- Poor **brain** growth
- **learning** and behavioral problems
- Sudden Infant Death Syndrome



Resources for pregnant women

- www.smokefree.gov
- A toll-free quit line; 1-800-QUITNOW (1-800-784-8669)
- Download the free app **quitSTART** for any smart phone

Keep Your Baby Smoke Free

Not smoking is one of the best things you can do for your baby and for yourself. What are your thoughts about keeping your baby smoke free?

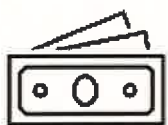
BENEFITS FOR YOU



Breathe
easy



Good
energy



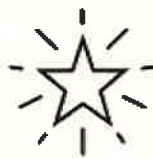
Save
money



Smooth skin,
healthy
teeth



Clear sense
of smell &
smell nice



Feel
proud



BENEFITS FOR BABY



Grow
strong



Healthy
teeth



Less
illness



Nicotine-free
breastmilk



Breathe
easy



Less
likely to
smoke

Tips for Not Smoking

New babies need a lot of care and moms get tired. When you are tired and frustrated, you are more likely to smoke.

Tips for not smoking...

- Make time for yourself. Go for a walk. Take a hot bath. Read a magazine.
- Do less housework. Plan simple meals.
- Lie down when your baby sleeps.
- Have fun walking or dancing with your baby.
- Eat a variety of good foods. Snack on fruit, cheese, or popcorn.
- Visit often with family and friends.
- Join a mom's group in your area.
- Plan ahead. Be ready to use your best ideas for not smoking.
- Reward yourself with something fun when you don't smoke. Congratulate yourself!
- Chew gum, cinnamon sticks, or sunflower seeds.



What ideas do you have? Write down things that will help you to not smoke.



You can do it! You can be smoke free!

To Slip and Smoke Doesn't Mean You've Failed

It can take time to quit smoking. Sometimes you may slip. That doesn't mean you are a smoker again. Consider each attempt to stop smoking as one step closer to success! Identify strategies to manage your cravings. You can do it! Remember, the craving to smoke will usually pass in 3-5 minutes.



What else might work for you? _____

I Breathe What Others Puff

Your baby needs your help to stay smoke free. *What are some ways you do this already?*

1. _____
2. _____
3. _____
4. _____
5. _____

I can't protect myself yet! You have to say NO for me!



Here are some ways you can help me stay smoke free!



- Ask visitors in our house to smoke outside.
- Ask people not to smoke in the car when we go for a ride.
- Ask anyone who takes care of me to not smoke around me.
- Don't take me to places where smoking is allowed, even if no one is currently smoking. Chemicals from smoke can be found on surfaces days after the smoking occurred.
- Remind others that I will be healthier if no one smokes around me.

Ear infections

Asthma

Respiratory
illness

SIDS (Sudden
Infant Death
Syndrome)

Because you've said NO,
I may avoid these health
problems! Someday I will
say NO for myself. You
have shown me how to
say NO when others
smoke around me.
You are my role model.

DID YOU KNOW?

It's not only smoke from a burning cigarette that is dangerous to others. Studies are beginning to show negative effects from various substances:

- **e-cigarettes** expose others to secondhand aerosol
- **marijuana** use exposes others to chemicals called cannabinoids

E-Cigarettes & Pregnancy

What are the effects of “Vaping” or use of Liquid Nicotine?

For me...

For baby...

My health.....

- As a teen or young adult it can affect how my brain develops
- Can make it difficult for me to breathe
- May harm my lungs
- Increases my heart rate and blood pressure
- Liquid nicotine in high concentration can be absorbed through the skin and can cause me to get sick



Later in life...

- Affects the way I think and make decisions
- Affects my memory and attention span

During Pregnancy...

- Affects how your baby grows
- Increases your baby's heart rate
- Other chemicals added to e-cigarettes may be harmful to your baby
- Increased risk for miscarriage in early pregnancy
- Increased risk for having a low birth weight baby in later pregnancy
- Increased risk for premature delivery




After birth...

