

Hopeful Hearts

SUPPORT CLASS BOOKLET



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		J. Hill

Welcome

to Hurley's Hopeful Hearts Support Program

Congratulations on your pregnancy or the birth of your new baby!

We realize that you may have many questions and concerns and we would like you to know, we are here for you.

It is important for you to know that your baby may experience withdrawal symptoms. These symptoms are not caused by addiction but because your baby became dependent on the substances, they were exposed to. These withdrawal symptoms are referred to as Neonatal Abstinence Syndrome or NAS. Because of this exposure, your baby will need special care.

We understand that this may be a very difficult experience for both you and your baby. While it is very hard to understand what your baby is going through and how to deal with these experiences, our team is here to help.

As part of your baby's care team it is important you for you to know how you can help care for your baby. We would like this booklet to serve as a resource guide to you throughout your pregnancy or postpartum period and beyond. The following pages contain information regarding support services, breastfeeding and Neonatal Abstinence Syndrome (NAS) to answer some of those questions or concerns and help you and your family care for your new baby.

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What is the

Role of a Social Worker?

Provide Resources & Information for Families

- Connection to community resources for baby items
- Support and resources for post-partum depression and mental health referrals
- Assistance and information to get or reapply for medical insurance
- Transportation resources from Medicaid and CHAPS Program
- Information about baby care classes and parenting classes

Child Protective Services Information

- CPS report is NOT placed if you are on Methadone/Suboxone ONLY
- CPS report WILL BE FILED if:
- You have a history of termination of parental rights to other children
- You have an open CPS case or open foster care case
- If your baby tests positive for any substance you weren't prescribed during your pregancy
- Any other extenuating circumstances that puts baby or other children in harms way, (for example: domestic violence, drug abuse, unstable housing)
- CPS referral is made if you test positive for marijuana and you have a medical marijuana card



Pam Nealy, LLMSW-810.262.6612

NICU & 1E Birthing Center Social Worker

What is the **Maternal**Infant Health Program (MIHP)?

MIHP is a home care program for pregnant woman and infants with Medicaid insurance. MIHP provides support to promote healthy pregnancies, good birth outcomes, and healthy infants The team will come to visit you in your home at a time that is best for you.

They can provide help with the following:

- Pregnancy and labor/delivery
- Work with your doctor
- Skills for parents
- Nutrition concerns for mother & baby
- Growth and baby's development
- Referrals for Lamaze classes and other community services

Who provides the Maternal Infant Health Program?

- Registered Nurse
- Registered Dietitian/ Nutritionist
- Medical Social Worker

The members of the team, can answer your questions, provide support, and guide you during your pregnancy and after your baby is born up until the age of 1 year old. You can expect to have 9 visits during your pregnancy. After you have your baby, the baby will have 9 visits; the baby visits maybe extended to 18 visits if needed.

For more information on MIHP, call 810.262.9317.



HURLEY CHILDREN'S HOSPITAL

What is the **Healthy Start Program?**

Healthy Start is a group of organizations (Genesee County Health Department, Genesee County Community Action Agency, Hurley Medical Center and Reverence Home Health and Hospice) working together to help moms and babies with various health-related needs. We help women who are pregnant and children ages 0-2 years old who live in Genesee County.

Visiting your home at a time that is best for you; unlimited visits for you and your child until your child turns 2 years old.

They can provide help with the following:

- One-on-one support
- Referrals for food/ clothing
- Help with insurance application
- Help with scheduling appointments



Who provides the Healthy Start Program?

- Registered Nurse
- Registered Dietitian/ Nutritionist
- Medical Social Worker

For more information on Healthy Start, call 810.262.9317.

Better Worlds Start With Great Mothers

Every day, hundreds of children in America are born to first-time mothers living in poverty who face seemingly insurmountable challenges, like homelessness, substance abuse and intimate partner violence. And the first 1,000 days of a child's development are a vital window of opportunity—for all families, but particularly these families—in which we can have a lasting impact.

