

NEONATAL ABSTINENCE SYNDROME FAMILY GUIDE TOOL KIT



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CONGRATULATIONS ON THE BIRTH OF YOUR NEW BABY!

It is important to know that **all parents face challenges** in their baby's first year. Your family and friends who support you can help you be successful.

All babies need extra loving, including those born with Neonatal Abstinence Syndrome (NAS).

It doesn't matter why your baby is going through withdrawal; you need to help your baby now.

This guide was written to:

- Help you learn about NAS.
- Encourage you to share your substances or medication history with your doctor and nurse.
- Answer your questions about NAS so you can take good care of your baby.
- Help you help your baby be healthy and safe.



The information in this guide should not take the place of medical care and advice from your healthcare providers.

- Please do not stop taking any medications or drugs suddenly.
- Always check with your doctor before you start or stop taking any drug or medication.
- It is very important to tell your nurse and your baby's doctor about all medicines used during your pregnancy; this will help the doctor treat your baby properly. This is also the best way for you to help your baby.

If you have a question that is not answered in this guide, ask your doctor or nurse. They are there to answer your questions and support your parenting journey. Many other parents probably have had the same question as you do.

BACKGROUND

In December 2021, the original version of this tool kit was developed in partnership with the Northwest Pennsylvania Neonatal Abstinence Syndrome Coalition and the Ohio Perinatal Quality Collaborative.

Our coalition created this NAS Family Guide Tool Kit as a resource for you, to help you raise your baby to overcome the challenges they face, so they develop to their fullest potential.

Our goal is to provide you with an understanding of NAS along with the care and process of creating a Plan of Safe Care and resources for you and your baby.

We have outlined specific strategies and listed options for referrals, so you the caregiver, have a better understanding of your baby's needs, and become better equipped to care for you and your baby.



Disclaimer: The images of people in this booklet are visual representations only.

BACKGROUND

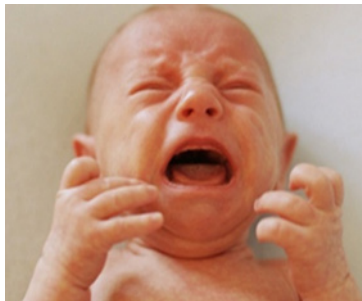
Many pregnant women with an opioid use disorder worry about harmful effects of opioids to the fetus. There are times people need to take medications to take care of themselves but prescribed medications can affect the developing baby in the womb. Make sure to talk to your doctor about the benefits and risks of all your medications and make an informed decision with the help of your doctors. Medications may affect the likelihood that your baby will experience symptoms of NAS. Maternal dose(s) of medication does not predict the risk of NAS or severity. Providers may use different names when they talk with you about your baby's withdrawal. Your baby's withdrawal depending on the exposure maybe called: Neonatal Abstinence Syndrome (NAS), Neonatal Opiate Withdrawal Syndrome (NOWS) or Substance Affected Infant (SAI).

WHAT IS NEONATAL ABSTINENCE SYNDROME?

NAS happens when the baby is born and suddenly cut off from the medicines or drugs in a mother's body, similar to medicine or drug withdrawal in adults. NAS can occur with a variety of both illicit and prescription drugs, including some prescription painkillers. This can include medications prescribed for you by your doctor, which is why it is so important to recognize signs and symptoms of NAS and understand ways to help your baby. NAS is a group of withdrawal signs that may occur in a newborn who has been exposed to opioids and other substances.

WHAT ARE THE SIGNS AND SYMPTOMS?

- High pitched cries or excessive crying
- Crankiness
- Stiff arms, legs and back
- Trouble sleeping
- Shaking and jitters
- Fast breathing and/or stuffy nose
- Sneezing and yawning a lot
- Increased temperature
- Poor weight gain after a few days of life
- Vomiting
- Not eating well, having problems sucking or excessive sucking
- Irritation on face, back or head, arms and legs due to restlessness
- Irritation on the diaper area due to loose watery stools
- Seizures, also called convulsions. Seizures can be hard to spot and can last seconds to minutes. Your baby may suddenly start jerking his or her arms and legs and may go completely stiff. You may see eye rolling, staring, lip smacking, sucking, or a change in skin color. Seizures are a late sign of NAS.



WHEN WILL MY BABY SHOW SIGNS OF NAS?

Your baby may start to show signs of NAS any time from birth to about two weeks. NAS is more likely with multi-substance use or the co-use of tobacco.

WHAT WILL HAPPEN IF MY BABY HAS WITHDRAWAL SYMPTOMS?

Beginning soon after your baby's birth, your baby will be monitored for withdrawal symptoms.

Different hospitals assess withdrawal symptoms differently.

Some hospitals use a program called Eat, Sleep and Console. In hospitals that use this approach, nurses along with caregivers assess babies every three to four hours on three things:

1. Is your baby eating enough;
2. Is your baby sleeping between feedings enough; and
3. Can your baby be consoled and comforted using various things like being held, swaddled, or being placed skin to skin.

Other hospitals use a tool called the Finnegan score or similar measures. The nurses will check for certain signs in your baby and give them a score depending on which NAS signs are present.

With this approach, your baby:

- Should be assessed for signs of withdrawal every three to four hours until they are ready to go home.
- Should have all signs scored within the preceding three to four-hour interval, not just signs that occur during the assessment.
- Should not be awakened unless they have been asleep for more than three hours.
- Should be fed before they are scored and calmed prior to assessing muscle tone and respiratory rate.

How your baby is scored will be explained to you when your baby is born. You can help assess how your baby is doing by talking to your nurse or doctor about signs you see, such as: sneezing, frequent yawning, vomiting, how often your baby stoolled, how long your baby was awake, and how long your baby slept.

Ask your delivering facility to share their assessment approach with you, so that you can understand how and why they make recommendations for your baby's treatment.



BACKGROUND

NAS can be present in babies for one week or last up to many weeks; it is hard to know how long it will last. The doctors and nurses will monitor your baby, and you can help also.

There are different types of scoring documents. Ask your birthing facility to share the type they use. During your hospital stay, NAS signs and symptoms should decrease. Your baby will be discharged when there is little risk for problems.

DOES MY BABY NEED MEDICINE TO GET BETTER?

If your baby is experiencing a lot of withdrawal symptoms and is having issues with feeding, sleep or fussiness, the nurse will ask the doctor to evaluate them.

Your baby may need medicine to help. Giving your baby medicine will help make them calm and be more comfortable. In rare cases, this medicine may reduce the risk of your baby having a seizure.

The most common medicine given to babies with NAS are morphine and methadone. Sometimes other medicines may be added to help your baby during this time.



As your baby starts to feel better, the dose of medicine will be slowly lowered and eventually stopped. It is important to ask your doctor or nurse to explain your baby's medication in more detail if you have any questions.

HOW LONG WILL MY BABY NEED TREATMENT?

Babies who do not need medication to control NAS symptoms may need to stay in the hospital for up to a week.

Many babies who need medication for NAS symptoms stay in the hospital for two to four weeks. In rare cases, some may stay longer, it depends on how your baby responds to treatment. The length of treatment is different for each baby.

HOW CAN I HELP MY BABY?

If your baby is showing signs of withdrawal, sometimes love and care may be the best medicine. Practice caring for your baby while you are in the hospital, so you are more comfortable when your baby is at home. You are an important part of your baby's recovery. Your baby knows your voice and wants to be comforted by you.

There are different ways you can help your baby through this time. These include:

- Stay with your baby at the hospital as much as you can
- Hold and swaddle them
- Make skin-to-skin contact (ask your nurse to show you how to do this safely when you are awake)
- Keep things quiet and calm around them
- Breastfeed or offer expressed breastmilk
- Talk with your baby's doctor daily to know how your baby is doing
- As you plan for going home, find out what services are available, to support you, and your family in your county or community.

Skin to skin care, holding, responding to early crying, feeding frequent small feedings, and breastfeeding can all reduce the need to rest NAS with medication according to Eat, Sleep, Console, and rooming studies.

CAN I BREASTFEED MY BABY?

Breastfeeding is the preferred nutrition for nearly all babies, including babies experiencing withdrawal.

Infants exposed to opioids in the womb who are breastfed are less likely to need medicine to treat their withdrawal.

If you want to breastfeed, talk to your doctor or nurse about breastfeeding and the medications you are taking including any newly prescribed medications.

Your doctor or nurse will be able to tell you the risk and benefits of breastfeeding, with the medications, and if there are reasons they don't recommend you breastfeed your baby. If your healthcare team recommends breastfeeding, ask about breastfeeding (lactation) support.

It is generally safe for mothers to breastfeed if they are in a stable drug and alcohol treatment program, even if they are taking medicine to treat opioid use disorder.

If you are not in a drug and alcohol treatment program or using alcohol or illicitly obtained substances, your doctor or nurse may recommend you feed your baby infant formula instead of breastfeeding.

Your baby may experience withdrawal or increased withdrawal, if you stop (suddenly or without weaning gradually) breastfeeding while taking methadone or buprenorphine.

If you need to or want to stop breastfeeding, please work with your medical team and lactation consultant on how best to wean your baby to infant formula.

If you are not in a drug and alcohol treatment program for substance use disorder/ opioid use disorder, please talk to your doctor about finding a program that meets your needs.

Please see Department of Drug and Alcohol Programs (DDAP's) find treatment webpage or call 1-800-662-HELP (4357):

<https://apps.ddap.pa.gov/gethelpnow/CareProvider.aspx>

GUIDELINES TO MAKE INFORMED DECISIONS ABOUT BREASTFEEDING

If you are taking any medications or other types of substances, *The Breastfeeding Traffic Light Tool*, below, can be used to help you make informed decisions with your healthcare provider about whether to breastfeed or consider other ways to feed your baby.

***For the substances or medications that I'm taking,
what are the recommendations for breastfeeding?***

The recommendations in this *Breastfeeding Traffic Light Tool* are assuming that you are only using one substance. If you are taking more than one of these or other substances, you should talk to your health care provider or lactation consultant.

Some of these substances or drugs, if taken together or at certain high doses, could adversely affect your baby.

