

Leaning In: Maternal Health RESOURCES & REFERENCES

Family Support Professional Scope of Practice

- Provide referrals to health care providers, including midwives and doulas, as needed.
- Advocate for women of color to help them address barriers to perinatal and well-baby care.
- Share Count the Kicks app and resources to support pregnant women to monitor their fetus's movements.
- Help women develop birth plans.
- Help women identify formal and informal supports.
- Support women and their families to attend all prenatal, postpartum and well-baby visits.
- Help them prepare for visits by making a list of questions and concerns.
- Help them know when to call health care providers if there are health concerns.

Pregnancy Concerns

The following symptoms warrant **an immediate call to the woman's prenatal care provider**:

- Heavy bleeding or bleeding with cramps or severe pain in the lower abdomen
- Severe lower abdominal pain — either in the center or on one or both sides — that doesn't subside, even if it isn't accompanied by bleeding
- A sudden increase in thirst accompanied by reduced urination, or no urination at all for an entire day
- Painful or burning urination accompanied by chills and fever over 101 degrees F and/or backache
- Bloody diarrhea
- Fever over 101 degrees F
- Very sudden and severe swelling or puffiness of the hands, face and eyes, accompanied by headache, vision difficulties or sudden significant weight gain not related to overeating
- Vision disturbances like blurring, dimming and double vision that persist for more than a few minutes
- A severe headache or a headache that lasts for more than two to three hours
- When counting kicks after 28 weeks of pregnancy, noting less than 10 movements within two hours after having a snack or some fruit juice. Though an absence of activity doesn't necessarily mean something is wrong, it could be a red flag requiring evaluation right away.
- Thoughts of harming herself or the infant

If a woman experiences any one of the above symptoms, she should:

- Call her practitioner's office.
- If the practitioner isn't available, leave a message detailing the symptoms.
- If she don't get a call back within a few minutes, call again or call the nearest emergency room and tell the triage nurse what's going on.
- If the nurse tells her to come in, head to the Emergency Department (ED) and leave word with her prenatal care provider.
- Call 911 if no one can take her to the ED.

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Postpartum Care

- This ongoing process should be tailored to the woman's individual needs.
- First visit should occur within the first three weeks postpartum, with ongoing care as needed.
- Comprehensive postpartum visit with full assessment of physical, social and psychological well-being should occur no later than 12 weeks after birth, with timing individualized and woman-centered.
- The woman should contact her health care provider if she has intense feelings of fatigue, sadness, or anxiety.
- If a woman's pregnancy was complicated by preterm birth, gestational diabetes or hypertensive disorders of pregnancy, she should follow up with her healthcare provider.
- If the woman has a chronic medical condition, such as a hypertensive disorder, obesity, diabetes, thyroid disorder, renal disease, mood disorder or substance use disorder, she should follow-up with her healthcare provider for ongoing coordination of care.
- A woman who has experienced a miscarriage, stillbirth or neonatal death should follow up with her healthcare provider.
- The woman should talk to her healthcare provider or family support professional if she is worried about food, safe housing or health insurance.

Newborn Care

- The infant's first well-child visit will usually occur three to five days after birth.
- Parents should call the pediatrician if the infant has fever of 100.4 degrees Fahrenheit or higher, or if the infant is acting sick, isn't eating, peeing or pooping, isn't latching on or sucking well when nursing, looks yellow or has redness or pus around the umbilical cord or circumcision.
- Parents should NOT give medicine without calling the infant's healthcare provider first.

For the first few days, parents should focus on:

- Feeding
 - Breastfeeding – latching on, avoiding bottles or pacifiers until nursing is going well, and breastfeeding on demand. Breastfeeding mothers should continue to take prenatal vitamins daily.
 - Formula-feeding – use iron-fortified formula, follow the package instructions for making and storing bottles, give a bottle whenever the baby is hungry. Don't add extra water, don't prop bottles or put infant to bed with a bottle.
- Holding the infant and attending to their needs.
- Following the pediatrician's recommendations for infant care such as safe sleep, bathing, umbilical cord care and circumcision care.
- Keeping the infant safe:
 - Follow safe sleep guidelines.
 - Don't smoke or use e-cigarettes around the baby.
 - Always put infant in a rear-facing car seat. Never leave infant alone in a car.
 - Never leave infant unattended, especially on high surfaces or in the bath.

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- Never shake the infant. If the parent is worried that they will hurt the infant, they should put their infant in the crib or bassinet for a few minutes and call a friend, relative or their healthcare provider for help.

Resources for Family Support Professionals

- Maternal Mortality in the United States, Commonwealth Fund – [Issue Brief](#)
- Black Women Keep Dying After Giving Birth. Shalon Irving’s Birth Story Explains Why, NPR - [Audio](#)
- How the U.S. Medical Community Fails Black Mothers, Wanda Irving, TED Talk - [Video](#)
- America’s Maternal Nightmare, Dr. Monique Rainford, TED Talk - [Video](#)
- Listen to The Daily: A Life-or-Death Crisis for Black Mothers, The New York Times - [Audio](#)

Institute for the Advancement of Family Support Professionals – Related Modules for FSPs

