Our Families, Our Future

A discussion guide for community leaders
To be used with the videotape
Our Families, Our Future

Developed By

NC Dept. of Environment, Health and Natural Resources
Division of Maternal and Child Health
Minority Infant Mortality Reduction Project
Office of Minority Health and the
FIRST STEP Campaign

May 1996, Revised May 2004

FIRST STEP

Discussion Guide for *Our Families, Our Future* Video

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Healthy Beginnings

Our Families, Our Future was developed as part of a statewide, public awareness campaign for Healthy Beginnings.

In fiscal year 1994-95, The N.C. General Assembly allocated funding to demonstrate ways to reduce the high rate of minority babies that die before their first birthday. In North Carolina, as in much of the country, minority babies die twice the rate of white babies. Ninety five percent (95%) of these minority babies are found in African American families.

In 1995, 41 local community groups submitted grant proposals for these funds. Representatives from N.C. Department of Health and Human Services (Women's and Children's Health Section and the Office of Minority Health and Health Disparities in the Division of Public Health), and the Governor's Commission on Reduction of Infant Mortality were involved in reviewing those proposals. Sixteen of the groups were funded to establish a local Healthy Beginnings demonstration project; each was eligible to receive approximately $50,000 for each of the next three years. The initial activities targeted African Americans in the state.

In addition, a media campaign involving print materials, television, radio, and this video was developed in conjunction with the FIRST STEP Campaign. The goal was to increase public awareness of the increased risks that African American families face and of the things that can be done to reduce the risks.

The initial activities of the public education campaign (1995 to 1999) targeted African Americans in the state. The second phase of the public education campaign (2000 to present) is focused on identifying strategies to reduce the high rates of infant death within North Carolina's American Indian population. In 2003, the state's program name was changed from Minority Infant Mortality Reduction Program to Healthy Beginnings.

Call 919-73-7791 for more information on Healthy Beginnings.

About This Video

Our Families, Our Future tells the stories of five African American families living in North Carolina. They represent many other families who have experienced similar situations. These families may be rich, working class, or poor; be working or unemployed; be single parent households or married couples.

The video also offers insight into what we know about reducing the rate of African American babies who die. Please listen carefully to the message, discuss what can be done and become involved in this statewide effort.

The Families In This Video

In order of appearance:
Vanessa Davis – Delivered her baby early (preterm) at 24 weeks and at very low birth weight (1 pound 9 ounces) after and emergency C-section. Her daughter lived with multiple birth defects and health problems until dying at age 5.

Annette Lucas – Miscarried during her first pregnancy. Her seemingly healthy son was born one year later with low birth weight (4 ½ pounds). He died at age 3 months from SIDS (Sudden Infant Death Syndrome) after being placed on his stomach for a nap.

LaShonda Bowers – A homeless teenager, with no family support, LaShonda delivered her first son early and three months later became pregnant again. This time she got good prenatal care and support from her Maternal Outreach Worker at the local health department.

Lisa Fisher – Employed at Fruit of the Loom, Lisa attends prenatal classes offered by her employer at her workplace.

Val Neal – She and her husband planned a second pregnancy. Val started good eating habits and exercising before she got pregnant. She attends all prenatal visits. *(Note: after this video was finished, Val delivered a healthy baby boy.*)

Facilitator's Tips

If you are planning on showing this video to a community group, the best way to keep problems from occurring is to **plan ahead**. Some of your responsibilities as the facilitator are:

- ❑ ***Watch this video before showing*** it to a community group.
- ❑ ***Review this discussion guide***.
- ❑ ***Provide/reserve video equipment.***
- ❑ ***Practice using the video equipment*** before your presentation: you'll be more comfortable in front of the group.
- ❑ ***Prepare for possible questions*** specific to infant mortality (especially in your county and concerning your project).
- ❑ ***Provide materials specific to you local project*** (*i.e.*, handouts, brochures, upcoming events calendar).
- ❑ ***Provide suggestions of ways that groups and/or individuals can become involved*** with your project (*i.e.,* provide baby items, assist with transportation, distribute flyers or other promotional items).

Commonly Used Words

Adequate prenatal care – Visits to the doctor or clinic that start in the first weeks of the pregnancy and continue until the baby is born. A full-term delivery requires approximately 15 clinic visits.

Birth defect – Abnormal (not normal) condition a baby is born with. It may range from minor to severe and may have listing effects.

C-Section (Cesarean section) – Delivery of the baby through a cut in the woman's belly and in the uterus.

Fetus – The developing pregnancy from 8 weeks to birth.

