

THE HOME STRETCH OF PREGNANCY

PREPARING FOR DELIVERY

Dr. Christy Capet

Nurse Line: 512-533-4121

Emergency Line: 512-323-5465

AM I IN LABOR?

- Follow the 5-1-1 Rule:
 - Contractions every 5 minutes
 - Lasting 1 minute in duration
 - For 1 hour
- If your water breaks call the nurse line and go to triage

KICK COUNT REMINDERS

*Healthy babies move many times a day.
Active babies are healthy babies!
Start kick counts at 28 weeks.*

How to do kick counts:

- Try just after you eat. Your baby is most active then.
- Sit, or lie down on your left side.
- Check what time you start.
- Put your hands on your belly.
- Count how many times your baby moves.
- A “move” is any kick, wiggle, twist, turn, roll, or stretch.
- Count up to 10 movements
- If your baby moves 10 times in the first hour stop counting.

If your baby doesn't move 10 times in the first hour, don't worry.

- Your baby may be sleeping. Here's what you can do:
 - Eat or drink something.
 - Walk around for 5 minutes.
 - Repeat kick counts for another hour.

Call your medical provider right away if:

- You do not get **ANY** movements in the first hour.
- You do not feel 10 movements in the second hour.

FMLA PAPERWORK

In order to have your FMLA paperwork filled out correctly and on time please ask at your appointment for the form to turn in with your HR paperwork.

We send all FMLA paperwork to a third party called HealthMark. The estimated turn around time will be 24-72 hours. There is a \$25 processing fee paid directly to them. If you would like to inquire on the status of your forms please call (972) 895-2138 or e-mail fmla@healthmark-group.com

**** Please note: We cannot put you on short term disability prior to delivery without a complication. Your human resources will decline this leave and revoke your pay.

36 WEEKS: GROUP B STREP TESTING

GBS is a bacteria that can be found in the vagina. It is not concerning for your health, but it is the leading cause of meningitis in newborns. 4-6% of newborns who develop GBS disease will die.

We will test the presence of GBS with a swab at your 36 week appointment.

For more information visit:
<https://www.cdc.gov/groupbstrep/>

| Your action plan for keeping your baby safe from GBS | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Before 35 weeks | If you think you might have a C-section or go into labor early, talk with your doctor or midwife about making a GBS plan. |
| At 35 to 37 weeks (your ninth month of pregnancy) | Talk with your doctor about getting tested for GBS. If you test negative for GBS, you don't need to do anything more. |
| IF YOU TEST POSITIVE | <ul style="list-style-type: none"> Talk with your doctor about a plan for your labor. You will get IV antibiotics (medicine through the vein) during labor. This will help keep your baby safe from GBS. Are you allergic to penicillin or other antibiotics? Make sure to tell your doctor or midwife about any allergic reactions you have had. If you are allergic to penicillin, other antibiotics can be used during labor. Continue your regular check-ups, and always call your doctor or midwife if you have any problems. <p>When your water breaks or when you go into labor</p> <ul style="list-style-type: none"> Go to the hospital. The antibiotics work best if you get them at least 4 hours before you deliver. Tell the labor and delivery staff that you are GBS positive. Tell the labor and delivery staff if you are allergic to penicillin. |
| If you go into labor, or your water breaks, but you haven't had the GBS test | Remind the staff that you have not had a GBS test. |

GET VACCINATED AND GET OTHERS VACCINATED

- With every pregnancy women should get the Tdap vaccine to help pass pertussis antibodies to the fetus and to prevent themselves from getting sick and infecting their baby after delivery.
- Families and caregivers that may be in close contact with your baby before they can be fully vaccinated should also get the Tdap vaccine if they have not had it within the last 4 years.
- All patients should be vaccinated for FLU annually between October and March.
- The only vaccine babies get in the hospital is the Hepatitis B vaccine. You will be asked to sign a consent on admission to the hospital. Please talk to your pediatrician and know prior to admission if you do not desire the Hepatitis B series.



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Society for
Maternal-Fetal
Medicine

Frequently Asked Questions for Pregnant Women Concerning Tdap Vaccination

What is pertussis (whooping cough)?