FOUNDED IN 1977 SINCE 1996 WE'VE SUPPORTED MORE THAN 270,000 FAMILIES

Nurse-Family Partnership® is an evidence-based, community health program that serves first-time mothers and their families living in poverty. By awakening the caretaker within each mother, we are able to improve healthy brain development and school readiness in children, prevent child abuse and neglect, strengthen and empower families and break the cycle of poverty.



Great Mothers Start with Us

We are committed to transforming the lives of mothers, children and families by investing in motherhood. Nurse-Family Partnership creates positive outcomes in numerous ways, including:

- 1. Providing health care and support while delivering positive pregnancy outcomes, including a decrease in pre-term births, a decrease in tobacco and drug use, healthier diets, decreased hypertension and other preventative health practices.
- **2.** Supplying the tools to improve child health and development by helping parents provide responsible, competent and nurturing care for their children.
- **3.** Empowering families to be economically self-sufficient by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.





BREASTFEEDING CLINIC

Breastfeeding support is just a phone call away

Breastfeeding assistance is provided by phone by calling our warm-line at **810.262.9480.**

Our team of lactation consultants, breastfeeding support nurses and pediatrician Dr. Reyes, specialize in breastfeeding support and are passionate about helping mothers.

The team can help mothers and infants with breastfeeding difficulties, including:

- Latch Difficulties
- Low Milk Supply
- Inadequate Weight Gain
- Nipple Pain & Mastitis
- Establish Feeding Plans

Breastfeeding Clinic is located at The Hurley Children's Clinic at the Flint Farmers Market– 300 E. 1st St, Flint, MI 48502.

Appointments are covered by most insurance plans. Call 810.262.9773 to schedule an appointment.



BREASTFEEDING GUIDE FOR STABLE METHADONE OR BUPRENORPHINE-MAINTAINED WOMEN

Tetrahydrocannabinol (THC), cocaine, amphetamines, opiates, heroin, benzodiazepines, and other drugs transfer into human milk as well as herbal supplements such as Kratom. Metabolites of these drugs not found in human milk are found in infant feces, indicating that maternal drug use is absorbed and metabolized by the infant. Illicit or licit drug use in the mother may pose a risk to the infant and there may be long-term effects on the infant. The benefits of human milk and breastfeeding must be weighed against the risks.

In contrast to other substances, concentrations of methadone or buprenorphine found in human milk are low; therefore woman stable on methadone maintenance should be permitted to breastfeed if desired, and irrespective of maternal methadone or buprenorphine dose.

Women who meet all the following criteria and circumstances should be supported in their decision to breastfeed their infants:

- Women who have been abstinent for illicit/licit drug abuse for 90 days prior to delivery and have demonstrated the ability to maintain sobriety in an outpatient setting.
- Women who have a negative maternal urine toxicology testing at delivery except for prescribed medications that are not contraindicated with breastfeeding.
- Women engaged in substance abuse treatment have provided their consent to discuss progress in treatment, and plans for postpartum treatment with substance abuse treatment counselors.
- Women who plan to continue in substance abuse treatment in the postpartum period.
- Women who received consistent prenatal care.



- Women who do not have a medical contraindication to breastfeeding (such as HIV).
- Women who are not taking other medications that are contraindicated during lactation
- Stable methadone/ buprenorphine-maintained women wishing to breastfeed should be encouraged to do so regardless of maternal methadone/buprenorphine dose.
- Women whom are committed to breastfeeding and providing a consistent supply of breastmilk to the baby
- Women who obtain from marijuana alternatives (K2, Spice), synthetic cathinones (bath salts), Kratom, Salvia divinorum, methoxetamine and piperazines.

