

Master of Public Health
Integrative Learning Experience Report

***Improving maternal health literacy in Kansas: curriculum adaptation
of becoming a mom through a public health and equity lens***

by

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submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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2025

Summary/Abstract

This Integrated Learning Experience report describes a graduate internship conducted at the Kansas Department of Health and Environment, specifically within the Bureau of Family Health. The focus of the internship was the adaptation of the Becoming a Mom prenatal education curriculum to improve health literacy, cultural responsiveness, and accessibility for diverse and historically underserved populations in Kansas. The project aimed to address persistent maternal and infant health disparities by ensuring that prenatal education materials are written at or below a sixth-grade reading level, follow plain language principles, and incorporate inclusive images and content that reflect the lived experiences of pregnant individuals across the state.

Key activities included reviewing and revising curriculum content, applying evidence-based communication strategies, and integrating stakeholder feedback gathered through Health Equity Opportunity Project workgroup meetings and collaborative partnerships. The project also involved supporting grant-related documentation, attending Title V MCH and Kansas Perinatal Community Collaborative meetings, and preparing the curriculum for field testing. As part of this process, the intern developed a style guide, revision tracking system, and recommendations for future updates to supporting materials, including the slide deck used in live and virtual BaM sessions.

This work contributed to the Kansas Department of Health and Environment's mission to improve perinatal health outcomes through equitable and community-centered interventions. While reviewing and drafting updates to the Becoming a Mom curriculum, principles of reproductive justice, intersectionality, and inclusive representation in health education were applied to ensure the content reflected participants' diverse identities and experiences. By revising the Becoming a Mom curriculum to use plain language, reduce medical jargon, and include diverse imagery and culturally affirming content, the project actively challenged assumptions about who maternal health education is for and how it should be delivered. These changes were designed to better serve participants across lines of race, language, socioeconomic status, and education—core concerns that acknowledge how intersecting identities affect access to care. Field testing and further review of accompanying teaching tools will inform continued improvements. This project represents a practical application of public health and principles of reproductive justice, intersectionality, and inclusive representation in

action, supporting better maternal health outcomes and a more just, inclusive model of prenatal care.

Subject Keywords: Maternal health, prenatal education, health literacy, reproductive justice, curriculum development, public health communication

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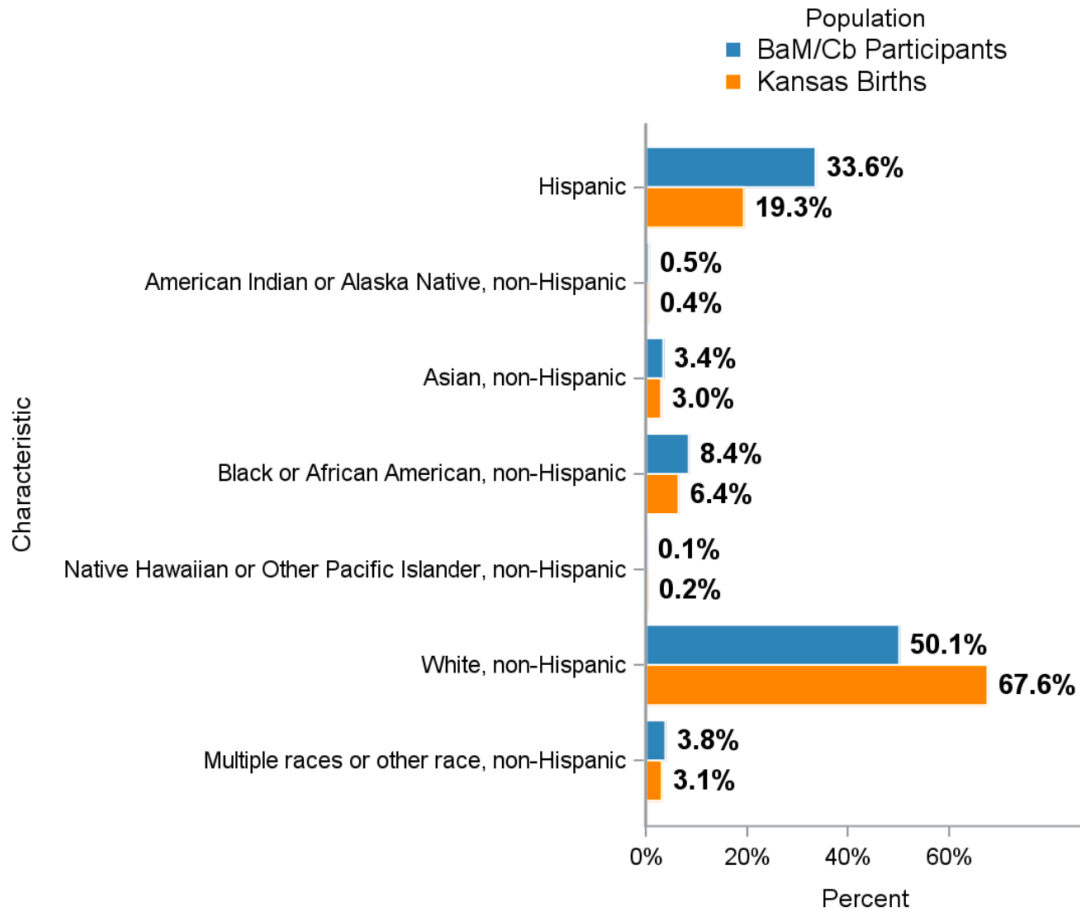
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Chapter 1 - Literature Review

Literature Review: Maternal and Infant Health Disparities and Prenatal Education

Maternal and infant health disparities remain a persistent public health concern in the United States. Black, Indigenous, and other people of color (BIPOC) are disproportionately affected by adverse pregnancy outcomes, including higher rates of maternal mortality, infant mortality, preterm birth, and low birth weight. Black women are nearly three times more likely to die from pregnancy-related causes than White women, even when controlling for income and education (Centers for Disease Control and Prevention [CDC], 2023). These disparities are influenced by a range of social determinants of health, including systemic racism, healthcare access, income inequality, chronic stress, and discrimination within the healthcare system (Braveman et al., 2017).

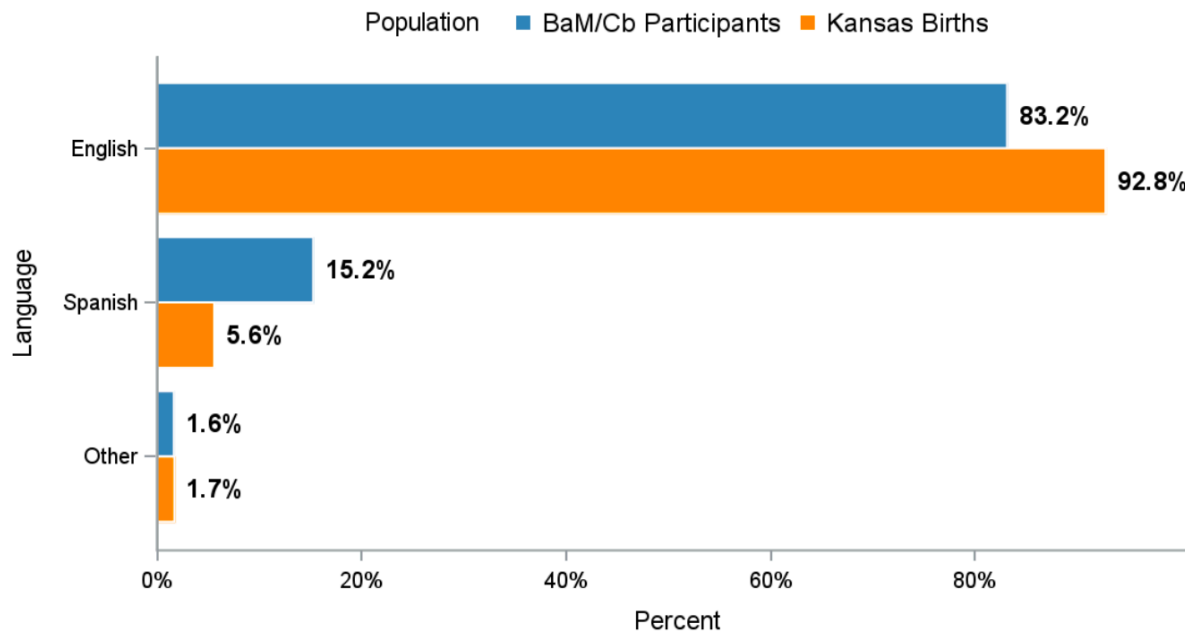
In Kansas, these national trends are reflected in local data. The Kansas Maternal Mortality Review Committee reported that the majority of maternal deaths in the state were preventable and disproportionately affected women of color (Kansas Department of Health and Environment [KDHE], 2023a). Barriers such as limited transportation, provider shortages, and inadequate access to culturally appropriate prenatal care contributed to these outcomes, particularly in rural and low-income communities (KDHE, 2023b). Data from the 2023 Becoming a Mom State Aggregate Report further emphasizes racial and ethnic disparities in perinatal care participation. For example, Figure 1.1 shows that Hispanic/Latina and non-Hispanic Black participants are overrepresented in BaM programming compared to their proportion of all births in Kansas, highlighting the importance of ensuring culturally responsive care for these populations (KDHE, 2025).



Note: Race categories in BaM/Cb program data include White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Maternal race and ethnicity varied significantly between BaM/Cb participants and Kansas-resident births. Source: KDHE Bureau of Family Health, BaM/Cb Program Data, 2023 Post-Survey Data; KDHE Bureau of Epidemiology and Public Health Informatics, Kansas Resident Live Birth Data, 2023

Figure 1.1 Race and Ethnicity Among BaM Program Participants Completing the Post-Survey in 2023 (N=736) and Maternal Race and Ethnicity Among Kansas Births During the Same Year

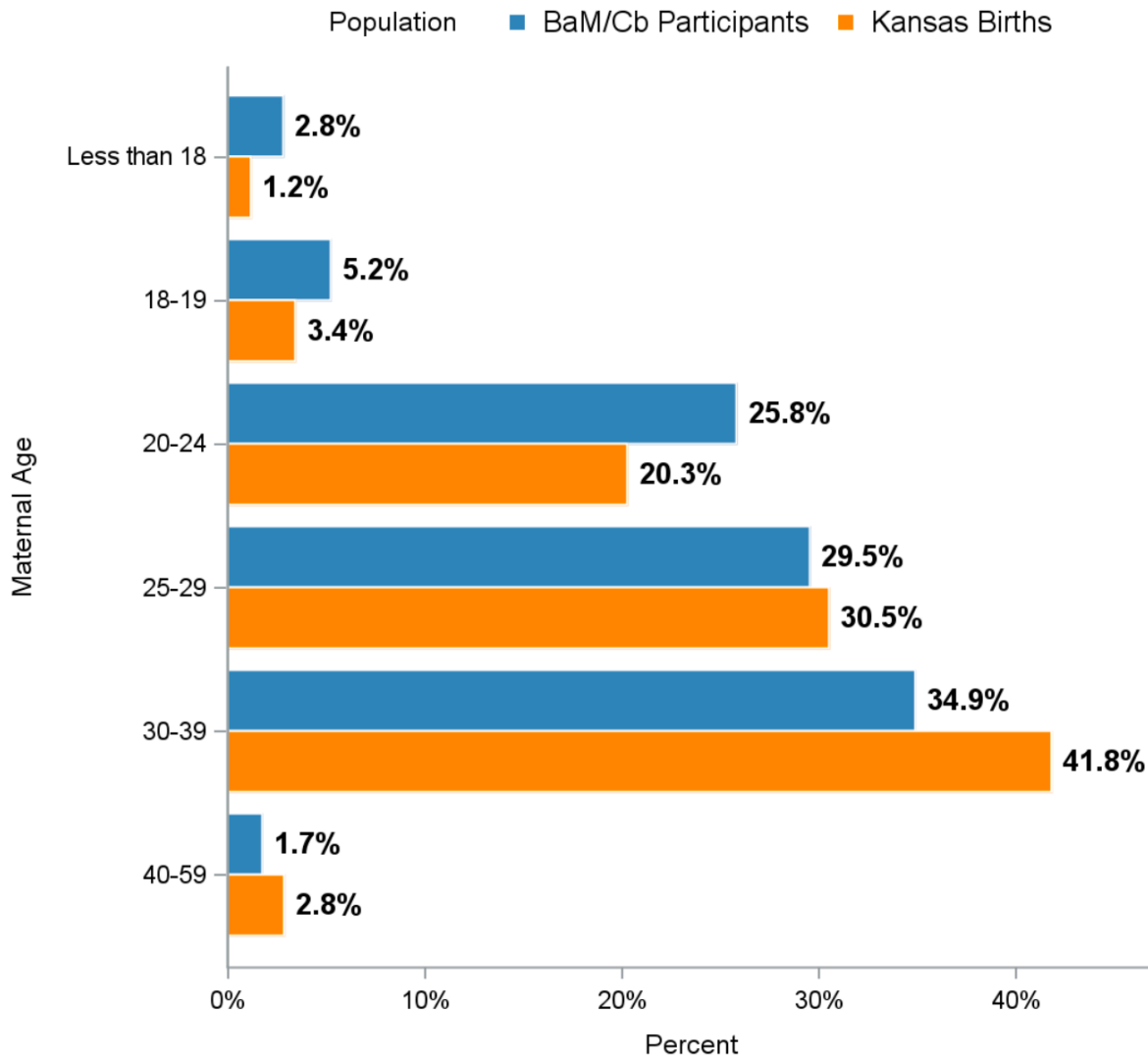
Language access is another critical factor influencing maternal health equity. According to the same report, a significant percentage of BaM participants speak a primary language other than English. Figure 1.2 illustrates that more than 30% of participants reported Spanish as their primary language—substantially higher than the general birthing population in Kansas (KDHE, 2025). This underscores the need for translated, low-literacy, and visual health education tools that are linguistically and culturally tailored.



