Welcome to Ottawa County Department of Public Health Maternal Infant Health Program (MIHP). MIHP is a home visiting program that provides services such as support, referrals for community resources, education, and care coordination to pregnant women and infants with Medicaid or those who may be eligible for Medicaid. MIHP provides you with a trusted team of experts who can help answer any questions you may have and will walk alongside you during your journey. Our team of nurses, social workers, dietitian, and community health worker will provide you visits in the comfort of your own home (other visiting options are available). **You decide how much support you need, and how often you meet with our experts.**

If you have questions about your pregnancy and/or about your baby, ask we are happy to answer any question you may have. You may also find more information by going to our website [Maternal Infant Health Program](#).

In this welcome packet you will find resources, educational materials, and helpful information. Click on the blue links to learn more.

### Maternal Infant Health Program Team

<table>
<thead>
<tr>
<th>Nurse/Worker</th>
<th>Phone</th>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawn Dotson</td>
<td>616-393-5758</td>
<td>Devon Stuit Medicaid Specialist</td>
<td>616-393-5731</td>
</tr>
<tr>
<td>Kyrian Kish</td>
<td>616-393-4446</td>
<td>Jael DelaHuerta Administrative Support Specialist</td>
<td>616-393-5764</td>
</tr>
<tr>
<td>Natalie Kuntz</td>
<td>616-393-5728</td>
<td>Becky Antaya Registered Dietician/Lactation Consultant</td>
<td>616-638-7450</td>
</tr>
<tr>
<td>Kara Bennett</td>
<td>616-393-5741</td>
<td>Bethany Vukusic Program Supervisor</td>
<td>616-393-5658</td>
</tr>
<tr>
<td>Maria Armijo-Garcia</td>
<td>616-638-7544</td>
<td>Sandra Lake, Community Programs Manager</td>
<td>616-393-5753</td>
</tr>
<tr>
<td>Molly Brouwer</td>
<td>616-393-4448</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Overview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What to Expect</strong></td>
<td>This mobile application will offer day-by-day and week-by-week guidance through your pregnancy and after your baby is born, you will also get answers, advice, and guidance as you navigate life as a new parent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy+</strong></td>
<td>The Pregnancy+ app provides daily pregnancy information on topics like diet, exercise and labor, and offers pregnancy tracking, articles, and support to pregnant people and their families. Users who live in Michigan and are enrolled in Medicaid can access Michigan-specific resources and links for additional pregnancy support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Text4baby</strong></td>
<td>Text4baby makes it easy to get important information, and it's free. Women who text BABY (or BEBE for Spanish) to 511411 receive free text messages three times per week, timed to their due date or their baby's birth date, through pregnancy and up until the baby's first birthday.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mom’s Mental Health Matters</strong></td>
<td>Depression and Anxiety Around Pregnancy Depression and anxiety can happen during pregnancy or after birth. Learn the signs and how to get help.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Postpartum Depression (video)</strong></td>
<td>Postpartum depression is a mood disorder than can affect women shortly before or soon after childbirth, but commonly begins within a month after delivery. This under-recognized and under-treated disorder can affect any woman of childbearing age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marijuana- Is it safe during pregnancy or breastfeeding? (Video)</strong></td>
<td>Marijuana use during pregnancy may cause problems with brain development, fetal growth, premature birth, and even stillbirth. THC and other chemicals from marijuana can also be passes from mother to baby through breast milk, impacting a child’s healthy development.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>Overview</td>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>2-1-1</td>
<td>2-1-1 can provide you with information about local resources and services in your county.</td>
<td>2-1-1</td>
<td></td>
</tr>
<tr>
<td>Help Me Grow</td>
<td>Help Me Grow connects families with children birth through age five to free local resources helping children grow up healthy and ready to succeed in school.</td>
<td>1-844-233-2244 (call or text)</td>
<td></td>
</tr>
<tr>
<td>Ottawa Food</td>
<td>Ottawa Food provides nutrition and food resources.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Ottawa County Department of Public Health</td>
<td>Ottawa County Department of Public Health provides community, environmental and health services.</td>
<td>616-396-5266</td>
<td></td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

Prenatal Care ......................................................................................................................................................... 3
Labor and Delivery ................................................................................................................................................... 3
Food and Nutrition .................................................................................................................................................. 4
Housing ................................................................................................................................................................. 5
Transportation ........................................................................................................................................................ 6
Social Support ........................................................................................................................................................ 6
Smoke Exposure ..................................................................................................................................................... 6
Smoking and Vaping .............................................................................................................................................. 7
Alcohol ................................................................................................................................................................... 8
Medications and Substances ............................................................................................................................... 8
Abuse/Violence ..................................................................................................................................................... 9
Asthma ................................................................................................................................................................ 10
High Blood Pressure ........................................................................................................................................... 10
Diabetes ............................................................................................................................................................... 11
Stress, Depression and Mental Health ................................................................................................................ 11
Family Planning ................................................................................................................................................... 12
Interconception Health ...................................................................................................................................... 12
Infant Health ....................................................................................................................................................... 13
Infant Feeding and Nutrition ............................................................................................................................... 14
Breastfeeding ...................................................................................................................................................... 15
Crying and Soothing ........................................................................................................................................... 16
Infant Safe Sleep .................................................................................................................................................. 17
Vaccines ............................................................................................................................................................... 17
Infant Development ............................................................................................................................................. 18
Take Care of Yourself ........................................................................................................................................ 19
More Information ............................................................................................................................................... 19

---

**Cover Page Image Credit:** Safe sleep image courtesy of National Institute for Children's Health Quality [Safe Sleep Flickr Album](https://www.flickr.com/photos/nichq/albums/72157673627898552); Breastfeeding image courtesy of USDA WIC Breastfeeding [Image Gallery](https://www.wic-usc.org/nicu/breastfeeding.aspx)
PRENATAL CARE

What is prenatal care?
- Prenatal care is the health care you receive during pregnancy.

At prenatal visits, your healthcare provider will:
- Check to see that you are healthy.
- Find out how your baby is developing.
- Let you know what to expect during pregnancy and birth.
- Explain how to take good care of yourself and your baby.
- Discuss feeding options and the benefits of breastfeeding. Planning how you will feed your baby is important and allows you to get support ahead of time.

Why should I get prenatal care?
- To help you have a healthy pregnancy and a full-term baby (born between 39 weeks 0 days and 40 weeks 6 days).
- To get answers to your questions. Do not be afraid to ask! It is important to be sure your concerns are addressed.
- If a problem comes up, it can be addressed right away.

Be sure to:
- Go to all prenatal appointments, even if you feel fine.
- Follow your healthcare provider’s recommendations.

How often are prenatal care visits?
- Weeks 4 – 28: Every month
- Weeks 29 – 35: Every two weeks
- Week 36 – delivery: Every week

What are signs that something could be wrong?
- Dizziness or fainting
- Double or blurred vision; Or seeing spots
- Fever and/or chills
- Frequent and/or burning urination
- Persistent or severe headache
- Severe or constant vomiting
- Steady abdominal pain not relieved by a bowel movement
- Sudden gush or steady trickle of water from the vagina
- Sudden swelling of face, hands, or feet
- Sudden weight gain
- Vaginal bleeding

What should I do if I have any of these signs?
- Call your healthcare provider.
- If necessary, call 911.

Where can I get more support during the prenatal period?
- Breastfeeding classes
- Childbirth education classes
- Doula support
- Parenting or community groups
- Pregnancy support groups

Learn more: March of Dimes - Prenatal Checkups

LABOR AND DELIVERY

Every person’s labor is different, and it may be different each time you have a baby. Learning about labor, birth and speaking to your healthcare provider can help you feel supported.