BENEFITS OF BREASTFEEDING

Infants of women with substance abuse disorders, at risk for multiple health and developmental difficulties benefit substantially from breastfeeding and human milk, as do their mothers. There is increasing evidence supporting that there is a reduction in the severity and duration

of treatment of NAS when mothers on methadone maintenance therapy breastfeed. Other benefits of human milk for babies include the protective factors that greatly reduce the risk of health problems and chronic diseases such as infections, obesity, allergies, cardiovascular disease, diabetes, childhood leukemias and SIDS. Human milk is not just nutrition but also medicine that only the mother can provide.

Mothers who breastfeed also get many benefits including faster and safer postpartum recovery, psychological benefits from producing relaxing hormones, empowerment, and improved health risks such as decreased risk for osteoporosis, cardiovascular disease, diabetes, ovarian and breast cancers.

INITIATING BREASTFEEDING & ESTABLISHING MILK SUPPLY

Small amounts of methadone or suboxone are transferred through breast milk. For this reason, it is important that your baby is receiving a consistent amount of breast milk. To facilitate optimal breastfeeding, the first feeding should take place within about 1 hour after delivery. The goal is for your baby to be placed skin-to-skin with you

immediately after birth. Your labor and delivery nurse can assist during this time. Lactation specialists with special breastfeeding training and expertise and International Board Certified Lactation Consultants will be available to you for breastfeeding and breast pumping education and support during your stay.

HOW TO GET AN INSURANCE SUPPLIED BREAST PUMP

Through the Affordable Care Act, health insurances must cover the cost of a breast pump. Each health insurance has different guidelines on whether the covered pump is manual or electric, and when you'll receive it (before or after birth). Contact your insurance plan with questions about receiving your breast pump. If you deliver your baby prior to receiving your insurance supplied pump, we will assist you with ordering and receiving a pump through Binson's pharmacy located within Hurley Medical Center.

PRENATAL BREASTFEEDING CLASSES

A breastfeeding class prior to delivery is highly recommended. Educating yourself before the baby arrives will help ease stress. Pampersprofessional.com offers free educational videos on labor and birth, feeding your baby and postpartum care. If you'd rather have a more personalized class in your own home or a virtual or telehealth visit, you can visit yolobreastfeeding.org to explore services.

For more information about parenting education, how to obtain your insurance supplied breast pump or breastfeeding questions please call Hurley Parent Education and Lactation Support department at 810-262-9480.

WHAT IS NEONATAL ABSTINENCE SYNDROME?

When a pregnant woman takes drugs or narcotic medication, the unborn baby also receives these medications. After birth, the baby may go through withdrawal. This withdrawal from opiates or narcotics is known as Neonatal Abstinence Syndrome (NAS). Examples of some drugs that can cause NAS are; Heroin, Methadone, Suboxone, Vicodin, Dilaudid, Percocet, Codeine, etc.

WHAT CAN I DO BEFORE MY BABY IS BORN TO DECREASE THE SIGNS OF WITHDRAWAL?

The most important thing you can do for your baby is to make and attend all of your prenatal doctor appointments.

It is also very important that while you are still pregnant you only take medications that are ordered for you by your doctor. Do not take street drugs or medications that are not ordered by your doctor. Also, **NEVER** stop your Methadone, this can be very dangerous to your baby.

Other substances, such as nicotine (cigarettes) and caffeine (coffee), can increase your baby's withdrawal symptoms. If possible, try to limit your cigarette and coffee intake during pregnancy and breastfeeding.

WHEN WILL MY BABY SHOW SIGNS OF WITHDRAWAI?

Most babies develop symptoms of withdrawal within 24 - 72 hours. However, in some cases, it may take up to two weeks for an infant to demonstrate withdrawal symptoms.

The time it takes to show signs of withdrawal may depend on:

- How long the mother has been taking the drug or medication
- The medication used
- Whether other drugs or substances were also taken during pregnancy, such as: nicotine, caffeine, alcohol, opiates or narcotics that were not prescribed to the mother
- Certain medications for anxiety (such as Xanax, Valium, etc.) may also increase the baby's symptoms of withdrawal, thereby increasing the length of stay in the hospital

If possible, talk to your doctor while you are still pregnant to see if there is another medication you can take instead.