Maternal primary language spoken varied significantly between BaM/Cb participants and Kansas-resident births.
 Source: KDHE Bureau of Family Health, BaM/Cb Program Data, Post-Survey Data, 2023; KDHE Bureau of Epidemiology and Public Health Informatics, Kansas Resident Live Birth Data, 2023

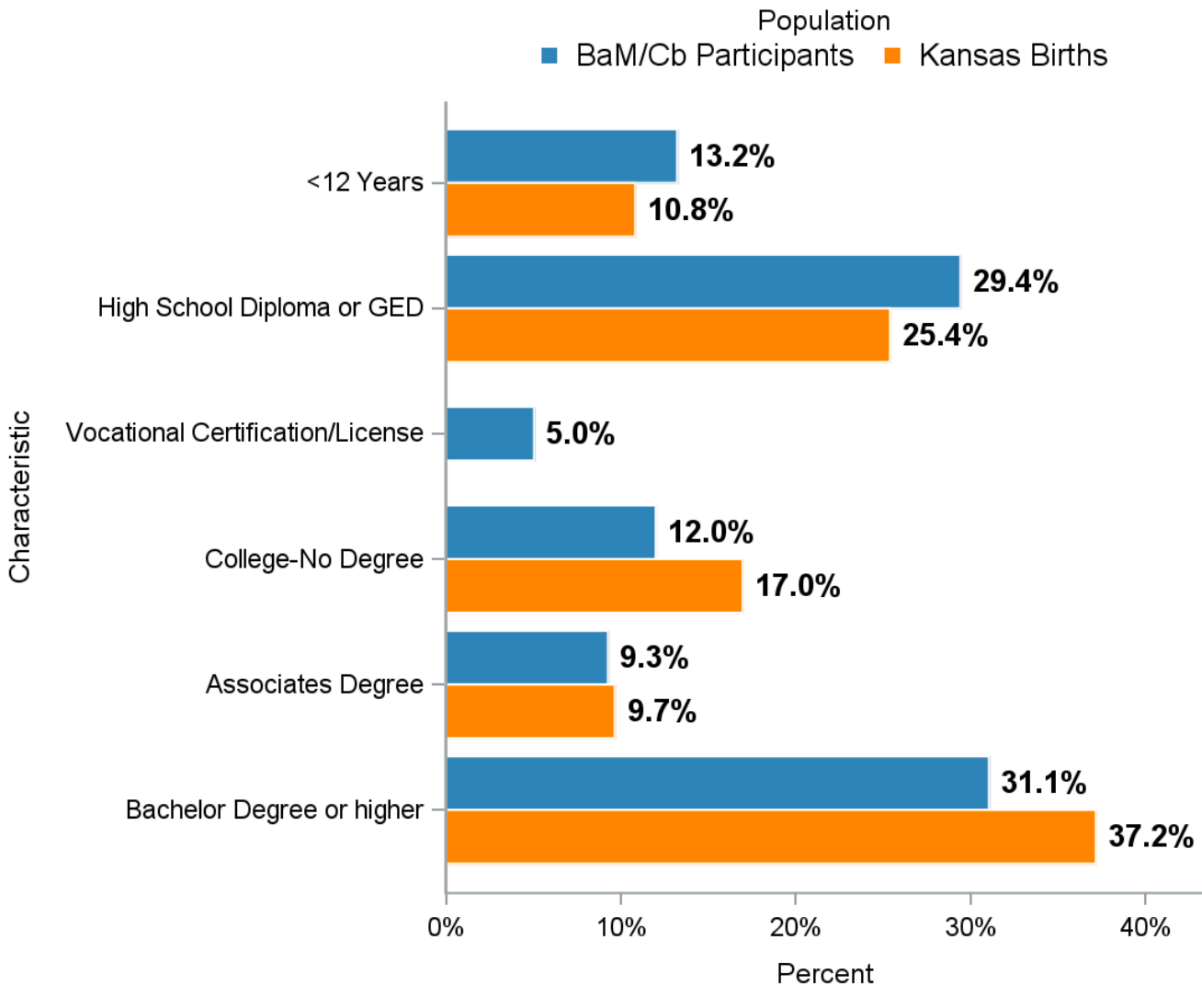
Figure 1.2 Primary Language Among Program Participants Completing the Post-Survey in 2023 (N=748) and Language Spoken at Home Among Kansas Births During the Same Year

Demographic characteristics from BaM post-survey data also support the need for inclusive, accessible curriculum materials. Figure 1.3 reveals that BaM participants represent a wide range of maternal ages, including both adolescent and older mothers. Figure 1.4 shows varied educational attainment levels among participants, with many not having completed post-secondary education (KDHE, 2025). These findings suggest that prenatal education materials must be adaptable to people from a wide range of ages and education levels to be effective.



Maternal age varied significantly between BaM/Cb participants and Kansas-resident births.
Source: KDHE Bureau of Family Health, BaM/Cb Program Data, Post-Survey Data, 2023; KDHE Bureau of Epidemiology and Public Health Informatics, Kansas Resident Live Birth Data, 2023

Figure 1.3 Age Among Program Participants Completing the Post-Survey in 2023 (N=748) and Maternal Age Among Kansas Births During the Same Year



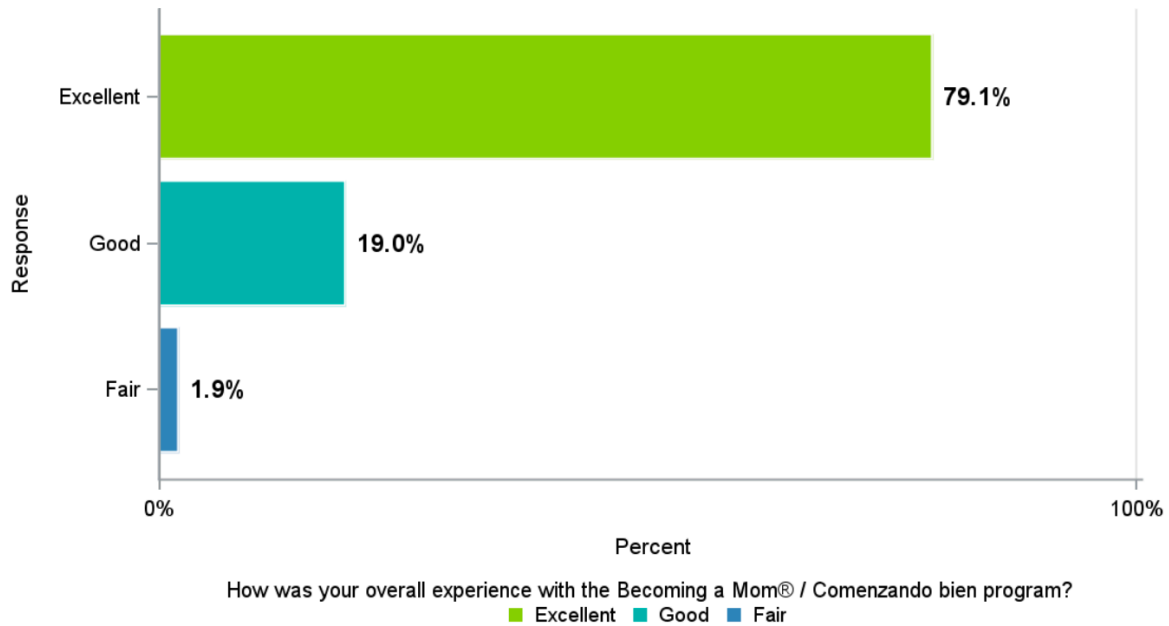
Note: The KDHE Program Visit Form includes a Vocational Certification/License category, whereas the birth certificate does not.

Maternal education level varied significantly between BaM/Cb participants and Kansas-resident births.

Source: KDHE Bureau of Family Health, BaM/Cb Program Data, Post-Survey Data Linked to KDHE Program Visit Form-Adult Data, 2023; KDHE Bureau of Epidemiology and Public Health Informatics, Kansas Resident Live Birth Data, 2023

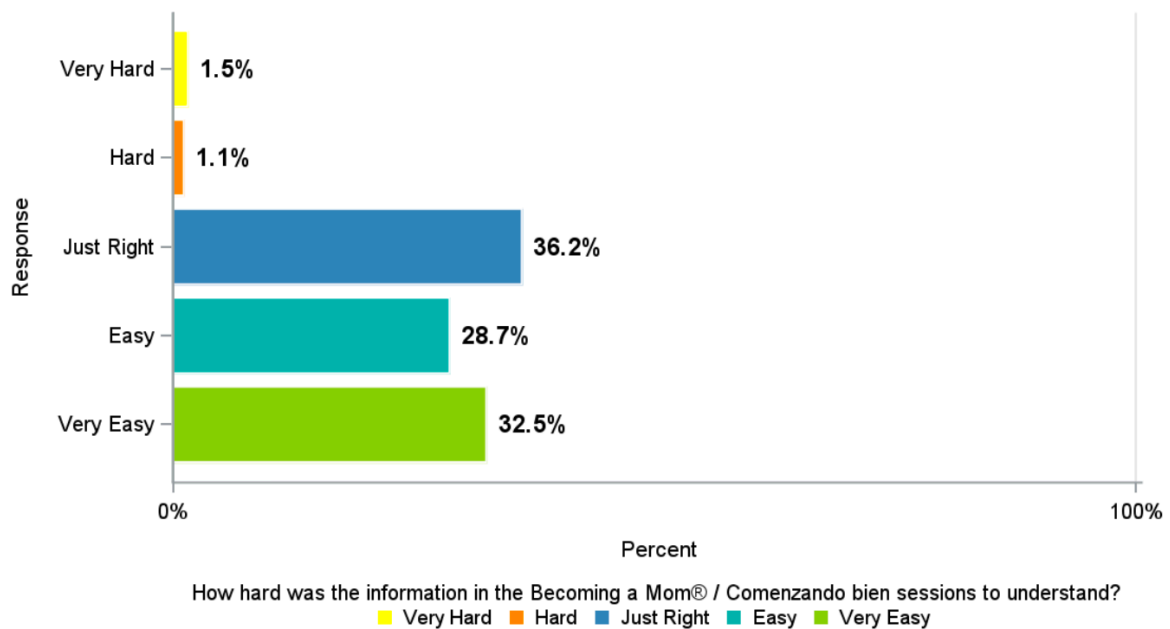
Figure 1.4 Education Level Among Program Participants Completing the Post-Survey in 2023 (N=748) and Maternal Education Level Among Kansas Births During the Same Year

In terms of health education outcomes, Figure 1.5 indicates that 79.1 percent of participants rated their experience in the BaM program as excellent, and Figure 1.6 shows that most found the content easy to understand (KDHE, 2025). However, a notable subset of participants still reported challenges understanding the material, highlighting opportunities for improvement through plain language and visual enhancements.



Source: KDHE Bureau of Family Health, BaM/Cb Program Data, 2023 Post-Survey Data

**Figure 1.5 How was your overall experience with the Becoming a Mom program?
(N=732)**



Source: KDHE Bureau of Family Health, BaM/Cb Program Data, 2023 Post-Survey Data

**Figure 1.6 How hard was the information in the Becoming a Mom sessions to
understand? (N=732)**

Evidence-based prenatal education programs, such as Becoming a Mom (BaM), have been shown to improve maternal knowledge, increase engagement with prenatal care, and support healthier outcomes for both mothers and infants (Bryanton et al., 2013). These programs provide culturally relevant and accessible information on topics such as nutrition, labor and delivery, postpartum care, and infant safety. Prenatal education programs also help connect expectant mothers to vital resources like WIC, breastfeeding support, and mental health care (KDHE, 2024).

Group prenatal education programs are associated with increased maternal self-efficacy, reduced social isolation, and improved birth outcomes (Lathrop, 2013). When adapted to meet the needs of specific populations—through inclusive language, visual aids, and translation—these programs can help reduce health disparities and improve communication between healthcare providers and the communities they serve (Anderson et al., 2019).

The adaptation of the Becoming a Mom curriculum through the Kansas Health Department of Health and Environment's Bureau of Family Health reflects a public health strategy focused on equity, accessibility, and community engagement. By ensuring prenatal education materials are inclusive and responsive to diverse populations, the Bureau supports its mission to improve maternal and infant health outcomes for all Kansas families.

Literature Review: Health Literacy, Visual Aids, and Readability in Prenatal Education

Health literacy is the ability to find, understand, and use health information, which is essential for individuals to make informed decisions about their care. However, many people in the United States struggle with health literacy, particularly individuals from immigrant communities, those with limited English proficiency, older adults, people with lower educational attainment, and individuals living in poverty. According to the U.S. Department of Education's National Assessment of Adult Literacy, nearly 9 out of 10 adults lack the skills needed to manage their health and prevent disease effectively (Kutner et al., 2006). Additional research shows that limited health literacy is especially common among racial and ethnic minorities, including Black and Hispanic populations, and is associated with poorer health outcomes, reduced use of preventive services, and higher rates of hospitalization (Berkman et al., 2011; U.S. Department of Health and Human Services, 2010). These barriers—including limited English proficiency,

unfamiliarity with medical terminology, and difficulty interpreting written health materials—are especially significant in prenatal care, where understanding topics like pregnancy, childbirth, and infant care is critical for healthy outcomes.

