CONGRATULATIONS!

You are a parent!

This notebook was created just for you!

Here is information about:

Getting Ready for Your Hospital Stay

Going Home & the 4th Trimester

Parenting Your Child

2017

Dear Parent,

Congratulations! You have an important job ahead of you! Your child's first few years of life are very important to your child's development. Being a parent is so much more than feeding, changing, and bathing!

At birth, a baby's brain contains 100 billion neurons. While the brain contains all the nerve cells, the brain is not a computer. It depends on experiences to wire vision, language, movement and feelings. The brain is a jumble of neurons, all waiting to be woven into an intricate tapestry! There is still a lot of work to do!

You are your baby's first teacher! Your relationship with your baby will be the pattern for all your baby's future relationships and brain development. You will set and reinforce your baby's life patterns. Sound scary? The good news is that forming a healthy emotional bond with your baby and teaching your baby what he/she needs to know to be successful in life is not difficult.

* Your baby will grow to love you over time as you talk to them and hold them. You are your baby's comfort and security. Holding and touching your baby stimulates the brain to release important hormones necessary for growth.
* Learn about your baby's unique temperament, cues, and ways your baby wants to "talk" back to you.
* Read lots of books together and don't forget that your baby loves music and rhythm. (Make sure that your baby is not near loud music or speakers, which will cause hearing loss or damage. The numbers of babies with hearing problems are increasing.)
* Establish routines and rituals. Repeated positive experiences make brain connections stronger and make your baby feel more secure.
* Encourage safe exploration and play. Playing is learning!
* Don't use TV as the baby-sitter. Be selective. TV can be frightening or confusing for a baby.
* Use discipline as a time to teach. Never shake or hit your child, you could cause brain damage. "Kind words can be short and easy to speak, but their echoes are truly endless.'"
* Recognize that your child is unique! Praise their accomplishments!
* Model what you want your child to become. If you make a mistake, apologize.
* Lay a foundation of solid values and positive attitudes to help cope with the problems and challenges your child and your family will surely face.
* Choose quality child care and stay involved.
* Take care of yourself. You are important!
* Ask about parent education opportunities! There is a lot of information available to help you to be the best parent you can be! "The more *you* know, the better *they* grow!"

What activity could be more important than the shaping of a human life?
The first years last forever!

Growing Up Healthy

A Guide for New Parents

Marion General Hospital
&
Family Services Society, Inc.

All information included in *Growing Up Healthy* is meant to supplement, not replace, the advice and care of healthcare specialists.

TABLE OF CONTENTS

GETTING READY FOR YOUR HOSPITAL STAY

Getting Ready For Your Hospital Stay

Preadmission registration is not required.

When it is time to go to the hospital you may register anytime at the Emergency Department or the Admitting Department Monday through Friday 7:00 to 5:30.

What to Pack

For You

* Personal items (shampoo, toothbrush, toothpaste…)
* Camera and video equipment
* Breast Pads
* Comfortable outfit to wear home

For Baby

* Two outfits
* Baby blankets
* Car Seat
* Pacifier (If you want your baby to use a pacifier, please bring your own.)

Hospital Visitation

Visiting hours for the Family Birthing Center are from 9:00 am to 8:00pm. We ask that all family and friends visit only if they are not ill. Also, anyone that holds the baby needs to wash their hands first. One support person may spend the night. No more than three visitors at a time. The visitors are to be over 14 years old, except for baby's siblings. Any child under the age of 14 needs to have their temperature taken at the nurses' station prior to visiting.

Smoking

Smoking is **NOT** permitted at any time or anywhere on hospital grounds.

Hospital Safety

For you and your infant's safety, please have all visitors use the **GREEN** elevators. During your hospital stay, you will be given a "Safeguarding You and Your Infant" form.

Infant Care During Hospital Stay

Routine Tests and Newborn Medications

As part of Marion General Hospital's *Newborn Admission*, every infant routinely receives the following medications: *Vitamin K and Erythromycin Ophthalmic Ointment.* We understand that you may have several questions about these medications. You are encouraged to read the following medication descriptions. If you still have questions after reading the descriptions, ask your nurse or pediatrician.

Babies do experience pain. While your baby is in the hospital, during painful events, staff uses comfort measures such as skin to skin contact, breastfeeding, swaddling, Sweet Ease (glucose), and prescribed medications to ease the babies pain.

Vitamin K (Phenytoin 1mg/0.5ml)

Vitamin K helps stimulate the production of blood clotting factors which protect the newborn from bleeding tendencies. Newborn infants, especially those born prematurely, have very small stores of Vitamin K, which is stored in their liver. Vitamin K is given by an injection into the newborn's thigh.

Erythromycin Ophthalmic Ointment
Erythromycin ointment is an antibacterial ointment that is applied to each eye of the newborn within the first hours after delivery. Bacteria can potentially infect the infant's eyes during the birthing process, causing eye swelling and discharge. Erythromycin ointment will cause temporary blurring of your infant's eyes until the ointment is absorbed.

Hepatitis B Vaccine (HBV)- Given Only With Consent
Hepatitis B is a viral infection that can cause a wide variety of diseases, varying from diseases with no symptoms to chronic liver disease, liver cancer or fatal liver disease. Hepatitis B is contracted by exposure to infected body fluids including blood, semen, vaginal secretions, and saliva. Infants who are infected have the highest risk of developing chronic liver disease and could die from their infection.

Apgar Test
When your baby is one minute and again at five minutes old, they will be scored on the following:

AREA SCORED	**SCORE OF 0**	**SCORE OF 1**	**SCORE OF 2**
Skin Color	Blue in color	Body pink, feet & hands blue	Baby is pink
Heart Rate	Absent	Under 100 beats/min	More than 100/min
Breathing	Absent	Slow or irregular	Good or crying
Muscle Tone	Limp	Some tone	Actively moving
Reflex Response	None	Grimace	Sneezing or coughing

Hearing Test
This test is done to make sure your baby does not have any hearing problems. When your baby is sleeping, ear phones will be placed over each ear. If your baby does not pass the hearing test after birth, your baby's doctor will recommend additional testing at a later date.

Newborn Screen Test (NBS)
This is a blood test that is done when your baby is 48 hours old. The test screens for many inherited and metabolic conditions. Many metabolic disorders, if detected early, can prevent further problems such as mental retardation, cerebral palsy, and even death.

Bilirubin (BILI)
Prior to hospital discharge, a routine skin or blood test for your baby's bilirubin level will be drawn to check the jaundice level.

Jaundice is the yellow coloring of the skin and sometimes the whites of the eyes. It happens during the first weeks of life. The yellow coloring happens when the body breaks down red blood cells and the bilirubin level goes up.

There are many causes of jaundice. Some of these include different blood types between the mother and infant, excessive bruising at birth, a high red blood cell count at birth, and infection or liver disease. Breastfed babies may have bilirubin levels that become higher and last longer, though this will rarely be a cause to discontinue breastfeeding.

Treatment

* Increase Feedings.
* Natural sunlight
* Phototherapy by using either a Bili Blanket or Bili Light

Pulse Oximetry
Pulse oximetry is a non-invasive procedure to monitor the bloods oxygen saturation level. All newborns are routinely screened after 24 hours of birth or by day 2 of life (NICU newborns are screened prior to discharge). If there is a noted change of oxygen saturation during your baby's screening, further evaluation will be completed by your pediatrician.

Newborn Pictures
Portrayal Studios will be offering to take your baby picture each morning, Monday through Saturday. You will hear an announcement when the photographer is ready to take pictures. An internet picture is offered free of charge and other photos may be purchased at **www.portrayalstudios.com**

Teaching Videos
English and Spanish videos are available on your television- ask your nurse for assistance.

Paternity Information
If a paternity affidavit is going to be signed at the time of birth, both parents must have a **Current State Issued ID. Father must be present. Both signatures will be notarized.**

Nutrition & Feeding

BREASTFEEDING

Breastfeeding is the natural method for feeding your baby. Human milk provides the most complete and optimal mix of nutrients and antibodies, as well as protection against common childhood illnesses. Although breastfeeding may seem somewhat awkward at first, you will soon master the skills to make this one of the most enjoyable experiences of childrearing.

Remember, there is no one right way to breastfeed an infant. Styles of breastfeeding vary with the individual situation and personality and age of the baby. Babies learn by doing, so breastfeed often.

If you feel that you are having problems or if you have questions about breastfeeding, contact your child's physician or call Marion General Hospital's Lactation Consultant at **765 660-7892** at any time.

How Often to Feed
Feeding schedules vary from infant to infant. One baby may breastfeed every hour while another may require feeding every three hours. Let your baby be the guide. A healthy baby with a good suck will eventually fall into a nursing pattern that is best suited for them. The average infant should feed 8-12 times per day. Babies may cluster feed during certain times, which is normal too! "Growth spurts" or periods of increased nursing commonly occur at around two to three weeks, six weeks, and three months of age. Continue to nurse your baby frequently and the breast will meet the baby's demand.

Volume of Feedings
The amount of milk you produce will depend on the amount of suckling the baby does at the breast. The more the baby suckles and removes the milk from the breast, the more milk you will make. A good way to tell if the baby is getting enough milk is to count the number of wet and stool-soiled diapers they have. During the first day or two, they may wet only one or two diapers per day, and the stools are tarry black (meconium stools). By the fifth day, your baby should have 6-8 wet diapers per day and at least 1-2 stools (or up to 8-10 small stools) which gradually change to a loose yellow-green to yellow-tan color. Most

babies lose some weight after birth (up to 7-10% of their birth weight). This is normal. After several days, they begin to regain weight and are usually back to birth weight by 2-3 weeks of age.

Normal Breastfeeding Patterns (after mature milk comes in)

* Infant is latching onto the breast properly and suckling rhythmically
* Breastfeeding at least 8-12 times in 24/hrs.
* Your infant seems satisfied after feeding
* Your infant is urinating at least 6 times per day
* Stool changes to yellow or light tan and seedy
* 6-8 Bowel movements per day after 1 week of life
* Gaining weight by day seven

Engorgement

Between the second and sixth day after birth, a mother's breasts usually begin to feel tender, larger, and heavier. These sensations are caused by an increasing volume of milk, as well as an increased flow of blood and lymph to the breasts, which aids in milk production. Some breast fullness or engorgement is normal. If baby takes to the breast well and removes the milk often and effectively, breast fullness is less likely to become painful. This normal fullness decreases within 3-5 days. Severe engorgement and plugged ducts can occur if your baby does not adequately remove milk from your breasts. Your breasts can feel hard, painful, and hot. This fullness is due partly to swelling, extra blood, and lymph. Latch on can be more difficult due to flattened nipples. Strategies that drain milk from the breasts and reduce swelling will help it resolve faster, such as: taking anti-inflammatory and/or pain medications, applying a cold compresses (ice packs) between feedings, breastfeeding often and long, hand express or pump to comfort after breastfeeding, pumping to soften aerola if infant is unable to latch on first, relaxing and stimulating milk flow by taking a warm shower prior to feeding or pumping, using gentle breast massage to stimulate milk flow, using cabbage leaves only if milk will not flow at all. Call the Lactation Consultant if these strategies are unsuccessful or you need additional help. **765 660-7892**

Avoiding Sore Nipples

Many women experience some nipple tenderness in the first 2 weeks of nursing. Pay careful attention to the following suggestions that will reduce the occurrence of nipple soreness:

* Nurse in a place where your back is well supported and comfortable. Hold your baby close to your breast and relax. Once comfortable, bring the baby up to breast level—do not lean over. This will prevent neck and back strain.
* Use one hand to cup your breast behind the areola (darker skin around the nipple). Place the thumb on top and four fingers underneath. Your hand should make the shape of the letter "C" or "L".
* Gently tickle your baby's lower lip with the nipple and wait for them to open their mouth very wide. Then pull them in toward the breast, allowing the mouth to engulf as much breast tissue as possible. The baby's chin and tip of the nose should touch your breast. Their body should be closely tucked into yours.
* Break the suction at the end of the feeding by inserting your little finger into the corner of the baby's mouth.
* Feed your baby frequently. If they become too hungry, they will suckle more vigorously, which can contribute to nipple soreness.
* After each feeding, allow the breast milk to dry on your nipples. This is Mother Nature's breast cream. Leave your bra flaps down to allow complete drying of the nipples. Avoid using soap, on your nipples. Use plain water when bathing the breasts.
* Start each feeding with the breast that seems most full. If one nipple is more tender than the other, start with the less tender side.