- Increase risk of SIDS
- Associated with infancy apnea
- Liquid nicotine in high concentration can be absorbed through the skin, less than 1 tablespoon can kill a small child

Facts and Myths About Electronic Cigarettes

Answer True or False to these statements:



Electronic cigarettes (e-cigs) are battery operated devices that deliver nicotine.	<input checked="" type="radio"/> True	<input type="radio"/> False
Electronic cigarettes deliver toxic substances like formaldehyde and acetaldehyde.	<input checked="" type="radio"/> True	<input type="radio"/> False
E-cigs can only use liquid nicotine.	<input type="radio"/> True	<input checked="" type="radio"/> False
E-cigs can be absorbed through the skin by direct contact.	<input checked="" type="radio"/> True	<input type="radio"/> False
E-cigs are regulated by the government.	<input type="radio"/> True	<input checked="" type="radio"/> False
E-cigs can help a person quit smoking.	<input type="radio"/> True	<input checked="" type="radio"/> False
In some states, you do not need to show ID to get e-cigs.	<input checked="" type="radio"/> True	<input type="radio"/> False
The flavoring in the e-cigs help reduce the amount of nicotine you inhale.	<input type="radio"/> True	<input checked="" type="radio"/> False
Exposure to nicotine during the teen years does not have any effect on brain development.	<input type="radio"/> True	<input checked="" type="radio"/> False
E-cig vapors are harmless.	<input type="radio"/> True	<input checked="" type="radio"/> False



Marijuana use during pregnancy can have harmful effects on the baby and is not recommended. Children whose mothers used marijuana during pregnancy may develop learning difficulties and/or behavior problems.



What are the Effects?

For Me

At school....

- Harder to think clearly
- Harder to solve problems
- Forgetfulness
- Lower grades
- Less interest in school

When driving...

- Harder to judge your speed
- Slower to respond
- More likely to have an accident

During sex...

- Decreases judgement and planning abilities which can increase chances of practicing unsafe sex
- May cause infertility

Later in life...

- Addiction
- Heart and lung damage
- Cancer
- Mental health problems
 - Depression
 - Anxiety
 - Schizophrenia

During pregnancy....

- Can slow baby's growth
- Can lead to a miscarriage
- Baby may be born early
- Early birth can cause many health problems for baby

Possible withdrawal symptoms, after birth such as...

- Crying
- Trembling
- Trouble sleeping
- Dislike being touched
- Trouble dealing with changes around them

Later in life...

- Problems paying attention in school
- Learning problems
- Behavior problems



Marijuana and Pregnancy



Marijuana Myths during Pregnancy

Since it is natural, marijuana is safe to use



Many things that may be considered natural are not safe during pregnancy, such as certain fish, soft cheese, or unpasteurized dairy products. Any type of marijuana may harm your baby.

Marijuana is the only thing that can help nausea, difficulty sleeping, or mood during pregnancy



No amount of marijuana is known to be safe to use during pregnancy. Medicines are available that can help treat nausea, sleep, and mood that are safe to use. Ask your health care provider about which medicines are safe for you to use.

Marijuana is now legal in many states, so it is safe to use while pregnant



Just because marijuana is legal in some states does not mean it comes without risks. Just like alcohol and tobacco, these substances can have negative effects for your baby if used while pregnant.

Only smoking marijuana is harmful during pregnancy



It is the effects of THC in marijuana that can cause harm to your baby. Whether inhaled or ingested, THC is found in all marijuana products.

Cannabidiol (CBD) use is safe during pregnancy



Even though CBD is found to be non-psychoactive and non-addictive, very little is known how CBD might impact pregnancy or a fetus. CBD use during pregnancy is not recommended since cannabinoids, including CBD, readily cross the placental barrier and can impact the fetus through all stages of pregnancy.

Marijuana and Pregnancy

What can I do to stay healthy?

- ✓ Avoid marijuana before and during pregnancy.
- ✓ You can stop smoking marijuana. Try some of the ideas for quitting cigarettes.
- ✓ It may be hard to stop. You can ask your healthcare provider or nurse home visitor for help to quit using marijuana.

What are your thoughts
about these ideas?



To learn about quitting marijuana use, call:

National Council on Alcoholism and Drug Dependence 1-800-622-2255. This is a confidential, free, 24-hour-a-day, 365-day-a-year, information service in English and Spanish.

Substance Abuse Treatment Facility Locator: 1-800-662-4357

Marijuana: How Can It Affect Your Health?