***This list is not meant to imply absolute safety of any medication
or condition while pregnant or breastfeeding.***



THE BREASTFEEDING TRAFFIC LIGHT TOOL

Green Light The substances in the green section can continue to be used during breastfeeding You can continue to breastfeed or provide expressed breast milk with your current diagnosis or condition.	
Substance or Conditions	Special Considerations
Acetaminophen + Oxycodone (Percocet)	You can still breastfeed if you are taking this prescribed medication. If your baby is diagnosed with NAS, you can still breastfeed.
Medication Assisted Treatment (MAT) <ul style="list-style-type: none"> • Buprenorphine (Subutex) • Buprenorphine + Naloxone (Suboxone) • Methadone 	You can still breastfeed if you are taking this prescribed medication or if you are in a treatment program. If your baby is diagnosed with NAS, you can still breastfeed.
Caffeine	You can still breastfeed if you limit the amount of caffeine. If your baby starts to get jittery or irritable, you should decrease your caffeine intake.
Lorazepam	You can still breastfeed if you are being treated with this medication. If your baby is diagnosed with NAS, you can still breastfeed.
Selective Serotonin Reuptake Inhibitors (SSRIs) <ul style="list-style-type: none"> • Citalopram (Celexa) • Escitalopram (Lexapro) • Fluoxetine (Prozac) • Fluvoxamine (Luvox) • Paroxetine (Paxil) • Sertraline (Zoloft) 	Most SSRIs are safe to take while breastfeeding. If you have questions about your specific SSRIs and breastfeeding, ask your doctor. If your baby is diagnosed with NAS, you can still breastfeed.

THE BREASTFEEDING TRAFFIC LIGHT TOOL

<p>Yellow Light</p> <p>The substances in the yellow section may continue to be used while breastfeeding with caution, but it is recommended to reduce or stop using them.</p> <p>You may continue to breastfeed, or feed expressed breast milk with the listed diagnosis or condition under the specified conditions.</p>	
Substance or Conditions	Special Considerations
Alcohol	<p>Alcohol easily transfers into human milk and decreases milk production.</p> <p>Studies have shown alcohol in breast milk can affect the baby's sleep patterns, amount of milk intake, and early development.</p> <p>You should try not to drink alcohol while breastfeeding. If you do have alcohol, limit intake to one drink (no more than two per day).</p> <p>After drinking, wait 2 to 2.5 hours to resume breastfeeding.</p>
Smoking and Nicotine Replacement Therapy	<p>You should try your best to stop nicotine use. You can continue breastfeeding while taking nicotine replacement therapies, while you try to stop your use of nicotine.</p> <p>Smoking anything, even vaping, near your baby will increase the risk of Sudden Infant Death Syndrome (SIDS).</p> <p>Smoking outside is best for your baby. If you continue smoking, it is best to smoke after breastfeeding, not before feeding.</p>
Cannabis (Marijuana and Medical Marijuana)	<p>We know that THC and other cannabis components get into breastmilk and can accumulate there.</p> <p>There are limited studies on the impact of the drugs in the milk on infants.</p> <p>Because the information is limited, no one knows the effects it could have on your baby. Therefore, stopping your use of cannabis while breastfeeding is the best option.</p>

THE BREASTFEEDING TRAFFIC LIGHT TOOL

Yellow Light	
Substance or Conditions	Special Considerations
Herpes (Inactive or active with no lesions on the breast)	<p>If you have active herpes lesions present on your breast, stop until the lesions have healed.</p> <p>To support your milk supply during this time, you should pump and discard the milk. Don't feed the milk from this side to your baby, as it could have the virus in it from your lesion.</p> <p>Resume feeding from the side once all the lesions have healed.</p> <p>If you have questions, you can ask a lactation consultant, pediatric, or pregnancy healthcare provider.</p>
Hepatitis B	<p>If you have hepatitis B, you can breastfeed your infant even before they get their hepatitis B (Hep B) immunization.</p> <p>If you have an open wound on your nipple, you should stop breastfeeding until the wound has healed. In the meantime, you can use a breast pump to support your milk supply, but don't feed your baby this milk as it could have the virus in it from your lesion.</p> <p>When your wound is healed, you can start breastfeeding again.</p> <p>If you have questions, you can ask a lactation consultant, pediatric, or pregnancy healthcare provider.</p>
Hepatitis C	<p>If you have an open wound on your nipple, you should stop breastfeeding until the wound has healed.</p> <p>In the meantime, you can use a breast pump to support your milk supply, but don't feed your baby this milk as it could have the virus in it from your lesion. When your wound is healed, you can start breastfeeding again.</p> <p>If you have questions, you can ask a lactation consultant, pediatric, or pregnancy healthcare provider.</p>

THE BREASTFEEDING TRAFFIC LIGHT TOOL

Red Light The substances in red section are contraindicated while breastfeeding. You may not continue to breastfeed with the listed diagnosis or condition.	
Substance or Conditions	Special Considerations
Cocaine	Street drugs are contraindicated during breastfeeding. See lactation services from the Academy of Breastfeeding Medicine's recommendations for mothers with cocaine substance use disorder.
Heroin	Street drugs are contraindicated during breastfeeding. Pregnant people who admit to heroin use during pregnancy should be encouraged to breastfeed during their hospital stay and enter a drug treatment program but, discontinue breastfeeding if they plan to continue heroin use.
HIV	At this time, the CDC advises against breastfeeding for HIV positive pregnant persons, even when being treated with anti-retroviral therapy. The CDC guidance is changing on safety- if virus levels are undetectable, risk is very low. If you have questions, you can ask a lactation consultant, pediatric, or pregnancy healthcare provider. For more information visit: www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/hiv.html

This list is not meant to imply absolute safety of any medication or condition while pregnant or breastfeeding.

In May of 2019, the **Breastfeeding Traffic Light Tool** was originally written for providers by: Eliza Magland, R.N. IBCLC., Celina Migone, MD, and Amy Lembeck DO. In March 2023, this tool was revised for patients, in partnership with the Northwest NAS Coalition and the Pennsylvania Perinatal Quality Collaborative. This revision was reviewed by its original authors.

BACKGROUND

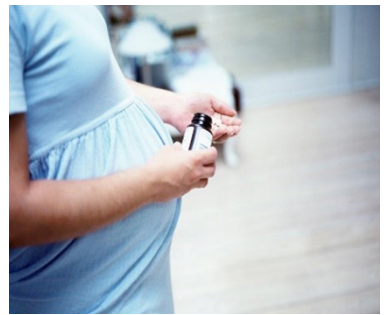
Medication Assisted Treatment (MAT) is safe and recommended during pregnancy for the pregnant person struggling with substance use. The goal for the pregnant person is to be free of withdrawal symptoms and cravings. MAT can be started anytime during pregnancy. MAT may also be referred to by your provider as MOUD, which means Medication for Opioid Use Disorder.

Talk to your pregnancy healthcare provider or midwife to decide if MAT can be started as an outpatient or inpatient. MAT that is **managed by a healthcare provider** ensures proper and consistent dosing of medication. Pregnant people using MAT off the street is not recommended. Any MAT managed by a healthcare provider is safer than using illicit drugs.

WHAT ARE THE ADVANTAGES TO A PREGNANT PERSON BEING ON MAT?

MAT along with prenatal care reduces the risk of pregnancy complications such as:

- Abruption
- Preeclampsia
- Placental insufficiency
- Intrauterine growth restriction
- Risk for overdose



SHOULD I STOP MAT IF I AM PREGNANT?

Weaning off or stopping MAT is not recommended during pregnancy. People who stop MAT during pregnancy are at increased risk of returning to using substances and may overdose. The fetus can experience withdrawal symptoms. MAT is safe while breastfeeding and can decrease the severity of withdrawal symptoms in babies.

WHAT TYPE OF MEDICATIONS ARE USED FOR MAT?

Your physician can help you decide what medication will be best for you and your baby. Buprenorphine (Subutex) and methadone are commonly used medications in MAT. New evidence supports buprenorphine with naloxone (Suboxone), and injectable buprenorphine (Sublocade) is also considered safe during pregnancy.

WHAT TREATMENT IS RIGHT FOR ME?

Some pregnant individuals may require increased doses of medication during pregnancy due to increased metabolism of medications during pregnancy.

Everyone needs individualized care managed by a physician.

WHAT ARE THE DIFFERENCES BETWEEN BUPRENORPHINE (SUBUTEX) AND METHADONE?

The advantages of buprenorphine (Subutex) for the pregnant person are a lower risk of overdose, fewer drug interactions, and the ability to be treated in a doctor's office.

Babies exposed to buprenorphine (Subutex) have less severe withdrawal symptoms, require less medication if treated, and have shorter hospital stays.

Buprenorphine (Subutex) compared to methadone has lower rates of preterm birth, small for gestational age, and low birth weight babies. This is especially true if started early in pregnancy.

Buprenorphine (Subutex) may not completely lessen cravings and treatment of methadone may be beneficial.

WHAT IF MY BABY EXPERIENCES WITHDRAWAL?

Providers may use different names when they talk with you about your baby's withdrawal. Your baby's withdrawal depending on the exposure maybe called Neonatal Abstinence Syndrome (NAS), Neonatal Opiate Withdrawal Syndrome (NOWS) or Substance Affected Infant (SAI).

Babies born to pregnant people who were taking MAT will go through withdrawal. The severity of symptoms in baby are not related to the dose of the MAT medication. Any prescribed MAT during pregnancy is better than none. Weaning off or stopping MAT is not recommended during pregnancy because your baby can withdraw in utero. MAT managed by a physician can decrease these risks.

Babies exposed to substances will be evaluated and scored for symptoms in the hospital after birth. Some symptoms of withdrawal include:

- Tremors
- Increased body temperature
- Loose stools/skin breakdown
- High pitched cry
- Poor suck/swallow reflex
- Risk for weight loss



According to the March of Dimes, we don't know a lot about long-term effects of NAS on a baby. We need more research to see how NAS affects a child in the first few years of life and longer. Babies who had exposure to drugs while in the womb and babies who experienced NAS are at increased risk of developmental delay. Therefore, babies should have their development closely followed (see Early Intervention on page 19).

BACKGROUND

Hepatitis C is a virus that can cause liver damage. The liver does hundreds of important jobs including filtering the blood, carrying away waste, controlling protein levels in the blood, helping with food digestion, and fighting infections. Most people don't know they have hepatitis C until they are tested. Treatments are available to cure hepatitis C.

HOW IS HEPATITIS C VIRUS SPREAD BETWEEN PEOPLE?

The hepatitis C virus can be spread several ways such as:

- At birth or during pregnancy from mother to infant;
- Healthcare exposures;
- Blood transfusions and organ transplants;
- Sharing needles and other drug injection equipment such as cookers, cotton, rinse water, and syringes;
- Sharing personal care items which may contain blood such as razors and toothbrushes;
- Having sex with person(s) living with hepatitis C; and
- Getting tattoos or body piercings at tattoo shops or "home tattoo parlors" that don't use sterile equipment.



HOW CAN I PREVENT THE SPREAD OF HEPATITIS C?

- Never share drug-injecting items;
- Never share personal care items;
- Practice safe sex every time; and
- Getting tattoos or body piercings at a licensed business with properly trained staff who use protective gloves and equipment from sealed, sterilized packaging.