Research shows that using plain language and lowering the reading level of health education materials improves comprehension and recall of health information, especially among adults with limited literacy or non-native English speakers (Doak, Doak, & Root, 1996). The Centers for Disease Control and Prevention (CDC) recommends that public health materials be written at or below a sixth-grade reading level to improve accessibility (CDC, 2019).

In addition to plain language, the inclusion of images, graphics, and visual aids has been found to significantly enhance understanding. Visual elements help to reinforce key messages, provide context for unfamiliar terms, and make materials more engaging and culturally relevant. For example, simple illustrations of prenatal exercises, healthy meals, or stages of labor can help learners grasp and retain information more effectively, even if they struggle with written English (Houts et al., 2006). Visuals also serve as universal communication tools that bridge linguistic gaps and accommodate diverse learning styles.

Additionally, aggregate survey responses, as shown in Table 1.1 and Table 1.2, support the value of BaM in increasing maternal knowledge and confidence. These tables summarize participant-reported learning gains and behavioral intentions post-program, including intentions to attend all prenatal visits, practice safe sleep habits, and avoid alcohol or tobacco use during pregnancy (KDHE, 2025). While the overall response was positive, the tables also show variation in understanding across different topics, further justifying efforts to revise and simplify the educational content for greater impact.

Table 1.1 Number of Program Participants Completing Survey Questionnaires in 2022, by Site and Survey Type

Site Name	Pre-Survey*	Post-Survey*	Outcome
Barton County	10	6	4
Clay County	5	3	2
Crawford County	36	27	15
Geary County	38*	24	16
Dickinson County	0	0	0
Finney County	0	0	0
Ford County	0	0	0
Kearny County	0	0	0
Lincoln County	2	2	2
Linn County	0	0	0
Lyon County	68	59	68
Montgomery County	11	6	5
Reno County	32	17	11
Riley County	147	87	106
Saline County	86	64	44
Sedgwick County	326	229	169
Seward County	23	23	16
Shawnee County	27	21	23
Thomas County	18	18	27
Wyandotte County	54	21	12
Total	882	608	520

* The data represent participants who completed the respective form during the calendar year.

† This number reflects the number of unique participants who completed the Birth Outcome Card (therefore does not reflect multiple births).

* 1 participant transferred (counted only once in Total).

Source: KDHE Bureau of Family Health, BaM/Cb program Data

Table 1.2 Percent of Participants Completing the Program in 2023 Who Answered Questions Correctly about Benefits of Full-Term Pregnancy, Signs of Preterm Labor, and What to Do if Experiencing Preterm Labor

Question	Pre-Survey (%)	Post-Survey (%)
The following are benefits of a full-term pregnancy: (check all that apply) (N=711)		
Baby's brain growth and development	94.9	97.9*
Baby's lung development and maturity	94.2	95.4
Less likely to be admitted to the Neonatal Intensive Care Unit (NICU)	81.6	87.5*
Improved ability to breastfeed	65.4	75.9*
Which of the following are signs of preterm labor/labor? (check all that apply) (N=655)		
Vaginal bleeding	64.7	82.1*
Increased vaginal pressure or the feeling that your baby is pushing down	71.0	84.0*
Low, dull backache	54.5	76.9*
Belly cramps with or without diarrhea	44.7	72.1*
Cramps that feel like your period	55.9	71.1*
None of the above	88.2	98.2*
I should do the following if I'm experiencing preterm labor: (check all that apply) (N=680)		
Call my health care provider	93.8	95.0
Stop what I'm doing and rest on my left side for one hour	35.6	61.3*
Drink 2-3 glasses of water or juice	29.6	51.8*
None of the above	96.0	99.1*

* Statistically significant change observed in the percentage of participants answering correctly.

N is the number of participants who answered the question in both the Pre-Survey and Post-Survey. For check-all-that-apply questions, participants were considered as answering the question if they checked at least one answer.

Source: KDHE Bureau of Family Health, BaM/Cb Program Data, 2023 Post-Survey Data Linked to Pre-Survey Data

When educational materials combine clear, culturally sensitive language with relevant and meaningful visuals, they are more likely to empower individuals to act on health recommendations, ask informed questions, and feel confident navigating the healthcare system (Wilson, Makoul, Bojarski, & Bailey, 2008). These strategies are particularly important in group-based prenatal education programs like Becoming a Mom, which serve families from a wide range of backgrounds.

The adaptation of the Becoming a Mom curriculum as part of my project reflects these best practices by simplifying content, incorporating diverse imagery, and increasing the readability of the materials to better serve Kansas communities.

Public Health Agency Overview

My Integrated Learning Experience (ILE) project was completed through an internship with the Kansas Department of Health and Environment (KDHE), specifically within the Bureau of Family Health (BFH). The Kansas Department of Health and Environment serves as the state's public health agency, overseeing a wide range of programs that support health promotion, disease prevention, and environmental protection across Kansas. Within KDHE, the Bureau of Family Health is tasked with improving the health and well-being of women, infants, children, and families through both direct service programs and systems-level support. The Bureau of Family Health administers programs such as maternal and child health services, newborn screening, home visiting programs, early childhood initiatives, family planning services, and prenatal education efforts. The Bureau's work is grounded in data-driven strategies, health equity principles, and collaborative partnerships with local organizations and communities. KDHE and the Bureau of Family Health are headquartered in Topeka, Kansas, but their work has a far-reaching impact through partnerships with local health departments, hospitals, clinics, and community-based organizations across the state.

During my internship, I contributed to several projects under the Bureau's umbrella, with a focus on maternal and infant health equity. One of the key programs I supported was the Kansas Perinatal Community Collaborative (KPCC), a community-based initiative housed under the KDHE Bureau of Family Health. The KPCC works to improve maternal and infant health across the state by supporting coalitions, fostering cross-sector collaboration, and expanding access to evidence-based prenatal education programs. The agency partners with local health departments, hospitals, community-based organizations, and families to promote health equity and reduce disparities in perinatal outcomes. KPCC is headquartered in Topeka, Kansas, and operates within the Maternal and Child Health (MCH) section of KDHE.

Mentor/Preceptor Background

My preceptor for this project was Stephanie Wolf, RN, BSN, CLC, who has served as the Clinical Perinatal and Infant Health Consultant and Kansas *Becoming a Mom* Program Coordinator for the Kansas Department of Health and Environment Bureau of Family Health (BFH) since 2015. Prior to her time at KDHE, Stephanie spent 15 years as the Maternal Child Health (MCH) Coordinator at the Saline County Health Department. Stephanie is passionate about public health and is committed to helping support local providers to better serve the MCH population. Stephanie has led multiple initiatives to improve prenatal care access and equity across Kansas and is recognized for her collaborative leadership and commitment to data-informed practice.

Primary Focus Area: Adaptation of the Becoming a Mom Curriculum

The primary focus of my internship project involved contributing to the adaptation of the Becoming a Mom curriculum, an evidence-based prenatal education program offered through the Kansas Department of Health and Environment's Bureau of Family Health. The BaM program aims to improve maternal and infant health outcomes by providing expectant mothers with culturally relevant, accessible information about pregnancy, childbirth, and postpartum care.

My role in this project focused on reviewing and modifying the BaM curriculum to better meet the needs of diverse communities across Kansas, particularly underserved and historically marginalized populations. This included simplifying medical language, incorporating inclusive language and images, ensuring cultural responsiveness, and aligning educational content with current clinical guidelines and public health best practices.

Additionally, I assisted in gathering stakeholder feedback, including input from community partners, health educators, and perinatal care providers, to guide curriculum improvements. I also contributed to the development of supplemental educational materials and communication tools designed to support program implementation in both clinical and community settings.

This project directly supported the Bureau of Family Health's goals to promote equity in prenatal education, improve health literacy, and expand access to quality perinatal care throughout the state.

Chapter 2 - Learning Objectives and Project Description

Project Description

As part of my Integrated Learning Experience, I completed an internship with the Kansas Department of Health and Environment, Bureau of Family Health, where I supported the adaptation of the Becoming a Mom prenatal education curriculum. BaM is an evidence-based program originally developed by the March of Dimes, designed to provide pregnant individuals with accessible information about pregnancy, labor and delivery, postpartum care, and early parenting. The program is widely implemented across Kansas in clinical, community, and public health settings. My project focused on revising and modernizing the English version of the curriculum to improve its clarity, cultural relevance, and accessibility. The revisions were designed to address barriers such as limited English proficiency and low health literacy, which are common among underserved populations in Kansas.

The scope of the project included simplifying medical language, reducing jargon, and rewriting materials using plain language principles. Special attention was given to aligning the materials with the CDC's *Everyday Words for Public Health Communication* guidelines and ensuring the reading level did not exceed sixth grade. I also recommended the integration of visual aids and graphics to better support participants who are visual learners or non-native English speakers. These changes aimed to ensure that all expectant parents, regardless of their language or literacy level, could engage meaningfully with the BaM curriculum and feel more confident in their prenatal journey. This work aligns with KDHE's broader goal of advancing health equity and improving maternal and infant health outcomes across the state.

Learning Objectives

The learning objectives for this project were developed in collaboration with KDHE staff to ensure that the internship provided practical, skills-based experience aligned with my academic training in public health. The first objective was to apply public health literacy and communication strategies by adapting health education content into plain language. The second was to gain experience reviewing and updating materials in a way that reflects current best practices in maternal and child health. The third objective focused on developing technical writing skills specific to public health program implementation. Additionally, I sought to

strengthen my ability to work collaboratively with state agency staff and contribute to a large-scale, community-facing health intervention. Finally, I aimed to deepen my understanding of how state-level public health programs use data, stakeholder input, and research to guide health promotion strategies. These objectives were met through hands-on project work and regular professional interactions with KDHE staff and partners.

Responsibilities

During my internship, I was responsible for conducting a detailed review of the existing Becoming a Mom curriculum and revising it to meet the public health communication needs of diverse populations in Kansas. This included simplifying complex medical content, restructuring lessons for clarity, and enhancing the curriculum's inclusiveness through more diverse imagery and accessible formatting. I participated in bi-weekly virtual meetings (BaM Health Equity Opportunity Project Workgroup Meetings) with the Clinical Perinatal and Infant Health Consultant and other stakeholders from across Kansas (Sedgwick County, Saline County, Seward County, and other Pregnancy Maintenance Initiative (PMI) grantees) to provide progress updates and incorporate feedback. I organized all of the notes for these meetings by sending out agendas and content before the meetings and compiling meeting minutes and summaries to be used when drafting the adapted curriculum (Figures 2.1-2.3). I also researched national best practices for culturally competent health education and applied those findings to the revised curriculum. In addition to writing and editing content, I supported grant-related activities by contributing narrative descriptions of the adapted curriculum and its alignment with health equity goals.

Throughout the internship, I also regularly attended monthly Kansas Perinatal Community Collaborative (KPCC) meetings and KDHE Title V MCH team meetings. These meetings gave me insight into broader maternal and child health initiatives across the state and allowed me to better understand how public health programming is shaped by interagency collaboration, data monitoring, and community feedback. These experiences also gave me the opportunity to observe professional communication strategies and stakeholder engagement in real time, further supporting my learning objectives.

My responsibilities were outlined in both my contract and internship description documents. According to the official scope of work, I was expected to follow plain language principles,

incorporate CDC communication guidelines, and ensure the reading level of materials did not exceed sixth grade. The project also required me to maintain detailed records of my work and hours, in compliance with KDHE's fiscal and reporting procedures. Throughout the internship, I received mentorship from KDHE's Title V Maternal and Child Health Director and collaborated with members of the Kansas Perinatal Community Collaborative. This opportunity allowed me to apply classroom knowledge to a real-world setting while contributing to meaningful improvements in maternal and child health education across the state.



**BAM HEALTH EQUITY
OPPORTUNITY PROJECT
WORKGROUP MEETING
MEETING AGENDA
NOVEMBER 14TH, 2023**

FEEDBACK

- Brief discussion/feedback on outline template, how things are going so far

REMINDERS

- The products of this workgroup and the outcomes of the HEOP project and its funding commitment will only be as good as the effort **YOU** put into it as a member.
- Due Dates for Outlines and Next Workgroup Meeting

[2:30-2:45] INTRODUCTION

REVIEW OF PREVIOUS DOCUMENTATION

- Discussion/Notes/**Approval** of 10/31 Meeting Minutes

DISCUSSION - UPCOMING MEETINGS

- Next meeting currently set for 11/28 2:30-3:30pm
- Outline due date (Tentatively Sunday 11/26 by 5pm)
- December Meetings

[2:45-3:25] DISCUSSION/CONSENSUS ON HANDOUTS

REVIEW SUMMARY OF OUTLINES

- [2:45-2:55] 3-5 Key Points/Takeaway Messages for Handout Topics
- [2:55-3:05] Cultural Considerations to be Addressed
- [3:05-3:10] Prioritization of Topic Areas/Messaging Based on Gestational Age of Pregnant Person
- [3:10-3:15] Ideas for Engagement Activities for Topic Areas
- [3:15-3:20] Suggested Supplemental Resources
- [3:20-3:25] Goals/Assignments for Next Workgroup Meeting

[3:25-3:30] IDENTIFY NEXT WORKGROUP HANDOUTS/TOPICS

- Remaining Session 1 Handouts:
 - Preterm Labor
 - Gestational Diabetes
 - Preeclampsia
 - Signs and Symptoms of Preeclampsia
 - Low-dose aspirin to prevent preeclampsia and premature birth
 - Placenta Previa
 - Rh Factor
 - Group B Strep Infection
 - Tips for a Successful Appointment
 - Urgent Maternal Warning Signs

November 14, 2023 — Meeting Agenda Page 1 of 2

November 14, 2023 — Meeting Agenda Page 2 of 2

Figure 2.1 Example of Becoming a Mom Health Equity Opportunity Project Workgroup Meeting Agenda

INTRODUCTION | Carissa Jonak/Stephanie Wolfe began the meeting at 2:00PM.