Pertussis (also called whooping cough) is a highly contagious disease that causes severe coughing. People with pertussis may make a "whooping" sound when they try to breathe and gasp for air. In newborns (birth to 1 month), pertussis can be life threatening. Recent outbreaks have shown that infants younger than 3 months are at very high risk of severe infection.

What is Tdap?

The tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine is used to prevent three infections: 1) tetanus, 2) diphtheria, and 3) pertussis.

I am pregnant. Should I get a Tdap shot?

Yes. All pregnant women should get a Tdap shot in the third trimester, preferably between 27 weeks and 36 weeks of pregnancy. The Tdap shot is an effective and safe way to protect you and your baby from serious illness and complications of pertussis. You should get a Tdap shot during each pregnancy.

Is it safe to get the Tdap shot during pregnancy?

Yes. There are no theoretical or proven concerns about the safety of the Tdap vaccine (or other inactivated vaccines like Tdap) during pregnancy. The shot is safe when given to pregnant women.

During which trimester is it safe to get a Tdap shot?

It is safe to get the Tdap shot during all three trimesters of pregnancy. Experts recommend that you get Tdap during the third trimester (preferably between 27 weeks and 36 weeks of pregnancy). This gives your newborn the most protection. The shot causes you to make antibodies against pertussis. These antibodies are passed to the fetus. They protect your newborn until he or she begins to get vaccines against pertussis at 2 months of age.

Can newborns be vaccinated against pertussis?

No. Newborns cannot start their vaccine series against pertussis until they are 2 months of age because the vaccine does not work in the first few weeks of life. This is partly why newborns are at a higher risk of getting pertussis and becoming very ill.

What else can I do to protect my baby against pertussis?

Getting your Tdap shot is the most important step in protecting yourself and your baby against pertussis. It also is important that all family members and caregivers are up-to-date with their vaccines. If they need the Tdap shot, they should get it at least 2 weeks before having contact with your newborn. This makes a safety "cocoon" of vaccinated caregivers around your baby.

(see reverse)

I am breastfeeding my baby. Is it safe to get the Tdap vaccine?

Yes. The Tdap shot can safely be given to breastfeeding women if they did not get the Tdap shot during pregnancy and have never received the Tdap shot before.

I did not get my Tdap shot during pregnancy. Do I still need to get the vaccine?

If you have never gotten the Tdap vaccine and you do not get the shot during pregnancy, be sure to get the vaccine right after you give birth, before you leave the hospital or birthing center. It will take about 2 weeks for your body to make protective antibodies in response to the vaccine. Once these antibodies are made, you are less likely to give pertussis to your newborn. But remember, your baby still will be at risk of catching whooping cough from others.

I got a Tdap shot during a past pregnancy. Do I need to get the shot again during this pregnancy?

Yes. All pregnant women should get a Tdap shot during each pregnancy, preferably between 27 weeks and 36 weeks of pregnancy. This time frame is recommended because it gives the most protection to the pregnant woman and the fetus. It appears to maximize the antibodies present in the newborn at birth.

I received a Tdap shot early in this pregnancy, before 27–36 weeks of pregnancy. Do I need to get another Tdap shot between 27 weeks and 36 weeks of pregnancy?

A pregnant woman does not need to get the Tdap shot later in the same pregnancy if she got the shot in the first or second trimester.

Can I get the Tdap vaccine and flu vaccine at the same time?

Yes. You can get more than one vaccine in the same visit.

What is the difference between Tdap, Td, and DTaP?

Children receive the diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. Teenagers and adults are given the Tdap vaccine as a booster to the DTaP they got as children. Adults receive the tetanus and diphtheria (Td) vaccine every 10 years to protect against tetanus and diphtheria. Td does not protect against pertussis.

Uppercase letters in these abbreviations mean full-strength doses of diphtheria (D) and tetanus (T) toxoids and pertussis (P) are used in the vaccine. Lowercase "d" and "p" mean reduced doses of diphtheria and pertussis are used in the vaccines for teenagers and adults. The "a" in DTaP and Tdap stands for "acellular," meaning that the pertussis component contains only a part of the pertussis organism.