WHAT SHOULD YOU DO TO PROTECT YOURSELF AND YOUR BABY?

All pregnant people should be tested for hepatitis C in every pregnancy.

- Hepatitis C can be cured, but you must get tested to know if you have the virus. A majority of people can be cured with newer, easier treatments. These newer treatments usually involve taking pills, have fewer side effects and take 8-12 weeks to complete.
- If you test positive for hepatitis C, you can be treated after pregnancy. Talk to your healthcare provider to learn more.
- If you have hepatitis C, you can pass it to your baby. Make sure your baby's pediatrician is aware of your hepatitis C status, so that your baby can be tested and treated if needed.

BACKGROUND

A Plan of Safe Care (POSC) can be developed anytime during your pregnancy or after birth before you and your baby leave the hospital.

A Plan of Safe Care lists and directs services and supports to ensure the safety and well-being of a substance affected infant (SAI) and their caregiver. Plans of Safe Care differ from other safety or family service plans by including services for the infant and their substance affected caregiver.



WHAT IS A PLAN OF SAFE CARE AND WHO MAKES IT?

[Plans of Safe Care](#) go beyond the immediate safety factors of the baby. It addresses the baby's health, development, and treatment needs, as well as the needs of the baby's family or caregiver.

Healthcare providers are required by law to notify the Department of Human Services (via Childline) when a baby is affected by prenatal substance use, withdrawal symptoms or diagnosed with NAS, or Fetal Alcohol Spectrum Disorder (FASD).

A Plan of Safe Care may incorporate services and supports for diverse, longer-term needs, including physical and mental health, substance use disorder/opioid use disorder treatment, parenting education, infant developmental screening, and other family needs.

Your healthcare provider may recommend your baby have follow up appointments with Early Intervention and/or a Developmental Clinic to make sure they are meeting the age-appropriate milestones as they grow.

A Plan of Safe Care can help connect you to a multidisciplinary team (MDT) that will offer support to your new baby. This team can include agencies from drug and alcohol treatment programs, social support services and healthcare systems.

Plan of Safe Care participants may be from or address the following areas:

- **Baby's Health:**
 - Pediatrician
 - Primary Care Providers
 - Health specialists
 - Health insurance
- **Development:**
 - Developmental Clinics
 - Early Intervention
 - Home visiting programs
 - Education with county agencies
- **Mother's healthcare:**
 - Primary Care Physician
 - OB/GYN
 - Prenatal education
 - Pain management
 - Breastfeeding support
 - Health insurance
- **Safety:**
 - Health of the infant
 - Immediate safety of the baby
 - Safety of the environment
 - Child welfare supportive and educational services
- **Parents/Caregiver's healthcare:**
 - Substance use disorder/Opioid use disorder treatment
 - Medication-assisted treatment (MAT)
 - Mental Health services
- **Parenting/Family support:**
 - Education on appropriate infant care
 - Coordinated care management for parents and family with the baby
 - Infant bonding support
 - Nurturing parenting support
 - Home care visits
 - Interventions for family violence
 - Continuing education for parents
 - Employment support
 - Safety nets and recovery support



WHAT IS THE GOAL OF A PLAN OF SAFE CARE?

The goal of a Plan of Safe Care is to keep your baby safe and help you when you need it.

[Plans of Safe Care](https://pa.gov) (pa.gov)

BACKGROUND

When you are pregnant, many mothers have questions regarding pregnancy and can use additional support. When you prepare for your baby's arrival, you will feel more confident and comfortable when your baby is at home. You are an important part of your baby's recovery.

There are several individuals and resources that you can use to make sure you are prepared to have your baby. During your pregnancy talk to your doctor, nurse, social worker, or resource coordinator for resources close to home. They can also help you make a Plan of Safe Care for your baby.

WHAT IS A HOME VISITOR PROGRAM?

Home visiting programs help parents and caregivers with support to improve the health, safety, literacy, and economic security of the family.

In home visits, nurses and other trained professionals visit pregnant people, families, and children during pregnancy and after to promote positive birth outcomes, provide parent education and support and promote child health, well-being, learning, and development.

Home visitation programs may be available to serve pregnant people, infants, and toddlers. Your county may have a program for children and families who are touched or affected by substance use disorder/opioid use disorder.

Doula programs, Nurse Family Partnerships (NFP), Healthy Start, Hello Baby, PA Promise for Children and PA Partnerships For Children are a few of the home visitor pregnancy programs that may be in your area.



WHAT IS DOULA PROGRAM?

A doula is a person who has special training to provide emotional, physical, and educational support to people during pregnancy, labor and delivery, and the early post-partum period. A doula also encourages the pregnant person to be informed about different birth choices.

Doulas are not medical professionals and do not perform medical tasks or deliver babies. Community doula programs may be available to any pregnant person who resides in your area. The PA Doula Commission maintains a list of certified Doulas:

[Pennsylvania Doula Commission \(padoulacommission.org\)](https://www.padoulacommission.org). You can also contact your health insurer to see if they provide Doula services during your pregnancy.

WHAT IS NURSE FAMILY PARTNERSHIP?

A Nurse Family Partnership pairs first-time low-income pregnant people with nurses to improve pregnancy/birth outcomes, child health and development, and family economic self-sufficiency: www.nursefamilypartnership.org.

WHAT IS HEALTHY START?

Healthy Start is a program that helps pregnant people and their families to plan and prepare for a healthy pregnancy and a healthy baby. There is a network of more than 100 community based Healthy Start projects across the United States. If you have questions, you can ask your pregnancy healthcare provider, a lactation consultant, or your pediatric healthcare provider. To find out more about this program, please Google Healthy Start in PA.

WHAT IS HELLO BABY?

Hello Baby is a collaborative effort among family-focused organizations in Allegheny County including Allegheny County DHS, Health Department, Healthy Start, Family Centers, Nurture PA, and United Way of Southwestern PA.

All Hello Baby services are voluntary.

To find out more about this program, go to: <https://www.hellobabypgh.org>.



WHAT IS PA PROMISE FOR CHILDREN?

Babies don't come with instruction manuals and sometimes it can be hard to make decisions when it comes to their care. A new baby can be stressful if you don't have help. In Pennsylvania, home visiting services can be a great answer for families who are looking for help. Visits are based on the needs of the parent and child and are different for every family. Professionally trained home visitors can provide information and help families with prenatal care, caring for a new baby, breastfeeding, sleeping, child development, health and nutrition and family supports. To find out more about this program, go to: www.papromiseforchildren.com/home-visiting-programs.

WHAT IS PA PARTNERSHIPS FOR CHILDREN?

Pennsylvania Partnerships for Children is working to ensure that each child can grow up in a stable and healthy home environment. When families are successful, our communities are successful.

Evidence-based home visiting programs help parents and others raising children with the supports necessary to improve maternal and child health—including mental health—improve child development and school readiness, promote family economic self-sufficiency, promote positive parenting practices, reduce abuse and neglect, and address substance use disorders.

During home visits, nurses and other trained professionals visit with women, families and children as early as the beginning of pregnancy to promote positive birth outcomes, and provide parent education and support. To find out more about this program, go to: [Pennsylvania Partnerships for Children - PPC \(papartnerships.org\)](http://PennsylvaniaPartnershipsforChildren-PPC.org).

BACKGROUND

Babies with NAS may not be meeting developmental milestones. Your baby's healthcare provider may recommend your baby have follow up appointments with Early Intervention and/or a Developmental Clinic to make sure he or she is meeting the age-appropriate milestones as they grow.

There are several home visitor programs that may be in your area:

- Early Intervention
- Early Head Start (EHS)
- Family Check Up (FCU)
- Healthy Families America (HFA)
- Parents-As-Teachers (PAT)
- SafeCare/SafeCare Augmented

WHAT IS EARLY INTERVENTION?

Early Intervention provides services and support for young children who have developmental delays and disabilities.

It is designed to help families and caregivers foster the growth and development of the child.

While all children grow and change at their own rate, some children can experience delays in their development. Sometimes this can be cause for concern.

Early Intervention:

- Is individualized to enhance the child's growing and learning;
- Can also assist families link to a variety of community services and supports;
- Provide ideas for how the family can help their child at home and in the community;
- Can include:
 - Information on how children develop;
 - Parent and caregiver education;
 - Support services;
 - Developmental instruction and therapies that assist in child development; and
 - Assistance for your child's early childhood educator with strategies to promote your child's development.



WHO IS ELIGIBLE FOR EARLY INTERVENTION?

Early Intervention will follow the growth and development of infants who are at increased risk for developmental delay. That includes infants who are born early (preterm), born small, or born with a medical condition that can result in delay. In this program, a trained professional assesses the baby every few months to see how the baby is developing.

Infants, toddlers, and preschool children who have special needs due to a minimum of 25% in developmental delays or disabilities and meet other requirements can receive Early Intervention support and services at no cost to families.



WHERE DO CHILDREN AND FAMILIES RECEIVE SUPPORT & SERVICES?

Services and support are embedded in the learning opportunities that exist in the child's typical routine within the home, community, and other early childhood education programs.

From birth to age three years- services (physical therapy, occupational therapy, speech and language therapy) are offered in the home or where the parent requests.

From ages three to five years, the services are embedded where the child attends any early childhood education programs which can include childcare centers, nursery schools, pre-kindergarten programs or Head Start.

WHO SHOULD FAMILIES CONTACT TO SEE IF THEIR CHILD IS ELIGIBLE FOR EARLY INTERVENTION?

A first step for any family with a concern about their child's development is to call CONNECT services. The CONNECT helpline staff will refer a family to your local Early Intervention agency.

Your baby/child will have an assessment to see if they are eligible for services. The CONNECT toll free number is 1-800-692-7288 or you can call your county's Early Intervention program.

WHAT IS EARLY HEAD START?

Early Head Start enhances the ability of lower income families to meet the developmental and early learning need of their children at home. Children who are eligible can receive services such as:

- Year-round comprehensive child and family development services;
- Weekly, home-based visits;
- Bimonthly Family Interaction Time events;
- Parent information, health and safety education;
- Referrals to other local resources; and
- Services, free of charge, to low-income pregnant women and children from birth to age three.



To find out more about this program, go to:

www.dhs.pa.gov/Services/Children/Pages/Head-Start.aspx.

WHAT IS FAMILY CHECK UP (FCU)?

Family Check Up supports strategies to better engage parent and parent-centered intervention for reducing problem behaviors in children from toddler through adolescence.

To find out more about this program, go to:

www.cpc.pitt.edu/intervention-models/the-family-check-up.

WHAT IS HEALTHY FAMILIES AMERICA (HFA)?

