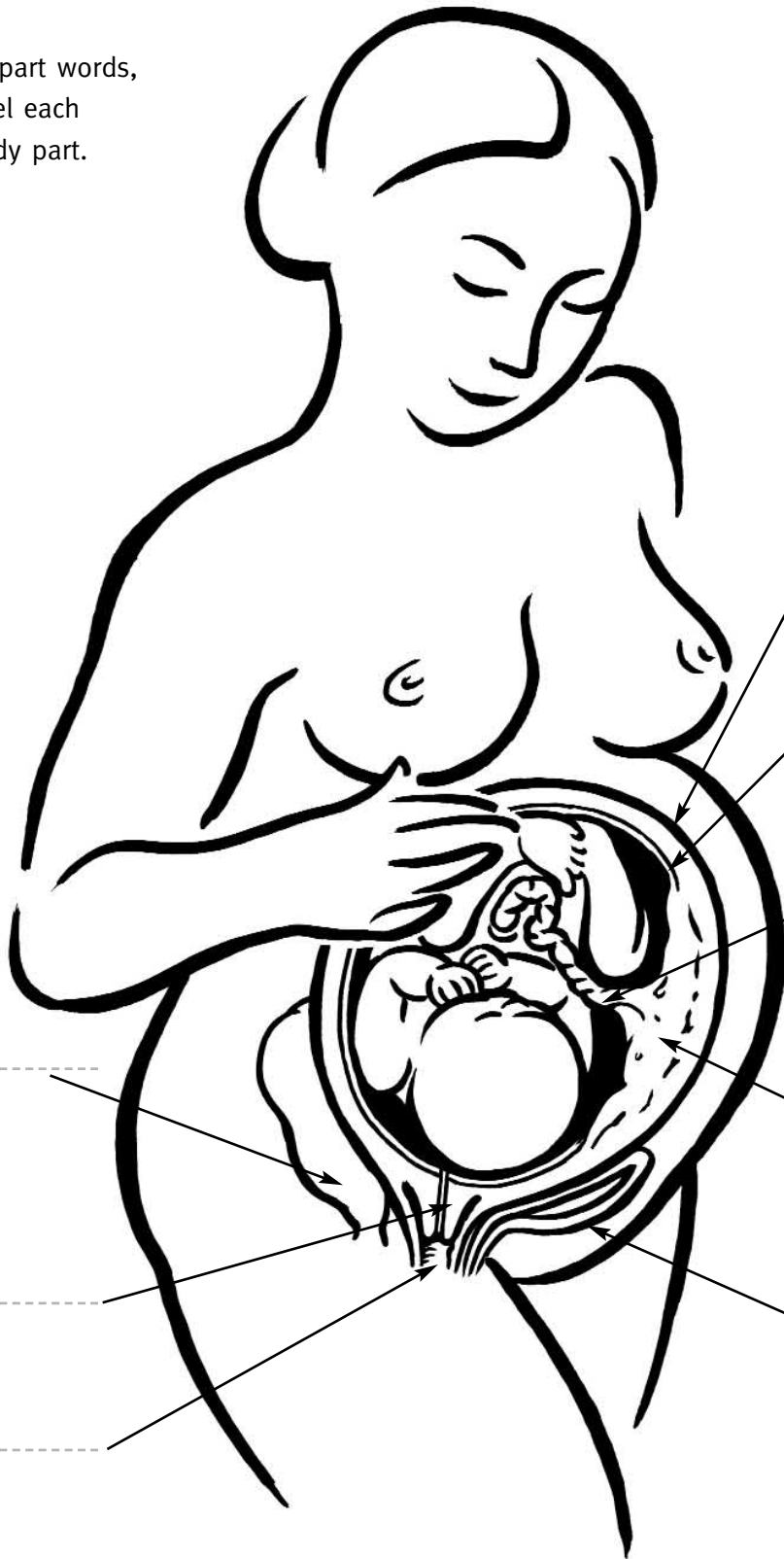



Body Vocabulary ACTIVITY 2



Cut out the body part words,
then find and label each
corresponding body part.



 rectum	uterus	vagina	amniotic sac
cord	bladder	placenta	cervix

Dear Maria ACTIVITY 4



Cut your handout into strips. Put all of the questions in a hat. As a group or in pairs, pick a question and respond – out loud or in writing. Rely on your own experiences and **Baby Basics** to come up with answers. On the blank Dear Maria strip, write your own question for the group to answer.