* Massage the breast prior to latching to bring milk down to nipple area so infant will not suck as hard. Change positions when feeding your baby (cradle, side-lying, football) to change the angle of pull at the breast.
* **Call for help early if soreness persists and gets worse.** Your Lactation Consultant at Marion General Hospital can help. **765 660-6866**

Flat Nipples
Some women have flat nipples. True inverted nipples are very rare. To raise the nipples permitting easy attachment, roll the nipples between your fingers and thumb until it stands up. Hoffman's Technique is another method for helping to draw the nipple out.

Plastic breast shells can be worn between feedings. These are worn inside your bra. Most nipples naturally become more drawn out with breastfeeding. Your Lactation Consultant can help with these issues.

Plugged Ducts & Breast Infections
A plugged duct is an accumulation of milk or dead cells in a milk duct. This causes a small, pea-sized lump that is felt in the breast. It may be tender and may feel somewhat warm to the touch. It usually goes away in a day or two using hot packs to the breast, massage during nursing, and frequent position changes during nursing. Changing positions frequently reduces the pressure of nursing to different areas of the breast. Wear non constrictive clothing. If you are weaning, do so gradually.

If the lump is still present after 2 or 3 days, contact your physician for further assessment.

Breast infections are associated with a localized lump that is hot, painful and red. There may also be fever and chills. Breast infections need to be treated with antibiotics. Contact your physician. Do not stop breastfeeding.

Thrush/Yeast Connection
Yeast infection of the nipple area can occur if your baby has thrush (fungal infection in the mouth-white patches or white coated tongue). Both baby and mother need to be treated to prevent re-infection. Contact your baby's doctor for a prescription for their mouth. If the baby's doctor will not prescribe anti-fungal cream/ointment for your nipples, call your obstetrician or lactation consultant for information on over-the-counter creams. A mother can also have a yeast infection independent of the baby. Sore nipples sometimes occur after weeks or months of comfortable nursing. Symptoms are: nipples become reddened, swollen, tender and sometimes cracked. Some mothers complain of itching, flaking, or burning.

Diet for Mothers
If you have healthy eating habits, there is no reason to change them. Most mothers find they can eat anything they like—in moderation.

Caffeine should be limited as this can affect the baby. If you suspect a food is bothering your baby, try eliminating the food for a week or two, and then reintroduce it to determine if the food was a problem. Your baby may have simply been having a fussy day.

The Supplemental Bottle
It is best to wait until breast feeding is going well before introducing the bottle. Some babies find it easier to suck on a bottle than the breast and may refuse the breast if a bottle is given too early. A supplemental bottle can be introduced after breast feeding is going well at approximately 3-4 weeks of age. Some babies will prefer the breast and refuse the bottle if it is introduced too late. If you are having problems with the transition of breast to bottle, call the lactation consultant or your physician.

There are some situations where it may be necessary to supplement with expressed breast milk or infant formula.

Expressing and Storing Breast Milk
Having frozen breast milk available is very convenient when you are separated from your baby, when you return to work or for use with a premature infant.

Equipment
You may choose to hand express your milk or use a breast pump. There are many varieties available to rent or purchase. Contact the lactation consultant at Marion General Hospital to discuss your options.

Preparing to Pump
* Wash your hands. Be sure all equipment (pump parts that touch the breast and storage containers) have been washed with hot, soapy water and rinsed thoroughly.
* Get comfortable and relaxed. Have everything you need within easy reach. Warm compresses, massage, relaxing music, thinking of your baby or looking at a photo of the baby can help achieve a let down of milk when preparing to pump.
* Start the pump and check the suction before placing it on the breast. Start pumping with the suction on minimum and slowly advance the strength of suction so that you feel tugging and pulling as if infant were suckling at the breast. It should not hurt, if it is hurting the suction is too high.
* Double pumping (pumping both breasts at the same time) is an option for mothers who have limited time and has been shown to raise prolactin levels x4.

Pumping
* When using an electric pump, keep bottles at breast level to reduce the possibility of milk moving back into the pump.
* Pump 15-20 minutes at a time, switching breasts when the milk flow decreases or stops dripping. If double pumping, expect to pump until the milk stops dripping.
* Good times to pump are: when the baby has not completely emptied the breasts, has missed a feeding or after a feeding.
* Air dry nipples after pumping. If nipples are sore, pump more frequently for shorter lengths of time. Use some breast milk on the sore nipples.
* Breast milk can vary in color, consistency and smell depending on what time of day it was pumped and the age of the baby at the time of pumping.
* Pumping is a learned skill. The volume pumped is usually 1/3 less than a baby will extract by nursing.

Storing Breast Milk: The 5 Rule
Store the pumped milk in clean plastic bottles or bags made specifically for breast milk. Label with the date of pumping. Freshly expressed breast milk is good for 5 hours at room temperature. Breast milk may be stored in the refrigerator for 5 days or freezer for 5 months in a regular freezer and 6 months to one year in a deep freezer that maintains zero degree Fahrenheit temperatures.

Frozen breast milk should be thawed by placing it in a pan of warm water. **Never use the microwave to thaw or heat breast milk!** Microwaving can destroy nutrients in the breast milk and result in burning your baby's mouth. Feed thawed breast milk immediately or store in the refrigerator for a maximum of 24 hours. Any breast milk left over from a feeding with a bottle must be discarded.

Supplemental Vitamins & Fluoride
Opinions vary on the need for vitamins and fluoride for the breastfed infant. Check with your physician for an opinion.

Medications
Consult your physician before taking any medications although most over-the-counter medications are safe in moderate doses. Take minimal doses when possible. Some medications for colds can decrease milk supply so check with physician or lactation consultant before use.

Fertility
Breastfeeding is not a satisfactory method of birth control. Some oral birth control pills can reduce breast milk production. Contact your doctor regarding birth control measures that are compatible with breast feeding.

If breastfeeding, please skip the next section on Formula Feeding to read about burping, pacifiers, and some facts about well water.

FORMULA FEEDING

A variety of infant formulas with iron are available. Concentrated formula (liquid or powder) is more economical than ready-to-feed formulas. Once opened or mixed, liquid formula should be discarded after 24 hours when refrigerated, or after 1-2 hours if at room temperature. Sterilization of bottles and water is not necessary if you use a city water supply. Well water needs to be checked for nitrates (see Well Water section). To be safe, use bottled water until your well water is tested. If you are not using bottled water, always try to use the same water source. You can prepare formula one bottle at a time or a 24-hour supply. Be sure to wash the bottles and nipples in hot soapy water and thoroughly rinse them.

Mix powdered or liquid concentrate according to the directions, using un-softened water. Warmed water will help dissolve the powder more easily. Do not add more water or formula than indicated in the directions. This can be dangerous. Once mixed, the formula must be stored in the refrigerator. Bring the formula to room temperature before feeding. Do not heat formula in the microwave, because it can burn your baby's mouth. Microwaving also changes the composition of the milk.

Offer feeding whenever infant exhibits feeding cues or every 3 to 4 hours. Your baby will start out taking ½ to 1 ounce at a feeding and gradually increase the amount over the next several weeks. Each formula feeding should take at least 15-20 minutes, removing the nipple frequently to allow infant to pause and burp as needed. You will quickly learn from your baby's responses how much formula is wanted. It is not necessary to awaken your baby at night for a feeding if they are full term and have adequate weight gain.

At feeding time, assume a comfortable position with your baby in a semi-sitting position. Always hold infant for feeding at a 45 degree upright angle and the bottle at a 65 degree angle so fluid fills the entire nipple. **Do not feed your baby lying down. Do not prop the bottle or let your baby feed unattended.**

Formula-feeding mothers may experience breast engorgement. Do not pump or stimulate the breast or nipple area if you are formula feeding. Avoid letting the hot water hit the chest area when in the shower. Keep the breast snug with bra or wrap, apply ice, may use anti-inflammatory pain medication and may use cabbage leaves inside bra and around the breast. Cabbage leaves have been known to reduce swelling, so keep them cold and apply fresh leaves when others have wilted, breaking the veins in the cabbage prior to applying. It may take several days to completely relieve the engorgement. If you experience flu like symptoms and have a fever, contact your physician.

Tips on Bottle Feeding
* Warm milk should drip through the nipple at about one drop per second.

* Prepared formula has vitamins and iron in adequate quantities, so you do not need to give additional vitamins. When mixed with a fluoride water supply, the formula will have the required amount of fluoride.

Intolerance to Milk of Formula
The baby who is milk intolerant will begin to have signs of intestinal disturbance, which may be signaled by diarrhea, vomiting, cramping, and excessive gas and/or crying. Parents may also notice rashes and wheezy breathing. This type of intolerance is more common with cow's milk formula and rare with breastfed infants. Help from your doctor will be valuable in dealing with this problem.

Burping
Try to burp your baby every ½ -1 ounce and again at the end of the feeding, if formula feeding. If breast feeding, burp before changing breasts and at the end of the feeding. Some babies may require burping more or less often, depending on your experience.

Common positions for burping include placing your baby on your shoulder, laying the baby face down on your lap, and sitting the baby on your lap leaning slightly forward, with the head and chest supported. The stroke or pat the baby's back to encourage a burp.

Thumbs and Pacifiers
Most babies want additional sucking time between feedings. This is called "*nonnutritive sucking*". Sucking is soothing to your baby, so they may try to suckle on their fingers or pacifier.

Pacifiers are recommended for safe sleep at night**.**

If breastfeeding, wait until breastfeeding is well established before use.

Never put a string on a pacifier to hold around the neck.

Well Water
If you have well water, you will need to have it checked for nitrates and bacteria. This is important because, if the nitrate content is too high, it will decrease the ability of the baby's blood to carry oxygen. Bacteria in the water can cause vomiting and diarrhea. Boiling well water may kill the bacteria, but it will increase the nitrate level. Until these tests return, you should use bottled or city water. Most county Health Departments can assist you with routine water testing for common contaminants such as coli form bacteria, nitrate, pH and total dissolved solids. If they are unable to test water themselves they can provide information on collecting and submitting water samples to the Indiana State Board of Health or a commercial lab.

If you suspect contamination from an unknown source you may wish to contact your county Health Department for advice on what additional tests should be done.

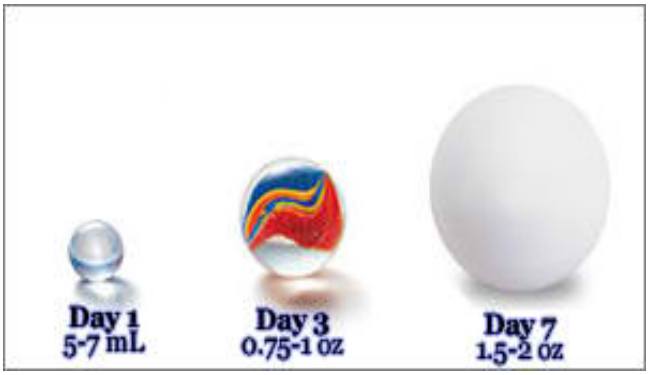
Nitrogen content (nitrate level) of 10 mg/liter or above is considered dangerous and bottled or city water must be used until the baby is at least 6 months old.

Most well water is deficient in fluoride, which is necessary to prevent tooth decay. Your doctor will determine if a fluoride supplement should be prescribed.

Hiccups
Hiccups are normal and usually disappear with time. Sometimes you can give a little extra liquid and extract a burp. This often stops them, but if not, they will stop by themselves.