Healthy Families America strengthens families by promoting positive parenting, enhancing child health and development, and preventing child abuse and neglect.

To find out more about this program, go to: www.healthyfamiliesamerica.org.

WHAT IS PARENTS-AS-TEACHERS (PAT)?

Parents- As- Teachers builds the capacity of parents to care for their children while promoting school readiness and healthy child development.

To find out more about this program, go to: www.parentsasteachers.org.

WHAT IS SAFECARE/SAFECARE AUGMENTED?

SafeCare Augmented aims to prevent and address factors associated with child abuse and neglect through motivational interviewing and additional training to identify and respond to imminent child maltreatment and risk factors.

To find out more about this program, go to:

[SafeCare/SafeCare Augmented - National Home Visiting Resource Center \(nhvrc.org\)](http://SafeCare/SafeCare Augmented - National Home Visiting Resource Center (nhvrc.org)).

BACKGROUND

When your baby comes home, the journey continues. If you practice caring for your baby while you are in the hospital, you will be more comfortable when your baby is at home. You are the key to your baby's growth and development.

It's important to remember, babies cry for a variety of reasons and some cry more than others. Babies who experience NAS tend to cry more often and more easily. You may not always be able to get your baby to stop crying and that is okay. You can learn a variety of soothing techniques that may be helpful to calm your baby.

Talk with your baby's medical team, social worker, or resource coordinator for resources to teach you soothing techniques and support for when you go home.



BRINGING BABY HOME

Babies can continue to have symptoms of withdrawal for up to six months after leaving the hospital. Once at home, your baby may continue to experience the following:

- Problems feeding
- Slow weight gain
- Fussiness or crankiness
- Sneezing or stuffy nose
- Sleeping for brief periods of time

Your baby's medical team can teach you ways to take care of your baby. They will discuss ways you can help your baby if they are having any of the signs and symptoms listed above.

Follow the doctor and nurse's directions for taking care of yourself and your baby. Asking questions helps you help your baby. Babies with NAS may have additional needs, home visitor programs can help you learn how to help your baby.

BACKGROUND

When your baby leaves the hospital, they will be exposed to a new world with many things they are not familiar with. It's important to gently introduce them to different situations and items one at a time so they do not get overstimulated or upset. This time can also be difficult for you too. It is important to take time for yourself so you can give your baby the care they need.

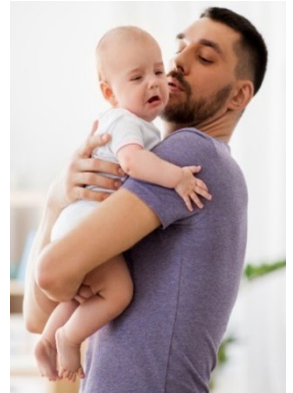
WAYS TO SUPPORT YOU

Taking care of yourself will help you to care for your baby. Eating, sleeping, managing your stress, taking breaks, and asking others for help are ways to care for yourself.

- **Call someone to come and help you—everyone needs help sometimes.**
- Do not hold or touch your baby when you are angry.
- When all else fails, put the baby in a safe place (crib) and **WALK AWAY!**
- Calm down, regroup, and check on the baby in five minutes.

If you are in a drug alcohol treatment program, stay as long as your healthcare provider tells you to. To find a drug and alcohol treatment program near you, please call 1-800-662-HELP (4357).

If you smoke, do not smoke in the home or around the baby—smoke outside. Find a Quit Smoking program at: www.health.pa.gov/topics/programs/tobacco/Pages/Quitline.aspx, or call the PA Quitline: 1-800-QUIT-NOW or 1-800-784-8669.



KEEPING YOUR BABY CALM

There are several things you can do to support and care for your baby after bringing them home. Gently introduce new things to your baby one at a time:

- Maintain a routine.
- Do not overdress your baby.
- Report a body temperature higher than 100 degrees fahrenheit to your doctor.
- Limit visitors so your baby does not get overstimulated.
- Keep your baby's room quiet with the lights down low.
- Add visual, sight, sound and touch stimuli when your baby is calm.
- Know that your baby's ability to handle new stimuli may vary from minute-to-minute and day-to-day.

As your baby becomes calmer for longer periods of time, start to check if they like to have the blanket wrapped or swaddled more loosely or taken off for short periods of time.



LEARN YOUR BABY'S "I'M UPSET" CUES

Your baby will tell you "I'm upset" by:

- Yawning
- Sneezing
- Having tremors or shaking
- Putting his or her hand up like a stop sign
- Frowning
- Looking away or closing his or her eyes

If you see the above cues, stop what you are doing. Your baby is telling you "I'm upset."



SPECIAL WAYS TO HELP YOUR BABY IF THEY ARE UPSET

- Stop what you are doing;
- Check for signs of illness and call the doctor if you are concerned;
- Hold your baby:
 - Allow them to calm down and rest;
 - Carefully swaddle and rock gently or sway; and
 - Make skin to skin contact (their bare chest to your bare chest);
- Remember to let your baby sleep as long as needed and wake your baby gently;
- Let your baby calm down completely before trying anything new;
- Change the diaper if soiled or clothing if wet from sweat;
- Take the baby for a walk in the stroller or a car ride in a car seat safely secured;
- Settle into a quiet, low-light room to feed your baby;
- Feed or offer a pacifier (underfeeding or overfeeding can cause fussiness); and
- Play soothing music softly or introduce another soft sound like white noise or quiet shushing, singing or talking.



BACKGROUND

More than 3,500 babies in the United States die every year while sleeping, called Sudden Unexpected Infant Death Syndrome (SUIDS). The causes include Sudden Infant Death Syndrome (SIDS) for which the causes are unknown but also include accidental deaths from suffocation or strangulation, most often from unsafe sleep practices.

While it's important for you to know the safest ways to support your baby, it's also important to make sure this is shared with anyone who cares for your baby, including grandparents, family, friends, babysitters, and childcare center staff.

WHAT CAN YOU DO?

- Always place your baby to sleep on their back every time up until they are one year old for naps and at night. It's not safe for baby to sleep on their side or tummy. If your baby can roll from their back to their side or tummy and back again, it's okay if they change positions while sleeping.
- The crib or bassinet should be bare and firm with a tight-fitted sheet. Do not use soft or loose bedding or place crib bumpers, blankets, pillows, or soft toys in baby's crib or bassinet.
- Schedule and go to all well-child visits. Your baby should receive all recommended vaccinations or immunizations.
- Avoid exposing your baby to smoke, alcohol and substances.
- Supervised, awake tummy time is recommended daily to help your baby grow and develop.
- **Infants should never sleep in seating devices like car seats, swings, and bouncers.** Babies should always be transferred to a crib or portable crib for safe sleep.

HOW CAN I REDUCE THE RISK OF SIDS?

- Breastfeed as much and for as long as you can;
- Don't let your baby get too hot;
- Give a pacifier at nap time and bedtime;
- Don't use home monitors or commercial devices, including wedges or positioners, marketed to reduce the risk of SIDS; and
- Share a bedroom with your baby for at least the first six months and preferably until the baby turns one.

It is important that you do not share the same sleeping surface—babies should be in a crib or bassinet.



CAN I SWADDLE MY BABY WHEN THEY SLEEP?

Yes, it is fine to swaddle your baby, but make sure the baby is always on their back. The swaddle shouldn't be too tight or make it hard for the baby to breathe or move the hips. When your baby looks like they are trying to roll over, you should stop swaddling. Your nurse can help you learn how to swaddle your baby if you want to practice your nurse can teach you how to swaddle and provide opportunities for you to practice swaddling. More Information on swaddling and a diagram can be found below.

HAPPIEST BABY ON THE BLOCK

The Basics of the 5 S's Method for Soothing Babies

The 5 S's Method was invented to remember the different variations of the calming, womb-like sensations babies are used to. Happiest Baby on the Block, techniques developed by Dr. Harvey Karp.

1. The 1st S: Swaddle

Swaddling recreates the snug packaging inside the womb and is the cornerstone of calming. It decreases startling and increases sleep. Babies shouldn't be swaddled all day, just during fussing and sleep.

2. The 2nd S: Side or Stomach Position

The back is the only safe position for sleeping, but it's the worst position for calming fussiness. This S can be activated by holding a baby on their side, on stomach or over your shoulder. Do this while awake only.

3. The 3rd S: Shush

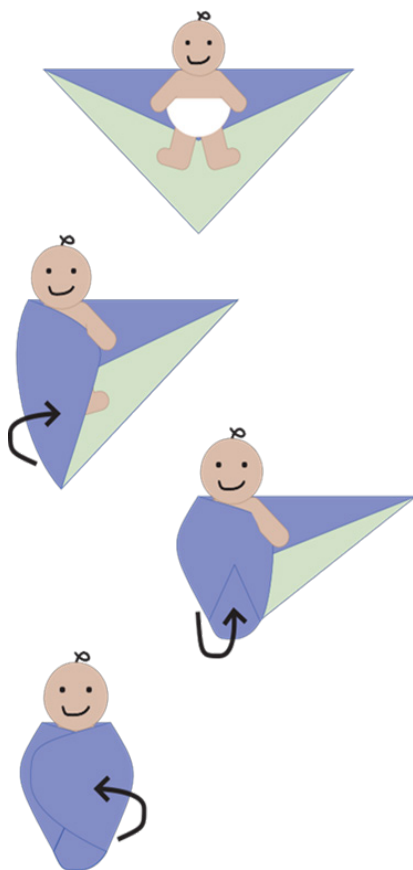
Contrary to myth, babies don't need total silence to sleep. In the womb, the sound of the blood flow is a shush louder than a vacuum cleaner!

4. The 4th S: Swing

While slow rocking is fine for keeping quiet babies calm, you need to use fast, tiny motions to soothe a crying infant mid-squawk.

5. The 5th S: Suck

Many fussy babies relax into a deep tranquility when they suck. Using a pacifier can make it easier to calm your baby.



BACKGROUND

Motor vehicle crashes are a leading cause of death among children. It is important to make sure children aged 12 and under are buckled in age- and size-appropriate car seats, booster seats, or seat belts, and are always in the back seat.

Pennsylvania law states that a car seat must be used correctly as designated by the car seat manufacturer.

BRINGING BABY HOME

Premature and low-birth weight infants have special needs. The hospital may require a **Car Seat Tolerance Screening** for your baby to make sure they can tolerate riding in the semi-reclined car seat. You should pick a car seat that has:

- A minimum weight and height/length requirement appropriate for your baby; and
- A small harness with slots so it can fit **at or below** your baby's shoulders and a crotch strap that fits close to the body for proper positioning.
- Babies born with NAS can be fussy—always make sure to stop the vehicle in a safe location to tend to a crying infant or fussy child.

