

# Maternal Child Health

FALL 2020 NEWSLETTER



## Importance of Timely Prenatal and Postpartum Care

If you are pregnant, it is important we know as soon as you do, to try and meet the timeliness of prenatal care measure. Please call Arizona Complete Health 1-888-788-4408 (TTY/TDY: 711) and tell us. We offer programs to help you through this time.

**TIMELY PRENATAL CARE** helps decrease risks and increases the chance of a healthy baby. Regular visits help your doctor watch your pregnancy and help find problems before they become serious.

Some healthy habits prior to and during your pregnancy:

- Avoid smoking, drinking and taking drugs. If you need help quitting, talk to your health care provider
- Take prenatal vitamins
- Talk to your doctor about your medical conditions and all the medicines you take
- Avoid all contact with toxic chemicals at home or work
- Do not touch or change the cat litter box
- strive for a healthy weight,
- adopt a healthy diet,
- get mentally healthy,

- get up to date on vaccines and get help for violence.
- Schedule regular appointments:
  - Every month in the first six months
  - Every two weeks in the seventh and eighth months
  - Every week during your ninth month

**POSTPARTUM CARE** is important as well. The period lasts six to eight weeks after birth. During this time, your body goes through many changes. Postpartum care includes proper rest, good nutrition, and vaginal care. All women should have regular visits and follow up with their health care provider. This should happen *within the first three weeks postpartum*. If you have chronic medical issues, it is important to see your health care provider right away by making an appointment. This should be *followed up with ongoing care as needed*, with a complete postpartum visit *no later than 12 weeks after birth*.

You can learn more by visiting <https://www.cdc.gov/preconception/planning.html>.



## Pregnant? Get Tested for HIV/AIDS

Did you know HIV can be passed from natal parent to child anytime during pregnancy, childbirth and breastfeeding? There is good news:

For an individual with HIV, the risk of transmitting HIV to their baby can be reduced to 1% or less if they:

- Takes HIV medicine daily as prescribed throughout pregnancy and childbirth.
- Gives HIV medicine to their baby for 4-6 weeks after giving birth.
- Does NOT breastfeed or pre-chew their baby's food.

You can learn more by visiting <https://www.cdc.gov/hiv/group/gender/pregnantwomen/> or call 1-800-CDC-INFO.

*Sources: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention, Centers for Disease Control*

## Preventing STIs

You could have it and not know it. You could be passing it onto your partner. Screening and treatment of Sexually Transmitted Infections (STIs) are covered by your insurance.

A **Sexually Transmitted Infection (STI)** may have no signs or symptoms. But without treatment, it can cause big problems.

Talk to your doctor about being tested for STIs. Take steps to prevent them too. You can:

- Use a condom when you have sex. Use it the right way and use a condom every single time.
- Be sure that you and your partner both get tested for STIs.
- Have a committed relationship, where you and your partner have sex only with each other.
- Ask your doctor about vaccines. There are two that can protect you from STIs: the HPV vaccine and the Hepatitis B vaccine. STIs can lead to pain, cancer or infertility.

If you find out you have an STI, treatment can help. Call your doctor right away. You should avoid sex while you are being treated for the STI.

And tell your partner about it—they will need to be tested and treated too. Otherwise you may end up passing it back and forth to each other.

*Source: Centers for Disease Control and Prevention*



## Flu and Pregnancy

- It's safe to get the flu shot. It protects you and your baby from serious health problems during and after pregnancy.
- Tell your health care provider if you have any severe allergies or if you've ever had a severe allergic reaction to a flu shot.
- Pregnant individuals should not get the flu nasal spray.
- Pregnant individuals who get the flu are more likely than individuals who don't get it to have problems, like preterm labor and premature birth.
- If you think you have the flu, call your health care provider right away. Quick treatment can help prevent serious flu complications.