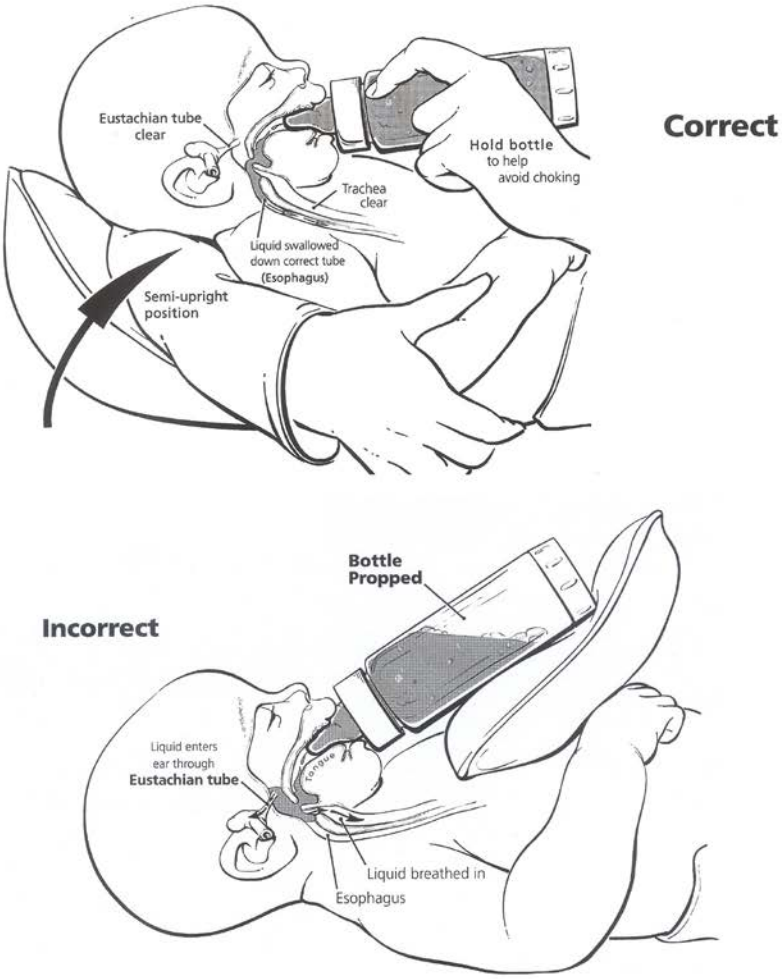
Sneezing
Sneezing in newborns is normal. However, excessive sneezing should be reported to your pediatrician.

BELLY BALL TOOL - A better understanding of the newborn's feeding capacity, thus reducing feeding problems, chronic spitting up (reflux), and nutrition issues.



The above image is a reference for new parents to visualize the size of their newborn's stomach and how much milk it can hold at birth. This reinforces that supplements are not needed and that colostrum, the early milk, is more than enough to meet a newborn's needs. Researchers have found that on **Day 1**, the newborn's small stomach does not stretch to hold more, as it will even a day or two later. This explains the experience that when newborns are fed an ounce or two by bottle during the first day of life, most of it tends to come right back up. The walls of the newborn stomach stay firm, expelling extra milk rather than stretching to hold it. On **Day 1**, a newborn's stomach capacity is about one-sixth to one-quarter of an ounce (***5-7 ml***) per feeding. Not surprisingly, this amount of colostrum is ready and waiting in the breast. By **Day 3**, as the baby ideally gets more of these small, frequent feedings, their stomach expands to about the size of a ping pong ball (***26-30 ml***) to hold more milk. By **Day 10**, it is the size of an extra-large chicken egg (***45-60 ml***). (www.ameda.com)

Bottle Propping



http://intermountainhealthcare.org/xp/public/documents/pcmc/bottlepropping.pdf

Diapers & Bowel Movements

Diapers
You can use cloth diapers that you wash at home, cloth diapers from a diaper service, or disposable diapers.

Cloth diapers should be washed in a gentle detergent, such as Dreft or Ivory Snow. Heavy duty detergents or enzyme products may irritate the baby's skin. Perfumed fabric softener sheets added to the dryer are discouraged because they can cause skin irritation. Pre-soaks such as Borax generally pose no problems. Bleach is okay if the diapers are double rinsed.

Disposable diapers are convenient alternatives. These diapers may cause rashes in some infants. Changing to a different diaper brand may help.

Bowel Movements
Breast-fed babies may have from 6-8 stools a day or may go after every feeding for the first 4-6 weeks. Stools will then change from one a day to no stools for 2-3 days between movements. Formula fed infants may have fewer stools and may be more formed. Meconium stools are the first stools and are black tarry looking and pasty consistency. This is normal for the first day or two then stools become more dark greenish to brownish then change to yellow to greenish in color and may be loose or seedy, pasty, or formed.

Straining to produce a bowel movement is normal. Excessive and persistent straining may indicate a problem that requires a doctor's assessment. Sometimes the problem is that the baby's anal opening is too small.

A baby is constipated if the stools are hard and pebbly. To help soften hard stools give pear juice, or start by adding one teaspoon of Karo syrup to each bottle and increase to three teaspoons per bottle as needed. If this is not effective, contact your doctor's office.

Gas
To the surprise of many parents, babies pass a lot of gas, but this is no need for concern. This decreases as the intestinal tract matures. If, in addition, your infant is drawing up their legs, or cramping and crying for extended periods of time, contact your doctor for advice.

Burping is a self-defense against gas pains. Time spent burping your baby after the feeding is worthwhile and should reduce the amount of cramping. Excessive crying is another mechanism that results in swallowed air, so babies need to be burped after crying episodes. If it takes longer than a few minutes to get up the burp, simply put the baby down and usually they will burp themselves. You may also try holding the baby upright for five to ten minutes and then try for a burp. (For more information on burping, see the 'Nutrition & Feeding' Section).

Skin, Cord, & Circumcision

Circumcision
In the US, circumcisions are mostly done for cultural and/or religious reasons. This is usually done before the baby goes home from the hospital. The procedure takes about 15-30 minutes. The baby will be carefully restrained on an infant board. An anesthetic will be given. The foreskin is then removed by using a clamp or Plastibell, whichever the doctor prefers. Circumcision usually heals in 7-10 days. If a Plastibell is used it will fall off within 10 days. The penis may have some swelling and /or a scab. Keep the tip of the penis covered with ointment (Vaseline) to prevent sticking to the diaper until the area is fully healed.

Care if Uncircumcised
Cleanse your infant's penis the same way as the rest of his body. No attempt should be made to forcibly retract the foreskin.

Cradle Cap
This is a skin condition of the newborn scalp characterized by a thick, yellow, greasy scalp that can also involve the forehead and the area behind the ears. Apply baby oil to the scalp daily and begin to remove the scales by brushing or scratching with your fingernail. You can then shampoo away the scales. Repeat until all the scales have been removed. A dandruff shampoo such as *Head and Shoulders* may be needed to control cradle cap. If this fails to resolve the condition, check with your doctor.

Diaper Rashes
Diaper rashes are very common. The frequency and severity of these rashes can be minimized by changing diapers regularly. Carefully wash urine and stool from the skin. It is best to use plain water with each diaper change.

If a diaper rash develops, leave the diaper off and air dry the rash. Preparations such as A&D, Desitin, or Butt Paste, may help. If the rash doesn't improve after several days, call your doctor's office.

Drooling Rashes
Drooling rashes on the chin from spit-up are common. Although no specific treatment is required, it helps to wash off the milk and spit-up with plain water.

Fingernails
Your baby may be born with long or sharp fingernails and may easily scratch his delicate skin. Until your baby is a few weeks old it is not recommended to clip your baby's fingernails. Instead, use an emery board or cover his/her hands with a mitt or socks to prevent him/her from scratching him/herself.

Forcep Marks
Forcep marks on the face and skull may be seen when forceps were used to ease the baby through the birth canal. These may appear as bruises or lumpiness in the fat tissue which appears a week later.

Milia
Milia are tiny white bumps, mostly on the nose and face of the newborn. These are skin pores that are trying to break through the final layer of skin. When they do, the milia will disappear.

Mongolian Spots
Mongolian spots are bluish pigmented birthmarks seen in Native American, Asian, Hispanic, and African-American newborns. They are often present over the lower back and buttock area. Size is variable and although they may fade somewhat after a few years, they are often present into adult life.

Newborn Acne
Newborn acne of the face affects about a third of newborns and seldom needs treatment. It appears around one month of age and lasts until 4-6 months.

Newborn Rash
Newborn rash is a red, blotchy spotting to the face and trunk. It is common during the first two weeks of life. This type of rash is of no concern. In the center of the red blotches is a small, white lump that looks like an insect bite. The cause is unknown and they disappear without treatment in a few weeks.

Pustular Rashes
Pustular rashes, such as large pimples or boils, and blisters frequently indicate infection and should be reported to your doctor.

Skin Care and Rashes
Newborns frequently have dry, flaky skin, especially on the hands, feet, and abdomen. This is nature's way of removing old skin. Apply lotion which does not contain perfume or dye to dry skin.

Soft Spots
There are two soft spots on your baby's head. The one on the top part of the head in the front is larger than the one on the back part of the head. These soft spots become closed around a year and a half.

Stork Bite Birthmarks
Stork bite birthmarks are common hemangiomas (a collection of blood vessels) usually seen on the nape of the neck, the eyelids and above the nose. These tend to clear within a year or two and require no treatment. Other types of hemangiomas are known and occasionally require treatment.

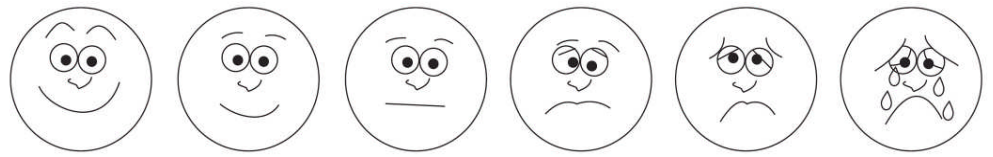
Umbilical Cord Care
Keep the diaper folded below the cord. Most cords dry and fall off in two weeks. There may be slight bleeding as the cord begins to separate; this is normal. If the cord gives off a foul odor or the skin around the base becomes inflamed, call your doctor's office.

Yeast Infections
Rashes that fail to heal after many days may develop a secondary yeast infection. This rash is usually on the baby's front side, and includes the skin folds. A special medication is necessary to clear this type of rash. Contact your physician if you feel this type of rash is present.

Mother's Care During Hospital Stay

Comfort Measures
* Changing positions at least every 2 hours
* Use pillow and blankets for added support
* Sleep
* Listen to music or watch TV
* Walk

Pain Scale
Your will be asked to rate your pain on a 0 to 10 scale.



Cramping
After pains is your body's way of shrinking the uterus after delivery. This cramping is noticed more with the more children you have and with breastfeeding.

Lochia (vaginal bleeding)
The vaginal bleeding after birth is called lochia. It changes in color over time, which is normal.
* After you go home, your bleeding should not be more than a normal period. Bleeding will increase with activity.
* For the first couple of weeks, lochia may be bright red
* It may change colors and you may spot some days and not the next
* It has an odor like your period, but should not have a foul odor
* May last 3-6 weeks
* Normal to pass clots, report any larger than the size of a golf ball

ELIMINATION

Bowels
Bowel function should return to normal 24-72 hours after delivery. Avoid constipation by drink 6-8 glasses of fluids per day, heat high fiber food and walk.

Bladder
You should try to empty your bladder at least every 4 hours for the first 24 hours after delivery. For the first 48 hours you will probably go more often.

Hemorrhoids
You can use ice packs medicated with hazel pads, creams, or medications prescribed by your doctor to ease discomfort.

PERINEUM CARE (Peri Care)

Stitches
These will dissolve in about 3 weeks. Gently pat from front to back using toilet paper. It is normal to have a sticking or pulling sensation around the vaginal and rectal area as the perineum is healing. During this time, you can use an ice pack, or sit in a clean warm bathtub for 15-20 minutes per day 2-3 times per day for this first 1 to 2 weeks after coming home.

WOUND CARE FOR C-SECTION OR TUBAL LIGATION

* Your dressing will be removed 12-24 hours after surgery.
* A small amount of drainage is normal.
* A small amount of redness or swelling is normal.
* Steri-strips will fall off in about 7-14 days. DO NOT PULL THEM OFF.
* You may shower but otherwise keep the incision clean and dry.
* Incision numbness is normal for several months.
* Wear loose fitting clothes.

Hemoglobin & Hematocrit
A blood test will be done the day after delivery to check for blood loss.

Rubella
If you are not rubella immune, you will be given the Rubella vaccine. It is important not to get pregnant for 3 months after the injection to prevent birth defects.

RhoGAM
If your blood type is negative and your baby is positive you will be given a RhoGAM shot before discharge.

*** **PATIENT SATISFACTION SURVEY *****

Please fill out and return the patient satisfaction survey that you will receive in the mail. If there are any staff or caregivers that you would like to recognize individually, please comment about the EXCEPTIONAL care they have provided to you.

GOING HOME INSTRUCTIONS AND THE 4TH TRIMESTER

GOING HOME

The big day is finally here when you will leave the hospital, not as a couple, but as a family. It is a very joyous event. Emotions and anticipation fill the day. Once home, you will get your baby settled, fed, and properly welcomed!