RESOURCES

American College of Obstetricians and Gynecologists

www.acog.org

Immunization for Women

www.immunizationforwomen.org

Centers for Disease Control and Prevention

<http://www.cdc.gov/vaccines/vpd-vac/tetanus/default.htm>

Society for Maternal-Fetal Medicine

www.smfm.org

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BIRTH PLANS: WE'VE GOT YOU COVERED!

- You will be given a 3 page birth preferences sheet to fill out prior to your 36 week appointment. Please fill this out and bring it back to review with Dr. Capet. We will make a copy for your chart and you will keep your original for your birthing bag.

EPIDURALS FOR PAIN RELIEF IN LABOR

- Epidural anesthesia is *regional anesthesia* that blocks pain in a particular region of the body. The goal of an epidural is to provide *analgesia*, or pain relief, rather than *anesthesia*, which leads to a total lack of feeling. Epidurals block the nerve impulses from the lower spinal segments. This results in decreased sensation in the lower half of the body.

| Risks | Benefits |
|----------------------------------|---------------------------------------|
| May cause drop in blood pressure | Allows rest and relaxation |
| <1% experience severe headache | Alert, active participant in birth |
| May slow labor progression | Pain relief with minimal side effects |

ROUTINE DELAYED CORD CLAMPING FOR 30-60 SECONDS



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 684 • January 2017
(Reaffirmed 2018)

(Replaces Committee Opinion Number 543, December 2012)

Committee on Obstetric Practice

The American Academy of Pediatrics and the American College of Nurse-Midwives endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice in collaboration with committee members Maria A. Mascola, MD; T. Flint Porter, MD; and Tamara Tin-May Chao, MD.

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Delayed Umbilical Cord Clamping After Birth

ABSTRACT: Delayed umbilical cord clamping appears to be beneficial for term and preterm infants. In term infants, delayed umbilical cord clamping increases hemoglobin levels at birth and improves iron stores in the first several months of life, which may have a favorable effect on developmental outcomes. There is a small increase in jaundice that requires phototherapy in this group of infants. Consequently, health care providers adopting delayed umbilical cord clamping in term infants should ensure that mechanisms are in place to monitor for and treat neonatal jaundice. In preterm infants, delayed umbilical cord clamping is associated with significant neonatal benefits, including improved transitional circulation, better establishment of red blood cell volume, decreased need for blood transfusion, and lower incidence of necrotizing enterocolitis and intraventricular hemorrhage. Delayed umbilical cord clamping was not associated with an increased risk of postpartum hemorrhage or increased blood loss at delivery, nor was it associated with a difference in postpartum hemoglobin levels or the need for blood transfusion. Given the benefits to most newborns and concordant with other professional organizations, the American College of Obstetricians and Gynecologists now recommends a delay in umbilical cord clamping in vigorous term and preterm infants for at least 30–60 seconds after birth. The ability to provide delayed umbilical cord clamping may vary among institutions and settings; decisions in those circumstances are best made by the team caring for the mother–infant dyad.

INDUCTION: *HOW SHOULD I PREPARE FOR MY LABOR INDUCTION?*

- Schedule your pre-admissions appointment by calling (512) 901-1542
- Eat breakfast, lunch and a light dinner on the day of the induction and keep yourself well hydrated throughout the day. You will only be allowed to drink water and have ice chips after midnight. If your induction begins in the morning you CAN eat breakfast before you arrive.
- Take a shower with an antibacterial soap such as Dial and wear freshly laundered clothes.
- Remove all jewelry and body piercings prior to admission
- Pack a small bag with comfort/essential items: toiletries, robe, camera, chargers, baby book, cord blood banking kit, Photo ID, and health insurance card.
- Your labor partner may bring other items such as, the car seat, baby and mom's going home clothes, and other things when you are on the Postpartum Unit