## Opioid Use During Pregnancy

### HEALTH OUTCOMES FROM EXPOSURE DURING PREGNANCY

Opioid exposure during pregnancy has been linked to some adverse health effects for both natal parents and their babies. As an example, for the natal parent, opioid use disorder has been linked to [maternal death](#); for babies, opioid use disorder or long-term opioid use has been linked to poor fetal growth, [preterm birth](#), [stillbirth](#), specific [birth defects](#), and neonatal abstinence syndrome. The effects of prenatal opioid exposure on children over time are largely unknown. In some cases—such as the treatment of opioid use disorder during pregnancy—continued use of opioid medications as prescribed outweighs the risks. If you are currently taking opioids please consult your provider before stopping or changing any prescribed medication. Your provider may discuss other treatment options, which may include medication assisted treatment. Your Care Manager is available to discuss any questions you may have.



## Health Plan Changes for Medical Continuity

You may be able to change your Health Plan for medical health reasons or continuity of care. If our doctors cannot give you the care you need, we will review your request. We will tell you if you can change your plan. Arizona Complete Health will also check to see if your concern is due to a quality of care or delivery of care issue. We will work to address your concerns.

Please call Member Services at **1-888-788-4408** (TTY/TDY: 711) if you need to change your health plan for any of the above reasons. Ask to speak to Appeals and Grievance Department. Or you may write to us at:

Arizona Complete Health-Complete Care Plan  
Attn: Appeals & Grievances Department  
1870 W. Rio Salado Parkway  
Tempe, AZ 85281



## Neonatal Abstinence Syndrome (NAS)

Opioid use and medication-assisted treatment for opioid use disorder during pregnancy can lead to neonatal abstinence syndrome (NAS) in some newborns. NAS is a group of conditions that can occur when newborns withdraw from certain substances, including opioids that they were exposed to before birth. Signs of withdrawal usually begin within 72 hours after birth and may include the following:

- Tremors (trembling)
- Irritability, including excessive or high-pitched crying
- Sleep problems
- Hyperactive reflexes
- Seizures
- Yawning, stuffy nose, or sneezing
- Poor feeding and sucking
- Vomiting
- Loose stools and dehydration
- Increased sweating

The signs a newborn might experience, and how severe the signs will be, depend on different factors. Some factors include the type and amount of substance the newborn was exposed to before birth, the last time a substance was used, whether the baby is born full-term or premature, and if the newborn was exposed to other substances before birth. Infants exposed to opioids during pregnancy might be more likely to:

- Be born preterm (born before 37 weeks of pregnancy);
- Have poor fetal growth;
- Have longer hospital stays after birth;
- Be re-hospitalized within 30 days of being born; and
- Be born with birth defects.

### TREATMENT FOR OPIOID USE DISORDER BEFORE, DURING, AND AFTER PREGNANCY

If an individual is pregnant or planning to become pregnant, the first thing they should do is talk to a healthcare provider. Creating a treatment plan for opioid use disorder, as well as other co-occurring health conditions, before pregnancy can help an individual increase their chances of a healthy pregnancy.

Quickly stopping opioids during pregnancy is not recommended, as it can have serious consequences, including preterm labor, fetal distress, or miscarriage. Treatment for pregnant individuals with opioid use disorder may include medication-assisted treatment (MAT), which has a higher likelihood of better outcomes and a reduced risk of relapse. Individuals with opioid use disorder during

pregnancy should continue MAT as prescribed in the postpartum period.

Support for individuals in treatment for opioid use disorder is critical in the prenatal and postpartum period—a time of adjustments and increased stressors—, which may increase the risk for relapse and overdose events. Data suggest that some individuals with opioid use disorder are not diagnosed until delivery or the postpartum period. Continued access to health care and linkage to care for substance use disorders and other co-occurring conditions is important.

### WHERE TO GO FOR HELP

Identifying prescription drug abuse and any substance misuse as soon as possible is important. You can contact your AzCH Care Manager at **1-888-788-4408 (TTY/TDY: 711)**. Or if you or someone you know needs help contact:

- The statewide website [www.SubstanceAbuse.AZ.gov](http://www.SubstanceAbuse.AZ.gov) to locate Arizona behavioral health providers in your community.
- Call the SAMHSA Treatment Referral Facility Locator hotline at **1-800-662-HELP (4357)**



## Elective Deliveries

Elective deliveries are deliveries you plan in advance. It is important to know why you should not choose to deliver your baby before 39 weeks without a medical reason.