Medicinal Marijuana vs. Recreational Marijuana

Medical marijuana may only be prescribed by a physician for medical reasons. Adults over 21 years of age can purchase recreational marijuana in states where it is legalized. Recreational and medical marijuana should have the same purity, as both have quality control and assurance. Street marijuana may have hidden contaminants. Make sure to check your state's laws and regulations regarding marijuana use.



Marijuana and Health

Similar to cigarette smoke, smoking marijuana can negatively affect your heart and lungs and the chemicals in marijuana may cause cancer. Having marijuana smoke in the environment may cause marijuana intoxication in children.



Marijuana and Mental Health

Marijuana use may numb your feelings for a while, although you may feel more depressed and anxious as this short-term effect wears off. Using marijuana provides no benefits to your mental health.



Marijuana and Cognition

Marijuana can change portions of the brain responsible for learning and memory, and these changes can be permanent. Marijuana use can cloud your thinking and judgment, which impacts your ability to drive safely.

Marijuana and Tolerance / Dependence / Addiction

People who use marijuana regularly over time may find that the substance's effects can no longer be felt, or they need to take higher doses of marijuana to feel the same effects. Some people become dependent, finding they crave the drug and that using the drug becomes more important than other activities in their life. They depend on marijuana to function. Prolonged marijuana use can create an addiction, characterized by compulsively thinking about and using marijuana despite negative consequences and not being able to stop.

DURING PREGNANCY:

Staying on your Medication Assisted Treatment (MAT) is important. Continue seeing your health care provider and substance use treatment provider regularly for a healthy pregnancy and for your recovery.

- Your OB provider may also be your treatment provider. If not, he/she will need to know about your medication use in pregnancy. This may mean additional consent forms need to be signed to share information between your OB and treatment provider.
- You and your health care and substance use treatment providers will determine a schedule that meets your needs. You will need regular (and sometimes frequent) visits with your providers during pregnancy.
- Your MAT may include office-based treatment or a residential opioid treatment program offering methadone and/or buprenorphine.
- Your provider may change your dose throughout pregnancy due to body changes during pregnancy.

Visits for MAT may include:

- Checks for withdrawal symptoms
- Checks that you continue with any recommended counseling
- Checks that you are receiving regular and consistent OB care
- Drug screening



Around 24-32 weeks: Your treatment provider may ask you to meet with a pediatric health care provider regarding Neonatal Abstinence Syndrome (NAS), and the hospital staff regarding pain management during labor and delivery and your stay in the hospital.

Around 36-40 weeks: Make sure your OB provider knows your medication dose.

You may receive other referrals for parenting support.

Opioids - What is Neonatal Abstinence Syndrome?

During pregnancy, almost every substance in your blood can pass to your baby. Neonatal Abstinence Syndrome (NAS) is a set of withdrawal symptoms that a baby may have when his/her mother uses certain medications or drugs during pregnancy.

What drugs can cause NAS?

Many substances pass through your blood into the baby and some may cause withdrawal symptoms. Opioids are most likely to cause withdrawal symptoms.

Babies may withdraw from substances including alcohol, opiates, amphetamine-type drugs, benzodiazepines and some antidepressant medications.

Tell your health care provider if you are taking any prescription or nonprescription drugs. Your nurse home visitor can give you a list of drugs that may cause withdrawal in a baby. Neonatal Abstinence Syndrome most often happens to babies who are exposed to their mother's regular doses of methadone, buprenorphine, morphine or heroin.



What is withdrawal?

After being born, your baby no longer gets the drug that he or she was used to getting from your blood when you were pregnant.

When the supply of the drug suddenly stops (at birth), your baby's body has withdrawal from the drug.

The most common symptoms of NAS are:

- Crying a lot
- Difficulty gaining weight
- Fussy and difficult to comfort
- Sensitive to light
- Trembling or shaking (tremors)
- Throwing up, diarrhea, or both
- Trouble sleeping
- Fever and sweating
- Stuffy nose
- Breathing problems, breathing really fast
- Sneezing or yawning a lot
- Blotchy skin
- Difficulty sucking and feeding

Opioids - What is Neonatal Abstinence Syndrome?

When does withdrawal start and how long does it last?