How will I know when I am having my baby?
- Most babies are born near their due date. It is best to stay pregnant for at least 39 weeks to give your baby the time needed to grow and develop. This time helps your baby’s brain, lungs, eyes, and ears, as well as their ability to suck and swallow.
- Learning signs of labor helps provide clues when baby is coming.
**Signs that labor is starting:**
- Muscles in your belly get tight and then relax. This is called a contraction.
- A rush of clear liquid from the vagina or “water breaking”
- Pain in your belly and lower back
- Contractions get close together and stronger. It can help to count the time between contractions from the start of one to the start of the next.

**Who should be with me during labor?**
- This is an important decision for you and your family.
- Make sure the people with you make you feel safe and listened to during childbirth.
- Ask your healthcare provider how many people can be in the room with you.

**What is labor?**
Labor is the process that allows your baby to be born. There are three stages to labor:
1. First Stage: Contractions get more intense and closer together. Your body is changing to prepare for delivery.
2. Second Stage: The “pushing phase” occurs so the baby is delivered.
3. Third Stage: The placenta is delivered.

**Will it hurt?**
Labor feels different for everyone, and your body may feel things it has never felt before. Some ways for dealing with labor can include:
- Having someone with you that you trust.
- Slow, steady breathing.
- Moving your body: Walking or changing positions.
- Medication: Your provider can discuss options.

**What else should I know?**
- Ask questions and speak openly with your healthcare provider. This helps you feel confident throughout the birthing process.

**What should I bring with me?**
It is important to have your health insurance card. You may also want to bring items for comfort. A few items to bring could include:
- Change of clothes and toiletries for you and those who will be with you (toothbrush, toothpaste, etc.)
- Infant car seat
- Infant clothing

**What will happen when I arrive at the hospital/birth center?**
- A healthcare provider will speak with you about how you are feeling and how far apart your contractions have been.
- A healthcare provider may check how your body is changing and how the baby is doing, which may involve a physical exam.

**What is a C-section?**
A C-section or Cesarean birth is a surgery in which your baby is born through a cut made through your belly and uterus. For some people with medical conditions, this may be the safest option.
- A C-section may be planned (“scheduled”), which means you and your healthcare provider decide when it will happen. Ask about waiting until at least 39 weeks of pregnancy for a scheduled C-section.
- A C-section may be required in an emergency if there is a danger to you or your baby during labor.

---

**Learn more:** [ACOG - Labor and Delivery](#)

---

**FOOD AND NUTRITION**

**Does what I eat while I am pregnant really matter?**
Yes! Your baby needs nutrition to form a healthy brain, strong bones and muscles.
- Eat more healthy food: fruits, vegetables, grains, pasteurized dairy products, lean meats, and beans.
- Eat less high calorie, nutritionally empty items like cookies, chips, candy, etc. These foods are high in fat, salt and calories and low in the nutrients needed to help your baby grow.
• Ask your healthcare provider about foods you should avoid altogether.
• “Eating for two” does not mean to consistently overindulge. It means choosing nutritious foods for you and your baby.

**How am I supposed to eat healthy food when it costs so much?**

• One way to get healthy food is to sign up for the Special Supplemental Nutrition Program for Women, Infants and Children, also known as WIC. WIC benefits can be used at grocery stores and pharmacies so that you can access healthy foods.

**What is WIC?**

• WIC is a nutrition program for women, infants and children.
• WIC supports pregnant, breastfeeding, and postpartum women, infants, and children up to age 5.
• The WIC food package is worth $30-$112 or more per month per person.

**WIC can also help you learn more about:**

• Nutritious food intake during pregnancy.
• The importance of prenatal vitamins.
• Breastfeeding.
• What to do if you or your baby have special nutritional risks (food allergy, anemia, obesity, gestational diabetes, a food disorder, etc.).
• Support groups such as breastfeeding support and community or parenting groups.

To find your local WIC agency, visit [MDHHS WIC](www.Michigan.gov/WIC) or call 2-1-1.

**What do I do if I run out of food before I am able to buy more?**

• Have a back-up plan in case you get low on food. Your baby needs nutritious food every day.
• Find out about food banks and other emergency food programs in your area.

Learn more: [Ready, Set, Baby Online](www.ReadySetBabyOnline.com)

---

**HOUSING**

**What if my baby and I do not have a place to live?**

• There are agencies that can help you find housing.
  • They can help you find a temporary place to live if you have no place to go.
  • They also can help you find a permanent place to live.
  • Visit [MI Bridges](www.Michigan.gov/MiBridges)

**What if my house or apartment is in an unsafe neighborhood?**

• If you live in an unsafe neighborhood, you should have a safety plan in mind. This means knowing exactly what you would do if you were threatened – who you would call and where you would go.
• Always lock entry doors, car doors, windows, etc.
• You may be able to get your local police to come and do a safety inspection.

**How do I keep my baby safe from environmental hazards in our home?**

• Find out how to prevent lead poisoning. Lead can be in old paint, household dust, soil, and some ceramics. Learn more about lead from [MDHHS MI Lead Safe](www.Michigan.gov/MiLeadSafe)
• Find out how to prevent problems caused by toxic household chemicals. These chemicals are in cleaning products, pesticides, paint, and automotive products.
TRANSPORTATION

How important is transportation now that I am pregnant?

- It is very important to have transportation you can count on while you are pregnant.

What if I do not have transportation I can rely on?

- Your Medicaid Health Plan can get you to pregnancy-related services.
- Department of Human Services also may be able to set up transportation.
- Some volunteer groups may provide rides.

What if I have a ride set up, but it falls through at the last minute?

- You need to have a back-up plan.

Keep phone numbers for:

- Medicaid Health Plan transportation.
- Family, friends and neighbors with cars.
- Someone at your place of worship.
- Cab companies.
- Public transportation.
- You should also have a plan in case you need emergency transportation.

Learn about transportation options: MI Bridges (www.Michigan.gov/MIBridges)

SOCIAL SUPPORT

What is social support?

- Social support means having people to turn to when you need them.

Supportive people:

- Listen to you.
- Treat you with kindness and respect.
- Help you figure out how to solve problems.

Why is social support important in pregnancy?

- We all need social support, especially when we go through big life changes.
- Pregnancy is a very big life change and can be stressful at times.

What resources are available to meet people?

- Childbirth education classes
- Pregnancy support groups
- Breastfeeding classes
- Parenting or community groups

SMOKE EXPOSURE

What is secondhand smoke?

- Secondhand smoke is smoke people breathe in when someone else is smoking.
- It is harmful to infants, children and adults.
- There is no safe level of exposure.

How does secondhand smoke affect pregnancy?

- Secondhand smoke during pregnancy can cause a baby to be born too soon and too small. This can lead to life-long health problems and learning delays.

Secondhand smoke is also dangerous after your baby is born. Babies exposed to secondhand smoke:

- Have higher risk of Sudden Infant Death Syndrome (SIDS) and sleep-related infant death.
- Can have permanent lung damage.
- Are at greater risk for asthma, ear infections, bronchitis, and pneumonia.
- Can have more coughs and colds.
What am I supposed to do when just about everyone I know smokes?

- Avoid secondhand smoke in your home:
  - Ask family members and visitors to please smoke outdoors and thank them for smoking outdoors.
  - If someone gives you a hard time, say “Sorry, but I am not taking any chances with my baby’s health.”
- Stay away from places where people smoke.

What is thirdhand smoke?

- Thirdhand smoke is the leftover smoke chemicals that remain on surfaces from people smoking nearby.
- The residue clings to furniture, clothing, bedding, carpet, toys, and other surfaces long after smoking has stopped.
- Thirdhand smoke contains toxic chemicals that are harmful.

How does thirdhand smoke affect my baby?

- Babies can be exposed to thirdhand smoke if they chew on affected objects, crawl on affected carpet, are held by people wearing affected clothing, and many more ways.
- Young children have the highest risk of exposure to thirdhand smoke because they put so many things in their mouths.
- The chemicals in thirdhand smoke can increase cancer risk, cause headaches and earaches, lower ability to fight infection, worsen respiratory illness, and more.