Folic acid (also called folate) – B-vitamin found in leafy green vegetables, dried beans, oranges, other foods, and multivitamins. It can reduce the chance of certain birth defects if taken before pregnancy and during the first month of pregnancy.

Full-term delivery – Baby born after 37 weeks of pregnancy.

Genetic counseling – Help for people with problems that might be passed down to their children.

Gestation period – Length of pregnancy is normally 40 weeks.

Gestational diabetes – Diabetes ("sugar") that starts during pregnancy in a woman who did not have diabetes before pregnancy.

Healthcare provider – A person trained to take care of people's health and illness (nurses, doctors, nurse midwives).

Infant mortality – The death rate of a live baby born before his/her first birthday.

Infant mortality rate – The number of babies who die in their first year for every 1,000 live births.

Low birthweight – A baby weighing less than 2,500grams (5 ½ pounds) at birth.

Neonatal period – The first 27 days of life.

Placenta – The organ that connects the mother's body with her fetus. If moves food and oxygen from the mother's blood to the fetus's blood.

Post neonatal period – From the 28th day of life through the first birthday.

Preconceptional care – Care that a woman receives before becoming pregnant that helps her have the healthiest baby possible.

Preeclampsia – A condition that may occur usually after the 30th week of pregnancy which includes high blood pressure, protein in the urine, and swelling particularly of the hands and face. It can lead to a slowdown of fetal growth and preterm delivery. If untreated it can lead to **eclampsia** (seizures), which can threaten the life of the mother and baby.

Pregnancy – The time a woman has a fetus growing inside her uterus (womb). It lasts 40 weeks (average).

Premature – Born earlier than 37 weeks of pregnancy.

Prenatal care – Health care during pregnancy.

Preterm – Born earlier than 37 weeks of pregnancy.

Risk factors – Things that increase the chance that a specific health condition or problem will happen. For example, smoking during pregnancy may cause the baby to be born too soon to be healthy.

SIDS (Sudden Infant Death Syndrome) – The sudden and unexplained death of a healthy baby less than one year old.

Support system – The collection of people in your life or community who help you or whom you can depend on.

Trimester – A three-month period, pregnancy is divided into three trimesters.

Ultrasound – Special test used to see how your unborn baby is growing. It is seen as an image on a screen in the health care provider's office or in a photograph taken there.

Very low birthweight – Less than 1,500 grams (3 pounds, 5 ounces) at birth.

Overview Of Infant Mortality In North Carolina

North Carolina has consistently had one of the highest infant mortality rates in the United States. In 1988, the state's infant mortality rate was the highest in the country at 12.6 deaths per 1,000 live births. By 1992, the infant mortality rate dropped to 9.9 deaths per 1,000 live births.

In 2002 the infant mortality rate for the United States was 7.0 deaths per 1,000 live births.

The latest statistics show North Carolina's infant mortality rate in 2002 at 8.2 deaths per 1,000 births, the lowest in the state's history. This translates into the death of 957 North Carolina babies in 2002. *(State Center for Health Statistics)*

Overview Of Infant Mortality Among African Americans In North Carolina

Much of North Carolina's high infant mortality rate can be attributed to the alarmingly high rate in minority communities, especially the African American community. Minority infant mortality rates are more that twice the rate for white infant mortality. In 2002, the rate for white infant mortality was 5.9 deaths per 1,000 live births, while the rate for nonwhites was 14.2.

The next pages show the five-year (1998-2002) infant death rates for each county in North Carolina. The rates for white, African American (AA) and Native American (NA) babies are identified.