CAR SEAT USE

- Always put your infant or toddler in a rear-facing car seat and use one as long as possible until they reach the highest weight or height allowed by their seat.
- When your child outgrows the rear-facing seat, it is time to switch to a forward-facing one. A forward-facing seat with a harness should be used as long as possible until they reach the height and weight limits for this seat.
- When your child outgrows these limits, they should use a belt-positioning booster seat until the vehicle's lap and shoulder seat belt fits properly. This usually happens when they are 4 feet, 9 inches and are 8 to 12 years old.
- Once your child is old enough and large enough to fit in the vehicle seat, they should always use the lap and shoulder seat belts. Children younger than age 13 should be restrained and always sit in the back seats of your car.
- **Always** make sure to read the car seat instructions and the vehicle owner's manual for proper use of the car seat. You should check to make sure the car seat is not recalled or expired, with a known history, and all parts are present and working correctly.



CAR SEAT LAW—PRIMARY LAW

- All drivers are responsible for securing children in the appropriate restraint system.
- **Children younger than age 2 must be secured in a rear-facing car seat** until the child outgrows the maximum weight and height limits of the car seat.
- All children from birth to age 4 must be secured in an approved car seat anywhere in the vehicle.
- All children 4 years of age and older, but younger than age 8, must be secured in a seat belt system and an appropriate belt-positioning booster seat anywhere in the vehicle.
- All children 8 years old and older, but younger than age 18, must be secured in a seat belt system anywhere in the vehicle.

REAR-FACING CORRECT USE:

- **SELECTION:** Check the car seat's weight and height in the instructions or on the label. Be aware of the limits as the child grows.
- **DIRECTION:** Keep a child in a rear-facing car seat until age 2 or until they reach the maximum weight or height of the car seat. A child who has outgrown a rear-facing only car seat should be transferred to a rear-facing convertible car seat.
- **LOCATION:** **NEVER** place a rear-facing car seat in the front vehicle seat with an active passenger-side frontal air bag. If a rear-facing car seat is placed in the front seat, the air bag must have a manual on-off switch that is in the off position.
- **INSTALLATION:** Follow the car seat manufacturer's instructions to determine the appropriate rear-facing semi-reclined angle for an infant and how to achieve that angle. When properly installed, following manufacturer's instructions, the car seat should not move more than one inch from side to side or front to back when tested at the belt path.
- **HARNESING:** Place the harness in the correct harness slots **at or below** the child's shoulders for rear facing. Follow car seat instructions for proper positioning.

NEED A CAR SEAT OR FIND A CAR SEAT FITTING STATION?

Car seat loan programs and fitting stations in Pennsylvania are listed at:

www.pakidtravelsafe.org/resources/car-seat-loan-programs/.

This website will provide information on where to locate a car seat loan program or car seat fitting station in your area. Use the county search feature to find a program near you or call 1-800-CAR-BELT (1-800-227-2358) for more information.



BACKGROUND

Maintaining good health involves a combination of lifestyle choices. Regular exercise benefits both your physical and mental health. Eating a well-balanced diet, getting adequate sleep, staying hydrated, limiting alcohol, and getting regular check ups are all some of the ways you can stay healthy. Taking care of yourself will help you take care of your baby.



HOW CAN I FIND TRANSPORTATION TO KEEP MY MEDICAL APPOINTMENTS?

There are transportation programs and services to get the help you need. There are some statewide programs and some local, county or zip code programs. Below are links to the statewide programs. Follow the directions for each website for eligibility and details.

Shared Ride: [FMR Education \(pa.gov\)](https://www.pa.gov/transportation/fmr-education)

- If you live in Allegheny, Philadelphia or Pike counties click on **Contact information** to find information for local transportation providers.
- To determine eligibility in any other county within Pennsylvania: Register on the **Login section** with username and password. If you do not have an account, click on the **Register Now** section.
- If you do not have internet access, call 1-800-222-8797.

Medical Assistance Transportation Program (MATP): matp.pa.gov

- You must complete and sign a one-time application.
- Contact your local MATP provider to learn about scheduling transportation, local programs, and your rights.
- To find your local MATP provider, use the website: matp.pa.gov, and either use the interactive map (click on your home county) or search by county (drop down box).
- The interactive transit map can be filtered by county, service, or program.

Special Needs Unit Physical Health Managed Care Organization (MCO's)

- In the Managed Care Organizations, many have departments called "Special Needs Units," which deal with issues such as transportation. These departments may have resources to help with transportation.
- Call 1-800-753-8827; and
- For a flyer on Special Needs Unit MCO's go to this website:
 - <http://www.dhs.pa.gov/HealthChoices/HC-Services>
 - Go to the search icon type in Special Needs Unit MCO hit enter button
 - Click on Physical Health Managed Care Organizations Special Needs Units

211 PA- Get Connected- Get Help: www.pa211.org

- Click on the ***Transportation*** icon or search by ***provider name***; or
- You can dial 211 or text your zip code to ***898-211***.

Find Help: www.findhelp.org

- Type your zip code into the ***Search box*** and click the ***Search button***;
- Click on the ***Transit icon***;
- Click on ***Help Pay for Transit*** or ***Transportation*** for options; and then
- You will find agencies that help pay for gas or a vehicle or county transportation service providers.

In addition to those resources listed, other agencies such as your local Drug and Alcohol Agency or County Children and Youth Services, may have or know of transportation programs in your area that can aide you in keeping your appointments, which will help you and your baby. Contact them if you have a need.



BACKGROUND

Obtaining insurance coverage is another way to stay healthy. Insurance coverage is an important part of your care during pregnancy, your hospital stay, and when you and your baby come home. If a baby is substance exposed, they may be born premature or they may have other medical needs. Below are programs in Pennsylvania that you and your baby may qualify for depending on your baby's needs.

HOW DO I FIND AN INSURANCE PROGRAM?

Pennie is Pennsylvania's official health and dental coverage marketplace and the only place to get financial savings to help lower the cost of coverage and care.

Call 1-844-844-8040 or go to: www.pennie.com.

Assistants are ready to help you find the right plan for you, which may be one of the following; private insurance, Children's Health Insurance Program (CHIP), Medical Assistance (MA), PH- 95 or Medicaid.

WHAT IS PENNSYLVANIA CHILDREN'S HEALTH INSURANCE PROGRAM?

If for any reason your child or teen doesn't have insurance or already has MA, your child may be eligible for CHIP. To find out more call your local County Assistance Office (CAO) or 1-800-986-KIDS (5437).

WHAT IS PH-95 AND MEDICAID AND HOW DO I APPLY?

PH-95 is a category of Medical Assistance and Medicaid programs that may provide additional insurance assistance, regardless of family income and other private insurance, for babies who have certain medical conditions or are born premature (before 36 weeks). PH-95 is available in the state of Pennsylvania for Pennsylvania residents. If your baby has complicated medical needs, your baby maybe eligible for Medicaid. The type of assistance these programs may cover if your child is eligible are insurance co-pays, prescriptions, durable medical equipment, therapy and medical balances not covered by private insurance.

Apply, and let the programs decide if your baby qualifies for assistance. You will need to fill out an application to find out if baby qualifies for any program:

1. **Online:** Using the [COMPASS HHS Home \(state.pa.us\)](http://state.pa.us) website, you can apply for MA and many other services that can help you.
2. **Telephone:** Call the Consumer Service Center for Health Care Coverage at: 1-866-550-4355.
3. **In-Person:** You can contact your local [county assistance office \(CAO\)](#).
4. **On Paper:** You can download an application and send to your local CAO. If you need help completing the application form, a CAO staff member can help you.

Tip: if applying for PH-95 program, write on the top of the application this sentence:

"Application for Medical Loophole, child with special health care needs, complex medical condition or preemie, request MDT review!"

After your application is reviewed, you will be mailed instructions on what else you will need to do.

BACKGROUND

If you or someone you know is struggling or in crisis, help is available. Lifeline services are available 24 hours a day, seven days a week at no cost to the caller. People can also dial 988 if they are worried about a loved one who may need crisis support. The 988 Suicide and Crisis Lifeline can be used by anyone who needs support for a suicidal, mental or behavioral health, and/or substance use crisis-no matter where they are or where they live.

If you are a victim of crime or have been affected by a crime, there is help for you. This can be a very hard and confusing time. Not remembering what people have told you or not understanding are all normal. There are victim advocates that work in victim service programs that are there to help you at no cost.

Being healthy is being safe! **If you are in immediate danger, contact 911.** If not in immediate danger, call 211 or visit: www.211.org, to get local resources today.

WHAT TYPES OF SITUATIONS MIGHT PEOPLE NEED TO GET HELP?

At different times in our lives, you might be in a situation you never expected. These situations could be:

- Domestic violence
- Human trafficking
- Having thoughts of suicide

If you are in a situation, seek help! Don't be afraid of your story!

WHERE CAN I FIND HELP?

Domestic Violence Hotline. If you are in immediate danger, contact 911.

Domestic violence programs provide:

- Free confidential counseling
- Shelter
- Legal assistance
- Economic services

If you or someone you know is in an abusive situation, it can be difficult to know where to turn.

To find your local domestic violence program, go to the Pennsylvania Coalition Against Domestic Violence website at: <https://www.pcadv.org>, and enter your current city or zip code.

You can also call the 24-hour National Hotline at 1-800-799-SAFE (7233), or chat online at the National Domestic Hotline at: <https://www.thehotline.org>. Advocates are available to help every day and in over 200 languages.



HUMAN TRAFFICKING HOTLINE

This online **Referral Directory** is made up of anti-trafficking organizations and programs that offer emergency, transitional, or long-term services to victims and survivors of human trafficking as well as those that provide resources and opportunities in the anti-trafficking field.

If you would like direct personal assistance, having trouble accessing services, or cannot find what you are looking for, please contact the National Human Trafficking Hotline. To directly speak with a hotline advocate 24/7:

- Call: 1-888-373-7888
- Text “BEFREE” or “HELP” to 233733
- CHAT or email help@humantraffickinghotline.org

The Pennsylvania Office of Victim Services can help with financial assistance through the Victims Compensation Assistance Program to those eligible. You may be eligible to receive financial help for a variety of expenses, such as:

- Medical and counseling expenses
- Loss of earnings, loss of support, and stolen cash
- Relocation
- Funeral
- Crime scene cleanup

You may contact the Victims Compensation Assistance Program directly at 1-800-233-2339 for assistance in filing a claim or to speak to staff that are available to answer your questions.

For more information, please go to Pennsylvania Crime Victim’s website to learn about eligible benefits at:
<https://pcv.pccd.pa.gov>.