<i>Dear Maria</i>	I am 5 months pregnant. Pregnancy makes me feel Hot! And it is only February! I want to have sex all of the time but my boyfriend does not want to hurt the baby. Can we do it?
<i>Dear Maria,</i>	I have gained 50 pounds and I am in my 6th month. How much is ok and how do I stop? Also – how do I lose it after?
<i>Dear Maria,</i>	Sometimes I feel a little sad or worried about the new baby. What can I do to feel better?
<i>Dear Maria,</i>	My baby's father does not understand that it hurts when we have sex. He makes me have sex even when I do not want to. Sometimes there is even a little blood after because I am so dry. What do I do?
<i>Dear Maria,</i>	I cannot go to the bathroom. Oh – I pee all the time, I mean the other. What helps?
<i>Dear Maria,</i>	I am ok having sex, but I think that if I have an orgasm I will go into labor. If that happens – what do I do? It makes my boyfriend mad when I say to stop.
<i>Dear Maria,</i>	Why are my boobs so HUGE? Will they go back to their regular size?
<i>Dear Maria,</i>	Those vitamins I got at the clinic are making me gag. Do I have to take them?
<i>Dear Maria,</i>	I have purple spidery things on my legs. What are they? Does it mean I am having a girl?
<i>Dear Maria,</i>	Why does everyone keep talking about a postpartum visit? What is it and why do I have to come? Should I bring the baby?
<i>Dear Maria,</i>	

Eating Right ACTIVITY 5



Make a list of everything you have eaten since yesterday morning.

Look at the list of foods you have eaten since yesterday. Put each food in the correct column. You can do this out loud if you do not want to write it down.

GRAINS	FRUITS	VEGETABLES	MILK, YOGURT AND CHEESE	MEAT AND BEANS

List all of the foods that do not fit anywhere on the list. Strategize with your group about how to substitute the foods you love to eat with the foods that are good for you and your baby.

Healthy Baby ACTIVITY 6



Using magazines, markers, scissors and tape or glue, build a healthy baby by cutting out and pasting pictures or names of healthy foods onto the page.



Food Labels ACTIVITY 7



What cereal do you want to feed yourself and your baby? Why?
 Circle the cereal you would add to your shopping list.

Nutrition Facts		
Serving Size 1 Cup (30g/1.1 oz.)		
Servings Per Container About 12		
Amount Per Serving	Cereal	Cereal with 1/2 Cup Fat Free Milk Vitamins A&D
Calories	120	160
Calories from Fat	10	10
% Daily Value**		
Total Fat 1g*	2%	2%
Saturated Fat 0.5g	3%	3%
Trans Fat 0g		
Cholesterol 0mg	0%	0%
Sodium 110mg	5%	8%
Potassium 25mg	1%	7%
Total Carbohydrate 27g	9%	11%
Dietary Fiber less than 1g	1%	1%
Sugars 16g		
Other Carbohydrate 11g		
Protein 1g		
Vitamin A	10%	15%
Vitamin C	25%	25%
Calcium	0%	15%
Iron	25%	25%
Vitamin D	10%	25%
Thiamin	25%	30%
Riboflavin	25%	35%
Niacin	25%	25%
Vitamin B ₆	25%	25%
Folic Acid	25%	25%
Vitamin B ₁₂	25%	35%
Zinc	10%	15%

* Amount in cereal. One half cup of fat free milk contributes an additional 40 calories, 65mg sodium, 6g total carbohydrates (6g sugars), and 4g protein.

** Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Potassium		3,500mg	3,500mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram: Fat 9 • Carbohydrate 4 • Protein 4

Nutrition Facts		
Serving Size 3/4 cup (30g)		
Servings Per Container about 11		
Amount Per Serving	Whole Grain Total	with 1/2 cup skim milk
Calories	100	140
Calories from Fat	5	10
% Daily Value**		
Total Fat 0.5g*	1%	1%
Saturated Fat 0g	0%	0%
Trans Fat 0g		
Polyunsaturated Fat 0g		
Monounsaturated Fat 0g		
Cholesterol 0mg	0%	1%
Sodium 190mg	8%	11%
Potassium 90mg	3%	8%
Total Carbohydrate 23g	8%	10%
Dietary Fiber 3g	10%	10%
Sugars 5g		
Other Carbohydrate 15g		
Protein 2g		
Vitamin A	10%	15%
Vitamin C	100%	100%
Calcium	100%	110%
Iron	100%	100%
Vitamin D	10%	25%
Vitamin E	100%	100%
Thiamin	100%	100%
Riboflavin	100%	110%
Niacin	100%	100%
Vitamin B ₆	100%	100%
Folic Acid	100%	100%
Vitamin B ₁₂	100%	110%
Pantothenic Acid	100%	100%
Phosphorus	8%	20%
Magnesium	6%	10%
Zinc	100%	100%
Copper	4%	4%

* Amount in cereal. A serving of cereal plus skim milk provides 1g total fat, less than 5mg cholesterol, 260mg sodium, 290mg potassium, 29g total carbohydrate (11g sugars) and 7g protein.


** Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Potassium		3,500mg	3,500mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Breastfeeding: True or False? ACTIVITY 9



Check **T** for True or **F** for False:

- T** **F** Breastfeeding is best for your baby if you are healthy.
- T** **F** You can not breastfeed if you have small breasts.
- T** **F** Babies who breastfeed get sick less often. 
- T** **F** Formula costs more money than breast milk.
- T** **F** A baby will only take a bottle with formula in it.
- T** **F** Breast milk is less likely to make your baby fat.
- T** **F** HIV can be passed through breast milk.
- T** **F** You can eat or drink anything while you breastfeed.
- T** **F** Babies who breastfeed are less likely to have allergies.
- T** **F** You need to have big nipples to breastfeed.
- T** **F** Breastfeeding feels good — once you and your baby learn how — and is a special way to share your love.
- T** **F** Breastfeeding makes it harder to lose your baby fat.
- T** **F** You cannot use both breast milk and formula.
- T** **F** Breast milk has all the nutrients your baby needs to grow.
- T** **F** You can get a breastfeeding tutor at the hospital or at home.

Using the true information above, what would you say to share your decision about breastfeeding or not with a family member or friend?

My Form ACTIVITY 13



Notes:

FIRST NAME:

LAST NAME:

MIDDLE INITIAL (MI):

DATE OF BIRTH (DOB):

PRIMARY LANGUAGE:

MAIDEN NAME:

MARITAL STATUS:

TELEPHONE NUMBER:

ADDRESS:

APARTMENT NUMBER (APT #):

CITY:

STATE:

ZIP:

SOCIAL SECURITY NUMBER (SSN):

CITIZENSHIP STATUS:

RACE:

RACE: **A**= Asian **B**= Black or African American **H**= Hispanic **P**= Native Hawaiian or Pacific Islander **W**= White

RELIGION:

LAST MENSTRUAL PERIOD:

DUE DATE:

Insurance Information

INSURANCE NAME (HMO):

POLICY NUMBER:

TELEPHONE NUMBER:

About Other Family Members

NAME OF BABY'S FATHER:

Names and ages of other children:

NAME:

DATE OF BIRTH (DOB):

SOCIAL SECURITY NUMBER (SSN):

NAME:

DATE OF BIRTH (DOB):

SOCIAL SECURITY NUMBER (SSN):

NAME:

DATE OF BIRTH (DOB):

SOCIAL SECURITY NUMBER (SSN):

My Form: Educator's Version ACTIVITY 13



Note to Educators: This form provides a model of how to define and discuss items on forms with moms. There's no need to copy this page for your moms, you can talk them through this information.