ATTENDANCE

Member	Department/Position	Present
Stephanie Wolf	KDHE BaM Program Coordinator	X
Carissa Jonak	KDHE/KPCC BaM Intern	X
Heather Roberts	Catholic Charities	X
Amanda Trejo	Seward Co. Health Dept.	X
Leticia Arredondo	Seward Co. Health Dept	X
Juliet Swedlund	KDHE KPCC Coordinator	(Optional)
Jennifer Bruns	Lawrence-Douglas Co. Public Health	X

PRESENTATION | Carissa - BaM Curriculum Adaptation Research/Recommendations

Discussion

- Research primarily focused on online resources—due to lack of information online about in-person programs.
- Baby Center has free videos
- CDC website has content that is free for mothers.
- Online Resource Databases
- Need for more videos in Spanish, which is currently lacking in BaM & other programs.

Should we proceed with this project?

- All members unanimously decided **YES**, we should proceed with the BaM curriculum adaptation.

MAIN POINTS

- Vision for Scope of Work
 - Identify if a low-literacy program exists, then move forward with adaptation
 - Develop of "Cliff Notes" version of the current BaM curriculum while also accounting for cultural considerations
- Schedule/Timeline

October 31, 2023 — Meeting Minutes

Page 1 of 2

- Biweekly Meetings to divide content | Goal: 6 months to review content, then look at evaluation tools and proceed to field testing
- Cost
 - KDHE supporting BaM is the most feasible from an agency perspective
- Biweekly Workgroup Meetings
 - Tuesdays 2:30-3:30PM | determined that this time will work for everyone
 - Stephanie - Handout Breakdown (roughly 1/2 of each session per meeting)
- Prep work to be completed prior to biweekly meetings:
 - Review assigned handouts.
 - Complete Outline, set due dates (typically due the Friday before each meeting by 5pm)
- Discussion of upcoming November/December Meetings

IDENTIFY HANDOUTS/TOPICS FOR NEXT WORKGROUP MEETING

- Session 1.1 Handouts:
 - Staying Healthy
 - Common Discomforts
 - Prenatal Care
 - Prenatal Screening
 - Your Baby's Movement
 - Count the Kicks
 - Good Oral Health

ANNOUNCEMENTS

- Next meeting set for 11/14/23 2:30-3:30PM
- Watch email for Template Outline 1.1 | Due 11/10 by 5PM
- Review 10/31 meeting minutes prior to 11/14 meeting

ADJOURN | Meeting adjourned at 3:00PM.

October 31, 2023 — Meeting Minutes

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Figure 2.2 Example of Becoming a Mom Health Equity Opportunity Project Workgroup Meeting Minutes

SESSION 1: WEEK 1 REVIEW | SUMMARY

SESSION 1: WEEK 1 REVIEW

TOPIC/HANDOUT	KEY POINTS/TAKE-AWAYS: (TRY TO STICK TO 3-5 PER TOPIC)	CULTURAL CONSIDERATIONS	SUPPLEMENTAL RESOURCE SUGGESTIONS	ENGAGEMENT ACTIVITY IDEAS	NOTES	PRIORITIZATION OF TOPIC AREAS/MESSAGING, BASED ON GESTATIONAL AGE																
STAYING HEALTHY	All headings - Go to your prenatal checkups and share your questions and concerns. - Take care of your mental health. - Take prenatal vitamins with 600 micrograms of folic acid - Don't take drugs, alcohol, or use marijuana *Protect yourself from infections. *Get help if your partner abuses you *Take PNV *Eat healthy foods & stay active *Prenatal check ups	-Define "Junk Food" -Herbs: some people use different herbs some are healthy, and some are not. -No PNC in their country -Language barrier -Herb use is common that can have negative effect in pregnancy	-Hands on demonstration -Discussions	Looking online for prenatal pills- how they look online. Act- have two people act like they are calling to make a Dr apt. what questions to ask, how to set them up, how to schedule other ones and cost per visit Before reviewing the handout, facilitated discussion/sharing about the healthy things people are already doing or know about and "want" to do for themselves and their baby. List them on a white board/ After, highlight things from the handout and add things that were left off the list. -Germ demonstration -Role play -Providing healthy snacks or making a healthy snack as a group	Present in a condensed table format with images and only a few key words for each heading/talking point. Ideal in 1st tri. Too wordy/text heavy, more images There is a lot of "do/don't" language. Very text heavy Adjust language to be more strengths-based, exploratory, and honoring inherent/existing knowledge If someone shares an idea that isn't actually healthy, it's a great chance to discuss myths and misinformation and how recommendations change as we get new information	<table> <tr> <th></th> <th>low</th> <th>med</th> <th>high</th> </tr> <tr> <td>2nd Trimes</td> <td></td> <td>2</td> <td>2</td> </tr> <tr> <td>3rd Trimes</td> <td>1</td> <td>3</td> <td></td> </tr> <tr> <td>36-40 wks</td> <td>3</td> <td></td> <td></td> </tr> </table>		low	med	high	2 nd Trimes		2	2	3 rd Trimes	1	3		36-40 wks	3		
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COMMON DISCOMFORTS	All headings 1. Always sleep on your left side to help with blood flow, comfort of you and baby. 2. Some uncommon discomforts include breast changes and vaginal discharge. Consult dr. if blood or bad smelling discharge. 3. Morning sickness- eat 5-6 meals a day and do not get out of bed without eating a few crackers if having morning sickness. 4. Share what the signs and symptoms of preterm labor is. 5. Drink plenty of water- it will help with constipation or hemorrhoids.	Ask about cultural “remedies” for these discomforts and discuss if these are appropriate or any safety concerns -Some cultures do not talk about breasts or vaginas. We need to do it but be very respectful and kind in the conversation. -some cultures eat right before bedtime, eat spicing foods, or does not eat crackers. Give other bland options. Too wordy Some folks may experience discomfort with the information shared here, especially with a co-ed audience. Could be important to acknowledge that discomfort is normal, but so are some of these experiences and it’s important to help you be as comfortable as you can be. Create a safe space. -Take herbs to feel better -Stigma on going to doctors and taking medicine while pregnant.	Healthy snack and meal ideas: Any one of these would be good. We wouldn’t need all of them https://www.webmd.com/baby/ss/slideshow-pregnancy-snacks https://www.babycenter.com/pregnancy/diet-and-fitness/10-healthy-snacks-for-pregnancy_10396237 https://www.babycenter.com/pregnancy/diet-and-fitness/15-healthy-recipes-for-pregnancy_10412591 https://www.babycenter.com/pregnancy/diet-and-fitness/what-to-eat-when-pregnant-the-12-best-foods_10392775 -Give written info on meds they can take while pregnant.	Have two examples of pillows- show people how to sleep on their left side. Both with a body pillow and with other pillows. Show examples of good bras with wide straps. Also give examples of where to buy them for reasonable prices. A large drawing/ cutout of the pregnant body – each discomfort is on a laminated notecard with more info about “what you can do.” Each person places the card on the effected part of the body – either the person or the instructor talks about what they can do (demonstrations helpful when applicable. Like back ache, leg cramps) -Demo on approved medications	Present in a condensed table format with images and only a few key words for each descriptor and possibly images for “what you can do”. Ideal in 1 st tri. If preterm labor signs and symptoms need discussed in conjunction with this, have them bulleted on their own slide and ask that participants take a picture, so they remember what to look out for Very text heavy	<table><tr><td></td><td>low</td><td>med</td><td>high</td></tr><tr><td>2nd Trimes</td><td></td><td>2</td><td>2</td></tr><tr><td>3rd Trimes</td><td>1</td><td>1</td><td>2</td></tr><tr><td>36-40 wks</td><td></td><td>1</td><td>2</td></tr></table>		low	med	high	2 nd Trimes		2	2	3 rd Trimes	1	1	2	36-40 wks		1	2
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PRENATAL CARE	• Prenatal care provides an opportunity for you to discuss concerns and learn about resources and ways to increase your chances of being healthy and having a healthy baby. • Go to all your prenatal care checkups, even if you're feeling fine. • Getting early and regular prenatal care can help you be healthy and have a full-term baby (between 39 weeks and 40 weeks, 6 days). This gives your baby the time they need in the womb to grow and develop. • Need to take prenatal vitamin with 600 mg of folic acid. • Frequency of appts to expect presented in a brief table (i.e., image of scale, BP cuff, urine test, blood test, pelvic exam) • Present what to expect in a brief table with images • It is important to tell your provider: (This could be in a table format using images and only key words) ○ What prescription medications you are taking ○ What OTC meds you are taking ○ What vitamins or other supplements or home remedies you are taking ○ What harmful substances you or your partner are using (smoking, alcohol, street drugs, chemicals)	Ask what prenatal care looks like in their native country and discuss the differences and why it is important -other cultures do not see the doctor as much. Really, stress that checkups prevent problems for mother and baby. -explain what a Pap smear is and pelvic exam- knowledge helps relieve fear -it is not disrespectful to ask questions and asking questions does not mean that you are not respecting the doctor's authority. *Prenatal care is not readily available *Uncertified doulas are used as doctors	-Detailed discussion on prenatal visits. -Videos that are easy to understand	-role-play how the first appointment will look like. -help people know that they can have someone that they feel comfortable with come with them to the meeting -Open discussion	Ideal in 1st tri. Present in a condensed table format with images and only a few key words	<table><tr><td></td><td>low</td><td>med</td><td>high</td></tr><tr><td>2nd Trimes</td><td></td><td>2</td><td>2</td></tr><tr><td>3rd Trimes</td><td>3</td><td></td><td>1</td></tr><tr><td>36-40 wks</td><td>2</td><td></td><td>1</td></tr></table>		low	med	high	2 nd Trimes		2	2	3 rd Trimes	3		1	36-40 wks	2		1
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PRENATAL SCREENING	• Prenatal tests are medical tests you get when you're pregnant. • They help your provider find out how you and your baby are doing. • Some are: (use images) ○ standard (image of BP cuff) ○ checking for infections (like syphilis, gonorrhea, HIV, etc.) ○ screening for conditions (i.e. gestational diabetes or birth defects in baby) ○ may be blood tests or ultrasound (use images) 1. Ultrasound- at about 20 weeks. This will be where they check the health of the baby and make sure everything is running smooth. You will also learn the gender at that time. 2. Glucose screening test- this is to see if you have gestational diabetes. 3. Counting the kicks-, this is keeping track of fetal movement each day at the same time of the day to make sure the baby is moving, as they should be. *Ultrasound *Glucose *Group B	Ask what prenatal screening looks like in their native country and discuss the differences and why it is important -genetic counseling for some religions is not allowed/ okay to do. I feel like verbiage around tests providing peace of mind, and can help you plan or prepare in the event you're at an increased likelihood... Also, reference to mental health support? *Knowledge deficit *No prenatal care in their native country	-Demo on equipment used. -Discussion -Videos	-Discussion	Ideal in 1st tri. Could be presented via a table or smart art with images Most people are not interested in doing early testing. Some did not start seeing the doctor until after 13 weeks, or even if they did learn of something, they will not take action like an abortion. It just depends on the person but most of the time we do not talk about first trimester testing I think this verbiage needs to be the first line under Cell-free DNA screening – it currently is at the very bottom: "The test isn't recommended if you're not likely to have a baby with a genetic condition or if you're pregnant with multiples (twins, triplets or more)." Are amnio's routinely done?	<table><tr><th></th><th>low</th><th>med</th><th>high</th></tr><tr><td>2nd Trimes</td><td></td><td>2</td><td>2</td></tr><tr><td>3rd Trimes</td><td>1</td><td>2</td><td>1</td></tr><tr><td>36-40 wks</td><td></td><td></td><td>3</td></tr></table>		low	med	high	2 nd Trimes		2	2	3 rd Trimes	1	2	1	36-40 wks			3
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YOUR BABY'S MOVEMENT	• Baby's first movements around 18 to 22 weeks (It may feel like twitches, butterflies in your belly, gas bubbles or hunger pangs). • Changes to thumps or summersaults. • 3rd tri – strong movements every day. It is NOT true that baby movements slow down toward the end of pregnancy. Decreased baby movement (or sometimes increased baby movement) may be a warning sign of a placenta problem or other problem for the baby - Call right away and tell your provider about any concerns 1. You will feel your baby's first movement around 18 to 20 weeks. This might feel like twitches, butterflies in your belly, gas bubbles or hunger pangs. 2. It is not true that baby movements slow down towards the end of your pregnancy. 3. Baby movements can be a sign of your baby's well-being. If it decreases or increase movements that is important to contact your doctor. 4. Do not wait until your next appointment to speak to your doctor- call immediately. *When movement should be felt *How to monitor *When to report no fetal movement or decreased fetal movement	<i>*Their families input they believe what the doulas have to say in their country. Many times it outweighs what nurses have to say.</i>	I think we should use this form. It is small and most of everything is needed. Count the Kicks -Handouts with information on how movements should feel and how to monitor fetal movements	-have women ask questions or describe how their movement is. Try to show others that they are all different but it is different because your child is different. Downloading and trying out the Count the Kicks app together. If it's too early in pregnancy, then downloading and discussing how it can be used -Videos	<i>Again, could be presented via a table or smart art with images</i> Do not compare yourself to others- your babies' movements are unique to you.	<table><tr><th></th><th>low</th><th>med</th><th>high</th></tr><tr><td>2nd Trimes</td><td>1</td><td>2</td><td>1</td></tr><tr><td>3rd Trimes</td><td></td><td></td><td>3</td></tr><tr><td>36-40 wks</td><td></td><td></td><td>3</td></tr></table>		low	med	high	2 nd Trimes	1	2	1	3 rd Trimes			3	36-40 wks			3
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COUNT THE KICKS	 1. Counting your baby's kicks (and jabs and rolls) is important because a change in movement in the third trimester is often the earliest sign of distress in a baby. 2. Count your baby's movements every day at the same time. 3. Time how long it takes your baby to get to 10 movements. 4. Call your provider right away, if you notice a change in strength of movements or how long it takes your baby to get to 10 movements. 5. Trust your instincts. Call your doctor or go to the hospital if something is not normal. *How often baby should kick *How long it takes for baby to get 10 movements *When to call doctor	Utilize resources available in multiple languages	I think we should use this form. It is clear. Easy to read and short. Show them the app on a screen or their phone -Written info. -Discussion -Videos	Video in English Video in Spanish App in 12 languages https://countthekicks.org/download-app/ -Have everyone download the app on her phone. -make sure that the teacher is having a fake pregnancy so that they can see how to really use the app. Do not assume they can figure it out. Show it completely. Downloading and trying out the Count the Kicks app together. If it's too early in pregnancy, then downloading and discussing how it can be used -Demo how to use count the kicks app	Utilize images and key words from https://countthekicks.org/ The main thing is to help them learn that prevention is key. They can monitor you and baby so that everyone is okay, Can be used instead of "Your Baby's Movement"	<table><tr><td></td><td>low</td><td>med</td><td>high</td></tr><tr><td>2nd Trimes</td><td>1</td><td>3</td><td></td></tr><tr><td>3rd Trimes</td><td></td><td></td><td>4</td></tr><tr><td>36-40 wks</td><td></td><td></td><td>4</td></tr></table>		low	med	high	2 nd Trimes	1	3		3 rd Trimes			4	36-40 wks			4
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GOOD ORAL HEALTH	- Get oral health care - Is safe during pregnancy - Changes in pregnancy can effect oral health (swollen, bleeding gums, etc.) - Changes in your oral health can effect your baby's health (bacteria entering bloodstream, inflammation, etc.) - Practice good oral hygiene - Brush teeth 2x/day - Rinse with mouthwash - If vomiting, rinse after with 1 tsp baking soda in 1 c. water - Eat healthy foods -choose foods and drinks low in sugar 1. Taking care of your mouth while you are pregnant is important for you and your baby. Brush your teeth twice a day. 2. A bad tooth infection in your mouth could spread throughout your body. 3. You are allowed to go to the dentist while you are pregnant. Tell them that you are pregnant and your due date. 4. If you vomit, rise your mouth with a teaspoon of baking soda in a cup of water to stop acid from attacking your teeth. *Practice good oral hygiene *After baby is born, take care of baby's gums	Identify FQHC or other clinic where dental care is provided on sliding fee scale - make sure to spell out that you do not drink the baking soda mixture. -some people do not know how to brush their teeth if they are from another country. -Dental health not a priority -Only see dentist if problems occur.	This is interesting and something maybe you could share in the class. It isn't needed but interesting https://www.healthyc.hildren.org/English/ages-stages/prenatal/Pages/Pregnancy-and-Oral-Health-Truth-or-Fiction.aspx Work with a local dentist to provide free toothbrushes to the class. -Videos -In class demo and discussion of how cavities form.	-have baking soda and a cup to demonstrate how to do the mixture for rising your mouth out. Make sure you spell out that you do not drink it. -demonstrate how to brush your teeth if the class are refugees or immigrants. I remember in elementary school, a dentist visiting and showing the class how to properly brush your teeth. If we have parents who might benefit from that, it could be helpful – bonus points if the dentist accepts Medicaid. -Demo on how to brush teeth and floss.	Again, could be presented via a table or smart art with images Ideal in 1 st tri. Text heavy, shorter bullet points	<table><tr><td></td><td>low</td><td>med</td><td>high</td></tr><tr><td>2nd Trimes</td><td></td><td>2</td><td>2</td></tr><tr><td>3rd Trimes</td><td>1</td><td>2</td><td>1</td></tr><tr><td>36-40 wks</td><td>1</td><td></td><td>2</td></tr></table>		low	med	high	2 nd Trimes		2	2	3 rd Trimes	1	2	1	36-40 wks	1		2
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**Figure 2.3 Example of Becoming a Mom Health Equity Opportunity Project
Workgroup Content Review Notes (Session 1.1)**