TAKING CARE OF BABY

During pregnancy, the baby is constantly being stimulated. During the 4th trimester, under-stimulation can be as harmful as over-stimulation. White noise is comparable to the sounds inside the uterus. Examples of white noise are a fan and music. It is our job to make sure the transition into the world is best for the baby!

Take time every day to stimulate your baby. This should be a fun and enjoyable time for both of you! Play with your baby when they are quiet and awake. Stimulation can enhance your baby's mental, physical and emotional development. Stimulated babies often have longer attention spans, gain weight faster, roll over, crawl, walk, and smile sooner.

Entertain your baby briefly several times a day. When you have your baby's attention, he will turn toward you or the stimulating object, stretch fingers and toes, and decrease sucking. Your baby will smile or make happy sounds to let you know this time is enjoyable. When your baby cries, or seems unhappy or tired, it is time to stop. It is important to change your babies sleeping position daily to avoid a flat head or abnormal posture.

Why is this topic important? Crying can lead to exhaustion, nursing failure, marital stress, depression, and child abuse.

IT IS IMPORTANT TO HOLD YOUR BABY IN A SAFE WAY. EVERYONE THAT HOLDS YOUR BABY SHOULD FIRST WASH THEIR HANDS. THEY SHOULD USE BOTH HANDS WHEN HOLDING THE BABY. ONE HAND SHOULD SUPPORT THE HEAD, NECK , AND SHOULDER AREA. THE OTHER HAND SHOULD SUPPORT THE BABY'S BODY.

CALMING- "S's"
First, check to see if the baby is crying from hunger, a soiled diaper, or a need to change position. If not, see below.

Skin to Skin
What: Baby is placed on chest

Why: Makes birth transition easier-baby is near to the sounds of the mother's familiar heartbeat, her voice, and smell.

* Promotes bonding
* Regulates temperature
* Improves blood sugars
* Relaxes infant like an analgesia
* Improves breastfeeding and milk supply

Swaddle -- Important things to remember when swaddling

* Don't let the blanket cover the baby's face
* Don't overheat (in summer use cotton not flannel)
* Check Baby

Side -- Hold baby on its side

Shh -- Make this sound-it is like sounds in womb.

Swinging -- Walk with stroller or ride in the car. Babies like motion. And the fresh air and movement is good for both of you.

Sucking -- Use pacifier

OTHER CALMING TIPS
Try a warm bath.

Try a change of arms-dad, grandma, a helpful friend or neighbor-anyone who can sympathetically understand. Take a break from the baby. Have a bath, get outside or go shopping. Take some time for yourself!

Being attentive to a crying baby will not spoil them during the first six months. Responding to their cry is comforting and may easily correct the cause, which is often hunger. When you are sure the problem is not hunger, do not offer food. You do not want to teach that food appears with all kinds of upsets.

Most fussy babies outgrow this period and are not harmed or changed by it. As a parent, you too will survive this period. You need to feel free to call for help, especially if you feel so stressed that you fear you might hurt the baby. Most fussy babies begin to get better at around three months, and life begins to return to a happier state.

Finally, remember that most fussing behavior is normal!

The Fussy Baby
There is nothing quite as frustrating as a baby who cries inconsolably, especially if you feel like nothing you do is helping. A baby's cry is their way of controlling their environment, and represents a call for help. Studies have shown that responding early to a crying infant eventually reduces total crying time. To help you understand your crying baby, we will discuss several categories of fussiness.

The Hungry Baby
Studies have shown that normal newborns cry an average of 2 hours a day. Much of this crying is associated with hunger. Babies announce their hunger by crying every 2 to 4 hours. That's a lot of crying! This crying is necessary, first to get your attention, and second to become sufficiently awake so that they will take a full feeding and not fall asleep halfway through the feeding.

THE FUSSY PERIOD
By the second or third week babies begin to have periods when they are awake and fussy. This is often mistaken for hunger, but you'll soon recognize that food doesn't satisfy them. Think of these periods as exercise periods. The use of pacifiers or thumbs permits nonnutritive sucking, which infants need and enjoy. These periods may become predictable. They commonly start in the late afternoon or early evening and last two or three hours, but there is considerable variation. There are ways to help, and we will discuss soothing techniques shortly.

The Unusually Fussy Baby
These are usually normal babies who can create unusual levels of anxiety or frustration for a family with long periods of crying. They are not constantly fussy, whereas the "colicky baby" is inconsolably fussy for much of the day. There is often no identifiable cause for this behavior. They seem to be extraordinarily sensitive to their entire environment and overreact to hunger, wetness, heat, cold, too much noise and even too much handling. Special techniques are required, but first you must be assured that this is not a cry of pain or illness. Discussion with your doctor or nurse will be necessary.

The Baby with Colic
The medical definition- crying for 3 hrs/day, 3 days/wk for 3 wks

The truly colicky baby creates an especially stressful, but temporary, situation. These babies are unhappy "around-the-clock" day after day. Your physician will advise you about helpful techniques to deal with this problem.

SHAKEN BABY SYNDROME
What happens when a baby is shaken?
Swelling and/or increased pressure within baby's skull

* Brain Damage
* Broken bones
* Developmental delays
* Eye damage and/or blindness
* Hearing loss
* Learning and/or behavioral problems
* Mental retardation
* Seizures
* Spinal injury and paralysis
* Death

So…why would someone do that?
It may be out of frustration or even an accident while playing roughly.

How do I know if my baby has been shaken?
Is baby acting sluggish or behaving much different from normal?
Is baby vomiting or suddenly not eating as well?
Is baby's skin pale or bluish?
Is baby having trouble breathing?
Is baby having seizures?

How do I prevent that from happening?
Do you always support baby's head?
Do you recognize when you are angry and take a break to calm down if you need it?
Do you call for help if you need it?

How can I calm down to avoid shaking my baby?
Count to 10, 20, or higher if you need to
Call a friend or family member for help
Calmly talk to yourself
Leave the room for as long as you need to

Listen to your favorite music and sing along
Squeeze a stress ball, stuffed animal, or pillow
Take deep, calming breaths
Take a relaxing bubble bath or a shower; have someone else watch the baby and "take a bath or shower"

If you still feel out of control

* Call a friend, neighbor or relative and ask for help

* Call **1 800 CHILDREN (800 244-5373)** and ask for help

RECOGNIZING ILLNESS

Signs of Illness That Need To Be Reported To Your Infants Doctor

* Temperature of more than 100.4
* Difficulty arousing, loss of consciousness or seizure activity
* Labored or difficulty breathing
* Poor Feeding
* Your infant feels limp and floppy
* Repeated or forceful vomiting
* Blue lips or very pale skin which appears white or grey
* Yellow skin color
* Foul Smelling or inflamed umbilical cord
* Watery or hard, dry stools
* Inconsolable crying

Rely on your instincts. If your child seems sick or you feel that you are having problems, contact your child's physician for advice.

After-hours Medical Help

Your doctor and office staff are trained to help in the prevention and treatment of childhood illness. Establishing a consistent doctor-patient relationship and seeking advice from your child's doctor's office will help your child receive the best medical care. When your child has a medical problem that occurs after office hours, it is best to wait until the following day to speak to your pediatrician, unless the problem is urgent.

Phone Advice and After-hours Services

1. Call your doctor's office after the office is closed. The answering service will forward your call.

2. Give the operator the following:
   * Your name and your child's name
   * Your child's age
   * The name of your child's doctor
   * The nature and degree of urgency of the problem

Please use these definitions when calling:

NON-URGENT: Problems that can wait an hour for a return call
URGENT: Problems that need a return call as soon as possible
EMERGENCY: Life-threatening problems. Contact 911 or transport your child immediately to a hospital emergency room.

3. Have pen and paper handy to record specific instructions. Have your pharmacy phone number handy. Every effort will be made to return your call promptly, but if you have not been called within a reasonable time, call again. There could be an error in recording the number or phone line trouble. Please keep the phone line open.

Illness in a newborn can be a serious and life-threatening event. It is important to recognize the early signs of illness and report these to your doctor.

TAKING TEMPERATURES

Practice taking your newborns temperature every day the first week that you are home. This does two things. It makes sure the baby is dressed appropriately and lets you become comfortable taking the temperature.

A digital thermometer is the most economical way to take a newborns temperature. The temperature can be taken under the arm or rectally. Be sure to clean the thermometer with warm soapy water before and after taking the temperature.

Under Arm - Place in the armpit and hold that arm close to infant's body

* **Below 97 degrees**- add a layer of clothes and repeat in a half an hour.
* **Above 100.4 degrees-** take a layer of clothing off and take the temperature in a half an hour.

If the temperature is still either below 97 or above 100.4 then take a rectal temperature.

Rectally -Lubricate the end of thermometer with Vaseline. Hold your baby's feet together so that he cannot kick, and place a diaper underneath in case your baby has a bowel movement. Gently insert the thermometer ½- 1 inch. Hold the thermometer in place until it beeps. Gently remove it.

*__Below 97 or above 100.4__ call your baby doctor

Other reasons to take your baby's temperature

* Irritability
* Hot skin or a rash
* Pale or flushed face
* Breathing problems (too fast, too slow, or loud)
* Cold symptoms (runny nose, coughing, sneezing)
* Loss of appetite
* Problems with ear that may indicate ear infection (ex- rubbing ears)
* Vomiting or diarrhea

Bathing

Give a full bath once or twice a week and wash soiled areas as needed. It is not advisable to give your baby a complete bath every day, as it will dry out their skin.

Tips

* Wash your hands well before handling your baby.
* Give your baby a bath in a warm, draft-free area.
* You can give your baby a bath any time of the day when you're not hurried or tired, and when your baby does not have a full stomach.
* Give your baby a tub bath as soon as you wish.
* Collect bath supplies including mild soap (without much fragrance), wash cloth, towel, clothes, basin, and a tub or sink with warm water.
* Test the temperature of the water with the inside of your wrist.
* Get your baby last.
* Your baby may cry during the bath, but finding ways to distract them can make it a more enjoyable event.

* Never leave them unattended on a flat surface or in the tub.

Bathing your Baby

* Before you undress your baby, wash his face without using soap. Use the corner of a clean washcloth to wipe the baby's eye from the inner corner to the outer corner of the eye. Use another clean corner for the other eye. Wrap the washcloth around your finger to clean the baby's outer ear.
* Never use a Q-tip in the ear.
* Next, undress your baby.
* Hold your baby securely as you lower them into the bath. This helps your baby feel more secure.
* Turn them with one hand on their chest and abdomen and the other hand on their back. Soap hands and wash their back, then rinse. Then do the front. Soap your hands and wash feet, legs, the front of the diaper area, buttocks and the back of the diaper area. Rinse and dry.

Girls: Cleanse the genital area from the front to back, separating labia. Rinse well. Girls may have a mucous or bloody discharge shortly after birth.

Boys: Cleanse the penis with soap and water, then rinse well.

Shampooing Baby: you will only need to shampoo head 1-2 times per week.

* Cradle your baby in a "football hold" so your hand is supporting their head and the rest of their body is laying across your arm.
* Make sure the soap is rinsed out
* Towel dry head

COMMON SIGNS OF ILLNESS IN A NEWBORN TO REPORT

Rapid or changed breathing pattern: Infants frequently have irregular breathing patterns. It can be normal to take several rapid, short breaths followed by a short pause of up to 10 seconds. Longer pauses of non-breathing, especially those associated with color changes, should be reported. A consistent respiratory rate of more than 60, and grunting or flaring of the nostrils can indicate difficulty breathing, and also needs to be reported.

Difficulty arousing: Newborns tend to be sleepy and you may have to wake them even to feed. If they sleep for more than four or five hours and you are unable to wake them with reasonable stimulation, call your doctor.

Poor feeding: Infants vary in their frequency, duration, and interest in feeding. Notify your physician if there is a sudden change in your child's ability to feed or the feeding does not improve when you try some of the recommendations.

Floppiness: A reduced amount of movement or loss of muscle tone needs to be reported.

Repetitive vomiting: Frequent forceful vomiting can indicate an illness such as an infection or an obstruction in the gut. This needs to be distinguished from common spitting which may be effortless or forceful, and is frequently associated with burping. This is usually a single spit-up and not serious.

Diarrhea: Infants may have frequent loose, seedy stools as frequent as every feeding. If the stool is bloody or completely watery, contact your physician. This may indicate an intestinal infection or feeding intolerance.