988 SUICIDE AND CRISIS LIFELINE

“988” is the three-digit, nationwide phone number to connect directly to the 988 Suicide and Crisis Lifeline.

By calling or texting 988, you’ll connect with mental health professionals with the 988 Suicide and Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline.

Veterans can press “1” after dialing 988 to connect directly to the Veterans Crisis Lifeline which serves our nation’s Veterans, service members, National Guard and Reserve members, and those who support them. For texts, Veterans should continue to text the Veterans Crisis Lifeline short code: 838255.

BACKGROUND

There is no known safe amount of alcohol to drink during pregnancy. Drinking alcohol while pregnant is dangerous and can cause harm to your baby.

Alcohol easily passes through the placenta—the organ that provides nourishment to the baby in utero.

Developing babies cannot process alcohol with their liver because it is not fully formed, so they absorb all the alcohol and have the same blood alcohol content as the mother.

WHAT IS FETAL ALCOHOL SYNDROME?

Fetal Alcohol Syndrome Disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy.

These affects can include physical problems and problems with behavior and learning. These conditions can last a lifetime, and there is no cure.

WHAT WILL HAPPEN IF MY BABY GOES INTO WITHDRAWAL?

- Tremors or shakiness
- Nausea or vomiting
- Clamminess or sweating
- Insomnia or difficulty sleeping
- Headache
- Enlarged pupils



WHAT WILL HAPPEN TO MY BABY?

- Any amount of alcohol can harm a developing baby and increase the risk of miscarriage.
- Alcohol exposure during the first trimester can cause major birth defects.
- Drinking alcohol later in pregnancy can cause poor growth and brain damage that could lead to learning and behavioral problems.
- Babies and toddlers may not reach their development milestones when expected.

WHAT CAN YOU DO?

- To prevent FASDs, you should not drink alcohol while pregnant or if you think you might be pregnant.
- If you are drinking alcohol during pregnancy, it is never too late to stop drinking. Brain growth takes place throughout pregnancy, so the sooner a person stops drinking the safer it will be for them and their baby.

BACKGROUND

Smoking nicotine or vaping during pregnancy increases the risk of health problems for developing babies and can have negative side effects for mothers as well. Smoking decreases the amount of oxygen in a mother's blood. Nicotine can show up in your breast milk and can also reduce your milk supply. Vaping carries the same risks to your unborn baby as smoking a cigarette and delivers other chemicals that are known to cause birth defects. Vaping also increases lead levels in mothers. Babies born to mothers who smoke may become fussy because of exposure to nicotine and they can have learning problems in school later in life.

WHAT WILL HAPPEN TO MY BABY?

- Smoking or vaping nicotine decreases the size of the blood vessels that carry food and oxygen to your baby.
- Your baby may not grow as much as they should which means they can be born premature and have serious health risks.
- Nicotine impacts the baby's practice breathing before birth and can make it harder for the baby to breathe when born.
- Your baby will be at higher risk of Sudden Infant Death Syndrome (SIDS), also known as crib death.

IS SECOND-HAND SMOKE HARMFUL?

Second-hand smoke is smoke from another person's cigarette, pipe, cigar, and vaping devices. Breathing in second-hand smoke puts your health at risk; it can make it hard to breathe and increase your risk for Chronic Obstructive Pulmonary Disease (COPD) and cancer.

Second-hand smoke is harmful to infants:

- Increases the risk of SIDS;
- Increases frequency of colds;
- Develop more ear infections;
- Slower lung growth;
- Develop asthma;
- Increase risk for cancer; and
- Many get bronchitis and pneumonia more often than babies who do not breathe second-hand smoke.



IS THIRD-HAND SMOKE HARMFUL?

Third-hand smoke is the toxins from smoke found on things after a cigarette has been put out. It can be found on ashtrays, table surfaces, clothing, rugs, curtains, and toys that babies put their hands and mouths on all day long. Because babies have tiny lungs and breathe faster than we do, more tobacco toxins get into their lungs.

BACKGROUND

When pregnant or trying to conceive, it is important to understand that any drugs or substances you consume, prescribed or not prescribed, can have potential risks on your health and your baby's health. This includes cannabis, which is commonly known as marijuana, weed, dope, and pot, among many other terms.

WHAT IS CANNABIS?

Cannabis includes components derived from the plants that are categorized as cannabinoids. THC is a substance or chemical that affects how your brain works and causes the feeling of "getting high."



WHAT DO I NEED TO KNOW?

When cannabis is used, THC crosses the placenta and reaches the baby and is also present in breast milk.

Due to unknown and potentially harmful effects on the pregnant person, fetus, and child, the U.S. Surgeon General, American College of Obstetricians and Gynecologists, and American Academy of Pediatrics, advise to not use cannabis during pregnancy and breastfeeding.

Fentanyl might be added to illegal drugs like marijuana or cannabis. People who use these drugs don't know they're using fentanyl and can easily overdose. Most overdoses are unintentional, and individuals using may not realize the strength of the drug they are using or that it contains fentanyl. Fentanyl cannot be detected by sight, taste, smell, or touch. Individuals can test marijuana or cannabis for the presence of fentanyl. Fentanyl test strips are a low-cost method of helping prevent drug overdoses and reducing harm.

HOW DOES CANNABIS AFFECT MY BABY?

An infant can still be exposed to THC even after the pregnant person stops using cannabis since THC is stored in fat and released over time.

The infant's exposure to marijuana during pregnancy may have effects on emotions, learning, and behavior. One study found that daily or near daily use might delay the breastfed infant's physical growth and strength.

When infants are exposed to marijuana smoke, it can double the risk of ***Sudden Infant Death Syndrome***.

HOW CAN I PROTECT MY BABY?

It is important to prevent an infant from being exposed to smoke from another person's joint or pipe (second-hand smoke) and from smoke toxins found on items, such as: ashtrays, table surfaces, clothing, rugs, curtains, and toys (third-hand smoke).

BACKGROUND

When you are pregnant and considering whether or not to take a medication, you are faced with a risk-benefit decision and you need balanced information. If you are being prescribed an opioid for pain or a medication to treat substance use disorder, talk to your health care provider about balancing the benefits and risks of the medicine for you and your developing baby.

Prescription opioids are prescribed by a physician for moderate to severe pain. Opioids have a number of serious side effects and risks when taken. These medications may affect your baby and can increase symptoms of NAS. Patients need to ask questions and know the risks before taking them.

You likely consider the following:

- How will the medicine help you and your health?
- How will the medicine impact your pregnancy?
- How will the medicine impact the developing baby in your womb?

WHAT IS AN OPIOID?

Opioids are a class of drugs that derive from, or mimic, natural substances found in the opium poppy plant. Opioids work in the brain to produce a variety of effects, including pain relief. Opioid drugs include prescription pain medicine and illegal drugs. Some people use opioids because of the euphoria (“high”) they can produce. Opioid drugs may lead to addiction, also known as opioid use disorder (OUD).

Some common prescribed opioids are:

- Hydrocodone (Vicodin)
- Oxycodone (OxyContin, Percocet)
- Oxymorphone (Opana)
- Morphine (Kadian, Avinza)
- Codeine
- Fentanyl (Actiq, Duragesic and Sublimize)



Heroin is an illegal opioid.

Drugs made in a lab are known as synthetic drugs. Fentanyl is a powerful man made or synthetic opioid that is being made, used illegally and mixed with other substances like heroin, cocaine, and methamphetamine. For more information on drugs facts visit the National Institute of Drug Abuse at: <https://nida.nih.gov/publications/drugfacts>.

ARE OPIOIDS ADDICTIVE AND ARE THERE TREATMENTS FOR OPIOID USE DISORDER?

Opioids have addictive tendency. A person can become dependent and will experience withdrawal when stopping use of the drug, and this may lead to addiction. Opioid Use Disorder (OUD) can be treated with medication. Buprenorphine, methadone, and naltrexone are FDA approved drugs used to treat OUD. According to The National Institute of Drug Abuse, these treatment medications are safe to use for months, years, or even a lifetime. As with any medication, consult your doctor before discontinuing use.

BACKGROUND

Fentanyl or xylazine might be added to illegal drugs like marijuana, heroin, methamphetamine, or ecstasy. People who take these drugs don't know they're taking fentanyl or xylazine and can easily overdose.

Most overdoses are unintentional, and individuals using may not realize the strength of the drug they are using or that it contains fentanyl or xylazine.

WHAT IS FENTANYL?

Fentanyl is a powerful painkiller. Doctors sometimes prescribe it in controlled doses for people dealing with severe pain. Like opioids, fentanyl is highly addictive. Fentanyl is unable to be detected by sight, taste, smell, or touch.



WHAT IS XYLAZINE?

Xylazine may be referred to as “tranq” or “zombie drug”. Xylazine is being added to street drugs and is often found in combination with fentanyl. It has increasingly been detected in overdose deaths.

Xylazine is not an opioid. It is a very strong sedative used in veterinary medicine. It is not approved for use in humans. Xylazine is often mixed with heroin and/or cocaine, with or without an individual's knowledge.

The main effect of xylazine is heavy sedation, so the person who has overdosed will likely be unresponsive. When xylazine is found in combination with fentanyl, the signs and symptoms can include blue/grayish skin and slowed breathing and heart rate.

Xylazine is associated with severe wounds that spread and worsen quickly. The wounds occur regardless of how people use: smoking, snorting, or injecting. People should seek urgent medical attention if they exhibit extreme pain, fever, or chills, if the wound turns black, if there is a foul odor, or if they experience bone and/or tissue tenderness or damage.

Naloxone (also known as Narcan) will not reverse a xylazine overdose. However, because xylazine is almost always found in combination with opioids, including fentanyl, naloxone should still be administered whenever an opioid-involved overdose is suspected.

BACKGROUND

Across the country, more states are beginning to legalize drug testing strips that can detect the presence of the potent opioid fentanyl to avoid deadly overdoses. Under new law, people in Pennsylvania who buy or carry fentanyl test strips (FTS) or xylazine test strips (XTS), will no longer face potential criminal charges for possession of drug paraphernalia.

FTS and XTS provide people who use drugs, and communities, with important information about fentanyl in the illicit drug supply, so they can take steps to reduce risk of overdose.

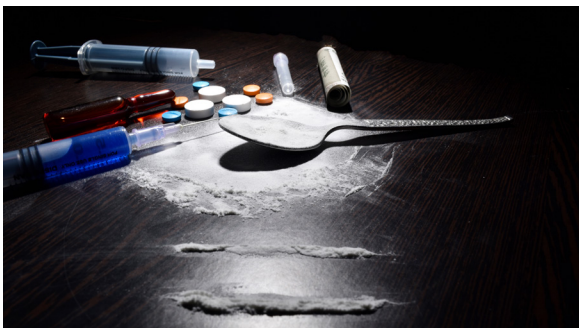
Fentanyl test strips (FTS) are a low-cost method of helping prevent drug overdoses and reducing harm. Individuals can test marijuana, cocaine, meth, ecstasy, heroin, and other substances for the presence of fentanyl. The test strips are highly sensitive and will detect fentanyl down to 0.1 mcg/mL.