Chapter 3 - Results

The primary outcome of this Integrated Learning Experience was a revised and streamlined version of the Becoming a Mom prenatal education curriculum, with a focus on improving clarity, readability, and accessibility. The updated curriculum reflects principles of health literacy and cultural responsiveness, including simplified language, inclusive phrasing, and recommendations for visuals to support comprehension. The revised draft was written at or below a sixth-grade reading level, consistent with CDC recommendations for public health communication.

As a result of this project, I produced a fully edited draft of the BaM curriculum that includes simplified medical terminology, restructured paragraphs for clarity, updated and inclusive phrasing, and recommendations for visual enhancements to support comprehension. I developed a style guide that included best practices for readability and consistent formatting. I also created a revision tracking system to document each change, including the rationale for the revision and alignment with public health literacy standards.

Throughout the internship, I observed that the original curriculum, while clinically accurate, contained medical jargon and lengthy explanations that could overwhelm readers with limited health literacy or English proficiency. In response, I rewrote dense sections into shorter, active sentences, removed unnecessary technical language, and suggested ways to convey key messages through visuals or bulleted summaries. I also flagged outdated references and sections that needed alignment with current maternal and child health guidelines.

Ongoing Work and Next Steps

While a complete first draft of the revised Becoming a Mom curriculum has been completed, the project is still ongoing. KDHE's communications department is still revising the content for public use. The next major step will be to begin field testing the adapted curriculum in partnership with local sites and facilitators. This testing phase will help determine how the revised materials are received by participants and educators and whether any content needs to be clarified, simplified further, or restructured. We will collect feedback from these sessions and use it to inform the next round of revisions.

In addition to reviewing the written curriculum, we will evaluate the content of the PowerPoint slides used to teach BaM classes in a live or virtual setting. These slides will be assessed for consistency with the revised written materials, and updates will be made to improve clarity, language, visual appeal, and accessibility. The combined goal of these next steps is to ensure that all components of the BaM program—written materials, teaching tools, and facilitator supports—are fully aligned with health literacy best practices and effectively serve Kansas families.

Chapter 4 - Discussion

The revision of the Becoming a Mom curriculum was a timely and necessary step toward making prenatal education more accessible, inclusive, and effective for families in Kansas. The literature clearly establishes that maternal and infant health disparities are exacerbated by barriers such as limited English proficiency, low health literacy, and a lack of culturally responsive care (Braveman et al., 2017; Berkman et al., 2011). By addressing these barriers directly through curriculum adaptation, this project contributes to a growing body of public health work that centers on health equity and accessible communication.

One of the most significant insights that emerged from this project was the realization of how deeply embedded complex language and assumptions about background knowledge can be in health education materials—even those designed to be "community-friendly." While the original BaM curriculum included valuable clinical and behavioral health information, it often presented that information in ways that could overwhelm or alienate participants. Simplifying language, reducing content density, and incorporating visuals were not just stylistic choices—they were public health strategies to improve understanding and empower learners.

This project reinforced the importance of readability and plain language in closing health literacy gaps. According to Houts et al. (2006), combining simplified text with visuals improves comprehension, especially for people with limited reading skills or who are unfamiliar with medical concepts. These changes are not simply about making materials easier to read—they make it more likely that participants will engage with content, apply what they've learned, and ultimately improve health outcomes. My work on this project helped translate those principles into practice in a way that can be immediately used across diverse community settings in Kansas.

A key limitation of the project, however, is that it did not yet include participant-level feedback at the time of curriculum revision. Although the content was updated according to best practices and stakeholder input from public health professionals, the real test of effectiveness will come through field testing the materials with the intended audience. The upcoming pilot phase will be crucial for determining whether the revised materials meet the needs of the populations they are meant to serve. It is also important to note that while language and formatting were adapted for

accessibility, more work is needed to ensure that translated versions in Spanish and other languages reflect the same level of cultural and linguistic sensitivity.

Another limitation is the evolving nature of maternal and child health information. Curriculum content will need regular review and updating to remain consistent with emerging guidelines, practices, and technologies in the field. Similarly, the accompanying PowerPoint slides and facilitator tools, which are the next focus of this project, must also be aligned with the updated written materials to maintain consistency and effectiveness across formats.

Despite these limitations, this project has contributed meaningfully to the field of maternal health education. It demonstrates how health literacy principles can be operationalized at the state level and embedded into widely used educational programs. It also highlighted how collaborative, interdisciplinary work—across state agencies, local partners, and academic interns—can drive forward public health equity.

Advancing Health Equity Through Inclusive Prenatal Education

This project reflects a commitment to health equity by addressing how access to healthcare information and outcomes for pregnant individuals are shaped by intersecting factors such as language, race, class, and literacy. Prenatal education is not simply clinical; it is also cultural. The process of revising the *Becoming a Mom* curriculum provided an opportunity to challenge embedded assumptions about who the materials are for and how they should be delivered. Making the content more inclusive, accessible, and affirming helps ensure that it meets the needs of a broader and more diverse population.

The use of plain language, simplified structure, and inclusive imagery supports the idea that not all individuals experience pregnancy, healthcare, or parenting in the same way. By considering the impact of barriers like limited English proficiency, low health literacy, and systemic inequities, the adapted curriculum actively works to improve the relevance and usability of health education materials for historically underserved communities.

This approach centers the dignity and autonomy of pregnant individuals and emphasizes the importance of delivering information in ways that reflect their lived realities. By focusing on inclusive content and equitable communication, the curriculum aims to empower participants to

make informed decisions about their health and the health of their families—advancing both individual outcomes and broader public health goals.

Conclusion

This project has deepened my understanding of how public health communication, when grounded in principles of accessibility and equity, can be a powerful tool for advancing maternal and infant health. Through the revision of the Becoming a Mom curriculum, I applied evidence-based strategies to address health literacy barriers and ensure that prenatal education is inclusive, culturally responsive, and easier to understand for all pregnant individuals—particularly those from marginalized communities.

Importantly, this work also reflects the values of Gender, Women, and Sexuality Studies, especially in its attention to reproductive justice, intersectionality, and the diverse lived experiences of pregnant people. By centering the needs of communities who have historically been excluded or underserved by traditional healthcare systems, this project helps move maternal health education toward a more just and affirming model of care. It acknowledges that not all pregnant individuals experience healthcare equally, and that truly equitable education must account for differences in language, literacy, gender identity, race, and social support.

The work is not finished. As the curriculum enters its field-testing phase, we will continue to refine the materials based on participant feedback and ensure that accompanying teaching tools, such as PowerPoint slides, are aligned with the updated content. This process of ongoing evaluation and improvement reflects both public health best practices and GWSS-informed values of collaboration, responsiveness, and empowerment. Ultimately, this project contributes not only to better health outcomes, but to a broader vision of reproductive health that is inclusive, accessible, and rooted in justice.

Chapter 5 - Competencies

Student Attainment of MPH Foundational Competencies

Competency 6: Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels.

Through the Becoming a Mom curriculum revisions, I worked to ensure that health literacy disparities and barriers faced by marginalized populations were acknowledged and addressed. This involved lowering the reading level to a sixth-grade standard and incorporating culturally relevant images and activities. These adaptations aimed to make maternal health education more accessible to diverse populations, particularly those who experience systemic barriers to healthcare.

Competency 8: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.

Cultural considerations were a key aspect of the curriculum revisions. During content reviews with Kansas maternal health education stakeholders such as KDHE, Kansas Perinatal Community Collaboratives (KPCC), Seward County Health Department, and Catholic Charities of Northeast Kansas, we assessed what cultural values and practices should be included to ensure the BaM curriculum was inclusive. This involved selecting appropriate images, integrating culturally relevant narratives, and identifying supplemental materials such as videos that resonate with diverse audiences.

Competency 11: Select methods to evaluate public health programs.