How can I protect myself and my baby from thirdhand smoke?

- The only way to protect yourself and your baby is to create a smoke-free environment.
- If you cannot avoid exposure, some ways to reduce thirdhand smoke residue include:
  - Not allowing smoking in the house.
  - Have smoker change clothes and shower or wash hands.
  - Frequently clean surfaces and vacuum/mop.
  - Frequently wash clothing/bedding/curtains.

What about e-cigarettes and vapes?

- The aerosol from e-cigarettes or vapes has cancer-causing chemicals. When somebody vapes or uses an e-cigarette, they exhale the aerosol and can expose you and your baby to secondhand and thirdhand aerosol.

Learn more: [MDHHS Tobacco](www.Michigan.gov/Tobacco)

SMOKING AND VAPING

How does smoking while pregnant hurt my baby?

- Your baby’s brain gets less oxygen, which can impair your baby’s growth.
- It can impair your baby’s breathing after birth.
- It increases the risk that your baby will be born too early.
- It increases the risk of SIDS and sleep-related infant death. In Michigan, babies born to someone who smoked during pregnancy were 4.4 times more likely to die in a sleep environment than infants born to a person who did not smoke¹.
- It increases the risk that your baby will have learning or behavior problems, including hyperactivity.


I tried to quit before, and I could not do it. Why should I think it will be any different now?

- Now, you have the most important motivation – your baby’s health is at stake.
- There are different ways to quit, and you probably have not tried them all.
- Smoking is not the only way to cope with stress – you can learn other ways.
- You will save a lot of money that you can spend on your baby.
- It is always worth it to try to quit – you never know which time will be the time that you succeed.
How can I quit when most of my family and friends are smokers?

- It is hard, of course, but there are some things you can do:
  - Let your partner, family and friends know that you are quitting for your baby.
  - Ask for their support and ask them to quit with you if you both smoke.
  - Thank them for not smoking around you and your baby.

What about vaping or using e-cigarettes?

- E-cigarettes and vapes contain toxins that are not safe during pregnancy. They contain nicotine which can damage baby’s brain and lungs. Even vapes without nicotine can harm a baby. The aerosol has chemicals like lead and other heavy metals, which can harm a growing baby.

Learn more: MDHHS Tobacco (www.Michigan.gov/Tobacco)

Or call the Quitlink: 800-QUIT-NOW (800-784-8669)

ALCOHOL

What happens to my baby if I drink alcohol while I am pregnant?

- Alcohol can hurt your baby’s brain, heart, kidneys, and other organs.
- Your baby could be born with conditions known as fetal alcohol spectrum disorders (FASD).
- Some babies with FASD have intellectual disability.
- Your baby could be low birthweight, so they may not be off to as good a start as other babies.
- Alcohol use can increase your baby’s risk of sleep-related infant death.

What if I just have a beer or a glass of wine and do not get drunk?

- There is no safe level of alcohol you can drink during pregnancy.
- All types of alcohol are equally harmful (beer, wine, liquor, etc.).
- The best choice is not to drink at all when you are pregnant.

What if I cannot stop drinking while I am pregnant?

- It can be very hard to stop drinking, but there are many programs to help.
- Even if you have tried to stop drinking before, try again. Do not give up.
- Michigan has special programs for pregnant and postpartum people who want to quit drinking.
- Quitting drinking is one of the best things you can do for your baby and yourself.

Learn more and get help: MDHHS FASD Info (www.Michigan.gov/FASD) and SAMHSA Find Treatment Locator (https://findtreatment.samhsa.gov)

MEDICATIONS AND SUBSTANCES

What if I use drugs/substances while pregnant?

Drug use during pregnancy can lead to:

- Premature labor.
- Miscarriage.
- Low birth weight, which put your baby at risk for illness and delays in development.
- Your placenta can separate from your uterus, which can be life-threatening.

Some legal, prescription medications:

- Can cause birth defects.
- May cause long-term effects such as behavior problems.
- But some may be necessary for your health or your baby’s health.

Always take prescription drugs as directed by your healthcare provider (HCP). Ask before you start, stop, or change the dosage of a prescription.
**Over-the-counter medications:**
- Even well-known medicines from the drugstore can be harmful in pregnancy.
- Always ask your doctor before using over-the-counter drugs while pregnant.

**Dietary supplements:**
- Dietary supplements include vitamins, minerals, herbs, and amino acids.
- Your doctor might have you take certain vitamins and minerals during pregnancy.
- Ask your doctor before taking supplements. Most supplements have not been proven to be safe during pregnancy.

**Is marijuana safe while pregnant or breastfeeding?**
- There is no amount of marijuana proven to be safe during pregnancy or breastfeeding.
- Using marijuana while pregnant may be linked to preterm birth, low birth weight, and problems with learning and behavior.
- Marijuana use can increase the risk of sleep-related infant death.
- Marijuana can be transferred to your baby in breast milk so it should not be used while breastfeeding.

2: [Marijuana and Pregnancy: SAMHSA.gov](https://www.samhsa.gov)

**ABUSE/VIOLENCE**

**What is domestic violence?**
It is physical, emotional, or sexual abuse by your current (or past) partner.

**Domestic violence:**
- Happens to people of all ages, races, income levels, and faiths
- Is about getting control over another person
- Can result in serious injuries and life-long disabilities
- Happens to people who are or have been dating, living together, or married
- Happens over and over again, even if the abuser promises it will not

**How does it affect my baby if I am abused while I am pregnant?**
- Your baby could be at risk for brain damage, injuries like broken bones, and slow growth.
- Your baby would also hear, react and feel the violence you experience.

**How do I know if I am really in an abusive relationship? Does your partner:**
- Embarrass you?
- Call you names or put you down?
- Shove you, slap you, kick you, or hit you?
- Say “I’m sorry,” but then does it again?
- Look at you or act in ways that scare you?
- Say it is your fault, or blame you or others for everything?
- Control what you do, who you see or talk to, or where you go?
- Stop you from talking to friends or family?
- Take your money or refuse to give you money?
- Tell you that you are a bad parent?
- Threaten to take away or hurt your children?
- Destroy your property or threaten to kill your pets?
- Threaten to kill himself or herself?
- Threaten to kill you?

If you answer “yes” to one or more of these questions, you are probably in an abusive relationship.

**Learn more and get help:** [MDHHS Domestic Violence Information](http://www.Michigan.gov/DomesticViolence) or [The Hotline](http://www.TheHotline.org)
- National Domestic Violence Hotline: 1-800-799-7233 (or TTY 1-800-787-3224)
**ASTHMA**

**How can my asthma affect my pregnancy?**
- During pregnancy, asthma can cut back on the oxygen your baby gets from you.
- The more control over your asthma, the less risk there is to you and your baby.

**What happens if my asthma is not controlled?**
If your asthma is not controlled, risks include:
- High blood pressure and preeclampsia.
- Preterm birth (before week 37).
- Low birth weight.
- Higher risk of c-section.

**How do I make sure my asthma is controlled?**
- Have an asthma action plan to prevent and control asthma attacks.
- Talk with your healthcare provider about your action plan.
- It may include:
  - Drugs to control your asthma.
  - Drugs to control your allergies.
  - Identifying things that trigger your asthma attacks and ways to decrease exposure to them.
  - Monitoring fetal movements so you will notice if there is less activity during asthma attacks.
  - Having an emergency plan
- Keep all appointments and follow your healthcare provider’s recommendations.

Learn more: [MDHHS Asthma](www.Michigan.gov/asthma)

**HIGH BLOOD PRESSURE**

**What is high blood pressure?**
High blood pressure or “hypertension” means the pressure in your blood vessels is higher than it should be. You may have had high blood pressure before pregnancy or may develop it during pregnancy. If diagnosed before pregnancy or during the first half of pregnancy, it is called chronic hypertension and does not go away after delivery. If you develop high blood pressure in the second half of pregnancy (after 20 weeks), it usually goes away after delivery. It is not less serious, though. High blood pressure can cause serious problems, but they may be prevented with proper prenatal care.