COLOR CHANGES--THE FOLLOWING SHOULD BE REPORTED

Blueness of the lips, gums or tongue (called central cyanosis) should be reported, as this can indicate a heart problem. However, a blue color to the hands and feet (peripheral cyanosis) is very common and not dangerous.

Paleness: can be caused by illness or anemia (low blood count).

Yellowness: Yellow coloration called jaundice (see *JAUNDICE* section) is common and starts at the head and progresses downward. If your child is yellow down to the lower abdomen and thighs, this needs to be reported.

Boils, Pustules, and Blisters: These can be seen as significant skin infections that need to be evaluated and treated.

Foul smelling or reddened umbilical cord.

Trust your instincts. If you suspect your infant is ill, seek advice from your doctor.

Safety

Accidents are the major cause of childhood deaths and are a frequent cause of significant disability. Many accidents can be prevented by simple precautions. The following are some tips to help secure your child's safety.

CAR SEATS

The law in each state requires that all infants and children must ride in a car seat or be secured by a seat belt. Always use a car seat that meets federal safety requirements. The seat should fit your child properly and all straps should be adjusted securely. Some cars need special seat belt attachments to secure child safety seats. Always refer to your specific car seat manufacturer's instructions; read the vehicles owner's manual on how to install the car seat using the seat belt or LATCH system. Always check height and weight limits before purchasing or installing a seat in the vehicle. These limits are listed on the car seat and in the instruction manual. Do not place any car seat in front of an air bag. The safest seating position in your vehicle is the middle of the back seat.

Car seats expire after six years unless the manufacturer has listed a different expiration date on the seat.

Car seats with an unknown history of a car crash involvement are not recommended for use.

Car Seat Recommendations for Children
Selection of a car seat is based on age and size of your child. Choose a seat that fits in your vehicle. Convertible seats are available; these may be used for rear facing and forward facing positions.

Car seat/restraint type descriptions
* A rear-facing car seat provides protection to the infant or child's head, neck, and spinal cord in the event of a crash.
* A seat belt should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. The belt should NOT rest on the stomach or across the neck.
* A forward-facing seat uses a harness and tether, limiting the child's forward movement during a crash.
* A booster seat positions the seat belt to fit properly over the stronger parts of the child's body.

Birth to 24 months
* Must be rear facing.
* 30 pounds, and two years of age is the absolute minimum before forward facing is allowed.
* Use of convertible and 3 in 1 car seats usually have higher height/weight limits to allow for a longer rear facing period.

1-3 years

* Continue rear facing until height and weight limits have been reached by the car seat manufacturer's recommendations. Once child has outgrown the seat limitations the child is ready to travel in forward-facing car seat harness.

4-7 years

* Continue forward facing with harness until child reaches the top height or weight limit allowed by car seat manufacturer. Once child has outgrown forward facing seats, your child is ready to travel safely in a booster seat and is to remain in the rear seat of the vehicle, bottom and back scooted all the way back. *Belt positioning boosters must be used with a lap and shoulder belt system.*

8-12 years

* Remains in booster seat usually around 40 pounds to 80 pounds or until the child is big enough to fit in a seat belt properly. *Belt positioning boosters must be used with a lap and shoulder belt system.*
* Recommendations to no longer travel in a booster seat are 4'9", approximately 80 pounds, and with proper fit of lap belt. Lap belt must lie snugly across lap, NOT the thighs or stomach. Use of vehicles with shoulder belts should lay snuggly across the shoulder and chest, NOT across the neck or face. Child should continue riding in the back seat for safety.

All children under 13 should ride in the back seat for the greatest safety benefit.

For any questions you may have concerning your car seat or assistance with installing please call the Family Birthing Center 765-660-6860.

CHOKING

Forceful coughing is nature's way of clearing an airway blockage. Foods, particularly chunky foods, such as raw vegetables, nuts, popcorn, hot dog slices, and hard candy are among the most common food items that produce choking. Remember, since everything goes into a child's mouth, small toys such as Legos, marbles, and buttons present a very real danger. Older children's toys are common hazards. Be watchful that unsafe objects are not left within the infant's reach.

If your child is choking on food or an object but is able to breath, cry, or cough vigorously, do not interfere. If the choking spell lasts for more than one minute, call 911 for help.

If your child is struggling to breath, has no voice, or is turning blue, call for emergency help immediately and then perform the following maneuver:

Infant under 1 year old
Turn the infant face down and head down and give five forceful blows with the heel of your hand to the back between the shoulder blades. If the airway remains blocked, turn the infant face up and head down and give five thrusts with two fingers positioned on the breastbone just below the nipple line. Repeat the above steps until the object is dislodged or help arrives.

Child over 1 year old
If unconscious, place child on floor face up and begin CPR. If conscious, perform the standard Heimlich maneuver. Check for breathing. If the obstruction remains, repeat the thrusts until the object is dislodged or help arrives.

Everyone is strongly encouraged to be trained in CPR!

CRIB SAFETY

* Does it have JPMA Certification (Juvenile Products Manufacturers Association)?
* Are the spaces between the slats 2 3/8 inches or less?
* Do all parts and joints fit together snugly?
* Is the paint free of chips or peeling spots?
* If the crib is made of wood, is it free of splinter?
* If you paint the crib yourself, are you using lead-free paint?
* Are the end panels solid and free of decorative cut-outs?
* Does the mattress fit snugly into the crib without gaps?
* Are the corner posts no higher than 1/16 inch above the crib?
* Do the sides have a hand-operated latch that will not accidentally come undone?

A Few Other Things You Should Know
*Make sure there are no strings or cords dangling into baby's crib
*If baby has a mobile, remove it when they can push up on their hands or when they reach 5 months of age

Fire Safety
Who is most likely to get hurt or die in a fire?
* Males
* Children 4 years old and younger
* Adults who are 60 years old and over
* People who live in manufactured or substandard housing
* People who live in very small communities

Did You Know…?
Most house fires occur in the winter months?
Alcohol is involved in about 40% of the deaths in house fires?
Homes without smoke detectors accounted for 43% of the deaths in house fires in 2007?

What kind of smoke detector should I buy?
There are three different types:
* **Dual-Sensor:** sensors are a combination of the two. This kind is recommended.
* **Ionization:** sensors are better at detecting fast-moving, flaming fires.
* **Photoelectric:** sensors are better at detecting slow, smoky, smoldering fires.

Where can I get one and how much do they cost?
Most stores sell smoke detectors. (Wal-Mart, Lowes)

You can also call the local fire department for suggestions. Some may provide free or low-cost smoke detectors to those who cannot afford one.

Some Other Things You Should Know
It is recommended that you have a smoke detector on every floor of your home. There are smoke detectors that vibrate and use strobe lights to assist those who may have trouble hearing a regular smoke detector. Make sure you change the batteries every year. Pick an important day you will remember, like your anniversary or baby's birthday. The smoke detector itself is good for about 8-10 years. Do NOT remove the batteries if it goes off while you are cooking. You might forget to put them back in. Just wave a towel in the air around the alarm to clear the air. Make sure you test your alarm once a month to be sure it is working. Have a fire safety escape plan and make sure everyone in the family knows what it is and how to carry it out.

Fire & Carbon Monoxide Safety
* Install smoke and carbon monoxide alarms in your home.
* Equip your home with fire extinguishers and a safety ladder, if needed.
* Plan a fire escape route, and drill the family periodically so they know what to do in case of a fire.

Carbon Monoxide Poisoning
Where does carbon monoxide come from?
It is produced when any type of fuel is burned. (Like gas, kerosene, or wood)
If all of your appliances are maintained properly, the amount of carbon monoxide that is released is so small that it is harmless.
The problem occurs when appliances are in need of repair and have leaks.

****Carbon Monoxide is colorless, <u>odorless</u>, & tasteless.****

The most common cause of carbon monoxide poisoning is an idling car.

NEVER LEAVE A RUNNING CAR INSIDE A CLOSED GARAGE!

Who usually gets carbon monoxide poisoning?
Certain people are more likely to get carbon monoxide poisoning
* Fetuses and infants
* Elderly people
* Those with anemia
* Anyone with a history of a heart or respiratory disease

How will I know if I have carbon monoxide poisoning?
* Do you have a headache ranging from mild to severe?
* Are you dizzy?
* Are you confused?
* Are you nauseous?
* Have you fainted?
* Are you short of breath or having trouble breathing?

As you can tell, the symptoms can often easily be mistaken for something else. You may feel like you just have the flu, food poisoning, or some other "bug" that is going around.

What should I do if I think I have been exposed?
Get fresh air. (Get out of the house)

Go to an emergency room nearby and tell the doctor or nurse that you think you have carbon monoxide poisoning.

Be prepared to answer questions for the doctor about

* Your symptoms
* Anyone else that was with you in the house
* If your symptoms get better when you leave the house
* What types of appliances you have and whether or not they are working properly

An important note about carbon monoxide poisoning

A carbon monoxide detector can be very helpful, but it should not be used to replace the proper upkeep of your fuel burning appliances.

In tests, some of the detectors did not alarm even when the carbon monoxide levels were very high, while others alarmed even when the levels were very low and did not pose any immediate threat.

Secondhand Smoke

What makes up second-hand smoke?

Second-hand smoke contains many hazardous cancer causing agents and many toxic chemicals.

What happens when an infant or child is exposed to Second Hand Smoke?

* Increases risk of baby dying of Sudden Infant Death Syndrome (SIDS)
* Causes low birth weight in newborns
* More frequent ear infections
* Harms lung development in children
* Causes bronchitis and pneumonia in children
* Causes asthma, coughing and wheezing in school age children

FOUND IN SECOND-HAND SMOKE	ALSO FOUND IN…
Acetone Paint stripper	Arsenic Ant poison
Butane Lighter fuel	Cadmium Batteries
Carbon monoxide Car exhaust fumes	DDT Insecticide
Formaldehyde Embalming fluid Methanol Rocket fuel	Hydrogen cyanide Capital punishment by gas Nicotine Cockroach poison
Phenol Toilet bowl disinfectant	Propylene glycol Antifreeze
Toluene Industrial solvent	Vinyl chloride Plastics

Reproduced from Mackay et al. (6)

Home Safety

* Place *emergency phone numbers* by the telephone such as doctor's office and poison control center. Dial 911 to contact the police, fire department or the ambulance.
* This is a good time to install *smoke* and *carbon monoxide alarms* in your home.
* Always use an *approved car seat* when you travel with your infant.
* Never leave your baby unsupervised for any reason.

Back Carriers

Is the metal frame covered by padding?
Will the leg openings prevent scraping baby?
Are the leg openings big enough to be comfortable, yet small enough to prevent baby from sliding out?

Bathroom

Are medications and cleaning supplies locked up and out of children's reach?
Are the toilet lids down?

Changing Table
Does your changing table have straps to prevent falls?
Are the drawers easy to get to without having to leave your baby alone?

High Chair
Does your high chair have a working safety belt?
If it is a folding high chair, does it lock properly?
Does the tray lock properly?
Does it have a wide, sturdy base?

Hook-On Chairs
Does it have restraining straps?
Is it placed somewhere that the child cannot push it off with their feet?
Does it have clamps that lock onto the table for extra security?

Kitchen
When you are cooking, are the handles turned in, out of reach of the children?
Are cleaning products, knives, plastic bags, and matches locked up and out of children's reach?
Is medicine locked up in cabinets high out of baby's reach?

Living Areas
Are smoke detectors installed on all levels of your home?
Are the batteries changed yearly?
Are there safety plugs in the electrical outlets?

Pacifiers
Does baby's pacifier have holes so they can still breathe with it in their mouth?
Is the pacifier nipple free of defects that might break off in their mouth?
Is the pacifier free of strings?

Playpens
Make sure the mesh weave on your playpen is less than ¼ inches wide. The Pack-and-Play we are providing you meets these criteria. You will need to make sure any other playpen that the baby sleeps in meets these criteria as well. Be sure the mesh is in one piece and fully attached with no loose strings. ALWAYS keep the sides up on a mesh playpen or crib.

Rattles/Teethers/Squeeze Toys
DO NOT buy rattles with ball-shaped ends.
DO NOT buy toys with a squeaker that could detach and choke the baby.
DO buy toys with a handle that is too big to become stuck in baby's throat.