North Carolina Five-Year Infant Death Rate By Race 1998-2002

	TOTAL Infant Deaths	TOTAL Births	TOTAL Rate	WHITE Infant Deaths	WHITE Births	WHITE Rate	AA Infant Deaths	AA Births	AA Rate	NA Infant Deaths	NA Births	NA Rate	Other Infant Deaths	Other Births	Other Rate
NORTH CAROLINA	5,067	581,052	8.7	2,626	417,050	6.3	2,274	141,875	16.0	93	8,483	11.0	74	13,644	5.4
ALAMANCE	102	9,042	11.3	53	7,110	7.5	48	1,769	27.1	1	37	27.0	0	126	0
ALEXANDER	12	2,154	5.6	10	2,003	5.0	1	97	10.3	0	2	0	1	52	19.2
ALLEGHANY	4	539	7.4	4	532	7.5	0	6	0	0	0	0	0	1	0
ANSON	28	1,677	16.7	6	716	8.4	22	935	23.5	0	5	0	0	21	0
ASHE	16	1,278	12.5	16	1,266	12.6	0	10	0	0	1	0	0	1	0
AVERY	4	859	4.7	4	849	4.7	0	5	0	0	0	0	0	5	0
BEAUFORT	43	3,147	13.7	20	2,011	9.9	23	1,121	20.5	0	1	0	0	14	0
BERTIE	16	1,277	12.5	0	327	0	16	944	16.9	0	3	0	0	3	0
BLADEN	23	2,330	9.9	9	1,370	6.6	14	897	15.6	0	54	0	0	9	0
BRUNSWICK	25	4,150	6.0	18	3,429	5.2	7	672	10.4	0	30	0	0	19	0
BUNCOMBE	111	12,615	8.8	84	11,278	7.4	26	1,161	22.4	1	30	33.3	0	146	0
BURKE	44	5,539	7.9	32	4,764	6.7	3	298	10.1	1	10	100.0	8	467	17.1
CABARRUS	77	10,196	7.6	56	8,598	6.5	19	1,424	13.3	0	28	0	2	146	13.7
CALDWELL	40	5,086	7.9	36	4,718	7.6	4	326	12.3	0	8	0	0	34	0
CAMDEN	4	338	11.8	1	270	3.7	3	57	52.6	0	1	0	0	10	0
CARTERET	26	3,031	8.6	16	2,690	5.9	9	288	31.3	1	25	40.0	0	28	0
CASWELL	22	1,303	16.9	15	885	16.9	7	414	16.9	0	1	0	0	3	0
CATAWBA	79	10,103	7.8	57	8,587	6.6	19	878	21.6	0	26	0	3	612	4.9
CHATHAM	22	3,341	6.6	16	2,860	5.6	6	444	13.5	0	5	0	0	32	0
CHEROKEE	10	1,321	7.6	10	1,270	7.9	0	31	0	0	12	0	0	8	0
CHOWAN	9	989	9.1	7	507	13.8	2	477	4.2	0	0	0	0	5	0
CLAY	4	368	10.9	4	364	11.0	0	2	0	0	1	0	0	1	0
CLEVELAND	62	6,406	9.7	34	4,692	7.2	28	1,636	17.1	0	5	0	0	73	0
COLUMBUS	44	4,043	10.9	18	2,451	7.3	26	1,451	17.9	0	131	0	0	10	0
CRAVEN	62	7,954	7.8	31	5,688	5.5	31	2,053	15.1	0	44	0	0	169	0
CUMBERLAND	309	27,476	11.2	108	16,294	6.6	191	9,850	19.4	7	446	15.7	3	886	3.4
CURRITUCK	11	1,050	10.5	9	967	9.3	2	70	28.6	0	1	0	0	12	0
DARE	15	1,688	8.9	14	1,611	8.7	1	53	18.9	0	4	0	0	20	0
DAVIDSON	81	9,531	8.5	64	8,440	7.6	15	933	16.1	0	27	0	2	131	15.3
DAVIE	27	2,190	12.3	26	2,057	12.6	1	124	8.1	0	2	0	0	7	0
DUPLIN	37	3,929	9.4	21	2,924	7.2	15	974	15.4	0	4	0	1	27	37.0
DURHAM	160	18,300	8.7	45	9,744	4.6	113	7,620	14.8	0	53	0	2	883	2.3