### BABIES BORN LESS THAN 39 WEEKS

A normal pregnancy lasts 40 weeks. Babies born even a little early (between 37 and 39 weeks) may require more days in the special care nursery (SCN) or neonatal intensive care unit (NICU). They may also have the following problems:

- Breathing problems
- Trouble feeding
- Jaundice
- Trouble staying warm
- Lower math and reading scores in first grade
- Behavioral problems

### WHAT DO I NEED TO DO?

If your doctor recommends an induction or c-section before 39 weeks, ask questions. Make sure you understand the medical reason you are delivering your baby early.

## Low Birth Weight/Very Low Birth Weight

There are two main reasons why a baby may be born with low birth weight:

- 1. PREMATURE BIRTH.** This is birth before 37 weeks of pregnancy. About 7 of 10 low-birth weight babies are premature. The earlier a baby is born, the lower the birth weight may be. About 1 in 10 babies in the United States is born prematurely. Talk to your health provider about things you can do to help reduce your chances of having a premature baby.
- 2. FETAL GROWTH RESTRICTION** (also called growth-restricted, small for gestational age and small for date). This means a baby doesn't gain the weight they should before birth. Growth-restricted babies may have low birth weight simply because their parents are small. Others may have low birth weight because something slowed or stopped their growth in the womb. About 1 in 10 babies (10 percent) are growth-restricted. Your doctor may think your baby isn't growing normally if your uterus (womb) isn't growing. Your doctor may use ultrasound and heart

rate monitoring to check your baby's growth and health. In some cases, a baby's growth can be improved by treating conditions in the natal parent, like high blood pressure and gestational diabetes.

**Things you can do to help have a baby that is healthy and strong:**

- 1. Go to all your prenatal appointments.**
- 2. Eat a healthy diet.**
- 3. Gain the appropriate weight throughout your pregnancy.**
- 4. Don't smoke.**
- 5. Don't use street drugs or drink alcohol.**

Read Start Smart For Your Baby® booklet for more information and talk to your doctor.

To better understand the need for proper growth, visit <https://www.marchofdimes.org/complications/low-birthweight.aspx>.

Call AzCH-CCP at **(888) 788-4408** or **TTY/TDY 711** for assistance.

# Breastfeeding

*Breastfeeding is the healthiest method of feeding for babies. The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, followed by continued breastfeeding as you start your baby on other foods, with continuation of breastfeeding for 1 year or longer as mutually desired by natal parent and infant.*

## **PREGNANCY BODY CHANGES**

Your breasts will change both during and after pregnancy. You may notice that your breasts grow in size; some individuals find that they change one to two cups sizes throughout pregnancy. Your breasts will also change immediately after delivery and then again months after delivery. Many moms notice that their breasts will start to sag; this is due to the same hormones that affected the breasts during pregnancy. Your breasts will begin to prepare for breastfeeding by making colostrum (your first milk) around the 16th week of pregnancy. This first milk may leak from your breasts towards the end of your pregnancy. You can use cotton breast pads to soak up the milk.

## **BENEFITS OF BREASTFEEDING**

**There are many benefits of breastfeeding for moms and their babies.**

Human milk is uniquely suited for humans. Babies were born to be breastfed. Human milk is easy to digest and contains more than 200 components that babies need in the early months of life.

- Factors in breast milk protect infants from a wide variety of illnesses.
- Children who have been breastfed have less risk of becoming overweight
- Breastfeeding has proven to reduce the risk for sudden infant death syndrome (SIDS).



- Human milk protects premature infants from life-threatening digestive disease.
- Breastfed infants are healthier.
- Breastfeeding has been shown to decrease the risk of breast and ovarian cancer in moms.

Babies do not come with instructions, so it is important to know where to turn for help.

Get answers to your breastfeeding questions 24 hours a day by calling the Arizona Department of Health Services **24-Hour Breastfeeding Hotline at 1-800-833-4642.**

Other resources for Breastfeeding assistance include The National Breastfeeding Helpline: 1-800-994-9662. You can also find a local La Leche League support group at [www.lllofaz.org](http://www.lllofaz.org) for assistance.

