



Planning ahead

Are you planning to get pregnant in the next year? Your physical and mental well-being has a direct effect on your baby's health.

It is important to talk with your doctor or health care provider openly. Things to consider before becoming pregnant:

- Are you physically and mentally healthy?
- Do you take medication for chronic (long-lasting) pain?

- Do you see your primary care provider (PCP) or behavioral health (BH) provider?
- Are you eating healthy foods?
- Are you drug and alcohol free?
- Do you smoke?

Did you know that almost all drugs you take when you are pregnant might be passed to your baby? Keep your provider informed of any medication and substances you are taking.

Substances include:

- Alcohol
- Tobacco
- Street drugs
- Over-the-counter medication
- Herbal remedies
- Prescription medication

Improving your health before becoming pregnant increases your chances of having a healthy baby.

Managing pain during pregnancy

You may have pain when you are pregnant. This can be normal. You should talk to your OB provider about any pain you are having during your prenatal visits. Pain is often due to your uterus stretching, the extra weight of the baby pulling on your back muscles, or muscle strains from sleeping in new positions.

Things that may help you feel better include:

- Walking (Talk to your provider before starting any exercise program)
- A massage
- A hot shower
- Relaxation therapy/deep breathing
- Listening to music

- Eating fresh fruits, vegetables, and low-fat proteins

Call your provider if you have:

- Pain with a fever
- Pain when you urinate (pee)
- Pain with vaginal bleeding or smelly discharge
- Pain that does not go away

Some pregnant women have been prescribed pain medications or are addicted to pain medications. Some pain medications may be harmful to your baby. Talk to your OB provider before you stop or start any medications, including pain medications. Please let your OB provider know at your first prenatal visit of all medications you are taking.

This will help you get the right treatment during and after your pregnancy.

If you are seeing a pain specialist, let her know you are pregnant. Your pain specialist and OB provider will need to work together. They will plan the best treatment for both you and your baby.

Substances used during pregnancy can harm your baby. Babies born to moms who smoke, drink or take drugs (street and prescription drugs) may be born sick with problems such as fetal alcohol spectrum disorder (FASD) and neonatal abstinence syndrome (NAS).

Neonatal Abstinence Syndrome (NAS)

Neonatal Abstinence Syndrome, known as NAS, is a form of drug withdrawal in infants. This can happen when a mother uses certain medicines or drugs during pregnancy. After being born, the infant is no longer getting the drugs from the mother and goes through withdrawal. Infants going through this withdrawal can be very sick. Both street drugs and some prescription medicine can cause a newborn to go through withdrawal. A baby can start showing signs of withdrawal hours to a few days after being born.

Babies with NAS can have:

- Problems breathing
- Loose bowel movements
- High pitched cry
- Difficulty feeding
- Tremors (unintentional movements of the arms, legs, and or mouth)

- Failure to thrive (infant is not growing as he or she should according to age)
- Developmental delays
- Learning deficits throughout life

Common drugs/medication that cause NAS:

- Methadone
- Heroin
- Oxycodone (Percocet)
- Hydrocodone (Vicodin)
- Suboxone
- Fentanyl
- Ativan

Treatment for NAS

Babies may need medicine to lessen the signs of withdrawal symptoms. The baby is often placed in a special unit in the hospital. This unit is called the Neonatal Intensive Care Unit (NICU). In the NICU, the

baby is treated by a special doctor called a neonatologist. The baby is watched closely until the dangerous withdrawal symptoms get better.

The mother's role

As a mother of a sick newborn, you need to get treatment for your prescription pain medication addiction or substance abuse. You deserve to be healthy, and need to be healthy to take good care of your baby. You may need to go through a program to help you get better. You may also need to take classes. These classes will help you learn how to take care of your baby at home. You may also need the support of your family and friends to help you and your baby.

Neonatal Abstinence Syndrome (NAS) *Continued from page 2*

Know that you are not alone and there are resources to help you throughout your recovery journey.

Caring for your baby at home

Babies with NAS can be irritable and cry more than healthy newborns. They usually like quiet, soothing environments. You can make your baby comfortable by wrapping her snugly in a blanket and rocking gently. Caring for a fussy, hard to soothe baby can be very frustrating. If you are feeling frustrated,

overwhelmed or having thoughts of hurting yourself or baby:

- Place your baby in the car seat or a safe place
- Find help
- Call a friend, family member, neighbor or your doctor immediately

Babies with NAS may need to be fed in small amounts and every few hours. Some babies may go home with medicine. It is important that you give your baby her medicine exactly as the doctor instructed. If

you have any questions, please call your doctor.