**How will I know if I have high blood pressure?**
- The only way to know if you have high blood pressure is to get it checked at your healthcare provider’s office.
- Have your blood your blood pressure checked regularly while pregnant.

**Can high blood pressure affect my baby or me?**
Yes - Some risks are:
- You could have a heart attack or stroke.
- Your baby could be born early.
- Your baby could be low birth weight.
- You may have to have a C-section.
- Your placenta could separate from your uterus, which can be life-threatening.
- You could develop preeclampsia.

**What is preeclampsia?**
Preeclampsia is a serious condition related to high blood pressure. It happens when your blood pressure is high, and you have other signs that your organs are not working normally. It can happen to any pregnant person, usually in the second half of pregnancy. It can also occur after delivery. If not controlled, you can have seizures, which is called eclampsia. Seizures can cause serious harm, including coma and death.

**What are the warning signs of preeclampsia?**
- Headache that will not go away
- Nausea in the second half of pregnancy
- Vision changes
- Quick weight gain
- Swelling of the hands or face
• Pain in the upper belly or shoulder
• Difficulty breathing

What can I do to help control my blood pressure and prevent preeclampsia?
• Attend all your prenatal appointments.
• Talk to your healthcare provider about ways to manage your blood pressure.
• Eat a healthy diet and exercise regularly.
• Avoid gaining too much weight while you are pregnant.

Contact your healthcare provider immediately if you have any warning signs of preeclampsia or your blood pressure is too high.

DIABETES

Diabetes occurs when your body does not make enough insulin or cannot use insulin well. This leads to blood sugar (glucose) getting too high. You may have had diabetes before pregnancy or develop it during pregnancy. If found during pregnancy, it is called gestational diabetes. Regardless of when it is diagnosed, it is important that blood glucose is at a safe level.

Risks to your health include:
• Hypertension (High blood pressure)
• Having a large baby and needing a C-section at delivery
• Higher risk of developing type 2 diabetes

Risks to your baby’s health include:
• Being born very large and with extra fat. This can make delivery difficult and more dangerous for your baby. It also increases the chances your baby will have weight problems later in life.
• Low glucose levels right after birth.
• Breathing problems.
• Increased chance of having type 2 diabetes later in life.

Learn more: MDHHS Diabetes (www.Michigan.gov/Diabetes). If you or a loved one has diabetes, there are programs and trained Diabetes Educators available to help!

STRESS, DEPRESSION AND MENTAL HEALTH

What is Perinatal Mood and Anxiety Disorder (PMAD) or “postpartum?”
• It is depression or anxiety that occurs during pregnancy or postpartum (within a year after birth).
• It is very common.
• It can be mild, moderate, or severe.

How do I know if I might be depressed or anxious?
• People with perinatal depression and anxiety usually sense that “something is not right.”

Would you answer “yes” to any following statements?
• I feel very sad and hopeless most days.
• I am not enjoying life like I used to.
• I blame myself for everything.
• I worry about everything.
• I am afraid and I do not know why.
• I feel overwhelmed and have a hard time coping.
• I cry a lot.
• I cannot sleep well because I am unhappy.
• I want to sleep all the time.
• I am confused and distracted.
• I get angry very easily.
• I do not think I will be a good mother.
• I think of harming myself or others.
• I hear voices or see things that are not there.
If you answered “yes” to any of these statements above, you may be anxious or depressed. You are not alone: Many pregnant people and new parents experience this. If feelings of anxiety or depression last for a few weeks or affect your everyday life, it is time to ask for help.

How could Perinatal Mood and Anxiety Disorder affect my baby?
It can be harder to form a strong emotional attachment. Attachment is important to your baby’s development. Your baby could also:
- Be born too small or too early.
- Be fussy and/or jittery.
- Have feeding or sleeping problems.
- End up with learning problems or with behavior problems.

Where can I get more support for my mental well-being?
- Your healthcare provider.
- Local groups such as community groups and parenting classes to connect with others.

Learn more and get help: Postpartum Support International (www.psichapters.com/mi)

FAMILY PLANNING

What is family planning?
- Family planning means using birth control to space out pregnancies and plan your family size.
- It is best to wait at least 18 months after giving birth before getting pregnant again.
- There are many different methods of birth control (the pill, IUD, patch, shot, condom, etc.).
- If you want to use birth control, you can choose the method that is best for you.

Why should I space out my pregnancies?
- It is better for your health.
- It is better for your baby’s health.
- It can be less stressful.

Where can I get family planning services?
- Your healthcare provider’s office
- Planned Parenthood
- Your local family planning clinic (www.Michigan.gov/FamilyPlanning, then select “Find a Clinic”)

Learn more: MDHHS Family Planning (www.Michigan.gov/FamilyPlanning) and Bedsider

INTERCONCEPTION HEALTH

What is interconception health?
Interconception is the time between pregnancies.
Use this time to make sure you are healthy. This is especially important if you ever had a:
- Baby with low birthweight or health problems
- Miscarriage
- Stillbirth
What can I do to improve my health so my next baby will be as healthy as possible?

- Your healthcare provider can help you get the care you need before you get pregnant again. This will give you the best chance to stay healthy yourself and deliver a healthy baby.
- Keep your interconception care appointments and follow your healthcare provider’s guidance.

What does interconception care include?

- Family planning services (waiting at least 18 months after giving birth to get pregnant again)
- Getting up-to-date on vaccines
- Treating infections
- Controlling chronic conditions, such as asthma, hypertension and diabetes
- Limiting contact with toxic substances, such as lead, mercury and pesticides
- Counseling and support:
  - To eat right and take folic acid.
  - To gain or lose weight.
  - To get more exercise.
  - To quit smoking.
  - To avoid secondhand smoke.
  - For possible genetic risks.

How do I get interconception care when my Medicaid ends?

You may be eligible for the Healthy Michigan Plan after pregnancy (www.Michigan.gov/HealthyMIPlan)

Learn more: Show Your Love Today (www.ShowYourLoveToday.com)

INFANT HEALTH

How do I keep my baby healthy?

- Baby’s routine is important (sleep schedule, feeding, hydration, physical activity, bathing)
- Do not let anyone smoke in your home, car, or anywhere near your baby.
- Keep your baby away from people who are sick. Make sure people who hold your baby have clean hands and wash your hands after every diaper change.
- Clean your baby’s gums using a damp cloth twice a day. This helps prevent tooth decay when teeth come in. Do not give sugary drinks or let your baby fall asleep with a bottle in their mouth.
- Gently hold, hug, cuddle, and comfort your baby. You cannot overdo it. This is how your baby gets attached to you. Attachment is very important to your baby’s health and development.

When do I take my baby to the doctor’s office?

- Take your baby to their healthcare provider for well-child visits.
  - These visits are usually at 1, 2, 4, 6, 9 and 12 months. Medicaid pays for them.

Call your healthcare provider if your baby:

- Has a fever over 100.4 degrees with a forehead or rectal reading.
- Refuses to eat.
- Has persistent vomiting or diarrhea.
- Is fussier than usual.
- Is sleeping more than usual.
- Is wheezing or has trouble breathing.
- Is pulling on their ears a lot.

Follow your healthcare provider’s recommendations.

- Ask the healthcare provider before you give your baby over-the-counter medicine.
- Always keep your provider’s phone number where you can find it. You might need it in a hurry.
INFANT FEEDING AND NUTRITION

Why do experts say breastfeeding is best for my baby and me?