# Women, Infants, and Children (WIC)

WIC is for low-income individuals who are pregnant or breastfeeding and children up to age 5. WIC provides breastfeeding support, nutrition education and help with buying healthy food. To find a clinic near you, call 1-800-252-5942 or go to [www.azdhs.gov/azwic](http://www.azdhs.gov/azwic) and click on Find a Clinic.

When you visit a WIC Office, be sure to take the following items:

- A form of identification – like a photo ID (driver’s license, state ID), birth certificate, or immunization record
- Proof of address – like a current driver’s license, state ID, or utility bill
- Proof of income – like the last 30 days of pay stubs or a letter from AHCCCS, SNAP, TANF, Section 8 housing
- Takes every family member applying for WIC, including infants and children



## Safe Sleep for Baby



- Safe sleep can help protect your baby from sudden infant death syndrome (also called SIDS) and other dangers, like choking and suffocation.
- Put your baby to sleep on their back on a flat, firm surface, like a crib or bassinet. Do this every time your baby sleeps, including naps.
- Put your baby to sleep in their own crib or bassinet. It’s good to share a room with your baby, but don’t share a bed.
- Don’t use sleep positioners, like nests or anti-roll pillows. They can cause your baby to stop breathing.
- Keep crib bumpers, loose bedding, toys and other soft objects out of your baby’s crib.
- Further precautions to help protect babies from SIDS:
  - using a pacifier
  - not overheating
  - getting vaccines
  - not smoking, drinking or using drugs during pregnancy
  - not putting infant to sleep in a carrier/stroller/ car seat, and emphasizing the hazards of sleeping on a couch or chair, etc.

Source: March of Dimes website (<https://www.marchofdimes.org/baby/safe-sleep-for-your-baby.aspx>)



## Perinatal Mood Disorders

### LATELY HAVE YOU:

- felt irritable or angry?
- felt hopeless or sad?
- felt panicky or anxious?
- been eating too much or not enough?
- had trouble sleeping at night even when your baby sleeps?
- kept away from family & friends?
- had weird and scary thoughts about bad things happening that you can't seem to get out of your head?
- been afraid to leave the house or be alone with your baby?
- felt like you were “going crazy” or “out of control”?

If you are worried about how you feel, talk to your care provider or Az Complete Health Maternal Child Health Team **1-888-788-4408 (TTY/TDY: 711)**.

### WHAT ARE THE BABY BLUES?

Crying spells, mood swings and feelings of loneliness and restlessness are normal as a person's body adjusts to changing hormones. This goes away with 2-3 weeks, but if it lasts longer or gets worse you may have a PMAD.

### WHAT IS A PMAD?

A perinatal mood and anxiety disorder (PMAD) is depression or anxiety that begins during pregnancy or in the first year after the baby is born. Hormone

changes, trauma, or a history of mood disorders can increase risk. For many individuals this is the first time they have ever felt this way.

- **You are not alone.** PMADs affect 1 in 5 new moms.
- **You are not to blame.** Individuals of any age, income, race, marital status or education are at risk.
- **With help, you will be well.** PMADs are treatable. There are things you can do to help yourself but if you aren't feeling better, your doctor may suggest counseling or prescribe medication. Not treating can lead to long-term problems for mom and baby.

### DO SOMETHING RIGHT NOW TO HELP YOURSELF:

- Find someone to care for your baby so you can sleep or have a break.
- Go outside for a few minutes every day.
- Exercise if you can.
- Eat something healthy every few hours.
- Talk about how you feel with someone you trust.
- Call Arizona Warmline **(888)434-MOMS (6667)**. A trained volunteer will return your call within 24 hours to offer support and resources.
- Call you doctor.
- Attend a support group.
- Call the Pregnancy Risk Line **(520)626-3410** or **(888)285-3410** for information on the safety of medication during pregnancy and breastfeeding.

Source: Tucson Postpartum Depression Coalition