INDUCTION: *METHODS USED TO INDUCE LABOR*

- Cervical ripening medications – These medications are given to soften and dilate your cervix.
 - **Cervidil®** is inserted into your vagina where it is left in place for up to 12 hours and then removed.
 - **Cytotec** is a tablet you can take orally or is placed in your vagina behind your cervix. Cervical ripening medications are typically started in the evening with Pitocin to start the next day.
- You will be encouraged to rest throughout the night as active labor will be more likely to occur the following day. There is a slight chance the cervical ripening medication may put you into active labor.
- Pitocin® – Pitocin is a man-made form of the hormone oxytocin—a natural hormone found in your body. This medicine causes your uterus to contract. It is given through an IV and the dose is slowly increased until a satisfactory labor pattern occurs. Typically, Pitocin is started the next morning after the cervical ripening medications have made your cervix soft and dilated.
- Rupture of membranes (breaking your water) – If your water has not already broken, your doctor may do this for you. Breaking your bag of water will also help start contractions. This is done with a small hook that makes a hole in the amniotic sac. Your cervix must be dilated enough to safely insert the hook, and the baby's head well applied to the cervix before this is considered and done.

INDUCTION: *WHAT SHOULD I EXPECT UPON ADMISSION?*

- When you arrive at the hospital you will need to check in with the unit clerk on the 2nd floor. You will be brought to your room and asked to change into a gown. After you are in bed fetal monitors will be applied. You will then have your blood work drawn and an IV started in your hand or arm to administer emergency medications and intravenous hydration fluids. Delivery consents will be reviewed and signed. Your nurse will perform a cervical examination before starting any induction medications.
- You will be monitored continuously; this means you must be in bed or sitting in a chair most of the time. You will be encouraged to change positions frequently and will be allowed to get up to go to the bathroom.
- Occasionally, despite medication used for your induction, you may not go into labor. If this occurs your doctor will discuss with you options such as Cesarean section or inducing labor at a later time.

INDUCTION: *WHAT TO EXPECT IF YOU NEED TO RESCHEDULE MY INDUCTION?*

- The hospital is not able to predict how many spontaneous labor patients or births are going to happen on any given day. Although it is rare, there may be days when they do not have enough hospital beds or staff available for patients who are scheduled for a procedure like a labor induction. Patient safety is their priority, your induction will never be delayed without your safety and your baby's safety considered first. Medically indicated inductions do take precedence over elective inductions.
- When they need to delay or cancel your induction a charge nurse and your doctor will decide on another date for your induction. We appreciate your understanding in this situation since we all want you to have a safe and healthy childbirth experience with us.

CESAREAN SECTION PRE-OP INSTRUCTIONS

- It is **MANDATORY** that you have nothing to eat or drink at least 8 hours prior to your procedure.
- Call the hospital pre-admission nurse at (512) 901-1542 at least one week before your C/S to schedule an appointment 24-48 hours before your scheduled procedure.
 - You will check in at the desk on the ground floor in the Women's Center
 - You will sign your consent forms, answer admission questions to complete your registration in the EMR, get your admission bands, and have your admission blood work drawn.
- You should **PLAN** to arrive at least 2 hours prior to your scheduled surgical time as instructed.

CESAREAN SECTION CONT.

- **The Day of Your Cesarean Section**

- On the day of your surgery, you should:
 - Bring a case for your eyeglasses. Remove contacts prior to surgery.
 - Leave your jewelry and valuables at home, including all body piercings.
 - Bring needed items for discharge including a “going home” outfit for baby and yourself, an infant car seat and baby blankets.
 - One support person may accompany you in the Operating Room for your Cesarean Section. The nurse will provide your support person with the appropriate attire.