Safe Sleep
* **Back to sleep only**
* Rotate placing your baby's head at different ends of the crib each night
* Firm mattress
* Nothing in crib but baby, including no bottles or bottle propping
* No bumper pads
* No smoking around the baby
* Breastfeeding
* Avoid overheating baby
* Pacifier use after feedings are well established

Your baby will develop their own sleep routine. Newborns may sleep 12-20 hours per day. They may sleep from 1-3 hours at a time. It is common for newborns to wake up during the night for feedings and a diaper change.

Checklist
Is baby's crib away from window blinds or cords?
Is baby's crib free of pillows and quilts?
Does baby's crib meet safety standards? (See Crib Safety Checklist)
Is the crib sturdy and free of loose hardware?
Does your bassinet/cradle have a wide, sturdy base for stability?
Does your bassinet/cradle have smooth surfaces?

Stairs
ALWAYS put a gate up to block baby from the stairs.

Strollers
Make sure the brakes will lock the wheels in place.
Make sure it has a wide base to keep it from tipping over.
Be sure the seat belt buckle is easy for you to use.
Be sure the seat belt fastens snugly and securely.
An umbrella type stroller DOES NOT provide enough support for a newborn baby's back.

Toy Chest
There should be no latches that could allow a child to become trapped in it.
They should have ventilation holes.

Walkers
Newer walkers have added features to help make them safer. Older walkers tend to tip easier.
Never leave your child alone in a walker, as they may still fall or tip over.
Exercise saucers would be a safer alternative. Walkers and exercise saucers should not be used for infants less than 4 months of age.

Insect Repellent
After 6 months of age, use DEET.

Lead Poisoning
Where is lead found?
Paint, Dust, folk Remedies, food, paint, soil/dirt, the air, toys, and water

A few things you should know about lead poisoning:
Lead poisoning is particularly dangerous for children under 6 years of age because both their minds and their bodies are growing very quickly. Most exposure to lead is not from toys. It is from lead-based paint, which is found in over 38 million American homes. If a house was built before 1978, there can be lead paint anywhere (the doors, the window frames, the walls), even the soil.

How does lead get into the body?
If anything with lead dust on it is put in their mouths (including their hands)

If they eat paint chips or soil that contain lead. They can breathe in lead dust during home renovations.
What are the effects of lead poisoning?

In Children:

* Damage to the nervous system, including the brain
* Behavioral problems, learning disorders, and growth delays
* Problems with hearing
* Headaches

In Adults:

* Problems with reproduction (both men and women)
* High blood pressure
* Nerve disorders and problems with memory and concentration
* Pain in muscles and joints

Lawn Mower Safety

* Find a model that stops automatically if the handle is released.
* A child under age 16 should not use a ride-on mower.
* A child under age 12 should not use a push mower (walk-behind).
* Wear sturdy, closed-toed shoes when mowing.
* Pick up objects from the yard before you begin, to help avoid injuries.
* Make sure to keep kids at a safe distance or inside while you are mowing.
* Always start and refuel the mower when the motor is off, cool, and outside, not in a garage or shed.
* Make sure only an adult changes the blade settings.
* Do this with the mower turned off and the spark plug disconnected.
* Do not pull the mower backwards or mow in reverse unless ABSOLUTELY necessary.
* Always check for children behind you.
* Always turn off the mower and wait for blades to stop before: removing the grass catcher or unclogging the blades or chutes, crossing roads, gravel paths or other areas.

DO NOT ALLOW CHILDREN TO RIDE AS PASSENGERS ON RIDE-ON MOWERS

Pool Safety

NEVER leave your child alone in or around a pool or other body of water.

* Surround your pool with a sturdy 5-foot fence on all sides.
* Make sure your gates self-close **AND** self-latch.
* Have these latches out of children's reach.
* Keep rescue equipment and a portable phone near the pool.
* Keep a long pole with a hook on it (Shepherd's hook) and life preserver.
* Do not use "floaties" (inflatable swimming aides). They are NOT an approved substitute for life vests and they may give the child a false sense of security.

A child is not developmentally ready for swimming lessons until age 4.
Swim lessons for younger children should not be seen as a way to decrease their risk of drowning.

An adult should always be within arm's length providing "touch supervision" when infants or toddlers are in or around water.

Scald Burns

Turn down the thermostat on your hot water heater to 120 degrees F.

Sun Safety
* Babies under 6 months old should not be in direct sunlight.
* Move them under a tree or into some sort of shade.
* Dress baby in lightweight clothing that still covers their arms and legs.
* Have baby wear a wide-brimmed hat outside for even more protection.
* After 6 months of age use 30 SPF.

Falls
Don't leave them unattended in any kind of seat, table, counter, bed, couch or chair. Many accidents happen even if you are close by.

They can fall off before you can catch them.

Be sure doors and stairs are secured.

Gun Safety
A gun in the house presents a risk to the health and life of your child. If you have a gun in the house, keep it unloaded. Lock the gun and bullets in separate places. Even if you don't own a gun, talk about gun safety with your children. Be sure they know that guns are dangerous and they need to stay away from guns even when they play at a friend's house. Teenagers are also intrigued by guns and their power. Don't neglect to review gun safety with them. Teach your child that the violence on TV and at the movies is not real. Guns are real and a gunshot can severely injure or kill.

Help children learn ways to solve arguments and fights without violence. Be aware that teenage suicide is most commonly committed with a gun. If you have a depressed child at home, remove any firearms that are present and seek medical help for your child.

Water Safety
Drowning is always a threat, particularly to the infant and toddler. Never leave your child unattended in the bathtub, swimming pool, lake or near any body of water. Swimming lessons do not make a child "drown-proof".

Poisoning
Safety proofing your home is crucial in preventing poisoning and should be completed before your child learns to crawl.

Safety-proofing begins by recognizing potentially poisonous household items including household cleaners, plants and prescription and non-prescription medications. Keep such items out of a child's reach, preferably in a locked space. In addition to safety proofing your home, be certain grandparents' and babysitters' homes are safe, too.

If you suspect your child has ingested a poisonous substance, don't panic. Find out exactly what has been consumed and call the **Indiana Poison Center 1-800-222-1222**.

Tips
* Infants that sleep in the bed or room with parents are setups for sleep problems. Move the crib to another room. If no other space is available, place a curtain between you and your infant so they cannot see you when they awaken at night.
* Long naps during the day may contribute to sleep problems. Limit the naps to two or three hours. If they nap three times a day, reduce it to two times a day. Try to keep the baby up longer in the evening before going for the long night sleep.

* Make an effort to get plenty of physical activity during the day. A lot of fresh air encourages good sleep.
* Don't do a lot of stimulating or tickling activity immediately prior to sleep. Set the stage for sleep with quiet activities such as a song or story.
* Avoid exposing your child to scary stories, television or movies.
* Your child may be more comfortable with a night light.
* Sleep problems occur with illness, changes in the household such as visitors or a new baby, and often upon returning from vacation.
* Children with significant medical or neurological problems commonly have sleep problems. If you are unsuccessful in teaching your child to sleep through the night, contact your doctor's office

HOW TO FEED YOUR BABY STEP–BY–STEP

Every baby is very special. Don't worry if your baby eats a little more or less than this guide suggests. In fact, this is perfectly normal. The suggested serving sizes are only guidelines to help you get started.

AGE	FOOD GROUP	FOODS	DAILY SERVINGS	SUGGESTED SERVING SIZE	FEEDING TIPS
0–4 Months	Milk	Breast Milk or Formula*	On demand (8-12)		• Nurse as long and as often as your baby wants – every 1-1/2 to 2 hours is okay. • Nurse baby at least 10–20 minutes on each breast.
		0–1 months	6–8	2–5 ounces	• Six wet diapers a day is a good sign that your baby is getting enough to eat.
		1–2 months	5–7	3–6 ounces	
		2–3 months	4–7	4–7 ounces	• There's no need to force your baby to finish a bottle.
		3–4 months	4–6	6–8 ounces	• Putting baby to bed with a bottle can cause choking and baby bottle tooth decay. • NEVER PROP A BOTTLE • Heating formula in the microwave is not recommended as milk may heat unevenly and burn your baby's mouth.

4-6 Months **4–6 Months (Cont.)**	Milk Grain	Breast milk or Formula* Baby cereal (iron –fortified)	On demand (8-12) 4–6 2	6–8 ounces 1–2 tablespoons	• Breast milk or formula has all the nutrition your baby needs and will satisfy your baby longer than cereal. • Start iron-fortified baby cereal by spoon when your baby shows these signs of readiness: -Sits with support -Opens mouth when food is offered -Able to move semi-solid food from the front of tongue to the back **•ONLY USE A SPOON FOR SOLID FOODS, DO NOT PUT ANY FOOD IN BOTTLES.** • Introduce only one new cereal each week.
6–8 Months	Milk Grain Fruit Vegetable Meat	Breast milk or Formula* Baby cereal (iron –fortified) Bread or Crackers Fruit Fruit Juice Vegetables Chicken, Beef, Pork	On demand (8-12) 3–5 2 Offer 2 1 2 1	6–8 ounces 2–3 tablespoons 1/4 slice or 2 crackers 2–3 tablespoons 3 ounces (from cup) 2–3 tablespoons 1-2 tablespoons	• Breast milk or formula is main source of nutrition. • Add strained vegetables and fruits first then add cooked vegetables and mashed or finely chopped fruits later. • Feed only one new fruit or vegetable each week. • When using food from a jar, remove amount for one feeding and refrigerate the unused portion. • Try giving 100% fruit juice in a cup. Juice in the bottle may cause tooth decay. • Add strained meats now. • Feed only one new food each week.

If you are bottle feeding, most doctors recommend iron-fortified formula. Ask your doctor which formula is best for your baby.

AGE	FOOD GROUP	FOODS	DAILY SERVINGS	SUGGESTED SERVING SIZE	FEEDING TIPS
8–12 Months	Milk	Breast Milk or Formula*	On demand 3–4	6–8 ounces	• Wait until baby's first birthday to feed egg whites. Some babies are sensitive to the egg whites. • It's okay to give baby cooked yolks. • Offer fresh fruit and cooked vegetables in bite size portions. • Some fruits may need to be peeled (apples, pears). • Be patient. Babies are messy when they feed themselves. • Always taste heated foods before serving them to baby to make sure they are not too hot. • Continue to offer beverages in a cup. • Offer finger foods to encourage self-feeding. • Let baby use a spoon for self-feeding.
		Cheese Plain yogurt Cottage cheese	Offer	1/2 ounce 1/2 cup 1/4 cup	
	Grain	Baby cereal (iron –fortified) Bread or Crackers	2–3 1–2	2-4 tablespoons 1/4 slice or 2 crackers	
	Fruit	Fruit Fruit juice	2 1	3–4 tablespoons up to 4 ounces (from cup)	
	Vegetable	Vegetables	2	3–4 Tablespoons	
	Meat	Chicken, beef, pork, dried beans (cooked) Egg yolk	2 1	3–4 tablespoons	
12–24 Months	Milk	Breast Milk or *Whole milk, Yogurt, Cheese, Cottage cheese	On demand 4	1/2 cup 1/2 ounce 1/4 cup	•Children at risk of being overweight or who have a family history of obesity, heart disease or high cholesterol, should be given 2% reduced fat milk instead of whole milk. • Continue breastfeeding, if desired, but also offer whole milk in a cup. • If formula feeding, change to whole milk now.
	Grain	Cereal, pasta or rice Bread, muffins, rolls Crackers	4-5	1/4 cup 1/4 2 crackers	

12–24 Months (cont.)	Fruit Vegetable Meat	Fruit Fruit Juice Vegetables, fresh or cooked Fish, chicken, turkey, beef, pork Cooked beans or peas Egg	2 4-5 3-4	1/2 medium 3-4 ounces (from cup) 1/4 cup (cooked) 1/2 cup (fresh) 1/2-1 ounce 2 tablespoons 1	• Offer small portions. Never force your toddler to eat. • Try to avoid power struggles over food by respecting your toddler's likes and dislikes. Offer rejected foods at another time. • Make meals fun and interesting. Serve colorful foods that are crunchy, smooth, or warm. • Toddlers need three meals and 2–3 snacks every day. Do your best to offer meals and snacks at about the same time each day. • Wean baby from a bottle to a cup.

MGH Lactation Consultant

Nutrition and The New "My Plate" Guide

The "My Plate" guide is designed to help you make choices about what to eat. It replaced the old "*Food Pyramid*". Hopefully, it will make understanding how *to* choose good food, in the right amounts, a little easier.

Eating a more balanced diet like on the picture of the plate, will help you stay healthy and provides your body with most of the nutrition needed for development.