WHAT ARE THE SIGNS OF WITHDRAWAI?

- Fussiness, irritability, loud frequent crying
- Shaking / tremors
- Stiff arms, legs or back
- Trouble sleeping
- Poor weight gain
- Vomiting / diarrhea
- Poor feeding, constant sucking on hands or pacifier
- Fever or sweating
- Nasal stuffiness, frequent sneezing, frequent yawning
- Reddened areas or skin breakdown - on the face, knees, elbows or ankles from rubbing and/or movement

MODIFIED FINNEGAN SCALE

The Finnegan Scale is a tool that is used by hospitals across the country. It is a tool that records certain signs and symptoms that are present during the withdrawal process. An example of the Finnegan Scale we use in our NICU to assess withdrawal is provided below. Each symptom has an assigned score and when added up, they create a total score.

SYMPTOM	ASSIGNED SCORE	BABY'S SCORE
Excessive Cry	 0 = Normal 2 = Difficult to console 3 = Inconsolable 	
Sleep	 0 = Sleeps 3 or more hours continuously 1 = Sleeps 2-3 hours after feeding 2 = Sleeps 1-2 hours after feeding 3 = Sleeps less than 1 hour after feeding 	A
Moro Reflex	 0 = Normal 1 = Arms remain up 3-4 seconds 2 = Arms remain up more than 4 seconds 	S
Tremors: Disturbed	 0 = None 1 = Last up to 3 seconds 2 = Last more than 3 seconds 	
Tremors: Undisturbed	 0 = None 1 = Last up to 3 seconds 2 = Last more than 3 seconds 	4
Muscle Tone	 0 = Normal 1 = Increased tone with some head lag 2 = Increased tone with no head lag 	
Generalized Seizure	0 = None8 = Generalized Seizures	
Excoriation	 0 = None 1 = Skin red but intact 2 = Skin breakdown present 	Z
Fever > 99.0 F	• 0 = None • 1 = Fever > 37.2 (99.0 F)	

SYMPTOM	ASSIGNED SCORE	BABY'S SCORE
Frequent Yawning	 0 = Less than 3 times 1 = 3 or more times 	
Sweating	0 = None1 = Sweating	
Nasal Stuffiness	0 = None1 = Nasal stuffiness	A
Sneezing	 0 = Less than 4 times 1 = 4 or more times 	S
Tachypnea	 0 = Respiration less than or equal to 60 breathes a minute 2 = Respiration rate greater than 60 breathes a minute 	
Poor Feeding	 0 = Normal 2 = Infrequent/uncoordinated 	A
Loose Stools	 0 = Normal 2 = Stool is at least half liquid 	Ш
Vomiting	0 = None2 = 2 or more times	
Failure to Thrive	 0 = Weight loss of 0-10% of birth weight 2 = Weight loss > 10% of birth weight 	
Excessive Irritability	 0 = Normal 1 = Calms in 5 minutes or less 2 = Calms in 6-15 minutes 3 = Consoling takes more than 15 minutes 	

HOW LONG WILL MY BABY REMAIN IN THE HOSPITAL?

Your baby will remain in the NICU for at least 5 – 7 days. If your baby shows signs of NAS, he/she may stay in the hospital longer. If your baby shows signs of NAS, he/she may need to be treated with medication. The average length of stay for infants who require medication for withdrawal symptoms is about 3 weeks. However, some babies have had to stay for 2-4 months. Every baby is different and how they respond to the withdrawal and medication may also be different.

HOW WILL MY BABY BE MONITORED FOR SIGNS OF WITHDRAWAL?