FAMILY FRIENDLY CESAREAN SECTIONS

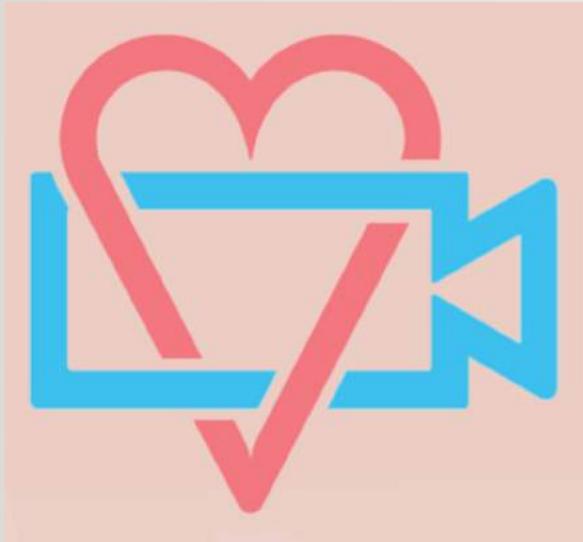
Watch your baby be born through a clear drape that still protects the sterile field for your surgery.

After delivery, a blue drape will be put up so you do not have to watch the remainder of the procedure and can have some privacy with your baby.

Breastfeed and bond with your baby in the operating room.



BIO VIDEO



Bio video is a hospital based photography service to capture your birth with pictures. They are only guaranteed to make your delivery if you pre-register online.

<https://www.biovideo.com/home>

BIRTH PHOTOGRAPHERS



Sarah Siller Photography
sarahsillerphotography@gmail.com

BIRTH PHOTOGRAPHERS



Paige Wilks Photography

<http://www.paigewilks.com>

CIRCUMCISION

Circumcision is completely elective for male infants during your hospital stay. We do not perform circumcision in the office.

What is Circumcision?

Benefits and Risks

Benefits and Risks of Circumcision

In the U.S., the American Urological Association (AUA) and the American Academy of Pediatrics (AAP) each have a policy statement on circumcision. Both groups recommend that it be offered as a choice to parents. The AUA believes that circumcising newborns has benefits and risks.

The most recent policy statement of the AAP in 2012 indicated that, based on newer evidence, the benefits of a circumcision outweigh the risks of the procedure. You should talk with your child's doctor about the health risks and benefits, and decide what will work for your family.

Benefits of Circumcision

Studies have shown that circumcision lowers the risk of getting HIV. This is because the foreskin is not like the skin on other parts of your body. The foreskin has a type of cell called Langerhans cells, which are more likely to attach to HIV cells. Based on these findings, in 2007 the World Health Organization endorsed circumcision as a way to help stop the spread of HIV. Studies have also shown that circumcision reduces the spread of other diseases that are passed through sex.

Circumcised boys are less likely to have a urinary tract infection in their first 6 months. As they grow older, circumcised males are also less likely to get penile cancer. Still, this type of cancer is rare in the U.S. And uncircumcised males can prevent penile cancer with good hygiene and keeping the area under the foreskin clean.

Properly performed circumcision on newborns also prevents phimosis, paraphimosis and balanoposthitis – all problems with the foreskin.

Risks of Circumcision

The risk of bad side effects from circumcision is low. The most common side effect is bleeding or infection. When circumcision is not done the right way, the urethra (the tube that carries urine out of the body) or penis may be hurt. In rare cases, death has even occurred.

Some problems linked to circumcision that may not be noticed until later are buried penis, meatal stenosis (narrow opening at the end of the penis), skin bridges, chordee (curved penis), and the penis not looking right. Some of these problems may need to be fixed with surgery.

Procedure

What Happens during Circumcision?

Circumcision of a newborn is mostly a quick, safe procedure when done by a skilled doctor. To lessen pain for newborns, a pain killer may be used. There is some evidence that babies may be less likely to feel pain 7 to 10 days after birth. This is because newborns have a high level of endorphins (substances made by the body that reduce pain).

A special clamp is attached to the penis and the foreskin is cut away.

After Procedure

After Circumcision

After circumcision, caring for the penis is simple but important. Wash the area gently with warm water. Pat dry and put on a new bandage with antibiotic ointment each time you change the diaper. It should take about a week to heal. It's normal for there to be a little swelling, redness and maybe blood at first. If these problems last several days or get worse, have your baby seen by his doctor. Also talk to your baby's doctor if he gets a fever or doesn't have a wet diaper within 12 hours of circumcision. Almost all side effects are easily treated.

Hepatitis B and the Vaccine (Shot) to Prevent It

Last updated August 2018

The best way to protect against hepatitis B is by getting the hepatitis B vaccine. Doctors recommend that all children get the vaccine.