Feeding a Toddler

The AAP (American Academy of Pediatrics) recommends that children age 1 to 3 years get about 40 calories per inch of height a day.

How Much Should I Try to Have my Toddler Eat per Day?

* 2 to 3 cups of calcium - milk (or yogurt, cheese or other calcium rich foods)
* 4 servings of fruits and vegetables. (Serving size: one tablespoon per year of age.) One serving should be high in Vitamin C and another in Vitamin A.
* 4 servings of grains - bread and cereal. One should be an Iron-fortified baby cereal. A serving is about 1/4 to 1/3 an adult portion (1/4 slice toast, 1/4 cup pasta)
* 2 servings of Proteins - meat, beans, eggs, tofu, or peanut butter. A good serving of protein should be served at every meal. One serving equals 1/2 ounce. *Courtesy of Parent's Place Nutritionist Q&A.*

What is considered a Serving Size for a Toddler?

We find that feeding your toddler becomes less complicated and frustrating when parents realize what a serving size for a toddler really is. A good rule for serving sizes for toddlers is the following

* **1 tablespoon per year of age or 1/4 of an adult serving per year of age**

Juice

While many juices are nutritious, too much can dull the appetite for other foods in the diet.
Give water to quench thirst. Juices given frequently throughout the day or sucked slowly from a bottle can promote tooth decay. Give juice at snack time and limit total amounts to 6 to 8 ounces daily.

Other

Hot dogs and lunch meats are fine if limited to once or twice a week. High levels of salt, fat and nitrate in these foods are a concern.

Vegetarianism

Vegetarian children and their families may find a trip to the registered dietitian's office helpful.

Snacking

Children generally need to eat more often than adults. Planned nutritious snacks should be limited to a certain time and to the child's place at the table. This helps establish good eating habits for the toddler.

Refusing a meal followed by immediate begging for food is easily controlled. Set the rule that a snack won't be available for an hour or two, rather than having to wait for five or six hours until the next meals. As you work toward controlled eating times, make it clear that all eating must be done at the table in the absence of television, reading, and toys. Teach your child that eating is an important activity by itself. This will help promote good nutrition and can help reduce obesity.

Select healthy foods from the basic food groups for snacks. Avoid high calorie, low nutrient drinks and foods like Kool-Aid, fruit drinks, soda, chips, candies, cakes, sweetened cereals and fruit rollups. These actually rob your child twice. They offer very few nutrients, but at the same time satisfy the appetite and prevent eating of more nutritious foods. While children probably will get these occasionally, there is no need to keep them available all the time. Not allowing your child to experience “junk foods" only may encourage the child to be overly interested when they are available.

Oral Health

The overall quality of the diet is critical for developing healthy teeth and gums. Sugar in frequent contact with the teeth for long periods of time causes tooth decay.

Picky Eaters

Picky eating patterns, avoiding new foods, and whimsical patterns of food acceptance are common in this age group. One week toddlers like a food and the next week they don't! As the rapid growth rate of

infancy decreases, so does the need for food. Food intake varies dramatically from day to day, but growth rates usually are more steady and predictable.

As a parent, you are responsible for

Food

* purchased and brought into the house
* served for meals and snacks
* preparation
* times of meals and snacks
* where food can be eaten

* Seeing that your child shows up for meals
* Seeing that your child behaves at meal times
* Giving attention to food acceptance or refusal
* Amount of time spent at the table

Your child is responsible for

* The decision to eat or not to eat
* How much to eat
* Food likes and dislikes
* Food eaten outside the home
* Behaving at the table

Acceptance of a food will be greater when your child is repeatedly exposed to it, but not required to eat it all. If waste is a concern, emphasize taking small portions with seconds available. Teach your child that there is no particular value in leaving a clean plate.

Don't go to great lengths to prepare special foods for your toddler. Reasonable catering to preferences in menu planning is okay, but short order cooking at every meal encourages pickiness.

If your child is reluctant to come to the table, ask him or her to join you for a few minutes. Usually, if expected to sit there anyway, your child will often decide to go ahead and eat. If your child still chooses not to eat, simply acknowledge to your child that they must not be hungry, and let him know how long it will be until the next snack or meal will be served.

Don't comfort or reward with food. Use attention or your time instead. Teaching your child that any discomfort or accomplishment requires food may set them up for many unnecessary calories in their life.

If allowed to do so, many children will feed themselves with their hands from an early age. Any food is "finger food" if it hangs together long enough to get it from plate to mouth! If a child can feel, mash and smell the food, he is much more likely to accept a variety of foods. Eventually your child will pick up a spoon and begin using it. Remember, toddlers are becoming more independent and will often balk at being fed by someone else. Don't worry too much about the mechanics of eating. As your child matures, the spills, dropped utensils and general mess will decrease. Developing wholesome attitudes about eating is more important, at this stage, than the niceties of table manners.

Children are great imitators-if your food habits are good, your child will see this. If you enjoy eating nutritious food, your child will almost certainly follow your example. Enjoy your toddler. Make meal time a pleasant family time. Relax in the knowledge that you are presenting a nutritious diet and sooner or later, your child will begin to eat it.

If you feel you are dealing with a particular toddler eating problem, such as inappropriate growth or weight gain, milk dislike, allergies or marked conflict over food, call your doctor or a registered dietitian for advice.

TAKING CARE OF MOM

Recovery from childbirth – Refer to the folder you will be given after delivery
CALL YOUR DOCTOR – IF YOU EXPERIENCE:
* Signs of infection, including fever and chills
* Wounds that become red, swollen, or drain pus
* You have increased or bright red bleeding that soaks a large pad in less than one hour
* Vaginal discharge that smells foul
* New pain, swelling, or tenderness in legs
* Pain that you cannot control with the medications you have been given
* Pain, burning, urgency or frequency of urination, or persistent blood in the urine
* Cough, shortness of breath, or chest pain
* Depression, suicidal thoughts, or feelings of harming your baby
* Breast that are hot, red and accompanied by fever
* Any cracking or bleeding from the nipples or areola (the dark-colored area of the breast)

In case of emergency, call 911 immediately.

Help is really important! Your partner, mother, mother-in-law or friend is a welcome addition while you recover. Be sure you are comfortable with the person who comes to help. If you are going to find yourself fussing with housework or meals to please your helper, then it is not worth it! If you are breastfeeding, it is important that the person be supportive of your wishes. Remember, help is all important, but choose a helper with whom you feel comfortable and relaxed.

Rest whenever possible. Whenever the baby goes down for a nap, try to sleep. If the phone rings, let the answering machine pick up and relax.

Ask for help with the laundry and grocery shopping for the first few weeks. It is recommended that you do not lift or carry anything or anyone heavier than the baby for the first two weeks.

Housework should be done gradually. No one will expect you to have a spotless house. Again, do a little at a time. Straighten beds, wash dishes, vacuum or sweep floors only when absolutely necessary. All of this minimizes chores. Husbands or partners can be a great help in sharing these tasks. You can sort and then fold dried clothes, and your helper can wash and put them away. Again, the heaviest thing you should be lifting is your baby.

Don't try to be a gourmet cook. Casseroles can usually be stretched for a couple of days. If friends offer to bring over a dish, take them up on it!

Visitors & Calls
You will find friends and relatives anxious to visit you and your baby. Everyone loves showing off their new baby. However, a lot of visiting can be tiring. Keep visits short. Inform your guests that you are tired and your doctor advised you to rest.

Postnatal Exercises
These gentle exercises can help you look and feel better after the birth of your baby!

Unless otherwise noted, do them once or twice daily, beginning with three repetitions and slowly working up to ten. Remember to relax and breathe deeply between exercises.

Abdominal Tightening: Lie on your back with your hands around your abdomen and your knees bent. Breathe in, and then tighten your abdominal muscles while breathing out.

Ankle Circles: When sitting or lying down, circle your feet clockwise. This should be done often to increase the circulation in your feet.

Shoulder Circles: Circle your shoulders backward to prevent tight upper back and neck muscles.

Kegels: Tighten your pelvic floor muscles as though stopping the flow of urine, then relax. You can test yourself on this exercise occasionally while urinating.

Heel Slides: Lie on your back with one leg bent. Slide your other leg up toward your hips and then straighten it out again.

Pelvic Tilt: Lie on your back with your knees bent. While breathing out, tighten your abdominal and buttock muscles so that your lower back is flattened against the bed.

Head Lifts: Lie on your back with your knees bent and your arms around your abdomen. While breathing out, lift your head off of the bed. Return to the starting position.

Walking: Take a walk each day. Begin by walking short distances around the house, increasing the distance as you get stronger. Good posture helps make this easier, so stand tall with your head up, shoulders back and stomach tucked in.

Sexual Activity
You can get pregnant before your fist period. Before you resume sexual activity, make sure you and your partner are both emotionally and physically ready. Do not put anything into your vagina until your doctor allows. Your vaginal lubrication may be decreased at first, so you may want to use a water-based lubricant.

Birth Control
There are many options for preventing pregnancy. It is important to determine which birth control method is best for you. Things to consider include

* Your health
* Frequency of sexual activity
* Number of partners
* Desire to have children in the future

Abstinence
Not having sexual intercourse. It is the only 100% way to avoid pregnancy.

The Pill
Also referred to as an oral contraceptive pill or birth control pill. It uses a combination of estrogen and progestin to prevent ovulation (the monthly release of an egg from the ovaries). It is taken daily. It does not protect you against sexually transmitted diseases. The pill is not recommended for women who smoke, have a history of blood clots, or have certain cancers.

Mini-Pills
Progesterone only pills.

Male Condom
Prevents or blocks the passage of sperm into the vagina. Latex condoms are the only kind of condom that reduces the risk of STDs and HIV.

Female Condom
Resembles the male condom, works in a similar way, it also prevents the passage of sperm. Not as effective in reducing risk of STDs.

DeproProvera
A shot taken every three months that uses progestin to prevent pregnancy. Does not protect against STDs.

Intrauterine device (IUD)
A "T"- Shaped device inserted into the uterus by the doctor. Does not protect against STDs.

Contraceptive patch
It is worn on the skin and delivers estrogen and progestin to the bloodstream. It is changed weekly.

Vaginal ring
A thin flexible ring that is inserted into the vagina and worn for three week periods. It delivers estrogen and progestin.

Diaphragms or cervical caps
Available by prescription. They are used with spermicides and are inserted in the vagina against the cervix to block the passage of sperm.

Sponge
Over the counter. It is a plastic foam sponge and has a spermicide. It is inserted into the vagina before having sex. Then removed after. Does not protect against STDs.

Emergency Contraception
A series of contraceptive pills taken soon after sexual intercourse to prevent pregnancy. Does not prevent STDs. Not to be used as a long term method.

Surgical sterilization
Permanent contraception for people that do not want any more children. Does not protect against STDs.

Natural Family Planning
A variety of methods used to plan or prevent pregnancy, based on identifying the woman's fertile days. For all natural methods, avoiding unprotected intercourse during the fertile days is what prevents pregnancy.

Postpartum Blues
Most women experience fluctuating moods to some degree during the postpartum period. They feel happy one moment and weepy the next. No one is sure of the cause. It may be your body's reaction to the end of the pregnancy, the result of sudden hormone changes, or fatigue from childbirth and interrupted sleep at night.

The sudden intensity of emotions can be frightening if you are not aware that these responses are normal. Rest is one of the most effective remedies. Treat yourself to half an hour with a cup of warm milk and a good book in a comfortable chair. Call another new mother from your childbirth class to talk and compare notes. If these moods begin to keep you from caring for yourself or your baby, call your doctor.

* Affects 60-80% of new moms
* Symptoms include crying, feeling overwhelmed with motherhood, being uncertain

* Due to the extreme hormone fluctuation at the time of birth
* Last 2 days to 2 weeks
* Acute sleep deprivation
* Fatigue and tearfulness

Perinatal Mood & Anxiety Disorder (PMAD)
Depression & Anxiety
* Feeling overwhelmed, exhausted and insecure
* Crying spells, sadness, hopelessness
* Anger, irritability, frustration
* Repetitive fears and worries

Dads/Support Person
* When help is offered say YES.
* Reassure her: this is not her fault; she is not alone; she will get better.
* Help her reach out to others for support and treatment.
* Offer simple affection and physical comfort. Often sexual desire is decreased with depression.
* Have healthy and easy snacks on hand.
* Ask her how you can help right now (household chores…).