- Breast milk gives nutrients to your baby to grow and be happy and healthy. It is great for your health too!
- Breastfed babies have a lower risk of:
  - Asthma, obesity, type 1 diabetes, ear infections, diarrhea, vomiting, and SIDS.
- People who breastfeed have a lower risk of:
  - High blood pressure, type 2 diabetes, breast cancer and ovarian cancer.
- It can strengthen the bond between you and your baby.
- It can be more affordable than bottle feeding.
- It burns calories and can help you lose weight.
- Read more in the “Breastfeeding” section below!

What about bottle feeding?

- Bottle feeding may involve formula or pumped breast milk.
- Ask your healthcare provider what kind of formula is best for your baby.
- Follow formula mixing instructions carefully.
- Never heat formula or breast milk in the microwave. It can get too hot.
- Always check the temperature by shaking a few drops on your wrist.
- While feeding, hold your baby’s head up a little higher than their tummy and tilt the bottom of the bottle up so the nipple stays full.
- Throw out any formula or breast milk that is left after a feeding.
- Do not give your baby fluids other than formula/breast milk (no juice or other sugary drinks).
- Do not let your baby fall asleep with the bottle in their mouth.
- Do not prop the bottle in your baby’s mouth. This can increase the risk of choking, ear infections, and tooth decay. It may also cause your baby to eat more than they need.

What is a normal eating pattern?

- Babies eat very often: at least every 2-3 hours. New babies need frequent feeds to get enough calories for growth.
- Babies can have periods where they have irregular patterns such as eating every 45 minutes and then sleeping for 2-3 hours.
- Some spit up is normal. Even if they spit up, putting your baby to sleep on their back is still the safest position.

How can I tell if my baby is hungry?

- Learn your baby’s hunger cues. Offer your baby a feeding if your baby:
  - Becomes more alert and active
  - Puts hands or fists to the mouth
  - Makes sucking motions with the mouth
  - Turns their head toward your breast
- Crying is a late sign of hunger and can make it harder to feed or latch.
BREASTFEEDING

Why should I breastfeed?

• Breast milk is the best food for babies in the first year of life. As infants grow, breast milk changes to meet your baby’s nutritional needs.
• It can help protect you and your baby from certain illnesses and diseases.
• Breastfed babies have fewer health problems than babies who do not get any breast milk.
• Breastfeeding reduces the risk of SIDS and sleep-related infant death.
• Breastfeeding lowers risk of type 2 diabetes, certain types of breast cancer and ovarian cancer.

How long should I breastfeed?

• Exclusive breastfeeding (baby gets only breast milk) is recommended for 6 months. After this, breastfeeding should continue along with age-appropriate solid foods. Experts recommend breastfeeding for at least 1 year.
• Any amount of breastfeeding is good for your baby’s health and development.

How do I know if my baby is getting enough milk?

• Many people worry about this. It is important to know that a newborn’s stomach is very small:
  o At birth, a baby’s stomach is the size of a marble and can only take in about 1-2 teaspoons during a feeding. At 2 weeks, a baby’s stomach is about the size of an egg and able to take in about 2 ounces.
• The more often your baby breastfeeds, the more milk your breasts will make.
  o Newborns usually eat every 2-3 hours.
• Signs that your baby is getting enough milk are:
  o You can hear or see your baby swallowing.
  o Tracking diapers: By day four, your baby should have at least 5-6 wet diapers every 24 hours and 3 or more stools that are yellow (or turning yellow). As your baby gets older, you can expect the pattern of wet and dirty diapers to change.
  o Baby will gain weight as expected (although it’s normal for a baby to lose a small amount of weight in the first few days of life and then begin gaining.)
  o Your baby is content after feedings, with relaxed hands and feet
  o If you have any questions, contact your healthcare provider or breastfeeding expert.

Tips for making breastfeeding work for you

• Follow your baby’s lead. Every baby feeds differently and that is ok.
• Keep your baby close to you. Do skin-to-skin contact when possible but be sure you only do it when you are awake, or when someone is nearby to help make sure you don’t fall asleep.
• Avoid using pacifiers or bottles for the first few weeks, unless for a medical reason, to help your baby get adjusted to breastfeeding.
• Make sure your baby sleeps safely and close by – share your room, not your bed.
• Have open and honest communication with your work/school/family about breastfeeding.
Who can help me with breastfeeding?

- WIC providers have breastfeeding support staff who can help and support breastfeeding. This includes Peer Counselors, Lactation Consultants and more.
  - Contact the WIC Breastfeeding Warmline: Call or text (833) 649-4223.
- Local [Breastfeeding Support Groups](www.MiBreastfeeding.org)
- Your or your infant’s healthcare provider.

Learn more: [MDHHS Breastfeeding](www.Michigan.gov/Breastfeeding) and [MDHHS WIC](www.Michigan.gov/WIC)

CRYING AND SOOTHING

How much will my baby cry?

- All babies cry, and sometimes they cry a lot. The amount is different for every baby, but it can be normal for them to cry 1-2 hours a day in the first several weeks.
- Crying usually peaks between month 2 and 4 (often around 6-8 weeks).
- Increased crying tends to happen in the late afternoon and evening.
- Sometimes the crying isn’t easy to soothe and may be part of something known as “The Period of Purple Crying.”

What should I check for when my baby cries?

- Check the basics first: Does baby need to be fed, burped, held, or have a diaper change?
- Check for comfort: Is baby dressed appropriately? Could they have an upset tummy? Are they teething? Could there be a fabric bothering them or a loose hair wrapped around their finger or toe?
- Check for illness: Does baby have a fever? Does their cry make you feel like “something isn’t right?” Contact your healthcare provider.
- Check for tiredness: Some babies cry when tired, especially when overtired.
- Check for overstimulation or under-stimulation: Is the room too loud? Need a change of scenery?

What are some tips for soothing my baby?

- Rock your baby in your arms, or a chair and talk softly to them.
- Try holding your baby skin-to-skin (Only if you are awake and alert).
- Offer your breast, a pacifier, or a finger to suck on.
- Swaddle safely using a sleep sack with swaddle attachments. Stop swaddling once you see signs of rolling over. Always place a swaddled baby on their back in a crib, bassinet or pack ‘n play.
- Sing, play music, or use white noise.
- Get outside: Step outside for some fresh air or take a walk with a stroller.
- Give baby a bath (check the water temperature and ensure close supervision).

How can I cope with my crying baby?

- Ask for help. Share baby duties with your partner or have someone you trust come over.
- If you get frustrated, gently lay your baby in a crib, bassinet or pack ‘n play. Take a deep breath and collect yourself before trying to soothe baby again. It is important that anyone caring for a crying baby stays calm and never takes frustration out on the baby.
- Talk to your healthcare provider if you ever have concerns about your baby’s crying.

Learn more: [The Period of Purple Crying](www.purplecrying.info)
INFANT SAFE SLEEP

How should I set up my baby’s sleep space?
Setting up a sleep space focused on safety is important to prevent sleep-related infant death. Safe sleep matters every time your baby sleeps (naps and nights). Make sure you and everyone who cares for your baby knows how to create a safe sleep space:

- Your baby should sleep alone in a crib, bassinet or pack ‘n play.
  - Car seats, swings and other sitting devices are not recommended for routine sleep. If your baby falls asleep in one of these, move your baby to a crib, bassinet, or pack ‘n play as soon as possible.
- Use a firm mattress with a tightly fitted sheet.
- Always place your baby on the back to sleep.
- Keep baby’s sleep area clutter-free: No pillows, blankets, bumper pads, or toys.
- Avoid covering your baby’s head when sleeping and avoid overheating your baby.
  - Your baby should be dressed for the space he or she is in. If you think your baby is cold, use a footed sleeper and an appropriate-sized sleep sack.
- Keep the environment smoke-free.
- Share your room, not your bed.

What if I worry about falling asleep while feeding or comforting my baby?