Why should my child get the hepatitis B shot?

The hepatitis B shot:

- Protects your child against hepatitis B, a potentially serious disease.
- Protects other people from the disease because children with hepatitis B usually don't have symptoms, but they may pass the disease to others without anyone knowing they were infected.
- Prevents your child from developing liver disease and cancer from hepatitis B.
- Keeps your child from missing school or childcare (and keeps you from missing work to care for your sick child).

Is the hepatitis B shot safe?

The hepatitis B vaccine is very safe, and it is effective at preventing hepatitis B. Vaccines, like any medicine, can have side effects. But serious side effects caused by the hepatitis B vaccine are extremely rare.

What are the side effects?

Most people who get the hepatitis B vaccine will have no side effects at all. When side effects do occur, they are often very mild, such as a low fever (less than 101 degrees) or a sore arm from the shot.

What is hepatitis B?

Hepatitis B is a contagious liver disease caused by the hepatitis B virus. When a person is first infected with the virus, he or she can develop an "acute" (short-term) infection. Acute hepatitis B refers to the first 6 months after someone is infected with the hepatitis B virus. This infection can range from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. Some people are able to fight the infection and clear the virus.

For others, the infection remains and is "chronic," or lifelong. Chronic hepatitis B refers to the infection when it remains active instead of getting better after 6 months. Over time, the infection can cause serious health problems, and even liver cancer.



CDC recommends that your child get three doses of the hepatitis B shot for best protection at the following ages:

- Shortly after birth,
- 1 through 2 months, and
- 6 through 18 months

What are the symptoms of hepatitis B?

Infants and young children usually show no symptoms. But, in about 7 out of 10 older children and adults, recent hepatitis B infection causes the following:

- Loss of appetite (not wanting to eat)
- Fever
- Tiredness
- Pain in muscles, joints, and stomach
- Nausea, diarrhea, and vomiting
- Dark urine
- Yellow skin and eyes

These symptoms usually appear 3 or 4 months after a person gets the virus.

Is it serious?

Hepatitis B can be very serious. Most people with a recent hepatitis B infection may feel sick for a few weeks to several months. Some people get over the illness. For other people, the virus infection remains active in their bodies for the rest of their life.

Although people with lifelong hepatitis B usually don't have symptoms, the virus causes liver damage over time and could lead to liver cancer. There is no cure for hepatitis B, but treatment can help prevent serious problems.

How does hepatitis B spread?

Hepatitis B virus spreads through blood or other body fluids that contain small amounts of blood from an infected person. People can spread the virus even when they have no symptoms.

Babies and children can get hepatitis B in the following ways:

- At birth from their infected mother.
- Being bitten by an infected person.
- By touching open cuts or sores of an infected person.
- Through sharing toothbrushes or other personal items used by an infected person.
- From food that was chewed (for a baby) by an infected person.

The virus can live on objects for 7 days or more. Even if you don't see any blood, there could be virus on an object.

Where can I learn more about the hepatitis B vaccine and my child?

To learn more about the hepatitis B vaccine, talk to your child's doctor, call 1-800-CDC-INFO or visit www.cdc.gov/vaccines/parents.

The Hepatitis B Vaccine Dose at Birth

It's hard to imagine putting your newborn through the pain of a shot. But a little stick early in life is an important first step to protecting your baby against a deadly disease.

All babies should get the first shot of hepatitis B vaccine shortly after birth. This shot acts as a safety net, reducing the risk of getting the disease from moms or family members who may not know they are infected with hepatitis B.

When a mom has hepatitis B, there's an additional medicine that can help protect the baby against hepatitis B, called the hepatitis B immune globulin (HBIG). HBIG gives a baby's body a "boost" or extra help to fight the virus as soon as he is born. This shot works best when the baby gets it within the first 12 hours of his life. The baby will also need to complete the full hepatitis B vaccination series for best protection.

The Centers for Disease Control and Prevention, American Academy of Family Physicians, and the American Academy of Pediatrics strongly recommend all children receive their vaccines according to the recommended schedule.