As part of the curriculum revision process, I helped develop an evaluation plan to assess the effectiveness and needs of the current BaM materials (Figure 2.3). This included incorporating feedback from stakeholders, public health professionals, and BaM participants to ensure that the adapted versions would improve understanding, engagement, and accessibility.

Competency 18: Select communication strategies for different audiences and sectors.

Adapting the BaM curriculum required tailoring communication strategies to various audiences, including expectant mothers with different literacy levels, healthcare professionals, and community educators. This included simplifying complex medical information, selecting

appropriate visual aids, and structuring the content to be more interactive, inclusive, and engaging for in-person sessions and individual review of content.

Competency 21: Perform effectively on interprofessional teams.

Throughout my APE, I collaborated with KDHE staff, maternal and child health professionals, and other stakeholders to review and revise the BaM curriculum. This teamwork ensured that the curriculum updates reflected the insights of experts from different fields and met the needs of the communities it served.

Table 5.1 Summary of MPH Foundational Competencies

Number and Competency		Description
6	Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	Ensure curriculum adaptations address health literacy disparities and barriers that marginalized populations face in accessing maternal health education.
8	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	Incorporate cultural considerations into BaM curriculum revisions.
11	Select methods to evaluate public health programs	Develop an evaluation plan for assessing the effectiveness of the revised BaM curriculum, incorporating feedback from participants and public health professionals.
18	Select communication strategies for different audiences and sectors	Adapt BaM curriculum to improve comprehension and accessibility.
21	Perform effectively on interprofessional teams	Collaborate with KDHE, maternal and child health partners, and other stakeholders to evaluate and update BaM curriculum.

Student Attainment of MPH Emphasis Area Competencies

During my internship with KDHE, I worked on the Becoming a Mom curriculum where I applied a variety of competencies to improve maternal health education in Kansas. This involved revising, condensing, summarizing the current curriculum and incorporating images to ensure the content could be communicated easily and effectively to diverse audiences. The five emphasis area competencies required for the Master of Public Health Program, emphasizing infectious diseases and zoonoses, and how they were attained in the Applied Practical Experience are described in the section below.

Pathogens and Pathogenic Mechanisms

The primary focus of the BaM curriculum is maternal health, which includes providing patients with information on perinatal infections such as Group B *Streptococcus*, influenza, COVID-19, and Zika virus to ensure pregnant women understand the potential risks of these infections, how to prevent them, and how they are treated. The adapted curriculum also addresses sexually transmitted infections (STIs) prevention, treatment, and potential effect on mom and baby. For example, the adapted curriculum highlights the importance of routine syphilis testing during pregnancy and emphasizes that if left untreated, syphilis can lead to congenital syphilis, stillbirth or severe birth defects. The STI prevention strategies highlighted by the curriculum discuss the importance of prenatal screenings for STIs, vaccination for HPV, communicating truthfully with healthcare providers, and consistent use of condoms. These points are highlighted in sessions one and two of the adapted BaM curriculum.

Host Response to Pathogens and Immunology

Education content on maternal immune responses was included in the updated BaM curriculum by focusing on the importance of vaccinations, and breastfeeding benefits. Prenatal vaccines such as Tdap vaccine, annual influenza vaccine, and COVID-19 vaccine are essential in protecting both the mother and her baby. The adapted curriculum also includes information on the benefits of breastfeeding, explaining how passive immunity from breast milk supports the health of newborn babies. To improve accessibility and ensure diverse audiences can understand this information, the existing curriculum's information was simplified to explain to patients how the immune system develops in infants and the role that breastfeeding plays in strengthening immunity. This information is highlighted in session four.

Environmental and Ecological Influences

The adapted BaM curriculum includes information and discussion on environmental risk factors that can affect pregnancy outcomes, such as air pollution, pesticide exposure, and unsafe drinking water. When revising the curriculum, social determinants of health were used to ensure pregnant individuals understand how external factors such as workplace hazards, housing conditions, and access to prenatal care can influence women's health during pregnancy. Additionally, actionable steps to reduce exposure to environmental toxins were provided in the curriculum.

Disease Surveillance

My work involved reviewing maternal health data sources used by KDHE to track prenatal infection rates and birth outcomes, ensuring that the revised curriculum aligned with current public health trends. I participated in discussions about using data-driven decision-making to refine health education efforts. Additionally, I included information on newborn screening, ensuring families understand how early testing for metabolic and infectious diseases can improve infant health.

Disease Vectors

The revised curriculum includes clear, evidence-based information on vector-borne diseases, such as Zika and West Nile viruses, and their potential impact on pregnancy. The curriculum also provided simplified guidance on mosquito bite prevention, such as insect repellents that are safe to use and protective clothing. Additionally, the curriculum discusses travel recommendations for pregnant individuals and emphasizes the importance of prenatal screenings for vector-borne diseases.

Table 5.2 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Infectious Diseases and Zoonoses		
Number and Competency		Description
1	Pathogens/Pathogenic Mechanisms	Evaluate modes of disease causation of infectious agents.
2	Host Response to Pathogens/Immunology	Investigate the host immune response to infection.

3	Environmental/Ecological Influences	Examine the influence of environmental and ecological forces on infectious diseases.
4	Disease Surveillance	Analyze disease risk factors and select appropriate surveillance.
5	Disease Vectors	Investigate the role of vectors, toxic plants and other toxins in infectious diseases.

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STAYING HEALTHY DURING PREGNANCY



✓ Go to all **prenatal care checkups**, even if you feel fine.

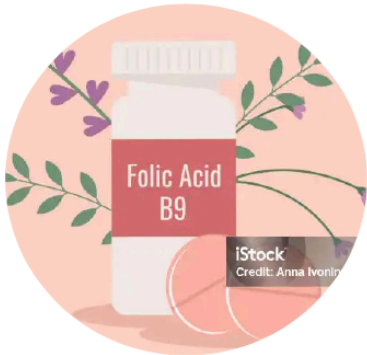


✓ Don't use **tobacco**, drink **alcohol**, use **marijuana** or other drugs or **herbal products** not prescribed by your provider.



✓ Tell your provider about all **medicines** you take.

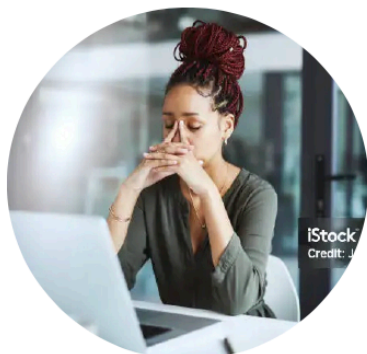
STAYING HEALTHY DURING PREGNANCY



- ✓ **DAILY:** Take a prenatal vitamin with 600 micrograms of **folic acid** in it



- ✓ **DAILY:** Eat **healthy foods** and do something **active**



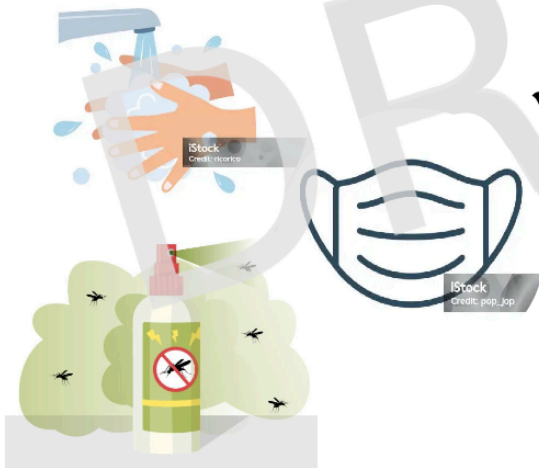
- ✓ Take care of your **mental health** (reduce stress)

STAYING HEALTHY DURING PREGNANCY



✓ Stay away from **harmful chemicals**

- ✓ At home
- ✓ At work



✓ **Protect** yourself from **infections**

- ✓ Wash hands often
- ✓ Wear a mask in public
- ✓ Use Insect Repellent



✓ Get help if your partner **abuses** you

- ✓ Tell a friend
- ✓ Tell your provider

STAYING HEALTHY DURING PREGNANCY



✓ **ALWAYS** wear your seatbelt
in the car



VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

WHAT ARE THEY?

Supplement



- Take them if you're missing important nutrients from food.
- Examples: extra iron, calcium, or vitamin D.
- If you're a vegetarian or have food allergies, your doctor might suggest these.

Multivitamin



- It's a pill packed with lots of different vitamins and minerals.
- Helps fill gaps in your diet.
- Includes things like iron, calcium, and vitamin D.

Prenatal Vitamin



- Special vitamins for pregnant people.
- They have more of what you need during pregnancy.
- Your doctor may give you a prescription for these during your checkups.
- You can also buy them without a prescription.



Always talk to your doctor before taking any vitamins or supplements.

Make sure to get the right amounts of these nutrients every day to keep you and your baby healthy.

VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

What Nutrients Do You Need During Pregnancy?

1. FOLIC ACID

- Important B vitamin crucial for cell growth and development.
- Helps prevent birth defects of the brain and spine.
- Take 600 micrograms if pregnant, 400 if not.

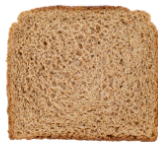
Good Food Sources:



Leafy Greens
(like spinach, broccoli)



Lentils and Beans



Folic Acid Fortified Foods
(cereal, bread, pasta, corn masa products)



Orange Juice

VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

What Nutrients Do You Need During Pregnancy?

2. IRON

- Keeps your blood healthy during pregnancy.
- You need more during pregnancy:
 - You need 27 milligrams (mg) daily.
- Found in prenatal vitamins and food sources

Good Food Sources:



Lean Meat, Poultry, and Fish



Leafy Greens



Beans



Pasta



Nuts



**Dried Fruit
(Raisins)**

VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

What Nutrients Do You Need During Pregnancy?

3. CALCIUM

- Helps baby's bones, heart, muscles, and nerves develop.
- You need 1,000 milligrams daily.
- Found in prenatal vitamins and various foods.

Good Food Sources:



Milk



Cheese



Yogurt



Broccoli



Kale



**Calcium Fortified
Orange Juice**

VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

What Nutrients Do You Need During Pregnancy?

4. VITAMIN D

- Helps your body absorb calcium.
- Supports growth of baby's bone and teeth.
- You need 600 IU daily.
- Comes from prenatal vitamins and certain foods.

Good Food Sources:



Fatty Fish (like Salmon)



Milk Fortified with Vitamin D



Cereal Fortified with Vitamin D

VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

What Nutrients Do You Need During Pregnancy?

5. DHA (Docosahexaenoic Acid)

- An omega-3 fatty acid that helps with your baby's brain and eye development.
- You need 200 milligrams of DHA each day.
- Some prenatal vitamins may lack DHA, so consider a supplement.
- Also found in specific foods.

Good Food Sources:



Fatty Fish (like Salmon, Herring)



**Orange Juice
Fortified with DHA**



**Milk Fortified
with DHA**



Eggs Fortified with DHA

VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

What Nutrients Do You Need During Pregnancy?

6. IODINE

- Helps make thyroid hormones that your body uses to store and use energy from food.
- You need 220 micrograms of iodine each day.
- Not always in prenatal vitamins, so focus on iodine-rich foods.
- Consult your provider for supplementation.

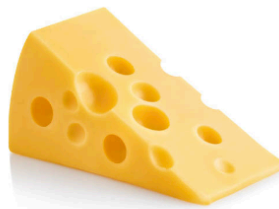
Good Food Sources:



Fish



Milk



Cheese



Yogurt



Cereal Fortified with Iodine



Bread Fortified with Iodine

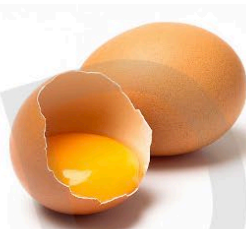
VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

What Nutrients Do You Need During Pregnancy?

7. CHOLINE

- Supports baby's brain development.
- Ask your doctor if you might need more choline.

Good Food Sources:



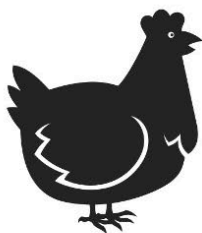
Egg Yolks



Scallops



Cod



Chicken



Beef



Legumes
(Soybeans, Kidney Beans)



Choline-Rich Veggies
(Broccoli, Cauliflower)

Appendix 3 – Becoming a Mom Adapted Session 3 Sample Draft

BECOMING A MOM: SESSION 3, HANDOUT 3

Things Your Baby Needs

There are a lot of baby products available to new families. Don't stress too much – focus on the basics, and at the end of the day, your baby will be healthy and happy with some clothes, a source of nourishment and a safe sleep environment.

Things you may want to get ready for your baby before you bring them home:

Clothes and Other Items



Undershirts



Sleepers



Socks or
Booties



Caps or
Hats



Receiving
Blanket(s)



Burp
Cloths

Feeding Supplies



Breast Pump



Bottle & Bags to
Store Breastmilk



Bottles for Feeding
Breastmilk



Bibs

Diapering Supplies



Newborn-Size
Disposable
Diapers



Diaper
Wipes



Diaper
Rash
Cream



Petroleum Jelly
(for boy's penis
if they had a
circumcision)



Waterproof
Changing Pad

Things Your Baby Needs

Things you may want to get ready for your baby before you bring them home:

Bathing Supplies



Baby Washcloths and Towels



Baby Soap and Shampoo



Baby Bathtub



Baby Nail Clippers

Furniture, Bedding, and Equipment



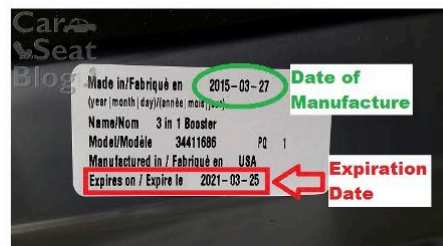
Crib, cradle, or bassinet



Mattress, mattress cover, fitted sheets (No baby pillows or bumper pads)



Stroller



A **rear-facing care seat** that fits in your car, is installed correctly and **NOT EXPIRED**.