- Prenatal Basics for Home Visitors – [Institute Module](#)
- Breastfeeding 1: Helping Mothers Choose Breastfeeding – [Institute Module](#)
- Breastfeeding 2: Helping Mothers Initiate Breastfeeding – [Institute Module](#)
- Breastfeeding 3: Helping Mothers Continue Breastfeeding – [Institute Module](#)
- The Medical Home and Bright Futures Guidelines – [Institute Module](#)

Resources for Pregnant and Postpartum Women

- Find a Midwife
 - American College of Nurse-Midwives - [Website](#)
 - Sista Midwife Productions, Find a Black Midwife or Doula - [Website](#)
 - Center for Indigenous Midwifery – [Website](#)
- Find a Doula
 - What is a Doula and Should You Hire One for Your Baby’s Birth? What to Expect. Includes links to search for doulas, including Black and Indigenous doulas. - [Website](#)
- Birth Plan Templates
 - Your Birth Plan, March of Dimes, Birth Plan addressed COVID-19 protocols, Includes Birth Plan Templates in English and Spanish, and 14 other languages – [Templates](#)
 - Free Birth Plan, Earth Mama Organics – [Template](#)
 - Writing a Birth Plan? There’s a Tool for That, The Bump - [Template](#)
 - What Every Black Mom Should Have in her Birth Plan, What to Expect - [Webpage](#)
- Resources for All Pregnant and Postpartum Women
 - Count the Kicks – Paying attention to movement helps expectant parents get to know what’s normal for their baby and speak up if they notice a change - [Website](#)
 - Count the Kicks App, describes features of the free kick counting app
 - [Video](#)
 - Download the app - [App](#)
 - Good Morning America, an overview of the Count the Kicks App - [Video](#)
 - Feel the Beat, describes the importance of tracking fetal movement - [Video](#)

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- Having a Baby? 10 Questions to Ask, Coalition for Improving Maternity Services - [PDF](#)
- Mother-Friendly Childbirth, Coalition for Improving Maternity Services – Highlights of the Evidence - [PDF](#)
- The Risks of Cesarean Section, Coalition for Improving Maternity Services - [PDF](#)
- Breastfeeding is Priceless, Coalition for Improving Maternity Services – [PDF](#)
- WIC Breastfeeding Support, U.S. Department of Agriculture - [Website](#)
- Resources for Pregnant and Postpartum Women of Color
 - Black Birthing Bill of Rights, National Association to Advance Black Birth – [PDF](#)
 - The Birth Story Project, Sista Midwife Productions - [Webpage](#)
 - Birth Stories in Color, A podcast for Black, Indigenous, Asian, Latino and Multiracial Individuals to share their birthing experiences. It emphasizes the role of storytelling as a way to equip future parents. - [Podcasts](#)
 - Distant Echoes of Slavery Affect Breastfeeding Attitudes of Black Women, North Carolina Health News - [Article](#)
 - The Challenges of Breastfeeding as a Black Person, Amani Echols, Women’s Rights Project, American Civil Liberties Union - [Article](#)
 - It’s Only Natural, Breastfeeding Support for Black Women, Office on Women’s Health, U.S. Department of Health and Human Services - [Website](#)
 - Magical Bond of Love, Breastfeeding Support for Hispanic Women, WIC Breastfeeding Support, U.S. Department of Agriculture - [Website](#)

Resources for New Parents

- Prenatal, Ages and Stages, Healthy Children, American Academy of Pediatrics - [Webpage](#)
- Periodicity Schedule, American Academy of Pediatrics - [PDF](#)
- Baby, Ages and Stages, Healthy Children, American Academy of Pediatrics – [Webpage](#)
- A Guide for First-Time Parents, Nemours Kid’s Health - [Webpage](#)

Mindfulness Resources for Everyone

- Free Guided Meditations in Many Languages, UCLA Mindfulness Awareness Research Center – [Website](#)
- Mindfulness for Early Childhood Professionals, Zero to Three - [Website](#)

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Module References

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Condon, E. M., Holland, M. L., Slade, A., Redeker, N. S., Mayes, L. C., & Sadler, L. S. (2019). Maternal adverse childhood experiences, family strengths, and chronic stress in children. *Nursing Research, 68*(3), 189.

Food Research and Action Center, *The Child and Adult Care Food Program Nebraska Rural Area Eligibility Pilot Project*. Food Research and Action Center, <http://www.frac.org>.

Food and Nutrition Service, "Child & Adult Care Food Program: Why CACFP Is Important."

Food and Nutrition Service, "Child and Adult Care Food Program Annual Summary: Data as of May 29, 2009." U.S. Department of Agriculture, 2009, <http://www.fns.usda.gov>.

Hans, S. L., Edwards, R. C., & Zhang, Y. (2018). Randomized controlled trial of doula-home-visiting services: impact on maternal and infant health. *Maternal and Child Health Journal, 22*(1), 105-113.

Michalopoulos, C., Lee, H., Duggan, A., Lundquist, E., Tso, A., Crowne, S.S., ... & Knox, V. (2015). The Mother and Infant Home Visiting Program Evaluation: Early Findings on the Maternal, Infant, and Early Childhood Home Visiting Program. A Report to Congress. OPRE Report 2015-11. *Administration for Children & Families*.

Thullen, M. J., McMillin, S. E., Korfmacher, J., Humphries, M. L., Bellamy, J., Henson, L., & Hans, S. (2014). Father participation in a community-doula home-visiting intervention with young, African American mothers. *Infant Mental Health Journal, 35*(5), 422-434.