	TOTAL Infant Deaths	TOTAL Births	TOTAL Rate	WHITE Infant Deaths	WHITE Births	WHITE Rate	AA Infant Deaths	AA Births	AA Rate	NA Infant Deaths	NA Births	NA Rate	Other Infant Deaths	Other Births	Other Rate
EDGECOMBE	47	4,048	11.6	4	1,510	2.6	43	2,522	17.0	0	4	0	0	12	0
FORSYTH	224	22,557	9.9	104	16,176	6.4	113	6,017	18.8	1	39	25.6	6	325	18.5
FRANKLIN	24	3,171	7.6	12	2,239	5.4	12	899	13.3	0	8	0	0	25	0
GASTON	125	13,105	9.5	86	10,721	8.0	38	2,180	17.4	1	19	52.6	0	185	0
GATES	5	542	9.2	1	298	3.4	4	244	16.4	0	0	0	0	0	0
GRAHAM	2	494	4.0	1	443	2.3	0	1	0	1	48	20.8	0	2	0
GRANVILLE	18	2,961	6.1	7	2,037	3.4	11	902	12.2	0	10	0	0	12	0
GREENE	15	1,270	11.8	5	701	7.1	10	565	17.7	0	1	0	0	3	0
GUILFORD	255	29,175	8.7	96	17,669	5.4	154	10,196	15.1	0	167	0	5	1,143	4.4
HALIFAX	34	3,788	9.0	2	1,335	1.5	29	2,263	12.8	3	162	18.5	0	28	0
HARNETT	55	7,162	7.7	33	5,325	6.2	19	1,683	11.3	3	74	40.5	0	80	0
HAYWOOD	16	2,755	5.8	15	2,700	5.6	1	30	33.3	0	13	0	0	12	0
HENDERSON	36	5,262	6.8	33	4,983	6.6	2	196	10.2	1	17	58.8	0	66	0
HERTFORD	25	1,427	17.5	6	411	14.6	18	999	18.0	1	9	111.1	0	8	0
HOKE	28	3,314	8.4	11	1,853	5.9	15	1,065	14.1	2	339	5.9	0	57	0
HYDE	3	288	10.4	2	207	9.7	1	80	12.5	0	0	0	0	1	0
IREDELL	79	8,851	8.9	53	7,279	7.3	25	1,354	18.5	0	16	0	1	202	5.0
JACKSON	13	1,779	7.3	10	1,452	6.9	1	21	47.6	2	284	7.0	0	22	0
JOHNSTON	73	10,061	7.3	51	8,282	6.2	21	1,634	12.9	0	56	0	1	89	11.2
JONES	2	512	3.9	1	326	3.1	1	185	5.4	0	1	0	0	0	0
LEE	30	4,155	7.2	22	3,164	7.0	8	904	8.8	0	25	0	0	62	0
LENOIR	50	4,186	11.9	18	2,149	8.4	32	2,006	16.0	0	3	0	0	28	0
LINCOLN	42	4,293	9.8	34	3,995	8.5	8	272	29.4	0	10	0	0	16	0
MCDOWELL	20	2,639	7.6	20	2,518	7.9	0	78	0	0	8	0	0	35	0
MACON	13	1,516	8.6	13	1,482	8.8	0	15	0	0	10	0	0	9	0
MADISON	6	1,113	5.4	6	1,104	5.4	0	5	0	0	2	0	0	2	0
MARTIN	17	1,676	10.1	6	775	7.7	11	892	12.3	0	3	0	0	6	0
MECKLENBURG	437	57,836	7.6	172	37,664	4.6	249	17,567	14.2	1	151	6.6	15	2,454	6.1
MITCHELL	8	831	9.6	8	828	9.7	0	0	0	0	2	0	0	1	0
MONTGOMERY	15	2,042	7.3	11	1,554	7.1	4	430	9.3	0	5	0	0	53	0
MOORE	43	4,605	9.3	21	3,542	5.9	22	958	23.0	0	60	0	0	45	0
NASH	70	6,155	11.4	25	3,716	6.7	43	2,335	18.4	1	33	30.3	1		
NEW HANOVER	58	9,989	5.8	40	7,458	5.4	17	2,332	7.3	1	41	24.4	0		
NORTHAMPTON	21	1,266	16.6	3	433	6.9	18	827	21.8	0	4	0	0		
ONSLOW	123	15,917	7.7	84	12,336	6.8	39	2,974	13.1	0	107	0	0		