If your baby has any of these signs, call your doctor right away:

- A temperature above 100.4
- Is not eating
- Starts throwing up
- Starts having diarrhea

Call **911** immediately if your baby:

- Has trouble breathing
- Is hard to wake up
- Is having a seizure

Fetal Alcohol Spectrum Disorder (FASD)

There are many types of problems that a baby may develop from the mother drinking alcohol while pregnant. This is called fetal alcohol spectrum disorder. Infants born with this disorder may have:

- Problems growing
- Problems with development of normal skills and problems with behavior
- Abnormal facial features
- Life-long learning difficulties

Women who are pregnant or planning to get pregnant should not drink alcohol. Did you know some women are four to six weeks pregnant before their pregnancy is confirmed? There is no known amount of alcohol a pregnant woman can safely drink during

pregnancy. It is best not to drink alcohol while you are trying to get pregnant or are already pregnant.

If you drink alcohol and are worried you cannot stop, please contact your doctor or healthcare provider for help.

Smoking during pregnancy

Quitting tobacco is tough, but it's one of the best things you can do for both you and your unborn baby. The chemicals in tobacco can harm your baby. Babies born to mothers who use tobacco products can:

- Be born prematurely
- Have a low birthweight
- Have developmental delays
- Have birth defects

Call the Arizona Smokers' Helpline or ASHLine for help. The ASHLine has expert quit coaches who can help you in developing a plan to quit smoking. You can also go at your own pace using telephone or web-based quit services 24 hours a day, 7 days a week.

- All helpline services are available to you at no cost
- Coaching is available in English and Spanish

There are community resources to assist you during and after your pregnancy that can help you.



How do you know if you are high-risk?

Mercy Care Plan also has a case management program designed to help our high-risk pregnant members.

You might be a high-risk pregnant member, if you:

- Take prescription medicine for pain
- Take street drugs, smoke, and/or drink alcohol
- Have high blood pressure or a history of pre-eclampsia (high blood pressure, protein in the urine, severe headaches, rapid weight gain, swelling of the face, legs and hands)
- Are pregnant with more than one baby
- Are over the age of 35
- Have diabetes or a history of gestational diabetes
- Have a baby who was born prematurely
- Has an incompetent cervix
- Are losing weight
- Feel unsafe in your home environment

Who are Mercy Care Plan OB case managers?

OB case managers are a team of skilled and compassionate registered nurses and social workers. They are knowledgeable and caring and have backgrounds in OB nursing and case management.

How can an OB case manager help you?

The goal of our case managers is to help high-risk pregnant members get the care and services they need during and after their pregnancy. Case managers want to make sure that you have a healthy baby. Case managers will work with you during your pregnancy and up to eight

weeks after the birth of your baby. They will also:

- Be culturally sensitive to member's needs
- Assist with coordinating care with providers and community agencies
- Provide education on warning signs during pregnancy
- Provide education specific to the member's needs
- Assist with behavioral health interventions, such as helping the member schedule an appointment to talk to a behavioral health specialist, and schedule transportation to appointments
- Assist with gaining access to substance programs
- Assist with applying for WIC
- Assist with obtaining a breast pump when prescribed by a doctor

How do I get help from OB case managers?

Just call Mercy Care Plan Member Services and ask for an OB case manager. Representatives are available Monday through Friday, 7 a.m. to 6 p.m. Please call **602-263-3000** or **1-800-624-3879**. If you are deaf or have difficulty hearing, call **7-1-1**.

Your doctor can also refer you to an OB case management.

Community Resources

- **Southwest Human Development's Fussy Baby Program**
1-877-705-KIDS (5437)
www.swhd.org/programs/health-and-development/fussy-baby

- **Community Bridges' Center for Hope**
480-461-1711
www.communitybridgesaz.org/programs
- **Arizona's Smoker's Helpline ASHLine**
1-800-556-6222
www.ashline.org
- **Arizona Women Infant and Children (WIC)**
1-800-252-5942
www.azdhs.gov/azwic

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PREGNANCY CONNECTION is published as a community service for the members of Mercy Care Plan.

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Sources:

March of Dimes and The American College Obstetrics and Gynecology