- Before feeding or comforting your baby, think about how tired you are. Avoid couches and armchairs if there is a chance you could fall asleep. This furniture can be very dangerous for babies, especially if an adult falls asleep with a baby while on them.
- If you bring your baby into an adult bed to feed or comfort, remove all soft items and bedding.
  - See this photo on the right for an example.
- If your baby or you are ready for sleep, put your baby back into their separate sleep space. If you fall asleep accidentally, put your baby in their separate sleep space as soon as you wake up. An adult bed is not a safe sleep space for babies.
- Set an alarm or have a support person check on you in case you fall asleep.

Learn more: MDHHS Safe Sleep (www.Michigan.gov/SafeSleep). If you don’t have a crib or pack ‘n play, find local resources to help by clicking on “Safe Sleep Resources by County.”

VACCINES

What vaccines are needed for pregnancy?

- Pregnant people should get vaccinated for Tetanus, Diphtheria and Pertussis/Whooping Cough, and flu vaccine every pregnancy. It is important to be vaccinated for COVID-19 as well. Other vaccines may be recommended based on your individual needs.
- Staying up to date on vaccines is important between pregnancies too. For example, MMR and chickenpox vaccines should be complete, but are given either before or after pregnancy.
Why are vaccines important for pregnancy?
- Vaccines offer protection for you and your baby during pregnancy.
- When you get vaccinated, protection (“antibodies”) crosses the placenta to your baby. This can give your baby some protection against disease before they can get vaccinated themselves.

Why does my baby need vaccines?
- Vaccines help protect your baby from serious diseases like whooping cough, pneumonia, the flu, and much more. These diseases can be especially dangerous for babies.
- Vaccines offer protection early in life so babies can build immunity before they may be exposed to a disease. Protect your baby from 14 diseases by age 2 by vaccinating on time.
- Vaccines help protect against SIDS.
- Getting vaccinated is a safe, effective way to protect your baby, family and community.

What are vaccine side effects that my baby might have?
- The most common side effects are redness or swelling where the injection was given, fussiness, and/or a low-grade fever. These may last a few days.
- Severe side effects are extremely rare. If you have concerns, contact your healthcare provider.

Should I skip or space out vaccines?
- No. Vaccinate on time, every time for all recommended vaccines. If vaccines are skipped or spaced out, this creates a risk of catching the disease during the time of delay.

What vaccines are important for people around my baby?
- Everyone around your baby should be up to date on all vaccines, including Tdap (whooping cough), flu and COVID-19. This includes partners, siblings, grandparents, babysitters, and more!
- When others get vaccinated, it can create a “circle of protection” around your baby.
- Take the time to have this conversation with others.
  - Adults can request their Michigan vaccine record here (www.mcir.org/public)

Learn more: MDHHS Immunizations (www.Michigan.gov/Immunize) and I Vaccinate (www.Ivaccinate.org)

INFANT DEVELOPMENT

Infant development and screening involve the following areas:
- Gross motor
- Fine motor
- Communication
- Problem solving
- Personal-social
- Social-emotional

Your baby’s first relationship is with you. There are many ways to promote your baby’s development:
- Teach them their little world is a safe place and that they are loved.
- Quickly respond to your baby’s needs and be very gentle and loving.
- When your baby is fussy, try to uncover the reason (scared, hungry, thirsty, cold, hot, etc.)

Responding to your baby’s wants and needs will help form a strong emotional attachment between you both. A strong bond is one of the best things for your baby’s development.
What signs should I watch out for that could indicate my baby needs a developmental evaluation?

Signs from birth to 12 months include:

- Having eating difficulties.
- Not gaining weight or is losing weight.
- Sleeping difficulties (too much/too little).
- Showing little preference for any adult.
- Resists holding.
- Crying for prolonged periods.
- Being hard to console.
- Rarely making eye contact with others.
- Not showing interest in people or things going on around them.
- Not reacting to simple games like peek-a-boo.

**TAKE CARE OF YOURSELF**
**SO THAT YOU CAN TAKE CARE OF YOUR BABY**

- You are the most important person in the world to your baby.
- You need to take good care of yourself, so you can take care of your baby.
- See your healthcare provider for your postpartum visit and interconception care.
- Use family planning (birth control).
- Wait at least 18 months after giving birth before getting pregnant again.
- Find someone to care for your baby so you can take breaks.
- When you feel down or alone, reach out for support.

**MORE INFORMATION**

- Visit the MIHP website for more education, information and links to a variety of resources for you and your family.
  - For a variety of resources, go to www.Michigan.gov/MIHP and select “For Families.”
- For Breastfeeding information and resources, visit the MDHHS Breastfeeding website (www.Michigan.gov/Breastfeeding).
- For Safe Sleep information and resources, visit the MDHHS Safe Sleep website (www.Michigan.gov/SafeSleep).
- Your home visitor is here to support you. Have questions about something in this packet? Mark that page and ask your home visitor for more information.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person’s eligibility.
**Cost Sharing**

The Healthy Michigan Plan has co-pays, most of which will be paid to a MI Health Account (MIHA).

The Healthy Michigan Plan requires those with annual incomes between 100 percent and 133 percent of the federal poverty level to pay 2 percent of annual income for cost sharing purposes. Total cost sharing (including co-pays) cannot exceed 5 percent of the total household income.

Annual MIHA fees and co-pays can be reduced by participating in healthy behavior activities which include completing an annual health risk assessment, and changing unhealthy activities.

---

**Frequently Asked Questions**

**Q:** Will the Healthy Michigan Plan cover family planning services?

**A:** Yes, the Healthy Michigan Plan will cover family planning services with no out-of-pocket cost to patients.

**Q:** How will adults receive their dental benefits through the Healthy Michigan Plan?

**A:** Dental services will be provided by the beneficiary’s health plan.

**Q:** Will I be able to get health coverage through the Healthy Michigan Plan if I have a pre-existing condition?

**A:** Yes. The Healthy Michigan Plan will not deny coverage to individuals due to pre-existing conditions.

**Q:** Will the Healthy Michigan Plan allow me to stay with my current doctor?

**A:** Healthy Michigan Plan participants, with some limited exceptions, must enroll in a Medicaid Health Plan that will pay your doctor for your care. Check with your doctor to find out whether they participate with one of these plans.

**Q:** How will my doctor know that I have Healthy Michigan Plan coverage?

**A:** When you have the Healthy Michigan Plan, a health care ID card will be mailed to you (if you do not have one already).

Healthy Michigan Plan beneficiaries must enroll into a health plan and take steps to improve their health, including:

- Schedule a visit with their primary care provider
- Complete a Health Risk Assessment
- Participate in healthy behavior activities

The Healthy Michigan Plan covers the federal essential health benefits as well as other services and benefits. These include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity care
- Mental health and substance use disorder treatment services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory and x-ray services
- Preventive and wellness services and chronic disease management
- Dental services
- Family planning
- Other services

How do you apply?

Michigan residents may apply online at www.healthymichiganplan.org, by phone at 1-855-789-5610, or in person at their local Michigan Department of Human Services Office.

Most people who have the Healthy Michigan Plan must enroll in a health plan. MI Enrolls will send an enrollment packet about health plan choices after an individual applies for coverage.

Who is eligible for the Healthy Michigan Plan?

The Healthy Michigan Plan provides health care coverage for individuals who:

- Are age 19-64 years
- Have a Modified Adjusted Gross Income at or below 133 percent of the federal poverty level
- Do not qualify for or are not enrolled in Medicare
- Do not qualify for or are not enrolled in other Medicaid programs
- Are not pregnant at the time of application
- Are residents of the State of Michigan

Eligibility for the Healthy Michigan Plan will be determined using the Modified Adjusted Gross Income methodology and all criteria must be met to be eligible for this program.
Are You Pregnant?

Prevent Lead Poisoning. Start Now.
Lead poisoning is caused by breathing or swallowing lead. Lead can pass from a mother to her unborn baby.