	TOTAL Infant Deaths	TOTAL Births	TOTAL Rate	WHITE Infant Deaths	WHITE Births	WHITE Rate	AA Infant Deaths	AA Births	AA Rate	NA Infant Deaths	NA Births	NA Rate	Other Infant Deaths	Other Births	Other Rate
ORANGE	45	6,195	7.3	29	4,787	6.1	14	1,010	13.9	1	26	38.5	1		
PAMLICO	2	529	3.8	1	371	2.7	1	156	6.4	0	0	0	0	2	0
PASQUOTANK	25	2,278	11.0	9	1,190	7.6	16	1,047	15.3	0	1	0	0	40	0
PENDER	19	2,364	8.0	12	1,821	6.6	7	530	13.2	0	3	0	0	10	0
PERQUIMANS	8	584	13.7	3	380	7.9	5	202	24.8	0	0	0	0	2	0
PERSON	23	2,292	10.0	7	1,545	4.5	16	731	21.9	0	8	0	0	8	0
PITT	109	9,778	11.1	26	5,468	4.8	79	4,154	19.0	0	26	0	4	130	30.8
POLK	8	891	9.0	7	836	8.4	0	52	0	0	1	0	1	2	500.0
RANDOLPH	84	9,173	9.2	69	8,528	8.1	13	534	24.3	0	31	0	2	80	25.0
RICHMOND	28	3,325	8.4	10	2,024	4.9	18	1,217	14.8	0	61	0	0	23	0
ROBESON	132	10,524	12.5	26	3,333	7.8	47	2,576	18.2	59	4,567	12.9	0	48	0
ROCKINGHAM	47	5,883	8.0	36	4,675	7.7	11	1,166	9.4	0	13	0	0	29	0
ROWAN	62	8,470	7.3	42	6,795	6.2	18	1,531	11.8	0	22	0	2	122	16.4
RUTHERFORD	42	4,066	10.3	30	3,502	8.6	12	540	22.2	0	2	0	0	22	0
SAMPSON	39	4,524	8.6	16	3,097	5.2	23	1,312	17.5	0	84	0	0	31	0
SCOTLAND	33	2,574	12.8	11	1,144	9.6	18	1,163	15.5	3	258	11.6	1	9	111.1
STANLY	32	3,713	8.6	20	3,069	6.5	11	493	22.3	0	8	0	1	143	7.0
STOKES	16	2,570	6.2	14	2,462	5.7	2	91	22.0	0	7	0	0	10	0
SURRY	32	4,728	6.8	29	4,458	6.5	3	205	14.6	0	4	0	0	61	0
SWAIN	2	871	2.3	1	503	2.0	0	0	0	1	363	2.8	0	5	0
TRANSYLVANIA	12	1,394	8.6	10	1,299	7.7	1	72	13.9	0	6	0	1	17	58.8
TYRRELL	3	222	13.5	0	136	0	3	85	35.3	0	0	0	0	1	0
UNION	74	10,778	6.9	55	9,147	6.0	19	1,490	12.8	0	36	0	0	105	0
VANCE	46	3,539	13.0	15	1,632	9.2	31	1,881	16.5	0	7	0	0	19	0
WAKE	343	50,327	6.8	170	36,702	4.6	163	11,017	14.8	0	132	0	10	2,476	4.0
WARREN	13	1,018	12.8	1	301	3.3	12	668	18.0	0	46	0	0	3	0
WASHINGTON	12	848	14.2	4	317	12.6	8	530	15.1	0	0	0	0	1	0
WATAUGA	14	1,706	8.2	14	1,662	8.4	0	26	0	0	2	0	0	16	0
WAYNE	91	8,623	10.6	33	5,493	6.0	58	2,986	19.4	0	22	0	0	122	0
WILKES	30	4,346	6.9	26	4,121	6.3	4	196	20.4	0	10	0	0	19	0
WILSON	62	5,511	11.3	25	3,001	8.3	37	2,474	15.0	0	7	0	0	29	0
YADKIN	15	2,478	6.1	12	2,387	5.0	3	83	36.1	0	0	0	0	8	0
YANCEY	3	939	3.2	3	927	3.2	0	6	0	0	2	0	0	4	0

Data reflect residents only. Rates based on a small number of deaths (less than 20) may be unstable and should be interpreted with caution.

AA = African American NA = Native American

Why Do Babies Die? Leading Causes Of Infant Mortality

1. They are born too small to be healthy.

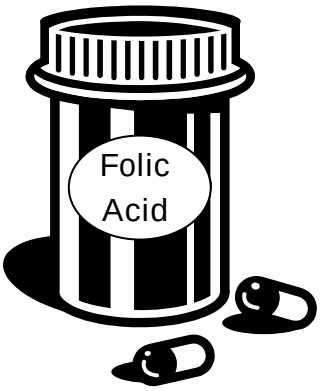
- ❑ Many babies that weigh less than 5 ½ pounds are born too early. Some are full-term but grow too slowly in the uterus (womb).
- ❑ Almost all babies that weigh less than 3 ½ pounds are babies that are born too early.
- ❑ African American babies are more likely to be born low birthweight or very low birthweight.
- ❑ African American low birth weight (LBW) babies have a better chance of surviving than white LBW babies.

2. Babies are born too early to be healthy.

- ❑ Some conditions during pregnancy increase the risk of having a baby born too early (before 37 weeks gestation):
  - Infection
  - Bleeding
  - High blood pressure
  - Multiple birth (twins)
  - Problem with the placenta
- ❑ African American babies are more likely to be born prematurely (early).
- ❑ However, once they are born, African American babies have a better chance of living than white babies who are born too early.

3. Birth Defects

- ❑ Birth defects are a leading cause of death for all infants in North Carolina.
- ❑ The risk of infant death from birth defects is about the same for minorities and whites. However, the occurrences of specific types of defects do vary by race.
- ❑ Some birth defects can be prevented by taking folic acid (see page 13).