Look for organizations in your city or state that distribute FTS or XTS, keep them on you, and use them!

WHAT IS FENTANYL AND XYLAZINE TEST STRIPS?

FTS and XTS are small strips of paper that can detect the presence of fentanyl or xylazine in all different kinds of drugs (cocaine, methamphetamine, heroin, etc.) and drug forms (pills, powder, and injectables).

Read the manufacturer's instructions for storage and handling.



HOW CAN I LOWER MY RISK OF OVERDOSE?

In addition to using FTS or XTS to know if fentanyl or xylazine is in your drugs, there are other ways to lower your risk of overdose.

You can take steps to keep yourself and others safe:

- Keep naloxone readily available on you and at home;
- Avoid mixing drugs;
- Don't rely on a previous source or experience;
- Never use drugs alone; and
- Ask for help if you're ready to get treatment for your addiction.

BACKGROUND

Using methamphetamine when not prescribed, or using doses higher than prescribed, can be harmful during pregnancy and after the baby is born.

While it is recommended to not use methamphetamine while pregnant, stopping methamphetamine use suddenly could cause you to go into withdrawal.

If your healthcare provider prescribed methamphetamine, call that provider immediately and let them know about your pregnancy.

WHAT WILL HAPPEN TO MY BABY?

Methamphetamine misuse has been associated with a greater chance for premature birth (delivering your baby before 37 weeks).

It is also associated with poor growth and low birth weight.

WHAT HAPPENS WHEN MY BABY GOES INTO WITHDRAWAL?

When mothers use methamphetamine near the end of their pregnancy, babies could show signs of withdrawal after they are born.

The symptoms of withdrawal for your baby may be:

- Jittery or startles easily
- Tremors or shakiness
- Difficulty eating
- Sleeping too little
- Sleeping too much
- Having tight muscle tone
- Having floppy or poor muscle control or tone
- Shortness of breath or a hard time breathing



Your baby might need to be admitted to the special care nursery. Withdrawal usually goes away in a few weeks but may last a few months.

CAN I USE METHAMPHETAMINE WHILE I BREASTFEED?

Methamphetamine should not be misused while breastfeeding because it can pass into breast milk.

Methamphetamine has been detected in the blood and urine of breastfeeding babies.

BACKGROUND

Talk with your healthcare provider about all medications, vitamins and supplements that you are taking or considering taking during your pregnancy. Your obstetrician is always your best source for information about the use of other drugs, supplements, or workplace risks.

WHAT CAN YOU DO TO PROTECT YOURSELF AND YOUR BABY?

MotherToBaby is a nationally known source of information about how medications and chemicals may affect unborn babies and infants during pregnancy and breastfeeding.

The ***MotherToBaby*** website gives information through blogs, podcasts, fact sheets, and live chats or calls in English and Spanish about:

- Prescription or over-the-counter medication including vitamins, minerals, and other supplements (generic names only)
- Recreational substances including alcohol and marijuana
- Food and beverages
- Cosmetics or cosmetic treatments
- Maternal health conditions
- Infections
- Vaccines
- Chemicals such as DEET or lead exposures
- Workplace risks to chemical exposures such as working in a nail salon



www.MotherToBaby.org

- Click on exposures;
- Scroll down to find the medical condition or environmental risk that concerns you; and
- See related fact sheets that relate to that condition for information on medications and more.

You can chat with an expert or call if you do not have internet access, please call **Exposure Information Service** at 1-866-626-6847.

BACKGROUND

Accidental opioid overdoses can happen, and you can be prepared by carrying naloxone even when you're away from home. You can save a life. You are at higher risk of overdose, if you take prescription opioids, for example, oxycodone or hydrocodone for pain, use opioids with other sedating substances or opioids with certain medical conditions. Naloxone is safe and effective to use and is an extra layer of protection to save someone's life, no matter their age. **A pregnant person can be given naloxone in limited dosages under the supervision of a doctor.** The lowest dose to maintain spontaneous respiratory drive should be used to avoid triggering acute opioid withdrawal, which may cause fetal distress.

Naloxone is a nasal spray or automatic injection device that is used to rapidly reverse the effects of an opioid overdose. Narcan is one brand name of naloxone that is available in a nasal spray. Please note, narcan is temperature sensitive. Follow the manufacturer's instructions for use and storage. Because you can't use narcan on yourself, let others know you have it, and where you keep it, in case you experience an opioid overdose.

WHAT ARE THE SIGNS OF AN OVERDOSE?

- Small, constricted "pinpoint pupils"
- Falling asleep or losing consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds
- Limp body
- Cold and/or clammy skin
- Discolored skin (especially lips and nails)



WHAT SHOULD I DO IF A PERSON EXHIBITS ANY OF THESE SYMPTOMS?

1. Call 911.
2. Assess your safety when you arrive at the scene to determine if the area is safe to enter.
3. Administer narcan following instructions for use if an overdose is suspected.
4. Turn the person on their side to prevent choking.
5. Try to keep the person awake and breathing.
6. Start CPR, if the person has stopped breathing or if breathing is very weak.
7. Stay with the person until emergency personnel arrives.

WHERE CAN I GET NARCAN AND HOW CAN I BE PREPARED?

- In Pennsylvania you can now get narcan from your local pharmacy without a prescription.
- You can get narcan free from your local Drug and Alcohol Agency, refer to the website: https://www.pccd.pa.gov/criminaljustice/advisory_boards/Pages/Naloxone-for-First-Responders.aspx.
- Have a health care provider or pharmacist show you how to administer narcan. You can also view a video at this link: <https://youtu.be/odlFtGNjmMQ>.
- **Let others know where you keep your narcan.**

BACKGROUND

Everyone needs help sometimes and we don't often know where to begin. No matter the reason why your baby is going through withdrawal, help your baby now. We all have different needs, here are a variety of resources that may help you.

RESOURCES FOR MORE INFORMATION

211

www.211.org

Call 211 or visit 211.org to find local services and get help today.

ALCOHOL TREATMENT

www.quitalcohol.com

Phone: 1-877-683-2684

Information and resources on alcohol, effects of alcohol, treatment, and rehab centers.

AREA AGENCIES ON AGING

www.aging.pa.gov

Phone: 1-800-753-8827

Provides contact information for your local Area Agency on Aging (AAA). Some AAA's offer Caregiver or Grandparent Support Programs which can provide resources, support groups and financial assistance to grandparents raising grandchildren.



BEREAVEMENT RESOURCE GUIDE

elunanetwork.org/assets/guides/BereavementResourceGuide_Pennsylvania.pdf

This resource guide includes information about Pennsylvania organizations available to help children and families affected by grief and addiction.

COUNTY ASSISTANCE OFFICES AND COMPASS

www.dhs.pa.gov or www.compass.state.pa.us

Phone: 1-800-692-7462

County Assistance Offices can help Pennsylvanians identify and apply for available benefits like Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Child Care Workers and the Children's Health Insurance Program (CHIP). COMPASS is an online tool that allows users to find out what benefits they qualify for and apply for those benefits online.

FIND YOUR LOCAL SOCIAL SECURITY OFFICE

www.ssa.gov

Phone: 1-800-772-1213

Search for your local Social Security office and contact them to determine if you or your grandchildren are eligible for any additional benefits.

GRANDFAMILIES FACT SHEET

www.grandfamilies.org

This fact sheet includes information on a number of programs throughout Pennsylvania designed to support grandparents as they raise their grandchildren.

GRANDFAMILIES.ORG

www.grandfamilies.org

A national legal resource that provides information to grandparents as they navigate the legal aspect of caregiving.

MARCH OF DIMES

www.marchofdimes.org

The March of Dimes educates medical professionals and the public about best practices. They support lifesaving research, provide comfort and support to families in NICUs and advocate for those who need them most. The March of Dimes also helps to guide moms through every stage of the pregnancy journey.

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHTSA)

www.nhtsa.gov

NHTSA offers information on seat belts, car seats and booster seats, drunk, distracted, drowsy or drug-impaired driving, safety issues and recalls, road safety and much more.

NATIONAL ORGANIZATION ON FETAL ALCOHOL SYNDROME (NOFAS) recently changed name to **FASD UNITED – (FETAL ALCOHOL SPECTRUM DISORDERS)**

<https://fasdunited.org>

FASD United supports individuals and families living with Fetal Alcohol Syndrome Disorder (FASDs) through referrals, advocacy, training for professionals, information dissemination, and a wide range of diverse initiatives and resources.

PA FAMILIES

www.pafamiliesinc.org

Phone: 1-800-947-4941

PA Families Inc. (PFI) is a not-for-profit Statewide Family Network providing support to families raising children and youth with emotional, behavioral, and special needs, as well as serving as an advocate in the different child serving systems.

PA FAMILY SUPPORT ALLIANCE

www.pa-fsa.org

Phone: 1-800-448-4906

The PA Family Support Alliance is a non-profit that provides education, support, and training to help ensure the safety of children throughout Pennsylvania.

PA LAW HELP

www.palawhelp.org

PA Law helps provide free information on a variety of civil legal issues including adoption, guardianship, and custody.



PARENTS AS TEACHERS

www.parentsasteachers.org

Parents as Teachers promotes the optimal early development, learning and health of children by supporting and engaging their parents and caregivers.

PATHWAYS.ORG

www.pathways.org

Empower parents to understand and encourage their baby's development to keep them on track or catch potential delays early. Provide free tools to maximize all children's motor, sensory, and communication development.

PENN STATE'S KINSHIP NAVIGATOR

www.aese.psu.edu/extension/intergenerational/program-areas/kinship/programs

As part of Penn State's Intergenerational Program, the Kinship Care Locator is an online database of resources for kinship caregivers.

PENNSYLVANIA BAR ASSOCIATION LAWYER REFERRAL SERVICE

www.pabar.org/site/For-the-Public/Find-a-Lawyer

Phone: 1-800-932-0311

The Pennsylvania Bar Association provides lawyer referrals and information on local Bar Associations.

PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL TREATMENT

www.ddap.pa.gov

Phone: 1-800-662-HELP or 1-800-662-4357

Are you or someone you know suffering from a prescription drug or heroin problem? Your call to get HELP is completely confidential. 24 hours/7 days a week.