Date: Fill in what day it is today.

Age: Write how old you are today.

Primary Language: What language do you speak most often? Sometimes the question will say *Languages Spoken* – Fill in all of the languages you speak.

Maiden Name: This is the last name you were born with – not your married name.

Marital Status: This question is asking if you are married. You can answer single, married, separated or divorced.

Telephone Number: Remember to add the area code – first 3 numbers.

Date of Birth: This is your birthday. Remember to put the year you were born in – not this year.

Address: This is where you live and where you get your mail. It may say residence address or mailing address. If you get your mail at the post office – put the post office address.

Apt#: This is the number of the apartment you live in.

Social Security Number: This is your social security number. It has 9 numbers in it. If you have a green card, write your green card number. If you do not have a green card or social security number, leave it blank.

Race: You do not have to answer this question if you do not want to. There may be initials to show different races.

A=Asian, B=Black or African American. If you are from any of the Caribbean Islands or Africa and have black skin, check black. **H= Hispanic, P= Native Hawaiian or Pacific Islander, W= White**

Immunizations: What shots did you get when you were a child? What dates did you have them? If you do not have this information, you could write down the name and number of the doctor you had as a child. If you do not know, leave it blank.

Last Menstrual Period: This is the day your last period started. If you cannot remember the day, put down the last month that you had a period.

Insurance Name (HMO): Discuss pages 12-13 in *Baby Basics* (or *Hola Bebé*).

Policy Number: You will get this number once you have applied and been approved for health insurance.

Telephone Number: You may need to give your healthcare provider the telephone number for your HMO. This is also the number to call if you have questions about your health insurance.

Sometimes applications ask you to tell about other members of your family. For each person in your family you have to enter all of the information.

Relationship to you: Possible answers are husband, wife, son, daughter, foster child, mother, father.

Other vocabulary you may see on forms

Veteran: A veteran is someone who has served in the armed forces – army, navy, marines, coast guard, air force, etc.

Disqualified: A form may ask if you have ever been disqualified for service. That means you applied and they turned you down.

Other questions you may see

Because you are pregnant, you will be asked other questions about your health. You cannot be turned away for services and it is best for you and your baby to tell the truth.

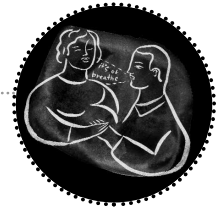
An application for medical or food services may ask you if you are *applying* or *recertifying*. If this is the FIRST time you are going to get this service check *applying*. If you already have the service and want to continue it, check *recertifying* which means applying again.

HIV Status: This means do you have AIDS or HIV? Have you ever been tested? When?

Drug Abuse: Your provider needs to know if you are using drugs, what you are taking and how much or how often. She will try to help you stay off drugs.

Health History: You may also be asked about hypertension (high blood pressure), diabetes (problems with sugar), eating disorders (throwing up after you eat), allergies, etc.

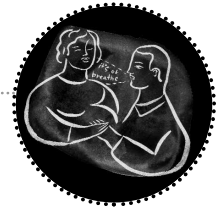
You Call It! ACTIVITY 14



Read each symptom listed in the column on the right. If it is a real symptom of labor, put a check under **This is It! I'm Calling**. If it is not a sign that you are in labor, check **It's OK to wait**.