The nurses will be using a Modified Finnegan scoring tool to measure and rate the symptoms of withdrawal. This scoring will be started at approximately 2-4 hours of age, and continued at least every 3 hours, until the baby is discharged from the hospital. Your baby receives points for each sign of withdrawal, these points are then totaled. A score greater than 8 may mean that your baby is having problems with withdrawal and may need some medication to make him/her more comfortable.



WHAT CAN I DO TO HELP MY BABY?

Things you can do to comfort your baby:

- Respond quickly when your baby is upset
- Hold your baby close to you or give skin to skin contact (kangaroo care)
- Gentle rocking, swaddling
- Offer baby a pacifier
- Do not wake baby between feedings
- Remain calm when baby is fussy
- Decrease light and noise in room
- Speak, hum, sing or read softly to your baby
- Feed small amounts, do not over feed your baby check with nurse as to how much of the bottle baby needs to take
- Limit the number of visitors, your baby needs a quiet environment with as little stimulation as possible

MEDICATIONS / PHARMACOLOGICAL INTERVENTION

If comfort actions do not help and the Finnegan score is greater than 8 twice in a row, medication will be started. The medication used is a low dose of Morphine given by mouth. The dose of Morphine your baby will be started on depends on their Finnegan score.

Your baby will continue to be scored at least every 3 hours. Anytime the score is greater than 8, the scoring will be repeated in 1 hour. If the repeat score remains greater than 8, the dose of Morphine will be increased.

WHY IS MORPHINE GIVEN TO MY BABY?

Morphine is used to help control and decrease your baby's symptoms and make him/her more comfortable. Morphine will also decrease the baby's risk of having seizures (convulsions). Morphine will make your baby more calm and comfortable, but should not make him/her sleepy.

HOW LONG WILL MY BABY STAY ON MEDICATION?

Every baby is different in how they react to Morphine; this is why we start with a low dose. If the starting dose of Morphine isn't calming your baby, we will increase the dose. But, if the Finnegan scores remain less than 8, your baby will remain on the initial low dose.

Sometimes, we may need to add other medications. If the Morphine isn't controlling your baby's symptoms, we may add another medication – Clonidine, and occasionally we may need to add a third medication – Phenobarbital.

WEANING OFF MEDICATION

We start decreasing the Morphine dose when scores have been less than 8 for 2 days (48 hours). We can then continue to decrease the Morphine every 24 hours if all scores have remained less than 8.

If the baby is on both Morphine and Clonidine, the Morphine dose is lowered first, then once the baby is off Morphine the Clonidine dose will be decreased every 24 hours if the scores have remained less than 8. If your baby is also receiving Phenobarbital, it will usually also be discontinued before discharge.

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WHEN WILL MY BABY BE READY TO GO HOME?

- Your baby can be discharged when he/she is feeding and growing well
- The Morphine and/or Clonidine has been stopped for at least 2 days (48 hours)
- There are no social service holds on infant's discharge

WILL MY BABY HAVE PROBLEMS AFTER WE GO HOME?

The symptoms of NAS may continue for a few weeks to several months after discharge from the hospital. Once at home, your baby may continue to experience the following symptoms:

- Problems feeding
- Fussy
- Slow weight gain
- Poor sleeping patterns
- Sneezing and/or stuffy nose

While your baby is still in the hospital, we encourage you to stay and care for him/her as much as possible. The more care you provide, the more comfortable you will feel with his/her care once home. It is very important that you learn your baby's "cues" and what works to calm him/her when upset.

WAYS TO SUPPORT AND COMFORT YOUR BABY

Control your baby's environment:

- Keep your baby's room quiet with the lights down low
- Maintain a routine
- Limit visitors so your baby doesn't get overstimulated

Learn your baby's "stress" cues:

 Your baby will tell you when he/she is "upset" by yawning, sneezing, having tremors (shaking), frowning, looking away or closing eyes

If you see any of these cues, stop what you are doing, your baby is trying to tell you "I'm upset."