Genetic testing and counseling is available in several locations in North Carolina for families who have a family history of birth defects or who already had a baby born with a birth defect. For a referral or more information call **1-800-FOR-BABY**

4. Sudden Infant Death Syndrome (SIDS) or Crib Death

- ❑ SIDS is the leading cause of death between the first month of life and age one.
- ❑ African American babies die of SIDS at slightly greater rates than white babies. The number is getting smaller every year.
- ❑ Reducing these risk factors means reducing deaths due to SIDS.

SIDS Risk Factors	
▪ Age - babies age 1-4 months ▪ Season – usually winter months (Aug. to Jan.) ▪ Health - babies with breathing problems ▪ Smoking - mother smoked during pregnancy ▪ Family History - families who have lost other babies to SIDS ▪ Stomach sleeping - babies put to sleep on their stomachs	▪ While baby is sleeping (naptime or nighttime) ▪ Babies born too small (low birthweight) ▪ Twins or triplets ▪ Second Hand Smoke - babies who live in houses where cigarettes are smoked ▪ Bottle-fed babies ▪ Babies put to sleep on soft mattresses or blankets

A SIDS counselor is located in every county health department to help a family deal with the death of a baby because of SIDS. For more information call 1-800-FOR-BABY.

5. Injuries

- ❑ Three main causes of injury-related deaths to African American babies are
  1. intentional injury (homicide or child abuse)
  2. suffocation
  3. fire
- ❑ The rate for all fatal injuries (deaths) is greater for African American babies than for white babies.
- ❑ NC law says that any adult that suspects that a child is being abused or neglected must report it to the Department of Social Services. You do not have to give your name and reports will be kept confidential.

Each county's local Department of Social Services (DSS) may offer classes or help for families at risk for child abuse or neglect.

Who Is Most At Risk?

Statistics do not predict for any specific individual, however, we do know that:

1. Age and number of pregnancies make a difference.

- ❑ Infants born to African American women ages 15-19 have the lowest risk of dying during their first year of life.

- ❑ The risk of a baby being born too small to be healthy or dying increases as the mother gets older. This is especially true for first births to older, African American women or after several births to young (teen) African American women.

2. Educational level makes a difference.

- ❑ The risk of infant death decreases with the education so college educated women are less likely to have their baby die than women with a high school education or less.

- ❑ However, college educated African American women still have a greater risk than college educated white women.

3. Economic status makes a difference.

- ❑ The risk of infant death increases with poverty.

- ❑ According to the Current Population Survey 2003 Annual Social & Economic Supplement, African Americans were almost three times more likely to live below the poverty line than whites. Poverty can affect infant deaths because of reduced access to health care, less use of preventative health services, low quality housing, stressful work or poor diet.

Things To Do To Reduce The Risks – Before Pregnancy

Plan Ahead
Before you become pregnant, talk with your health care provider about preconceptional care. This includes making sure you are ready to have a baby and learning what you can do (before you get pregnant) to have the healthiest pregnancy possible. Use birth control until you are ready to have a child. ***Your local Health Department, Planned Parenthood clinic or a local doctor can help you decide what is the best method for you.***

Here are some things you and your doctor/nurse may want to discuss and do:

1. **Other medical conditions should be treated and under control.**

   - ❑ This includes conditions such as infections, diabetes, and high blood pressure.

   - ❑ It is important to **talk to the doctor** about any medicines you are taking. Some can cause birth defects or problems during pregnancy but may be necessary for you.

   Call your doctor or local health department if you have questions.

2. **Talk about any diseases that run in your family or your partner's family.**

   - ❑ This includes diseases like sickle cell anemia, diabetes, hemophilia ("free bleeders") and mental retardation in your family.

   - ❑ If you think a disease has been passed down in your family from generation to generation, genetic testing and counseling will help you understand what the chances are of having a child with this disease.

   For a referral or more information, call 1-800-FOR-BABY.

3. **Get your weight under control.**

   - ❑ Women who are too thin may have more problems during pregnancy or may have a baby born too early, too small or not healthy.

   - ❑ Women who are too heavy have a greater chance of getting high blood pressure and gestational diabetes (diabetes when you are pregnant).

   For a referral or more information, call your local health department.

4. Stop smoking and avoid other people's smoke.

- ❑ Smoking can make it hard to get pregnant.
- ❑ Smoking can cause a miscarriage.
- ❑ Smoking can cause a baby to be born dead or too small to be healthy – even if the baby is full term.
- ❑ Studies show that fetuses are exposed to secondhand smoke even if the mother doesn't smoke. These women may be exposed to secondhand smoke at work or home.