I DELIVERED MY BABY, NOW WHAT?

- Postpartum appointment:
 - Cesarean delivery:
 - 2 weeks postpartum- At this appointment we will remove the dressing over your incision site and assess your incision.
 - 6 weeks postpartum- At this appointment we will make sure your incision is healed, assess for postpartum depression, discuss birth control options, and clear you for routine activities.
 - Vaginal delivery:
 - 6 weeks postpartum- At this appointment we will do a pelvic exam making sure you are well healed, prescribe pelvic floor physical therapy, assess for postpartum depression, discuss birth control options, and clear you for routine activities.

I DELIVERED MY BABY, NOW WHAT?

- When to call after you deliver:
 - Fever over 100.4F
 - Blood clots greater than the size of a lemon
 - Soaking 2 pads in 1 hour for 2 hours in a row
 - Orthostatic hypotension: fainting, racing heartbeat, blurred vision
 - Pre-eclampsia symptoms: Severe headaches, chest pain, shortness of breath.
 - Swelling of one leg

Crib Safety & Preventing SIDS

Everything you need to know to keep your kids safe from crib injuries and SIDS.

Unintentional suffocation is the leading cause of injury death among children less than 1 in the United States, accounting for nearly 1,000 infant deaths annually.

Tips for choosing a crib

Buying a new crib ensures that your child has the safest crib available. However, if you are getting a used crib, be sure to check carefully that:

- It has not been recalled (www.cpsc.gov).
- It should not have cutout areas on the headboard or footboard.
- No missing, loose, splintered or cracked slats.
- Slats are 2-3/8 inches apart or less so a soda can will not fit through.
- The mattress fits snugly against the frame. It should allow no more than two fingers between the edge of the mattress and the crib side.
- There are no sharp corners, jagged edges or projections, such as posts that could catch the baby's clothing. Posts should be 1/16 of an inch high or less.

• Regularly check the crib's hardware to make sure screws or bolts holding the crib together are tight and not missing.



Preparing the crib for your baby

- Place the crib at least two feet away from heating vents, windows, window-blind cords, drapery or wall lamps and one foot from walls and furniture.
- Cover the mattress with a snug-fitting crib sheet with elastic corners and nothing more.

In the crib

- Do not use pillows, blankets, bumpers, stuffed animals in the crib. Keep plastic bags, strings and balloons away from the crib.



Once your child is able to push up on his or her hands:

- Remove crib gyms, decorations, or mobiles that hang across the crib.

What is Sudden Infant Death Syndrome (SIDS)?

SIDS is the unexplained death of a seemingly healthy baby in their sleep for no apparent reason. We don't know what causes SIDS but all babies are vulnerable. We do know that SIDS is not contagious or hereditary.





Parent Information for Choosing a Child Care Provider

Parent Choice of Provider Types

You have the option to choose the provider type that best meets your child care needs. Provider types include the following:

- Licensed child care centers
- Licensed child care homes
- Registered child care homes

To learn more about these provider types, visit the Texas Health and Human Services Commission Child Care Licensing (CCL) website at

https://www.dfps.state.tx.us/Child_Care/Information_for_Parents/child_care_types.asp.

You may also choose an eligible relative. Relatives are required to undergo background checks and list with Child Care Licensing.

Child Care Licensing

Child Care Licensing inspects and monitors child care providers. You can view child care providers for their compliance with state standards on the following website:

http://www.dfps.state.tx.us/Child_Care/Dont_Be_In_The_Dark/default.asp

Choosing a Quality Child Care Provider

Choosing a high-quality program can have a significant impact on your child's readiness for success in kindergarten and later grades. Children who attend high-quality programs can make significant gains in their knowledge, skills, and abilities. In Texas, child care programs can pursue higher quality through several avenues. [Texas Rising Star](#) (TRS) is one of these options for child care providers and for parents looking for high-quality child care for their children. Additionally, child care providers participating in the [Texas School Ready](#) grant program provide quality child care services that focus on preschool children.

You can find more information about quality child care at

<http://texaschildcaresolutions.org/quality-child-care/>.