This is It! I'm Calling	It's OK to wait	Symptom
_____	_____	Contractions are weak
_____	_____	Discharge is red or pinkish
_____	_____	You feel cranky
_____	_____	Contractions are stronger when you move around
_____	_____	Contractions come every 5 to 10 minutes; more often as time passes.
_____	_____	You have pain only in your belly
_____	_____	You are feeling restless
_____	_____	You feel suddenly very tired or very energized
_____	_____	Pain in your lower back spreads to your lower belly
_____	_____	You have brown discharge
_____	_____	Your water breaks
_____	_____	You can't wait to hold the little person inside you
_____	_____	There is greenish-brown stain when your water breaks
_____	_____	You are bleeding bright red blood
_____	_____	Your water breaks and your due date is more than 3 weeks away

Labor & Delivery Vocabulary ACTIVITY 16



We will read these sentences together. Then find the word below that fits in each blank space. Write the missing words in the blank spaces.

- 1 The _____ is the womb. It is your baby's home until your baby is born.
- 2 _____ are sometimes called practice contractions.
- 3 The bottom third of your uterus that stays closed until labor begins, then opens up like a mouth so the baby can come out is your _____.
- 4 A _____ is when a baby can not be born through the vagina, so the doctor opens up the belly to remove the baby from the uterus.
- 5 The fluid that keeps your baby safe and warm inside is called _____.
- 6 _____ help push your baby out of the uterus during labor and delivery.
- 7 An _____ blocks labor pains but lets you be awake when your baby is born.
- 8 Your cervix _____ when it opens to let your baby be born.
- 9 An _____ is a cut made to help the baby fit through the vagina.
- 10 A _____ blocks the opening of the cervix. This protects the baby from infection. It often comes out as labor begins.
- 11 The _____ is the baby's life support system. It grows during pregnancy and lines the wall of the uterus to give the baby food and oxygen. It is delivered after the baby.



contractions	uterus	cervix	placenta
amniotic fluid	Braxton-Hicks	epidural	episiotomy
mucus plug	dilates	cesarean section	

Feelings Pictogram ACTIVITY 21



Circle the feelings you are experiencing. Using a different color pen (or on a second copy of this handout), circle the feelings you think your partner may be experiencing.

A grid of 26 pictograms, each consisting of a stylized face with a specific expression and a large letter. The feelings are: **A**ngry, **B**affled, **C**onfused, **D**epressed, **E**xcited, **F**ulfilled, **G**lad, **H**appy, **I**ndifferent, **J**ealous, **K**een, **L**oved, **M**iserable, **N**ervous, **O**ptimistic, **P**roud, **Q**uizzical, **R**ejected, **S**uspicious, **T**ired, **U**nloved, **V**engeful, **W**orried, **X**enophobic, **Y**earning, **Z**ealous.

It's All in the Family ACTIVITY 21



Work with a partner. You play you. Have your partner play the part described in the paragraph below.

1

Your mother tells you to put the baby down on her stomach to sleep. Your pediatrician said to put the baby on her back. She is not sleeping well.

Tell your mom no.

2

Your mother-in-law says you need to pay attention to her boy and to put the baby down for a change. A man has his needs. Too bad that he does not help you. It is women's work.

Respond to her.

3

Your boss calls. He says you have to come back to work on Tuesday or lose your job. Good paying jobs are hard to get. But you are not ready to go to back to work.

Ask your mom for help.

Ask your boss for more time.

4

Your man says 6 weeks is too long. He had to wait a whole 3 weeks before the baby came, he wants some NOW.

Tell him what you are feeling.

Try for a compromise.

5

Your sister has had three kids and never breastfed. She thinks you're crazy to even think about trying.

Explain why you want to breastfeed.

6

Your husband is a pack-a-day smoker. His smoke is making you feel queasy – and you know that even second hand smoke is bad for the baby.

Tell him what you need—for you and your baby.

Community Tree ACTIVITY 21



On the dotted lines, write the names of Baby Basics Moms Club buddies, family, friends, neighbors and health care providers who you can call for help and support. Add this list to your My Baby Basics or jot down names and phone numbers in your Baby Basics Planner.

My Name