If you want help quitting smoking, talk to you health care provider or call 1-800-FOR-BABY.

5. Stop drinking.

- ❑ There is no safe amount to drink.
- ❑ Alcohol can cause birth defects or cause mental retardation.
- ❑ Binge drinking (drinking a large amount of alcohol at one time) can be dangerous to the developing fetus. So can drinking small amounts of alcohol on a regular basis.

If you want to talk to someone about drinking or need help stopping, call 1-800-FOR-BABY. Ask for the Substance Use Specialist.

6. Eat foods with plenty of folic acid (a B vitamin) or take a multi-vitamin to prevent certain birth defects.

- ❑ Getting enough folic acid during the first month of pregnancy can prevent some serious birth defects. These problems usually happen before a woman knows she is pregnant. Most women of childbearing age need more folic acid than they usually get from their diet alone.
- ❑ Foods like green leafy vegetables, dried beans and oranges are high in folic acid.
- ❑ Any multivitamin taken every day gives you enough folic acid to reduce the risks of some serious birth defects of the spine.
- ❑ Cereal, grains, breads and spaghetti have had folic acid added to these products. Women who eat these foods will get folic acid more easily. Look for the words "folic acid" or "folate" on the nutritional label.

If you have questions about folic acid or preventing birth defects, or want a list of foods high in folic acid, call 1-800-FOR-BABY.

Things To Do To Reduce The Risks – During Pregnancy

1. Get regular health care during pregnancy (prenatal care).

- ❑ Go to the doctor or clinic as soon as you think you may be pregnant.
- ❑ Go to every appointment (make sure to reschedule any missed appointments).
- ❑ Feeling good or feeling bad are not good reasons to miss an appointment.

For eligible women, the Baby Love Program offers financial help, support and assistance before and after the baby is born. This includes: prenatal care and delivery, transportation to appointments, check-ups for the mother and baby after the baby is born and coordinated maternity care services to help meet basic needs. For a referral or more information call 1-800-FOR-BABY.

2. Be aware of your pregnancy history.

- ❑ Women who have already had:
  - A high risk pregnancy
  - A miscarriage
  - A baby born too small or too early
  - A baby die

  Are more likely to have this or a similar problem.
- ❑ Start your prenatal care as early as possible
- ❑ Make sure you tell your doctor/nurse about what happened in your past pregnancies, and keep all your prenatal visits.

If you don't have a health care provider, call 1-800-FOR-BABY for a referral.

3. Eat healthy foods and gain enough weight.

- ❑ Women who gain less than 21 pounds during pregnancy are more likely to have babies born too small to be healthy.
- ❑ African American women are less likely to gain enough weight during pregnancy.
- ❑ High blood pressure may be due to eating foods high in salt and fat and low in calcium and fiber.

WIC (the Women, Infants, and Children's supplemental food and nutrition education program) provides food for a healthier diet for eligible pregnant women, breastfeeding women or women who have had a baby in the last 6 months. WIC also provides information about good food choices and support for breastfeeding. Children may be eligible until they are five years old. For more information or a referral call 1-800-FOR-BABY or your local WIC office at the Health Department.

4. Think about breastfeeding for as long as possible. Breastfeeding:

- ❑ Protects your baby against infection.
- ❑ Lowers your baby's chance of having digestion problems.
- ❑ Helps prevent SIDS (crib death).
- ❑ Can reduce fertility and prevent another pregnancy right away.
- ❑ Costs nothing, is easy and convenient.
- ❑ Provides a special closeness between mother and baby.

Every local county health department has a breastfeeding coordinator.
For more information call the local WIC office at your local health department or 1-800-FOR-BABY.

5. Make sure you are not carrying a sexually transmitted disease or other reproductive tract infections.

- ❑ Some infections can be passed on to the baby.
- ❑ Some diseases can cause the baby to be born too early (syphilis, gonorrhea, chlamydia, urinary tract infections and possibly trichomoniasis, bacterial vaginosis).
- ❑ Some diseases can kill the baby (HIV/AIDS).

You can get tested for any of these diseases including HIV/AIDS at your local health department. For free and confidential information, call the National AIDS Hotline (1-800-342-2437) or the National Sexually Transmitted Disease Hotline (1-800-227-8922).