- Offer a pacifier
- Let baby calm down before trying anything new
- May swaddle or hold baby close to you
- Gently rock or sway your baby

Slowly introduce new things to your baby one at a time:

- Introduce new stimuli (things that cause your baby to be alert) to your baby one at a time
- Watch your baby's cues and allow a "time out" (a quiet time without stimulation) if needed
- Swaddle baby and offer a pacifier to help him/her maintain an alert and calm state
- Talk to your baby when he/ she is calm and alert

As your baby's calm periods increase, begin to unwrap (un-swaddle) your baby for short periods of time:

- This allows your baby to become used to controlling his /her own body
- Re-swaddle your baby if he/she shows signs of distress

SAFE SLEEP PRACTICES

As recommended by the American Academy of Pediatrics (2016)

Due to altered sleep patterns your baby may be at increased risk for SIDS. So please remember to always follow safe sleep practices:

- Always place baby on his/her **back** for every sleep time.
- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- The baby should sleep in the same room as the parents, but not in the same bed.
- Keep soft objects or loose bedding out of the crib. No pillows, blankets, bumper pads, or toys should be in crib.
- Breastfeeding is recommended.
- Offer a pacifier at nap time and bedtime.
- Avoid covering the infant's head (hat) and overheating.
- Supervised, awake tummy time is recommended to decrease chance of baby developing flat spots on head.
- Swaddling, or wrapping your baby in a light blanket, can be
 used to calm him/her. If infants are swaddled they should
 ALWAYS be placed on their back. Swaddling should be snug
 around the chest but allow plenty of room at the hips and knees.
 When your baby shows signs of attempting to roll, swaddling
 should no longer be used.

WHAT SHOULD I DO IF MY BABY CRIES A LOT?

It will be helpful to feed your baby and ensure that the room is very quiet. Your baby's crying may be hard to take at times, and you may get frustrated, this is normal. But **NEVER** shake your baby, or hold anything over your baby's mouth or nose to stop the crying.

PRACTICE THE 5 S's:

- SWADDLING
- **SUCKING** offer baby pacifier to suck
- SIDE/STOMACH
 — while holding your baby, turn baby on side or stomach
- **SWAYING** Support baby's neck and head, gently sway side to side or back and forth
- **SHUSHING** make shushing sounds to your baby

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HALO® SLEEPSACK® SWADDLE: SAFE SWADDLING, MADE EASY

Follow these simple steps to swaddle for infant safety using the HALO® SleepSack® Swaddle*:



STEP 1
Dress baby in regular sleepwear and close the zipper.



STEP 2
Fold left swaddle wing
over baby's right arm and
torso, tucking under
baby's left arm.



STEP 3
Swaddle wrap should be snug, below chin, and aligned with baby's shoulders.

HALO® SLEEPSACK® SWADDLE VARIATIONS



ARMS IN to reduce the startle reflux.



HANDS-TO-FACE for self-soothing.



1 OR 2 ARMS OUT for an easy transition from swaddling.

*Images and copy courtesy of HALO®. For products, go to: www.halosleep.com. #1 Choice of Hospitals

RESOURCES RESOURCES

BABY RESOURCES GENESEE COUNTY

Answer Center for Women

Baby Clothing, Baby Furniture 626 Stevens St Flint, MI 48502 810-234-7777 M-Th 11am-4pm www.answercenterforwomen.org

Christian Life Resources

Maternity and Infant, Baby Furniture 2710 W. Court St, Suite 7 Flint, MI 48503 810-767-1262 (24 hr hotline) www.pregnancycounselingcenters.org

Heartbeat of Greater Flint

Baby Pantry, Baby Furniture 320 E. Fourth St Flint, MI 48502 810-232-3101; M-F 10am-2:45pm

Little Lamb's Closet

Basic Needs Items, Baby Furniture West Flint Church of the Nazarene 2270 S. Dye Rd Flint, MI 48532 810-732-0480 ext. 303; W 6pm-8pm, Sun 9am-12pm, and by apt www.nexuslife.org