Too much lead in your body can:

- Put you at risk of miscarriage
- Cause your baby to be born too early or too small
- Hurt your baby’s brain, kidneys, and nervous system
- Cause your child to have learning or behavior problems

Lead can be found in:

- Paint and dust in older homes, especially dust from renovation or repairs
- Candy, make up, glazed pots, and folk medicine made in other countries
- Work like auto refinishing, construction, and plumbing
- Soil and tap water

Contact your local health department to learn more.
Now is the time to keep your baby safe from lead poisoning. Here’s what you can do:

1. **Watch out for lead in your home.**
   Most lead comes from paint in older homes. When old paint cracks and peels, it makes dangerous dust. The dust is so small you cannot see it. You can breathe in lead dust and not even know it.

   Home repairs like sanding or scraping paint can make dangerous lead dust. Pregnant women should not be in the house during cleaning, painting, or remodeling a room with lead paint.

   **Tip:** If you live in an older home, have your home inspected by a licensed lead inspector.

2. **Eat foods with calcium, iron and vitamin C.**
   These foods may help protect you and your unborn baby.
   - **Calcium** is in milk, yogurt, cheese, and green leafy vegetables like spinach.
   - **Iron** is in lean red meat, beans, cereals, and spinach.
   - **Vitamin C** is in oranges, green and red peppers, broccoli, tomatoes, and juices.

3. **Talk to your doctor.**
   Talk to your doctor about any medicines or vitamins you are taking. Some home remedies and dietary supplements have lead in them. It is important that you tell your doctor about any cravings you are having such as eating dirt or clay.

Contact us for more information:
Lead poisoning is caused by swallowing or breathing lead. Children under 6 years old are most at risk. If you are pregnant, lead can harm your baby.

**FACT** Lead can cause learning and behavior problems.

Lead poisoning hurts the brain and nervous system. Some of the effects of lead poisoning may never go away.

**Lead in a child’s body can:**
- Slow down growth and development
- Damage hearing and speech
- Make it hard to pay attention and learn

**FACT** Most children get lead poisoning from paint in homes built before 1978.

When old paint cracks and peels, it makes dangerous dust. The dust is so small you cannot see it. Most children get lead poisoning when they breathe or swallow the dust on their hands and toys.

**FACT** A lead test is the only way to know if your child has lead poisoning.

Most children who have lead poisoning do not look or act sick. Ask your doctor to test your child for lead.
Protect Your Family

1. Test your home for lead.
   • If you live in a home built before 1978, have your home inspected by a licensed lead inspector.
   • Contact your local health department for more information.

Sometimes lead comes from things other than paint in your home, such as:
• Candy, toys, glazed pottery, and folk medicine made in other countries
• Work like auto refinishing, construction, and plumbing
• Soil and tap water

2. Keep children away from lead paint and dust.
   • Use wet paper towels to clean up lead dust. Be sure to clean around windows, play areas, and floors.
   • Wash hands and toys often, especially before eating and sleeping. Use soap and water.
   • Use contact paper or duct tape to cover chipping or peeling paint.

3. Renovate safely.
   Home repairs like sanding or scraping paint can make dangerous dust.
   • Keep children and pregnant women away from the work area.
   • Make sure you and/or any workers are trained in lead-safe work practices.
   • Home repairs like sanding or scraping paint can make dangerous dust.

Contact us for more information:
Pregnant now or within the last year?

Get medical care right away if you experience any of the following symptoms:

- Headache that won’t go away or gets worse over time
- Dizziness or fainting
- Changes in your vision
- Fever of 100.4˚F or higher
- Extreme swelling of your hands or face
- Thoughts of harming yourself or your baby
- Trouble breathing
- Chest pain or fast beating heart
- Severe nausea and throwing up
- Severe belly pain that doesn’t go away
- Baby’s movement stopping or slowing during pregnancy
- Severe swelling, redness or pain of your leg or arm
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or discharge after pregnancy
- Overwhelming tiredness

These could be signs of very serious complications. If you can’t reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last year.

Learn more at [www.cdc.gov/HearHer](http://www.cdc.gov/HearHer)
Newborn Hearing Screening

Did You Know?
Hearing loss is invisible. No one can look at a newborn and know if the baby has hearing loss. The only way to know is through a hearing test.

Babies learn about their world through the five senses. Hearing, like all the senses, occurs in the brain. The ears are the pathways to the brain for sound.

Why do we screen newborns for hearing loss?
We need to know right away if sound is reaching your baby’s brain. Missing any sounds (even soft ones), will change how your baby learns and how the brain grows.

Who has a hearing screen?
All newborns are required to have a hearing screen.

Where is the screening done?
Most of the time, the hearing screen is done before your baby leaves the hospital. If your baby was not born in a hospital, the hearing screen can be arranged by a midwife or other healthcare provider.

How is the hearing screening done?

Automated Auditory Brainstem Response (A-ABR) Patches are placed on the baby. Soft sounds are played using small earphones. The patches record brain waves related to hearing.

Otoacoustic Emission (OAE) Soft tips are placed inside the baby’s ears and sounds are played. A tiny echo from the inner ear is measured.

Next steps for babies that refer:
1. Talk to your baby’s doctor about the screening results at your first checkup.
2. Schedule follow-up testing with a hearing professional within two to three weeks of birth.

“I was sure my baby could hear because I saw him startle when the dog barked. It turns out that he could hear loud sounds, but couldn’t hear me whisper. I’m so happy that we went back for the test.”
~ A Caring Parent

Michigan Early Hearing Detection and Intervention (EHDI) Program
We care about your baby’s hearing and learning. The EHDI program provides assistance and education to hospitals, medical providers, and others. It supports families by connecting them to available resources and helping them get the care their baby needs.

For more information, please contact: Michigan EHDI
P.O. Box 30195, Lansing, MI 48909
Phone: 517-335-8955

Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

Michigan Early Hearing Detection and Intervention Program

Newborn Hearing Screening

Did You Know?
Hearing loss is invisible. No one can look at a newborn and know if the baby has hearing loss. The only way to know is through a hearing test.

Babies learn about their world through the five senses. Hearing, like all the senses, occurs in the brain. The ears are the pathways to the brain for sound.

Why do we screen newborns for hearing loss?
We need to know right away if sound is reaching your baby’s brain. Missing any sounds (even soft ones), will change how your baby learns and how the brain grows.

Who has a hearing screen?
All newborns are required to have a hearing screen.

Where is the screening done?
Most of the time, the hearing screen is done before your baby leaves the hospital. If your baby was not born in a hospital, the hearing screen can be arranged by a midwife or other healthcare provider.

How is the hearing screening done?

Automated Auditory Brainstem Response (A-ABR) Patches are placed on the baby. Soft sounds are played using small earphones. The patches record brain waves related to hearing.

Otoacoustic Emission (OAE) Soft tips are placed inside the baby’s ears and sounds are played. A tiny echo from the inner ear is measured.

Did You Know?
Hearing loss is invisible. No one can look at a newborn and know if the baby has hearing loss. The only way to know is through a hearing test.

Babies learn about their world through the five senses. Hearing, like all the senses, occurs in the brain. The ears are the pathways to the brain for sound.

Why do we screen newborns for hearing loss?
We need to know right away if sound is reaching your baby’s brain. Missing any sounds (even soft ones), will change how your baby learns and how the brain grows.

Who has a hearing screen?
All newborns are required to have a hearing screen.

Where is the screening done?
Most of the time, the hearing screen is done before your baby leaves the hospital. If your baby was not born in a hospital, the hearing screen can be arranged by a midwife or other healthcare provider.

How is the hearing screening done?

Automated Auditory Brainstem Response (A-ABR) Patches are placed on the baby. Soft sounds are played using small earphones. The patches record brain waves related to hearing.

Otoacoustic Emission (OAE) Soft tips are placed inside the baby’s ears and sounds are played. A tiny echo from the inner ear is measured.

