

# JANUARY 2026

## PRENATAL PROGRAM FAMILY ENGAGEMENT HOME PROJECT

Parent's Name: \_\_\_\_\_

Site: \_\_\_\_\_ Class #: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_



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TOPIC: Word Search	TOPIC: Mindful Focused Breathing	WEEKLY TOTALS
<p>n c s o f c t q d u c f                      b a l n j m p h r f s e                      d v i e c h l p b w n t                      n l k s a z a n i g c u                      c o n t r a c t i o n s                      e t g i o q e p l e k i                      r b x n a m n i o t i c                      v y d g r b t s a d o n                      i f c s h g a r h s f b                      x i l b a d j n c t e y                      m a c e s a r e a n o p</p> <p><b>Find the following words:</b>                      contractions - amniotic - cesarean - cervix - fetus -                      placenta</p> <p><b>Note:</b> Encourage parents to find and write on a piece of paper the meaning of each word. Home visitor will follow with any questions, concerns parent might have</p>	<p><b>Why this activity?</b> Focusing on deep, slow breaths can help lower heart rate, stabilize blood pressure and reduce mental stress by allowing us to disengage from distracting or disturbing thoughts.</p> <p><b>What we need:</b></p> <ul style="list-style-type: none"> <li>• Find a quiet place, free from distraction</li> </ul> <p><b>How we do it?</b></p> <ul style="list-style-type: none"> <li>• Sit or lie down in a comfortable position and start by breathing normally.</li> <li>• After taking a normal breath, try taking a slow, deep breath.</li> <li>• Breathe in through your nose, slowly and steadily.</li> <li>• Allow your chest and stomach to rise as you fill your lungs.</li> <li>• Finally, breathe out through your mouth, exhaling completely.</li> <li>• If you feel like breathing out through your nose is more natural, do that.</li> <li>• Repeat this for several breaths, focusing on your breath.</li> <li>• Do this in the morning, afternoon and evening for 10 minutes each time.</li> </ul> <p><b>Note:</b> Doctor must clear the pregnant mom to participate in this activity. Mom will share how it made her feel with the home visitor.</p>	
<b>3 ½ hrs</b>	<b>3 ½ hrs</b>	<b>TOTAL HRS: 7</b>

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**\*\* The project must reflect the time indicated on the sheet.**