Most babies who withdraw, show signs within 24 to 72 hours after birth, however some symptoms may not appear for seven to eight days. Withdrawal symptoms vary and can last from 1 week to 3 months.

The timing and duration of the symptoms depends on:

- *How the drug is taken during pregnancy*
- *The amount taken during pregnancy*
- *How frequently the drug was used during pregnancy*
- *How close to the time of birth the drug was taken*

Not all babies have the same withdrawal symptoms. It isn't possible to know ahead of time which babies will have withdrawal or how long the symptoms may last.

How is NAS treated?

Your baby may need to be watched closely in the hospital for several days, which could include a stay in the newborn intensive care unit (NICU) after birth to receive special medication to treat NAS and possible IV fluids to prevent dehydration.

Medications used to treat NAS include:

- *Morphine which is usually given as an oral medication and it is given four to six times a day.*
- *Phenobarbitone (barbiturate) which is sometimes used to reduce withdrawal symptoms in newborns*

Babies may continue to have some withdrawal symptoms after leaving the hospital.

If your baby has withdrawal symptoms, you will be a wonderful comfort to your baby! Breastfeeding and skin to skin contact are very helpful.



Opioids – Talking with My Health Care Providers

Talking with your healthcare team about the medications you take, both prescription and non-prescription, is important. It helps keep you and your baby healthy. When speaking with your providers share honest information. If you have concerns - ask the provider what will be done with the information you share.



Your healthcare team may include:

- OB doctor
- midwife
- primary care doctor
- pediatrician
- hospital nurses
- counselors

Opioid drugs include:

- morphine
- methadone
- buprenorphine
- hydrocodone
- oxycodone
- fentanyl
- heroin

Opioid drugs sold under brand names include:

- OxyContin®
- Percocet®
- Vicodin®
- Percodan®
- Tylox®
- Demerol®

What does my health care provider need to know?

- ✓ When you began using opioids, what you take, how much, and how often and if you are in treatment
- ✓ Whether you get prescriptions from several health care providers
- ✓ If you crush the pills to take them in another form, such as snorting or injecting
- ✓ If you've tried to stop using opioids before and were not successful
- ✓ If you use heroin, other street drugs, or other prescription drugs
- ✓ Anything else that might help your health care provider understand what you've been experiencing

Opioids – Talking with My Health Care Providers

Which questions do you want to ask your healthcare providers? Bring this list to your appointment to help you remember what you want to learn more about.

Ask your OB

- ☐ Do I really need treatment?
- ☐ What are my treatment options?
- ☐ How can medication-assisted treatment (MAT) help me?
- ☐ What about labor & delivery; what will I need to tell the nurses at the hospital?
- ☐ How will my pain be managed in the hospital?
- ☐ What should I tell the anesthesiologist about my opioid use and treatment?

Ask your substance treatment team

- ☐ What is medication-assisted treatment (MAT)?
- ☐ What side effects have people had with MAT?
- ☐ How long does treatment typically last?
- ☐ Will I experience withdrawal?
- ☐ Why is it important to get my dosage right?
- ☐ Why do I need counseling?
- ☐ What factors could put my treatment at risk, and how do I minimize that risk?
- ☐ What's my role in treatment?
- ☐ Is it safe to suddenly stop taking opioids during pregnancy?
- ☐ Can opioids cause problems for my baby during pregnancy and after birth?

Ask the hospital staff

- ☐ What are my options for pain relief?
- ☐ Will I be tested for drugs in my system? What will the tests be?
- ☐ Will my baby be tested for drugs in his/her system? How will my baby be tested?
- ☐ Who will receive the results?
- ☐ If my baby has drugs in his/her system will he/she have to go to the Neonatal Intensive Care Unit (NICU)?
- ☐ If my baby has drugs in his/her system will Child Welfare be called?
- ☐ Will the hospital social services be involved with me, my family, my baby?
- ☐ How will they be involved?

Write in your own questions here:

LABOR and DELIVERY:

Pain control during labor and delivery is important! Be sure you have discussed this with your OB provider and hospital staff earlier in your pregnancy. This is to make sure you have good pain control while you are in the hospital. Scheduled methadone and buprenorphine should continue during labor and delivery. However, your MAT medications will not treat the pain associated with childbirth. For mild to moderate pain, acetaminophen and NSAID medications can be used, such as Tylenol or Motrin.