PENNSYLVANIA DEPARTMENT OF HEALTH

www.health.pa.gov

Phone: 1-800-986-BABY OR 1-800-986-2229

Referrals and information on newborn screening, breastfeeding, immunizations, Women, Infants, and Children (WIC) nutrition, car seats and more.

www.health.pa.gov/topics/Documents/Emergency%20Preparedness/2017%20DOH%20EP%20Guide.pdf

www.readyPA.org

If an emergency happens, create a plan of action for you and your family.

PENNSYLVANIA DEPARTMENT OF HEALTH COUNTY RESOURCE GUIDES

www.health.pa.gov

Each guide contains resources for children with special needs, health insurance, housing and more.

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

www.dhs.pa.gov/Services/children/Pages/Child-Welfare-services.aspx

Phone: 1-800-932-0313

Pennsylvania's Child Welfare services include information and contact info for county Children and Youth offices, local family centers, and resources for preventing child abuse and neglect.

PENNSYLVANIA LEGAL AID NETWORK

www.palegalaid.net

Phone: 1-800-322-7572

The Pennsylvania Legal Aid Network connects individuals and families who meet income requirements to local Legal Aid programs that can assist them with legal matters.

PENNSYLVANIA'S PROMISE FOR CHILDREN

www.papromiseforchildren.com

Phone: 1-877-472-5437

For information about finding, paying for and other concerns related to childcare. Pennsylvania's Promise for Children, known as PA Promise, is a campaign to help families make good choices about their child's early learning and choose quality early learning programs that are right for their family.

Phone: 1-800-692-7288

For information about your child's development and connecting to Early Intervention services in Pennsylvania.

PENNSYLVANIA TRAFFIC INJURY PREVENTION PROJECT (PA TIPP)

www.pakidstravelsafe.org

Phone: 1-800-CAR BELT or 1-800-227-2358

PA TIPP is a statewide project focused on traffic safety issues for children from birth to age 21. Topics include bicycles, school buses, pedestrian safety, seat belts, car seats, transporting children with special health care needs, and underage drinking. Contact them to locate a car seat loan program, car seat safety check or for the many resources they offer on traffic safety.

SPECIAL KIDS NETWORK

www.health.pa.gov

Phone: 1-800-986-4550

The Special Kids Network offers a wealth of resources for children and youth with special needs or physical disabilities. The Network offers referrals to local resources, in-home coordination services and systematic support for families.

STATEWIDE ADOPTION NETWORK (SWAN)

www.adoptpakids.org

Phone: 1-800-585-7926

SWAN offers a network of resources and/ or information for families and children going through the adoption custody and guardianship processes.

THE AMERICAN ACADEMY OF PEDIATRICS PARENTING WEBSITE

www.healthychildren.org

The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety and well-being of infants, children, adolescents, and young adults.



The KINCONNECTOR HELPLINE

www.dhs.pa.gov

Phone: 1-866-KIN-2111 or 1-866-546-2111

Help is available Monday - Thursday 9 a.m.- 10 p.m. and Friday 9 a.m. - 5 p.m.

The KinConnector helpline can help kinship care families access local, state, and federal resources. Kinship care is becoming more common in Pennsylvania, with grandparents, aunts, uncles, or siblings often stepping in to fill the role of parents who are seeking treatment or, in the most tragic cases, have died from the disease of addiction. The Kinship navigators will also be available to help families apply for federal, state, and local benefits such as Social Security, public assistance, or CHIP.

TOBACCO: MY LIFE MY QUIT

mylifemyquit.com

Call or text "Start My Quit" to 855-891-0089.

Get the truth about vaping, smoking and other tobacco products so you're not left in the dark when it comes to your future. One hundred percent free, confidential, and made for teens.

Text your quit coach or call for support. Get text messages that give you a boost while you quit. Learn how to cope with stress in healthy ways. Find out why your body craves nicotine. Get tips and the support you need to quit for good!

TOBACCO RESOURCES

www.tobaccofreekids.org

e-cigarettes.surgeongeneral.gov

Information on U.S. resources, global resources, industry watch and youth initiatives. Also, information on nicotine and vaping.

TOBACCO/VAPING

pa.quitlogix.org/en-US/Sign-in

Phone: 1-800-QUIT NOW or 1-800-784-8669

Taking your first steps toward becoming tobacco free. If you are pregnant, let them know when you call.

**UNDERSTANDING THE OPIOID EMERGENCY**

www.beawarebeprepared.com

Information about opioids and their risks, preparing for an opioid emergency and at-home emergency treatment.

UNITED WAY OF PENNSYLVANIA

www.uwp.org

Phone: 211 or 717-238-7365

By dialing 211, you are connected with a United Way operator who has access to a database of health and human services resources available in local areas.

BACKGROUND

Babies use their bodies and voices to communicate to us all the time. Some babies need extra loving, including those born with NAS.

Write down the things that seem to make your baby happy or unhappy and best ways to calm your baby.

IDEAS FOR SPENDING TIME WITH BABY

- _____
- _____
- _____

WAYS YOUR BABY SHOWS THEY ARE UPSET

- _____
- _____
- _____

WAYS YOUR BABY LIKES TO RELAX

- _____
- _____
- _____

THINGS YOU CAN DO TO HELP YOUR BABY

- _____
- _____
- _____

THINGS YOUR BABY NEEDS

- _____
- _____
- _____

CAREGIVER QUESTIONS TO ASK DOCTOR OR TEAM MEMBER

- _____
- _____
- _____

WELL-BABY OR CHILD APPOINTMENTS

Immunizations schedules and well-baby check-ups coincide. A well-baby exam is an opportunity to review your baby's health and growth with his or her doctor and discuss any concerns. **Write down your baby's appointment dates.**

Time Frame	Date	Time	Healthcare Provider	Phone	Location
3-5 days old					
1 month					
2 months					
4 months					
6 months					
9 months					
12 months					
15 months					
18 months					
2 years					
2.5 years					
3 years					
4 years					
5 years					
6 years					
7 years					
8 years					
9 years					
10 years					
11 years					
12 years					
13 years					
14 years					
15 years					
16 years					
17 years					
18 years					

BACKGROUND

The immunization schedule is carefully designed to provide protection at just the right time. While babies are born with some immunity, they have not yet built up the necessary defenses against the diseases that vaccines prevent.

Children won't have the best protection from 14 serious diseases until they get all the recommended doses of each vaccine. By getting your child's vaccines on time you're not only protecting your baby - you're helping to protect your friends, family, and community, too. Talk with your child's healthcare provider if you have questions about vaccines.

Prepare for your child's doctor vaccine visit and know what to do to support your child during and after your child's vaccination. Pack your child's favorite toy, book, or blanket to comfort him or her during vaccinations.

- [Find your child's personal immunization record](#) and bring it to your appointment. An up-to-date record tells your doctor exactly what shots your child has already received.
- Get a list of vaccines your child may need; use this quick [vaccine assessment tool](#).
- Your child's doctor will give you [Vaccine Information Statements](#) for the vaccines that your child will be getting that day. Vaccine Information Statements include information about the risks and benefits of each vaccine. If your doctor doesn't give you one, you can request one.

The vaccine schedule is updated and may change yearly. For the most recent recommendations, please talk to your healthcare provider, or visit the Center for Disease Control (CDC) website at: <https://www.cdc.gov/vaccines/schedules>.



BACKGROUND

Emergencies happen when we least expect it. Being prepared, having an emergency plan and including an emergency kit are the most important things you can do for your baby and your family.

To help you and your family be safe, it's important to have a plan of action before an emergency occurs.



Please fill in your support contact information in the area provided below.

SUPPORT PEOPLE

Name	Relationship	Telephone Number	Email

Below is a list of items that your baby may need, and you should include in your emergency kit.

EMERGENCY ITEMS YOUR BABY MAY NEED

- Medications and any medical equipment for at least one week
- Mother's milk/ formula or powdered milk/ food/ bottle for at least three days
- Diapers/wet wipes/anti-rash ointment for at least three days
- Extra sets of clothing
- Blankets and swaddle
- Pacifier
- Favorite toy or comfort item
- Emergency contact information

EMERGENCY CONTACT NUMBERS

As you start your kit, include items that best suit your baby's unique needs. Make sure your emergency kit includes enough baby formula, baby food, diapers, bottles, toys and games to keep your children safe and comfortable after a disaster. Keep your kit for baby packed at all times in the event of an emergency. Make sure to double check clothing and diaper size for baby growth.



Please fill in the emergency contact information provided below.

Title	Name	Address	Telephone Number
Ambulance			
Hospital			
Doctor for baby			
Doctor for you			
Pharmacist			
Speech therapist			
Occupational therapist			
Physical therapist			
Mental health support			
Drug & Alcohol agency			
Medical insurance for you			
Medical insurance for baby			
Medical equipment supplier			
Other			
Other			

BACKGROUND

One might say it takes a village to raise a child. Our community partners have shared their knowledge, triumphs, and barriers to care, so that we could grasp the issues that families face on a day-to-day basis.

These community partners came together for the common goal, to identify the need and share strategies to address the issues in raising a baby born with NAS.



WHO ARE THE COALITION MEMBERS?

Aetna Better Health
Allegheny County Health Department (contracted to CDC)
Alliance for Nonprofit Resources
Beacon Health
Bethany Christian Services
Children and Youth Services
Clarion University of Pennsylvania
Community Services of Venango County Inc.
Crawford County Drug and Alcohol Executive Commission
Crawford County Overdose Prevention Coalition
Crawford County Human Services
Erie County Department of Health
Erie County DHS/Office of Children and Youth
Erie Family Center
Family First Early Head Start- Crawford
Forest-Warren Human Services
Gaudenzia, Inc.
Jefferson-Clarion Head Start, Inc.
Meadville Medical Center

Meadville Medical Center Health Systems
Mercer County Behavioral Health Commission
Mercer County Head Start- Early Head Start
Mercer County Overdose Task Force
Nicotine Free NWPA
PA Chapter American Academy of Pediatrics
PA Traffic Injury Prevention Project
Pediatric Therapy Professionals
Pennsylvania Department of Health
Penn Highlands Healthcare DuBois
Saint Vincent Hospital
Union City Family Support
UPMC Hamot
UPMC Hamot Women's Recovery Center
UPMC Northwest
Venango County Drug and Alcohol Prevention
Venango County Human Services
Venango County Overdose Task Force
Warren Drug and Alcohol
Warren General Hospital
Women, Infants, and Children (Crawford County)

**“Sometimes asking for help is the
bravest move you can make.
You don’t have to do it alone.”**

Author Unknown



Revised in partnership with the
Northwestern Pennsylvania Neonatal Abstinence Syndrome Coalition
and the Pennsylvania Perinatal Quality Collaborative.

MAY 2024