Have car seat checked by technician prior to arriving at hospital

Visit safecar.gov for more information

Appendix 4 – Becoming a Mom Adapted Session 4 Sample Draft

BECOMING A MOM: SESSION 4, HANDOUT 1

BREASTFEEDING YOUR BABY

Getting Started with Breastfeeding



Learn about breastfeeding through **classes** and **support groups**.



Talk to your **doctor** about your breastfeeding plan.



- **Avoid** using soap, lotion, or creams on your breasts or nipples.



BEFORE



- **Talk with your doctor before** taking **medications** or drugs during pregnancy or while breastfeeding.



- Breastfeeding women should **eat the same healthy foods** that they ate while they were pregnant.

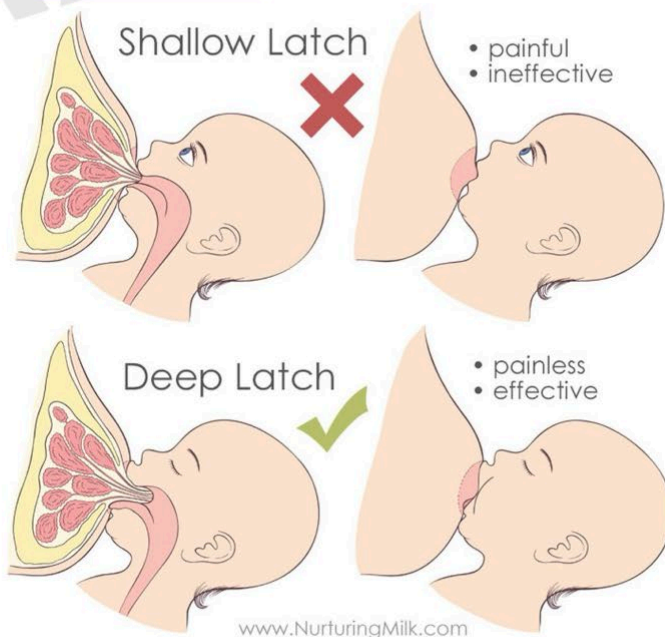
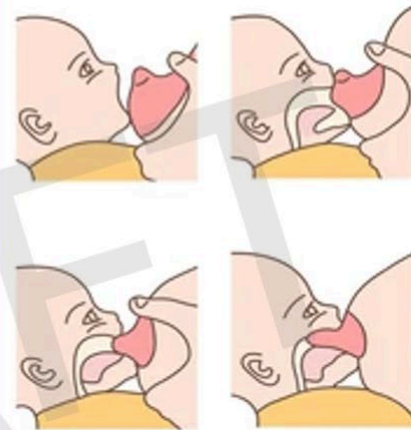
BREASTFEEDING YOUR BABY

Getting a Good Latch

Tips for a Good Latch

- Chin to Skin
- Nose to nipple
- Wide open mouth
- Flipped up lips
- Tucked in close
- Belly to Belly
- Baby Shoulders Parallel to Hips
- Comfortable
- Swallowing Sounds Heard
- No Clicking Sounds
- No Dimpling of Cheeks

Breastfeeding Latch



www.NurturingMilk.com

BREASTFEEDING YOUR BABY

WHEN TO CALL FOR BREASTFEEDING HELP



If nursing hurts after the first 30 seconds.



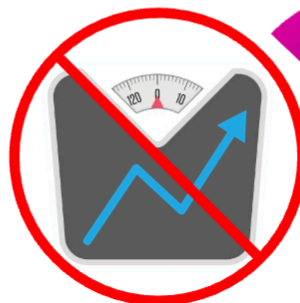
If baby has black/sticky (meconium) stools after day 3.



If nipples are smashed, damaged, bleeding, cracked, or blistered.



If baby refuses to latch or you are supplementing.



If baby is not gaining an ounce per day after day 5.

BREASTFEEDING YOUR BABY

Breastfeeding Away from Home

Recommendations and Tips

Breastfeed
Before/After Outings



- Feed just before leaving and right after returning home if the trip is short.

Breastfeed in your
Parked Car



- Feed your baby in your parked car before heading out.

Find a Comfortable
Space



- Use women's lounges or designated sitting areas for breastfeeding.

Turn Slightly Away from Others



- Adjust your chair to face slightly away from people if concerned about privacy.

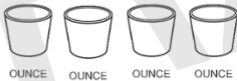
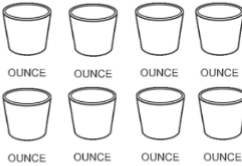
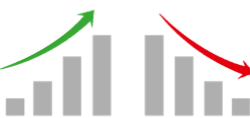
Use a Cover or Sling
for Privacy



- Use a baby sling, breastfeeding cover, or blanket to cover up during feeding.

FORMULA FEEDING

How Much and How Often?

Baby's Age	Amount Per Feeding	Total Per Day	Feeding Schedule
First Week 	1-2 oz (30-60 mL) 	As needed 	Every 2-3 hours 
First Month 	3-4 oz (90-120 mL) 	Up to 32 oz 	Every 3-4 hours 
6 Months 	6-8 oz (180-240 mL) 	Varies 	4-5 feedings/day 4-5x / 

 **Tip:** If your baby sleeps longer than 4-5 hours in the first weeks, wake them up for a feeding.

Basic Measurements For Formula Success:

1 ounce = 30 cc (cubic centimeters) = 30mL (milliliters)

8 fluid ounces = 1 cup

32 fluid ounces = 1 quart

INFANT CRYING



Purple Crying



P

PEAK OF CRYING

Your baby may cry more each week. Baby may cry **most** in **month 2**, then less in months 3-5.



U

UNEXPECTED

Crying can come and go, and you don't know why.



R

RESISTS SOOTHING

Baby may not stop crying no matter what you try.



P

PAIN-LIKE FACE

A crying baby may look like they are in pain, even when they are not.



L

LONG LASTING

Crying can last as much as **5 hours, a day, or more.**



E

EVENING

Baby may cry **more** in the **late afternoon** and **evening.**

CALMING TECHNIQUES

How to Calm a Fussy Baby

Swaddling



- Wrap baby in a large, thin blanket to feel secure.

Holding Position



- Hold baby on her left side and rub her back.
- Always lay baby on back to sleep.

Soothing Sounds



- Play white noise, a fan, or a heartbeat sound.

Walking or Rocking



- Use a carrier or gently rock baby to mimic womb motions.

CALMING TECHNIQUES

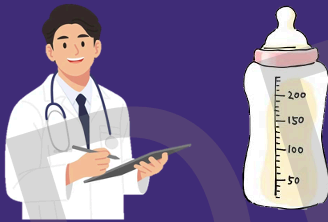
How to Calm a Fussy Baby

Feeding Comfort



- Avoid overfeeding. Try to wait 2–2.5 hours from the start of one feeding to the next feeding. Offer pacifier if needed.

Food Sensitivity



- Adjust diet if baby is breastfed (e.g., reduce dairy or caffeine).
- *Consult doctor for formula-fed babies.*

Keep a Diary/Notes



- Track baby's sleep, feeding, and crying patterns.

Daytime Naps



- Keep baby's naps under 3 hours.
- Avoid bright lights and noise at night.

CALMING TECHNIQUES

Checklist for What Baby May Need

Hungry



- Check feeding times. Look for hunger cues like lip-smacking.

Cold or Hot



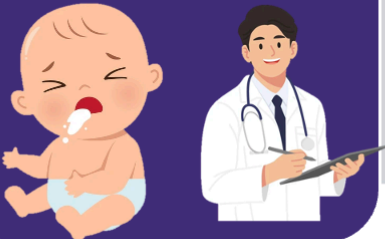
- Dress baby in similar layers as you.

Wet / Soiled Diaper



- Check and change diaper frequently.

Spitting/Vomiting



- Talk to doctor if baby has excessive spit-up or weight loss.



SAFE SLEEP

What Does a Safe Sleep Environment Look Like?

✓ Baby's sleep area is in the same room, next to where parents sleep.

✓ Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet.

✗ Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

✗ Do not smoke or let anyone else smoke around your baby.

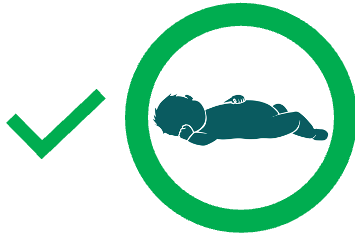
✗ Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area. Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.

✓ Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

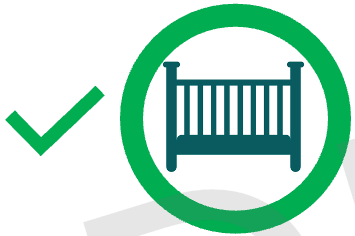
✓ Always place your baby on his or her back to sleep, for naps and at night.

SAFE SLEEP

Safe Sleep For Your Baby



Always place baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.



Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet with no other bedding or soft items in the sleep area.



Share your room with baby. Keep baby in your room close to your bed, but on a separate surface designed for infants, ideally for baby's first year, but at least for the first 6 months.



Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area.

SAFE SLEEP

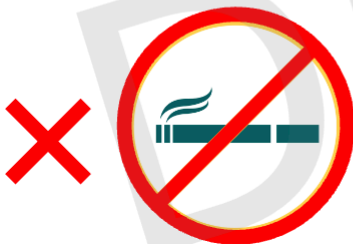
Safe Sleep For Your Baby



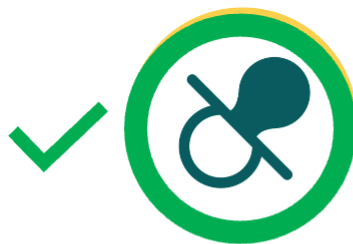
Get regular prenatal care during pregnancy.



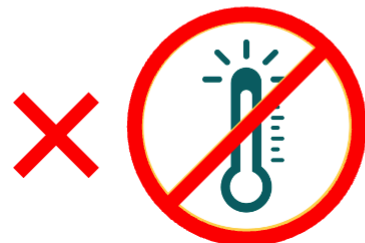
Avoid smoking, drinking alcohol, and using marijuana or illegal drugs during pregnancy or after the baby is born.



Do not smoke during pregnancy, and do not smoke or allow smoking around your baby or in your baby's environment.



Think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS. *Wait until breastfeeding is well established (3-4 weeks) before offering a pacifier.*



Do not let your baby get too hot during sleep.

SAFE SLEEP

Safe Sleep For Your Baby



Breastfeed your baby to reduce the risk of SIDS.

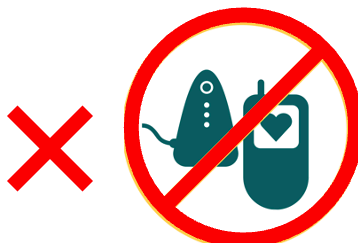
Breastfeeding has many health benefits for mother and baby. If you fall asleep while feeding or comforting baby in an adult bed, place him or her back in a separate sleep area as soon as you wake up.



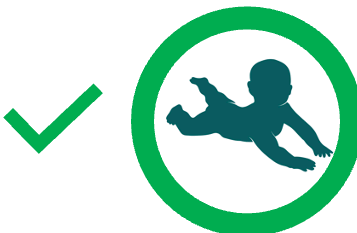
Follow guidance from your health care provider on your baby's vaccines and regular health checkups.



Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS.

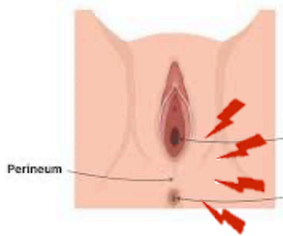


Do not use heart or breathing monitors in the home to reduce the risk of SIDS.



Give your baby plenty of tummy time when they are awake, and someone is watching.

PHYSICAL POSTPARTUM CHANGES



1. PERINEUM SORENESS

- Perineum is the area between your vagina and rectum.
- Often sore after you give birth

What you can do:



Use **cool packs**, frozen pads, or ice wrapped in a towel on perineum **1-2 Days After Birth**



Do Pelvic Floor Exercises (Kegel Exercises):

To strengthen pelvic muscles and help heal the perineum



Always **wipe from front to back** after going to the bathroom



Talk to your **Doctor** about pain management



Sit on a **pillow**



Use a squirt or '**peri**' bottle filled with warm or cool water to soothe the perineum

PHYSICAL POSTPARTUM CHANGES



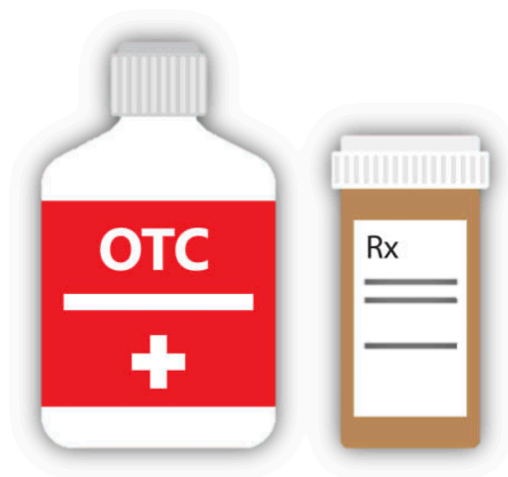
2. AFTERBIRTH PAINS

- Cramps that you feel as your uterus shrinks back to its regular size
- Cramps should go away in a few days.