There are other non-pharmacological means of pain relief as well. You can try:

- | | |
|-----------------------------|--|
| ➤ Breathing | ➤ Massage |
| ➤ Mindfulness | ➤ Use of pillows |
| ➤ Imagery | ➤ Ask your nurse what options are available to you in the hospital |
| ➤ Changing positions slowly | |

You can receive an epidural for pain control during labor or for C-Section delivery. If you have a C-section, you may receive medication through an IV and you may receive pain pills when you leave the hospital. It is important that your OB and other hospital staff know that you are on medication assisted treatment.

After delivery, you will continue your medication assisted treatment.

Life History Calendar

Birth date:

Age:	1	2	3	4	5	6	7	8	9	10	11	12
Living with mother or step-mother												
Living with father or step-father												
Living with grandparents												
Living with siblings												
Other living arrangements (e.g. friends, foster parents) 1. 2. 3.												
Living with spouse or partner												
Housing (indicate any moves)												
School												
Working												

Life History Calendar

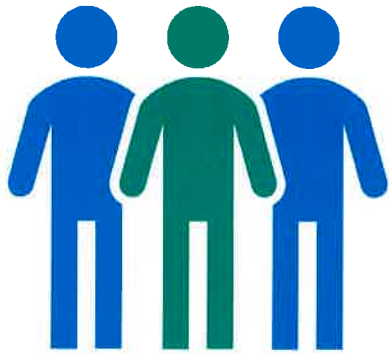
Age:	13	14	15	16	17	18	19	20	21	22	23	24
Living with mother or step-mother												
Living with father or step-father												
Living with grandparents												
Living with siblings												
Other living arrangements (e.g. friends, foster parents) 1. 2. 3.												
Living with spouse or partner												
Housing (indicate any moves)												
School												
Working												

Life History Calendar

Age:											
Living with mother or step-mother											
Living with father or step-father											
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Living with siblings											
Other living arrangements (e.g. friends, foster parents)											
1.											
2.											
3.											
Living with spouse or partner											
Housing (indicate any moves)											
School											
Working											