Next steps for babies that refer:
1. Talk to your baby’s doctor about the screening results at your first checkup.
2. Schedule follow-up testing with a hearing professional within two to three weeks of birth.

“I was sure my baby could hear because I saw him startle when the dog barked. It turns out that he could hear loud sounds, but couldn’t hear me whisper. I’m so happy that we went back for the test.”
~ A Caring Parent

Michigan Early Hearing Detection and Intervention (EHDI) Program
We care about your baby’s hearing and learning. The EHDI program provides assistance and education to hospitals, medical providers, and others. It supports families by connecting them to available resources and helping them get the care their baby needs.

For more information, please contact: Michigan EHDI
P.O. Box 30195, Lansing, MI 48909
Phone: 517-335-8955
What does “pass” mean?
“Pass” most likely means that your baby’s hearing is normal. Your baby’s brain is receiving the sounds needed to learn and grow. This does NOT guarantee that hearing will always be normal. Talk to your doctor to see if your child is at risk for hearing to change. If you are ever worried about your baby’s hearing, ask to have hearing retested!

What does a “refer” mean?
“Refer” means your baby needs further testing. Your baby’s brain may not be receiving all the sounds from around them. If your baby does not pass the screening, you must schedule another test in two to three weeks. Do not be alarmed, but DO NOT WAIT to find out if your baby is missing any sounds!

Learning Begins at Birth for All Babies
Have fun with your baby as he or she is growing. Talk, Sing, Read, and Play - use all five senses to help your baby’s brain grow and learn. Experiences during the first months and years of life build your child’s brain for later learning.

Checklist for speech and hearing development. Your baby’s hearing can change. Tell your doctor if your child has not met these suggested monthly goals. Don’t wait! Have your child’s hearing tested.

Birth to 2 months
- Quiet down when hearing a familiar voice.
- Jump or blink to loud sounds.
- Make vowel sounds like ohh, ahh.

2 to 4 months
- Turn eyes or head to search for a sound.
- Use sounds such as squeals, whimpers, chuckles.

4 to 6 months
- Turn head toward sound.
- Babble ba-ba, ma-ma, da-da.

6 to 9 months
- Understand and follow simple directions.
- Correctly use ma-ma.
- Respond to singing or music.

Follow-up testing is very important. If your baby has a hearing loss, it is best to know early so help can start right away. Your baby’s brain needs to receive complete information.

Where to go for follow-up screening?
Most of the time, the hospital will schedule your baby’s next hearing screen. If this is not done, ask your doctor. You can also contact the MI Early Hearing Detection and Intervention program at 517-335-8955.

Test Results
Find out the hearing screen results before you leave the hospital. If your baby did not pass the screening, ask what to do next. Ask the hospital staff to write your baby’s test results here.

Your baby’s hearing test results

What if my insurance will not pay for hearing screens?
Most health insurance plans cover the cost of newborn hearing screening and follow-up testing. If you do not have insurance or cannot afford the cost of a retest, please contact MI Early Hearing Detection and Intervention program at 517-335-8955.

Test Results
Find out the hearing screen results before you leave the hospital. If your baby did not pass the screening, ask what to do next. Ask the hospital staff to write your baby’s test results here.

Your baby’s hearing test results

Where to go for follow-up screening?
Most of the time, the hospital will schedule your baby’s next hearing screen. If this is not done, ask your doctor. You can also contact the MI Early Hearing Detection and Intervention program at 517-335-8955.

Where to go for follow-up screening?
Most of the time, the hospital will schedule your baby’s next hearing screen. If this is not done, ask your doctor. You can also contact the MI Early Hearing Detection and Intervention program at 517-335-8955.

What if my insurance will not pay for hearing screens?
Most health insurance plans cover the cost of newborn hearing screening and follow-up testing. If you do not have insurance or cannot afford the cost of a retest, please contact MI Early Hearing Detection and Intervention program at 517-335-8955.

Where to go for follow-up screening?
Most of the time, the hospital will schedule your baby’s next hearing screen. If this is not done, ask your doctor. You can also contact the MI Early Hearing Detection and Intervention program at 517-335-8955.

What if my insurance will not pay for hearing screens?
Most health insurance plans cover the cost of newborn hearing screening and follow-up testing. If you do not have insurance or cannot afford the cost of a retest, please contact MI Early Hearing Detection and Intervention program at 517-335-8955.
YOUR RIGHTS AND RESPONSIBILITIES AS A MATERNAL INFANT HEALTH PROGRAM PARTICIPANT

Michigan Department of Health and Human Services
Maternal Infant Health Program

If you have a question, complaint or concern about your Maternal Infant Health Program (MIHP), please speak up. Feel free to take any of the following actions:

1. Call or write to your MIHP. If you call, ask to speak to the program coordinator. Often, the coordinator can help immediately.

2. If you are not satisfied with the coordinator’s response, or you do not wish to take your concern to the coordinator, call the Michigan Department of Health and Human Services (MDHHS). The number is 833-644-6447. Say that you have a concern about your MIHP and someone will help you. If you would rather send an email, the address is mihp@michigan.gov.

3. You may be enrolled in a Medicaid Health Plan. If so, you also have the option of contacting them with questions or concerns about your MIHP. Look for your Health Plan’s contact information in your Member Handbook.

As a MIHP participant, you have the right to:

• Choose your MIHP.
• Be treated with respect at all times.
• Receive quality care.
• Transfer to a different MIHP.
• Be fully involved in all aspects of your care.
• Refuse any services you do not wish to receive.
• Get help with any special communication needs you may have.
• Have your confidentiality protected, as required by law.
• Use your MIHP’s grievance procedure, contact MDHHS or your Medicaid Health Plan to resolve your concerns.

As a MIHP participant, you have the responsibility to:

• Keep your appointments to the best of your ability.
• Let the MIHP staff know ahead of time if you can’t keep an appointment.
• Ask questions if you don’t understand something.
• Let your MIHP staff know how they can serve you better.
• Treat your MIHP staff with respect at all times.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person’s eligibility.
Maternal Infant Health Program - Grievance Process

The beneficiary may use the Maternal Infant Health Program Grievance Process outline below at any time to file a complaint about the services received. The beneficiary’s concern, complaint, or grievance will be resolved within seven business days.

1. The Grievance Policy is reviewed with the beneficiary at the time of enrollment by the case manager.

2. Concerns or Complaints: A beneficiary is encouraged and expected to reach out to OCDPH-MIHP supervisor by phone 616-393-5658 or in person at 12251 James Street Suite 400 Holland, MI 49424 to report a concern or complaint. The supervisor will begin the investigation by contacting the beneficiary within 2 business days, document the conversation, and report the incident to manager of Community Programs.

3. Once the investigation is completed, the supervisor will contact the beneficiary within 2 business days with a proposed resolution. Concerns or complaints that not resolved through this informal process may be advanced the grievance process by completion of Grievance Form or verbal request by the beneficiary.

4. A beneficiary may file a formal grievance if a concern or complaint not resolved through an informal discussion with MIHP Ottawa County Department of Public Health Supervisor by completing and submitting MIHP Grievance form.

5. The beneficiary will be contacted by the Community Health Program Manager of the Ottawa County Health Department within 2 business days of receiving a completed MIHP Grievance form.

6. In the event the Community Health Manager is unable to reach the beneficiary, a letter will be sent to the client indicating the method to address the grievance procedure with the Community Health Program Manager. If beneficiary does not respond after 7 days, the grievance will be closed, and no further action required.

7. The beneficiary may also file a complaint with MDHHS – MIHP by calling 1.833.644.6447 or sending an email to mihp@michigan.gov.

8. In the event the client wishes to contact their Health Plan with a complaint, they may contact their health plan directly. If the beneficiary needs help with any of the above, the client may reach out to the program supervisor for assistance.