Salvation Army

Baby Needs, Diapers 1475 E. Coldwater Rd Flint, MI 48505 810-789-4003

Flint Crisis Pregnancy Center

3404 S. Saginaw St., Suite 101 Flint, MI 48503 810-767-7153

Flint Pregnancy Counseling

Maternity & Infant Clothing, Furniture, Formula, Diapers, Wipes G-5414 Miller Rd Suite H Flint, MI 48503 810-767-1262 www.info-fl@ pregnancycounselingcenters.org Present Picture ID and Proof of Custody

Impact Pregnancy

2585 Lavelle Rd Flint, MI 810-444-7298; W-F 10am-3pm, Sat 10am-1pm

Freedom Center

Diapers, Wipes, Clothing every 3 months, larger items available too 2473 W. Shiawassee Ave Fenton, MI 48430 810-629-5261 Call for appointment to apply

The Listening Center

St. John Outreach 508 Adelaide St. Fenton, MI 48430 810-629-1817

BREASTMILK TRANSPORT SYSTEM

Mobile Milk Transport Service:

HURLEY CHILDREN'S HOSPITAL

https://www.semiibclcofcolor.org mamasmobilemilk.html

OUTPATIENT PROGRAMS

Bio-Med Behavioral Health

1044 Gilbert Flint, MI 48532

Catholic Charities

901 Chippewa Street Flint, MI 48503 810.232.9950

Oakland Psychological Clinic

2360 S. Linden Road Flint, MI 810.732.0560 Or 10785 S. Grand Traverse Street Flint, MI 810.695.0055

Recovery Unlimited

3196 W. Pierson Road, Ste. G Flint, MI 48504 810.785.4930

Sacred Heart Wellness & Recovery

2091 Professional Dr. Ste. D Flint, MI 48532 810.732.1652

RESIDENTIAL PROGRAMS

Brighton Center for Recovery

12851 Grand River Road Brighton, MI 48116 877 976 2371

Flint Odyssey House

321 W. Third Avenue Flint, MI 48503 810.235.5888

Sacred Heart Clearview

400 Staddard Rd. Richmond MI 48062

Turning Point Recovery

6727 Sherman Drive Otter Lake, MI 48464 810.793.8957

SUBSTANCE ABUSE REFERRALS

If you don't have any insurance or have a Medicaid only plan; a phone or walk-in screen must be completed with Genesee Health System (GHS)

Genesee Health System (GHS) 420 W. 5th Avenue, Flint, MI 48503 810.257.3742

Alcoholics Anonymous (AA)

336 W. First Street Flint, MI 48502 810.234.0815

Alcohol Treatment 24 hr Help Line 800.260.4014

Narcotics Anonymous 810.238.3636

McFares Macomb County Fetal Alcohol Resource, Education & Support -

For information or help with:

- Prescreening children for a diagnosis
- Linking families to diagnostic centers and county services
- Monthly support group meeting
- Quarterly newsletter available with great info, tips and resources about living with FASD (Fetal Alcohol Syndrome).

Call 586.542.0033

Cocaine Anonymous 810.762.3569

QUIT SMOKING HEALTHY EATING

Pregnant and Smoking?

We Can Help!



The Michigan Tobacco Quitline is here to help. 1-800-QUIT-NOW or 1-800-784-8669

Did you know?

- Smoking can cause you to deliver too soon.
- By quitting, you're making sure your baby is getting enough oxygen to grow.

Here's what you can expect when you call.

When you call the Michigan Tobacco Quitline, be sure to tell them that you are pregnant.

- The Quitline has created a special program just for pregnant women.
- The program is free and confidential.
- It's a proven way to quit successfully.
- Enrolling is simple.
- You will talk to your personal Quit Coach.
- You start building a plan that's right for you.
- You will receive up to nine calls during your pregnancy and postpartum.
- You have the opportunity to receive text messaging.
- You earn rewards after every call that you can use to buy things for you and your baby.