Adversity and Your Health

2 out of 3
adults
experienced
adversity as a child

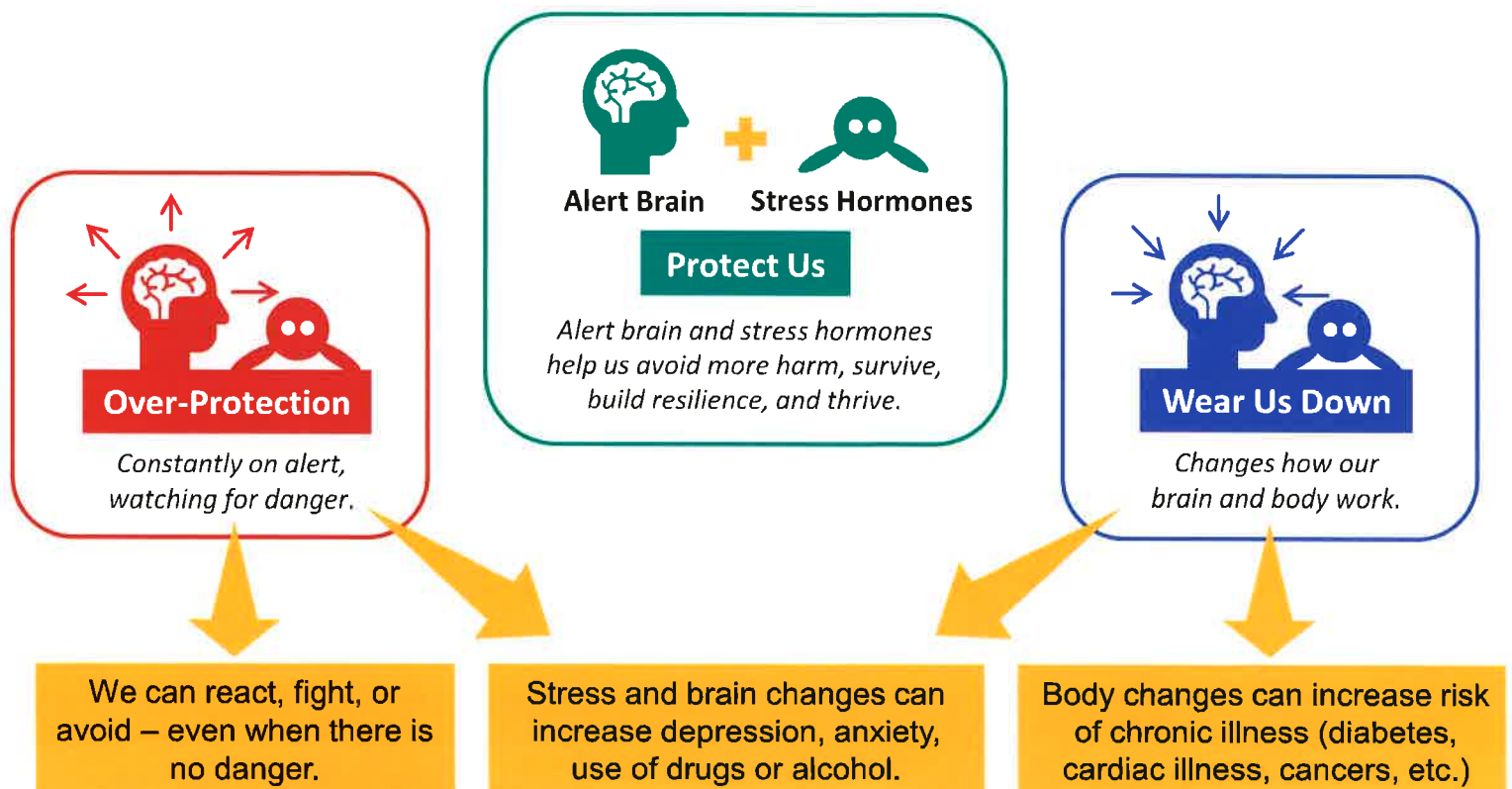


In the last 25 years, research has shown how difficult or adverse experiences in childhood can change our brains, our health, and our beliefs. About 2 out of every 3 adults across the country report they experienced at least one of the following adverse experiences as a child:

- Being physically harmed (like being hit, slapped, or hurt) by a caregiver.
- Being inappropriately touched or experiencing other types of sexual abuse by an adult/caregiver.
- Being exposed to violence between parents/caregivers.
- Being bullied.
- Living with a parent experiencing mental health issues or being too high or drunk to safely care for their child.
- Experiencing the loss of a parent due to death, abandonment, or incarceration.
- Experiencing separation from a parent through divorce.
- Not being fed or given basic care.
- Being ignored or made to feel unloved or not special.

Why Is This Important?

When adverse experiences happen, the body and brain are activated. The brain becomes alert and watches for something to happen again. The child's brain tries to decide who and what is safe and how to avoid or fight back. The child tries to survive and thrive. These changes can persist into adulthood.



Hope and Healing from Adversity

Even though adverse experiences can influence how a person thinks, feels, and behaves, research has revealed how to reduce the impact of these negative childhood experiences. Research has also found that positive experiences during childhood are protective and healing.

While stress reactions and changes in the brain and the body can cause harm, people also learn ways to cope, to be strong, to survive, and to thrive. We thrive when we have hope and healing.

Things that contribute to hope and healing



Caring for Yourself

- Being kind to yourself
- Making healthy choices for your physical and mental health
- Honoring your own path to well-being



Caring Relationships with Others

- Establishing relationships that are caring, kind, and fun
- Managing emotions with exercise, play, music, and reflection
- Enjoying fun activities with your child, family, and others
- Sharing positive emotions with your child, family, and others



Increasing Your Confidence

- Trying new things
- Believing in your abilities
- Reaching for your dreams
- Celebrating your successes



Being Connected to a Caring Community

- Being active in a church, organization, or peer group that accepts and supports you
- Finding groups that align with your values, beliefs, and culture

Adversity may have been in your history, but it does not have to define your current reality or your future.

- Has adversity been a part of your life?
- How has it impacted your beliefs about yourself and what you deserve in life?
- Are there ways you would like to expand your hopes and dreams?
- How will you protect your child from adversity?
- How will you create positive experiences for your child?