What you can do:



Ask your **doctor** about **over-the-counter medicine** you can take for pain.



PHYSICAL POSTPARTUM CHANGES

3. AFTER A CESAREAN BIRTH (C Section)



- This is Major Surgery.
- May take a few weeks to recover
- You may be really tired for a few days-weeks
- Incision (cut on your belly) may be sore

What you can do:



Ask your **doctor** about **pain medicine**.



Your **doctor** send you home with a pain medication or recommend an **over-the-counter** medication.



Ask for help with baby and at home.



Splint incision with a pillow before movements like changing position, coughing, sneezing, etc.

PHYSICAL POSTPARTUM CHANGES



4. BLEEDING AND VAGINAL DISCHARGE

- **Lochia:** Uterus clears blood/tissue after birth.
- Starts **heavy, bright red**, with small blood clots.
- Gets **lighter** in flow and color: Brown → Yellow → Clear
- Lasts a **few weeks** to over a **month**



Lochia Rubra
Dark Red Blood



Lochia Serosa
Pinkish-brownish
discharge



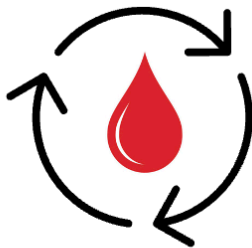
Lochia Alba
Yellowish-white
discharge

What you can do:

Use **Sanitary Pads**



Call your doctor if:



Bleeding almost
stops and **starts**
again



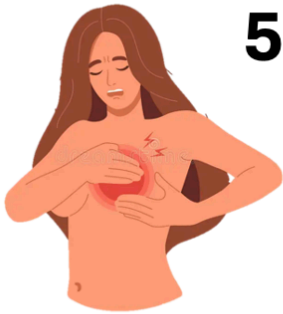
You saturate a pad or more in
1 hour or you are concerned
about **too much bleeding**



You notice **blood clots**
larger than a **golf ball**



PHYSICAL POSTPARTUM CHANGES



5. BREAST ENGORGEMENT

- **Engorgement:** Breasts swell with milk.
- Feels **tender, firm, sore.**
- Happens 3-5 days after birth (longer with C-section).
- Discomfort goes away once you start breastfeeding regularly



What you can do:



Express a little milk with pump or by hand before breastfeeding



Don't skip Night Feedings



Use a **warm** or **cool compress** on breasts



Ask your **doctor** if you can take **pain medication.**

PHYSICAL POSTPARTUM CHANGES

6. NIPPLE PAIN



- If you are **breastfeeding**, you may have **nipple pain during the first few days**, especially if your nipples crack.

What you can do:



Let your breasts air dry.

Use a **special cream** on the nipples.

- Ask your **doctor** what kind to use.



PHYSICAL POSTPARTUM CHANGES

7. SWELLING



- Lots of people have swelling in their hands, feet and face during pregnancy.
- Caused by extra fluids in your body that helped you get ready for labor and birth
- May take time for the swelling to go away after you have your baby.

What you can do:



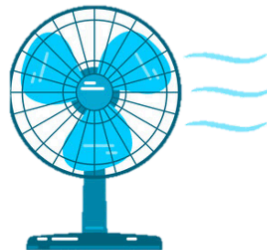
Put your **feet up**



Drink lots of **water**.



Lay on your left side



Try to **stay cool** and **wear loose clothes**.

PHYSICAL POSTPARTUM CHANGES



8. HEMORRHOIDS

- Meaning: swollen veins in and around the anus
- May hurt or bleed
- Very common during pregnancy
- May get worse after giving birth

What you can do:



Use over-the-counter spray or cream for pain. (Ask your provider what kind)



Drink lots of **water**.



Soak in a warm **bath**.



Fiber

Eat foods that are high in fiber: fruits, vegetables and whole-grains.



If **constipated**, **do NOT strain** when you're having a bowel movement.

PHYSICAL POSTPARTUM CHANGES



9. CONSTIPATION

- Meaning: **Hard** to have a **bowel movements**
- May have **painful gas**

What you can do:



Drink lots of **water**.



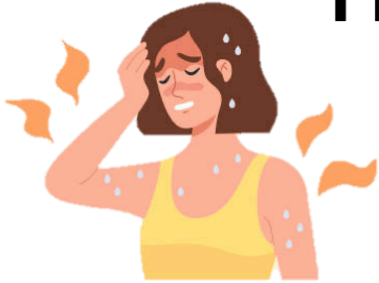
Eat foods that are **high in fiber**.



Take **stool softeners**.
Your provider may prescribe these after you give birth. Take them as prescribed.

PHYSICAL POSTPARTUM CHANGES

11. SWEATING



- Happens **a lot** to new moms, **especially at night**
- Caused by all the **hormones** in your body after pregnancy

What you can do:



Sleep on a towel to help keep your sheets and pillow dry.



✗ Don't use too many blankets



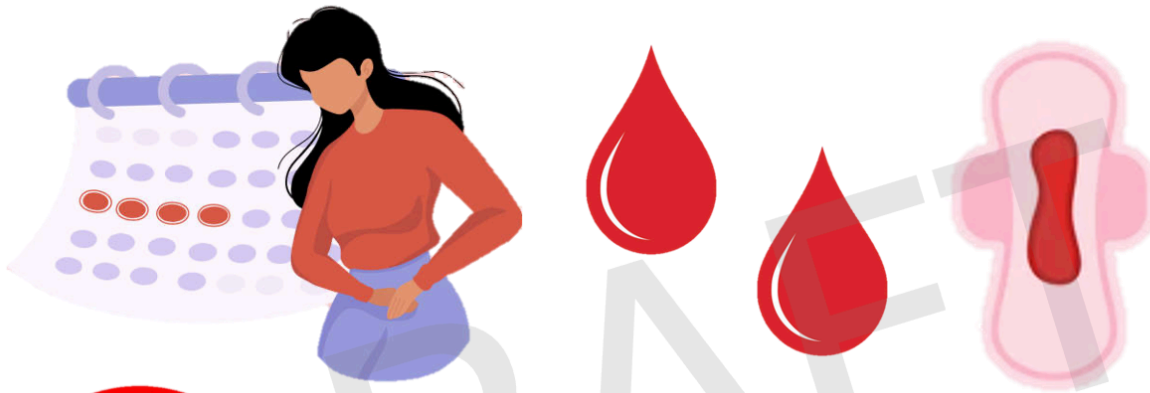
Turn up your air conditioner, use a **fan** or **both**.



✗ Don't wear warm clothes to bed

PHYSICAL POSTPARTUM CHANGES

12. GETTING YOUR PERIOD AGAIN



Not Breastfeeding: Period returns in 6-8 weeks.



Breastfeeding: Period may not return for months or until breastfeeding stops.



Important: Pregnancy is possible before your period returns, even while breastfeeding.

PHYSICAL POSTPARTUM CHANGES



13. LOSING WEIGHT

- Work toward a **healthy weight** after pregnancy.
- **Benefits:** Feel better and **lower risk** of diabetes and high blood pressure.
- Being at a **healthy weight** helps if you plan to have **another baby**.

Don't feel badly if you don't lose the weight quickly.
It takes some time for your body (and your belly) to get back into shape.

What you can do:



✓ Eat **healthy foods**.



✓ Drink lots of **water**.



✗ Limit **sweets** and foods with a lot of **fat**



✓ Breastfeed your baby. Breastfeeding helps you burn calories.



✓ Talk to your **doctor** about your **healthy weight**.

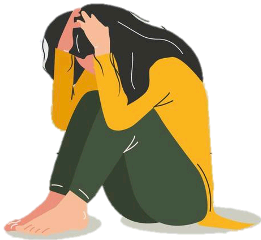


✓ Be **active daily** (Walking or Swimming)

PHYSICAL POSTPARTUM CHANGES

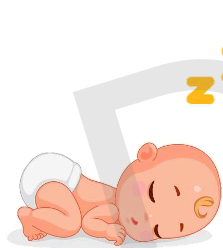


14. FEELING TIRED

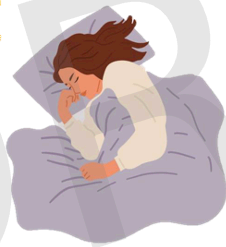


- You may have lost blood during labor and birth. This can make your body tired.
- Your baby probably doesn't let you sleep all night.

What you can do:



Sleep when your baby sleeps, even when they nap during the day.



Eat healthy foods.



Limit sweets and foods with a lot of fat



Ask your partner to help with nighttime baby care.

*If **breastfeeding**, they can bring the baby to you and return them to the crib after feeding.*

PHYSICAL POSTPARTUM CHANGES

15. HAIR

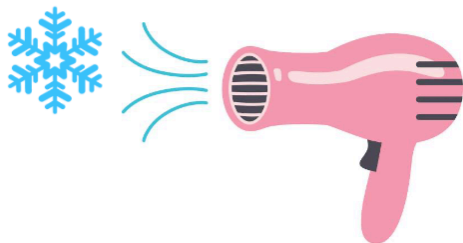


- Your hair may have been thicker/fuller during pregnancy.
- Hair may get thinner after birth
- Hair loss usually stops 3-4 months after giving birth.

What you can do:



Eat **healthy foods** with plenty of **protein**.



Use the **cool** setting on your **hair dryer**.

How to style your hair to minimise hair loss

✓	✗
Relaxed buns	Tight buns
Loose ponytails	Tight ponytails
Loose braids	Locs and tight braids
Hair down	Hair extensions or weaves



Be **gentle** with your **hair**.

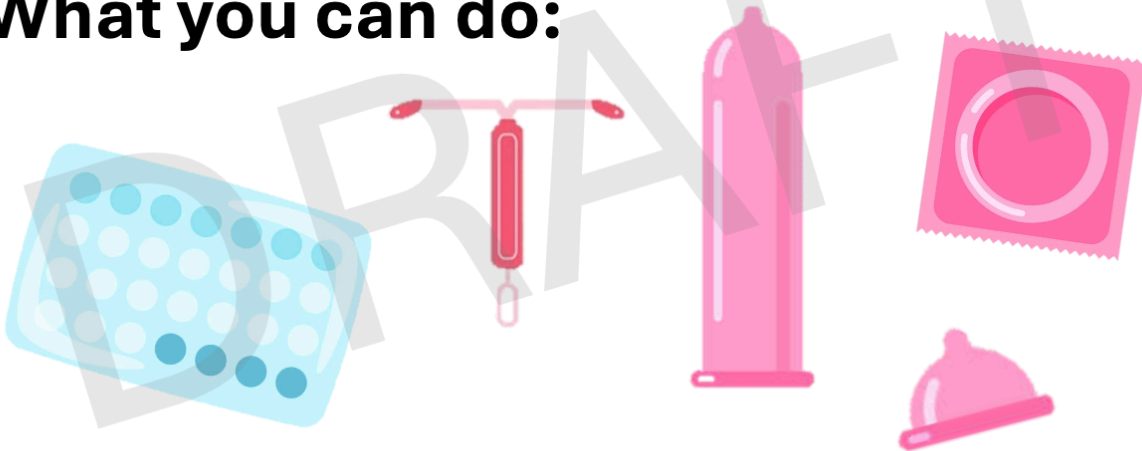
PHYSICAL POSTPARTUM CHANGES



15. GETTING PREGNANT

- You may **ovulate** (release an egg) **before** you get your **period** again.
- This means you could get **pregnant**.

What you can do:



Use **birth control** to help make sure you **don't** get pregnant again **until** you're ready.



If you're **breastfeeding**, ask your **doctor** about which birth control to use.

Not all kinds of birth control are safe to use when breastfeeding.

PHYSICAL POSTPARTUM CHANGES

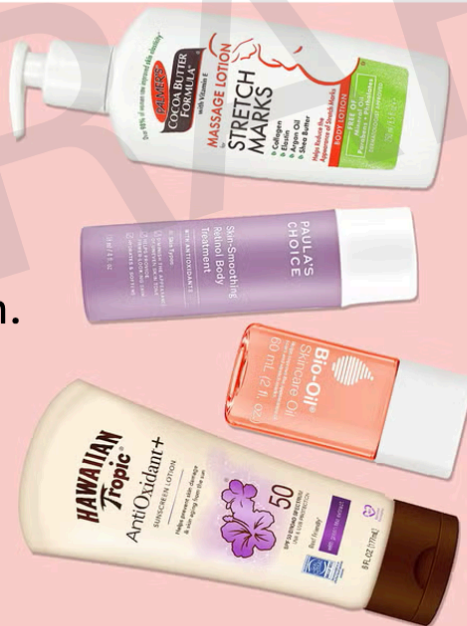


16. SKIN

- You may have **stretch marks** on your belly, thighs, breasts, and bottom where your skin stretched during pregnancy.

What you can do:

Use **creams** or **lotions** on your skin.



Your stretch marks **may not go away completely**.

Some people think of them as **badges of honor** for growing an entire human being in your belly.