Call the Michigan Tobacco Quitline today.

1-800-QUIT-NOW





United States Department of Agriculture



Find Your Healthy Eating Style

Choose a variety of foods and beverages to build your own healthy eating style. Include foods from all food groups: fruits, vegetables, grains, dairy, and protein foods.

Making Healthy Food Choices

- Make half your plate fruits and vegetables. Choose fresh, frozen, canned, dried, and 100% juice. Include dark-green, red, and orange vegetables; beans and peas; and starchy vegetables.
- Make at least half your grains whole grains. Try oatmeal, popcorn, whole-grain bread, and brown rice.
- Move to low-fat or fat-free milk, yogurt, or cheese.
 Fortified soy beverages also count.
- Vary your protein routine. Choose seafood, lean meats and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.

The amount and types of food you eat is an important part of a healthy eating style. Before you eat, think about what and how much food goes on your plate or in your cup, bowl, or glass.

- Use the Nutrition Facts label and ingredients list to limit items higher in sodium, saturated fat, and added sugars.
 Drink water instead of sugary drinks. Choose vegetable oils instead of hutter
- Enriched grains, beans, peas, oranges, spinach, or other dark-green leafy vegetables can help you get the folaterich food you need.

♥♥ Visit Your Doctor Regularly

Doctors Recommend:

- Pregnant women and women who may be pregnant need to avoid alcohol and smoking. Ask for advice about caffeine, dietary supplements, and drug use.
- In addition to eating a healthy diet, take a prenatal vitamin and mineral supplement containing folic acid.
- Feed your baby only human milk (also known as breast milk) for the first 6 months.

How Much Weight Should I Gain?

- The right weight gain depends on your weight when you became pregnant. If your weight was in the healthy range, you should gain between 25 and 35 pounds. If you were overweight or underweight before becoming pregnant, the advice is different.
- Gain weight gradually. For most women, this means gaining a total of 1 to 4 pounds during the first 3 months.

 Gain 2 to 4 pounds each month from the 4th to 9th month.



WHAT IS TRC?

The Hurley Trauma Recovery Center (TRC) is a program that offers FREE, CONFIDENTIAL help to individuals and their families who have been impacted by violence.

WE SERVE VICTIMS OF CRIME including, but not limited to:

- Gunshots, Stabbings, Gang Violence
- Physical/Sexual Assault
- Domestic Violence
- Elder Abuse
- Child/Adolescent Assault (Excluding child abuse & neglect)
- Car Accidents due to a Crime

WE PROVIDE TRAUMA SUPPORT SERVICES including, but not limited to:

- Emergency Shelter & Food Resources
- Crisis & Emotional Support- including safety planning
- Mental Health Services
 including therap
- Legal Support

 including court advocacy, personal protection orders, victim compensation

Participants DO NOT have to report an incident to police or file criminal charges to access our services.

IF YOU ARE A VICTIM OF A CRIME, you may be experiencing the following:

- Can't sleep
- Unable to focus
- Feeling afraid and/or on edge
- Anxiety and/or panic attacks
- Anger, guilt and/or frustration
- Flashbacks and/or nightmares
- Strained relationships

- Using alcohol/drugs or increased usage
- Loss of trust
- Loss of identity
- Depression
- Loss of income
- Lack of support
- New physical disabilities or limitations

Our services are available for victims and their families that live in Genesee County.

For help, call **810.262.7340** or email **HurleyTRC@hurleymc.com.**

TRC does not discriminate on the basis of income, race, color, religion, gender identity/expression, age, national origin, disability marital status, sexual orientation, or military status, in any of its activities or operations.

The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice or the Michigan Department of Health and Human Services, Division of Victim Services. This project was supported by: Federal Award 2018-V2-GX-0067 from the Department of Justice, administered by the Michigan Department of Health and Human Services, Division of Victim Services.



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