6. Do not drink, smoke or use other drugs during pregnancy.

- ❑ No one knows if any amount of alcohol is safe to drink when you are pregnant. The best advice is: don't drink alcohol at all during your pregnancy.
- ❑ Heavy drinking during pregnancy causes birth defects such as Fetal Alcohol Syndrome and mental retardation.
- ❑ Smoking has been connected with lower birth weight, more breathing problems and SIDS.
- ❑ African American women are less likely to be heavy drinkers than white women and tend to smoke much less although this increases with age.

If you want to talk to someone about drinking, drugs or smoking call 1-800-FOR-BABY. There are special programs in North Carolina for women who use drugs and are pregnant or have children.

7. Know the signs of preterm (early) labor.

- ❑ Some signs are easier to see than others. Some signs are mild and hard to be sure about.

- ❑ If you have any of these signs lie down on your side for an hour. While resting, drink two or three glasses of water or juice. If signs do not go away after 1 hour, call your doctor or clinic immediately. The earlier you call, the better your chance your early labor can be stopped.

  - **Contractions of the uterus or womb** – 6 or more in 1 hour

  - **Cramps in the stomach** –
    - with or without diarrhea
    - that come and go or don't go away

  - **Discharge (fluid) from your vagina** – any changes in discharge

  - **Pressure** – that feels like the baby is pushing down

  - **Low, dull backache** – that comes and goes or doesn't go away

- ❑ Remember – **African American women are much more likely to have preterm labor than other women.** Infant deaths due to preterm labor are the major reason African American infant mortality rates are so much higher than those of whites, so be on the lookout for these symptoms.

If you don't know who to call, or you do not have a health care provider, call 1-800-FOR-BABY.

8. Be aware of how your job may affect your health and the health of your baby.

- ❑ Jobs with hard physical work, long periods of standing or exposure to dangerous chemical may increase the chance of your baby being born too small or too early to be healthy.

If this is your situation, consider talking to your employer about ways to protect the health of your developing fetus. Call 1-800-FOR-BABY if you need support or to talk about this.

9. Try to reduce stress in your life.

- ❑ Get help and support if you need it.
- ❑ Stressful events such as a death in the family or the loss of a job during pregnancy increase the chance of having a problem during the pregnancy.
- ❑ It is thought that racism in one's daily life increases stress, which can increase blood pressure. It may be more involved than we know (scientifically) in causing babies to be born too early and too small to be healthy.

10. Space pregnancies.

- ❑ **Allow at least one year after the birth of a baby before becoming pregnant again.**
- ❑ Babies born too close together are more likely to be born at low birthweight.
- ❑ Mothers need to regain their strength after a pregnancy before becoming pregnant again.
- ❑ Since a new mother can become pregnant as early as two weeks after she delivers a baby, it is very important that she make a plan and have a birth control method she is comfortable with and can use.

Information on family planning methods is available at your local health department.
For more information or a referral, call 1-800-FOR-BABY.

How You Can Be Involved In Local Efforts To Reduce Infant Mortality

1. Support your local Healthy Beginnings project or join your infant mortality coalition.

2. Help promote the 1-800-FOR-BABY resource line in your community by distributing free FIRST STEP materials.

3. Experienced moms can provide advice and assistance to pregnant and parenting women.

4. Provide transportation to prenatal and well-child visits.

5. Join or start an Adopt-A-Mom program by providing support to a new mom or baby.

6. Involve your church in helping new mothers and mothers-to-be.

7. Collect coupons for diapers, food, formula, etc., and share these with new parents.

8. Help set up an infant car seat loaner program.

9. Donate maternity, infant and children's clothing to new parents or local groups collecting these items.

10. Call to remind a woman of her prenatal visits.

11. Volunteer or support a local mentoring group (for teen boys or girls).

12. Show this video to other groups you know.

To find out about resources in your community, contact your local health department and ask about a local infant mortality coalition or Healthy Beginnings project.

1-800-367-2229

NC Family Health Resource Line

(1-800-FOR-BABY)
1-800-243-7889 (TTY)

- **Information, referrals, and advocacy services for anyone seeking:** information about pregnancy, planning a baby, being a new parent or tips for seasoned parents.

- **Trained staff answer questions and problem-solve**:

  - preconceptional health issues (before pregnancy)
  - pregnancy and prenatal topics
  - family planning
  - nutrition
  - breastfeeding
  - parenting
  - free or low-cost children's health insurance and how to apply
  - infant care
  - child care
  - child development
  - child and teen health
  - substance use prevention and treatment
  - transportation
  - domestic violence

- **Resource Line conversations are kept confidential.**

- **Computerized database** lists detailed medical and social service by county.