Taking Care of Yourself
Nourishment- You are what you eat. Eat at least 5-6 small snacks per day; fruits and vegetables. Consume protein, water and milk.

Understanding- Learn, learn, learn! Read, ask questions. Listen to yourself. Believe in yourself.

Rest & Relaxation- Sleep when you can, even short power naps. Learn to do relaxation exercises before you sleep. Enjoy nice fragrances/relaxing music.

Spirituality- Try to think about times in your life when you gathered strength from a person, God, a book, a painting, a certain CD, even a movie. Pay attention to those moments. Tune in to what's going on. *Repeat the memorable moments if possible. Write, Read, Pray, Sing!*

Exercise- Lie in bed or on the floor. Do things that are simple, tense and relax your muscles, move slowly, doing stretches, be kind to yourself.

Socialize- Try to find ways to share your thoughts and ideas with people you trust. Maybe just doing something together would give your mind a break.

In An Emergency
If you need immediate assistance, please use the following resources now:
EMERGENCY: 911
Suicide prevention hotline: **1-800-273-TALK (8255)**

Postpartum Support Group
Marion General Hospital
441 Wabash Ave
Marion, IN 46952
765 660-6866. Every Tuesday 130:-3:00

THE FAMILY

Today there are several types of families such as married, single and blended. The most important job for ***everyone*** is keeping the child's best interest in mind at all times.

Moms
This is the most important job you will ever have. If you would like to have additional support, there is a Postpartum Support Group at Marion General Hospital. There are also parenting programs through Family Services and Carey Services. Locally, many churches have small groups for young and growing families.

Dads
If this is your first child, know much of parenting is learning as the child grows. Communication with the mother is the key for healthy relationships as well as setting an example of positive parenting. If you feel like you would like to learn more about being a dad, there is a program at the Pregnancy Help Center that can assist.

Grandparents
What a joy it is to be a grandparent! Grandparents will have different roles. Some grandparents will be helping raise the child, while others will be part of the support team. As the grandparent, it is important to help the family in whatever way is needed. The way you raised your children may not be the safest way for your grandchildren. A few examples are… it is not safe to have a baby sleep on their stomach, back is best. It is not recommended to introduce solid foods for the first 4-6 months.

Everyone
Communicate, love and support!

FAMILY ASSETS FRAMEWORK (from Search Institute/parent further)

Key qualities that help all kinds of families be strong. More information can be found at the following websites

www.search-institute.org/familyassets or www.parentfurther.com/familyassets

Nurturing Relationships	• **Positive communication**—Family members listen attentively and speak in respectful ways. • **Affection**—Family members regularly show warmth to each other. • **Emotional openness**—Family members can be themselves and are comfortable sharing their feelings. • **Support sparks**—Family members encourage each other in pursuing their talents and interests.
Establishing Routines	• **Family meals**—Family members eat meals together most days in a typical week. • **Shared activities**—Family members regularly spend time doing everyday activities together.

	• **Meaningful traditions**—Holidays, rituals, and celebrations are part of family life. • **Dependability**—Family members know what to expect from one another day-to-day.
Maintaining Expectations	• **Openness about tough topics**—Family members openly discuss sensitive issues, such as sex and substance use. • **Fair rules**—Family rules and consequences are reasonable. • **Defined boundaries**—The family sets limits on what young people can do and how they spend their time. • **Clear expectations**—The family openly articulates its expectations for young people. • **Contributions to family**—Family members help meet each other's needs and share in getting things done.
Adapting to Challenges	• **Management of daily commitments**—Family members effectively navigate competing activities and expectations at home, school, and work. • **Adaptability**—The family adapts well when faced with changes. • **Problem solving**—Family members work together to solve problems and deal with challenges. • **Democratic decision making**—Family members have a say in decisions that affect the family.
Connecting to Community	• **Neighborhood cohesion**—Neighbors look out for one another. • **Relationships with others**—Family members need to feel close to teachers, coaches, and others in the community. • **Enriching activities**—Family members participate in programs and activities that deepen their lives. • **Supportive resources**—Family members have people and places in the community they can turn to for help.

PARENTING YOUR CHILD

DEVELOPMENTAL MILESTONES

Child's Age	Mastered Skills (most kids can do)	Emerging Skills (half of kids can do)	Advanced Skills (a few kids can do)
1 month	Lifts head when lying on tummy Responds to sound Stares at faces	Follows objects briefly with eyes Vocalizes: oohs and aahs Can see black-and-white patterns	Smiles, laughs Holds head at 45-degree angle
2 months	Vocalizes: gurgles and coos Follows objects across field of vision Notices his hands Holds head up for short periods	Smiles, laughs Holds head at 45-degree angle Makes smoother movements	Holds head steady Can bear weight on legs Lifts head and shoulders when lying on tummy (mini-pushup)
3 months	Recognizes your face and scent Holds head steady Visually tracks moving objects	Squeals, gurgles, coos Blows bubbles Recognizes your voice Does mini-pushup	Rolls over, from tummy to back Turns toward loud sounds Can bring hands together, bats at toys
4 months	Smiles, laughs Can bear weight on legs Coos when you talk to him	Can grasp a toy Rolls over, from tummy to back	Imitates sounds: "baba," "dada" Cuts first tooth May be ready for solid foods
5 months	Distinguishes between bold colors Plays with his hands and feet	Recognizes own name Turns toward new sounds Rolls over in both directions	Sits momentarily without support Mouths objects Separation anxiety may begin
6 months	Turns toward sounds and voices Imitates sounds Rolls over in both directions	Is ready for solid foods Sits without support Mouths objects Passes objects from hand to hand	Lunges forward or starts crawling Jabbers or combines syllables Drags objects toward himself
7	Sits without support	Lunges forward or starts	Waves goodbye

months	Drags objects toward herself	crawling Jabbers or combines syllables Starts to experience stranger anxiety	Stands while holding onto something Bangs objects together Begins to understand object permanence
8 months	Says "mama" or "dada" to parents (isn't specific) Passes objects from hand to hand	Stands while holding onto something Crawls Points at objects Searches for hidden objects	Pulls self to standing, cruises Picks things up with thumb-finger pincer grasp Indicates wants with gestures
9 months	Stands while holding onto something Jabbers or combines syllables Understands object permanence	Cruises while holding onto furniture Drinks from a sippy cup Eats with fingers Bangs objects together	Plays patty-cake and peek-a-boo Says "mama" or "dada" to the correct parent
10 months	Waves goodbye Picks things up with pincer grasp Crawls well, with belly off the ground	Says "mama" or "dada" to the correct parent Indicates wants with gestures	Stands alone for a couple of seconds Puts objects into a container
11 months	Says "mama" or "dada" to the correct parent Plays patty-cake and peek-a-boo Stands alone for a couple of seconds Cruises	Understands "no" and simple instructions Puts objects into a container	Says one word besides "mama" or "dada" Stoops from standing position
12 months	Imitates others' activities Indicates wants with gestures	Takes a few steps Says one word besides "mama" or "dada"	Walks alone Scribbles with a crayon Says two words besides "mama" or "dada"
13 months	Uses two words skillfully (e.g., "hi" and "bye") Bends over and picks up an object	Enjoys gazing at his reflection Holds out arm or leg to help you dress him	Combines words and gestures to make needs known Rolls a ball back and forth
14 months	Eats with fingers Empties containers of contents Imitates others	Toddles well Initiates games Points to one body part when asked Responds to instructions (e.g., "give me a kiss")	Uses a spoon or fork Matches lids with appropriate containers Pushes and pulls toys while walking
15 months	Plays with ball Uses three words regularly Walks backward	Scribbles with a crayon Runs Adopts "no" as his favorite word	"Helps" around the house Puts his fingers to his mouth and says "*shhh*"
16 months	Turns the pages of a book Has temper tantrums when frustrated Becomes attached to a soft toy or	Discovers the joy of climbing Stacks three blocks	Takes off one piece of clothing by himself Gets finicky about food

	other object	Uses spoon or fork Learns the correct way to use common objects	Switches from two naps to one
17 months	Uses six words regularly Enjoys pretend games Likes riding toys	Feeds doll Speaks more clearly Throws a ball underhand	Dances to music Sorts toys by color, shape, or size Kicks ball forward
18 months	Will "read" board books on his own Scribbles well	Strings two words together in phrases Brushes teeth with help Stacks four blocks	Throws a ball overhand Takes toys apart and puts them back together Shows signs of toilet training readiness
19 months	Uses a spoon and fork Runs Throws a ball underhand Enjoys helping around the house	Understands as many as 200 words Recognizes when something is wrong (e.g., calling a dog a cat)	Washes and dries own hands with help Points to picture or object when you call it by name May know when she needs to pee
20 months	Feeds doll Takes off own clothes Dumps an object in imitation, such as throwing garbage away	Learns words at a rate of ten or more a day Can walk up stairs (but probably not down)	May start exploring genitals Draws a straight line Names several body parts
21 months	Can walk up stairs, Able to set simple goals (e.g., deciding to put a toy in a certain place)	Throws a ball overhand Kicks ball forward Stacks six blocks	Names simple picture in a book Can walk down stairs
22 months	Kicks ball forward Follows two-step requests (e.g., "Get your doll and bring it here")	Does simple puzzles Draws a straight line Names several body parts	Puts on loose-fitting clothes Might be ready for a big bed Understands opposites
23 months	Names simple picture in a book Uses 50 to 70 words	Opens doors Sings simple tunes Takes more of an interest in playing with other kids	Talks about self (likes, dislikes) Asks "why?"
24 months	Names at least six body parts Half of speech is understandable Makes two- to three-word sentences	Talks about self Arranges things in categories Can walk down stairs	Begins to understand abstract concepts (e.g., sooner and later) Becomes attuned to gender differences

PLAYING AND STIMULATION

Vision
Your baby likes to look at faces. Hold them so your face is close enough (10 to 12 inches) for eye-to-eye contact. You can also hold them to a mirror to see their reflection. Babies like dark and light or black and white objects best because they offer a strong contrast. Bulls eyes, checker boards, small stuffed toys, and black and white mobiles are all good sight stimulators and can be made very inexpensively.

Hearing
Your voice is a favorite sound to your baby. You can talk, sing, or make sounds over and over to excite them. You can also use a rattle or small bell next to your baby's ears. Music is a great stimulator, so play music softly or use a music box to stimulate your baby's hearing.

Report the Following
* 0-3 Months- does not respond to loud noises or your voice
* At 12 months – does not imitate sounds or speak simple words like "mama"
* Toddler age- has difficulty with
    * Speaking
    * Learning
    * Listening to sound from the television
    * Paying attention
    * Talking to others

Touch
Hugs, kisses, cuddling, and holding are the best touches to a baby. Do not be afraid to do all of these things - you will not spoil your baby.

Massage and stroke your infant. Your baby enjoys the skin to skin contact. You can do this during bathing or at any time. Touch and stroke your baby's skin with <u>different</u> textures or materials. Your baby will also like to suck on a pacifier, their finger, thumb or fist.

<u>HEALTH CONCERNS & IMMUNIZATIONS</u>

Constipation
Breast fed normal frequency: 3 days to 1 week
Formula: 3 days
Solution:
    * Karo syrup (1tsp./oz. of formula)
    * Glycerin suppository
    * 1 oz. infant pear juice undiluted
Abnormal:
    Watery, Mucus, Blood tinged
Next Step:
    Appointment Needed

Fever
Under 100.4 (under 2 months, temp of 100.4 needs to call doctor, day or night)
Tylenol infant drops (Acetaminophen) every 4 hours- call for dosage
NO MOTRIN (Ibuprofen) UNDER 6 MONTHS
Abnormal:
    Above 100.4, fever not coming down, Associated symptoms: Earache, Cough, Fussy, Vomiting, Diarrhea

Next Step:
Appointment Needed

Vomiting
Normal:
Spit up after feeding
Solution:
Burp after 2 oz.
Abnormal:
Projectile vomiting, Vomiting through nose, Vomiting more than 24 hour, Accompanied by Fever, Decreased wet diapers
Next Step:
Appointment Needed

Spit Up
Normal:
Following feeding or burping up to an hour after
Solution:
* Burping after 2 oz.
* Feed at 45 degree angle
* Prop up for 30 minutes after eating
* No jostling
Abnormal:
Greater than 2 oz., Through the nose, Curdled (chunky), Blood tinged, Still acting hungry after appropriate feeding or burping
Next Step:
Appointment Needed

IMMUNIZATIONS

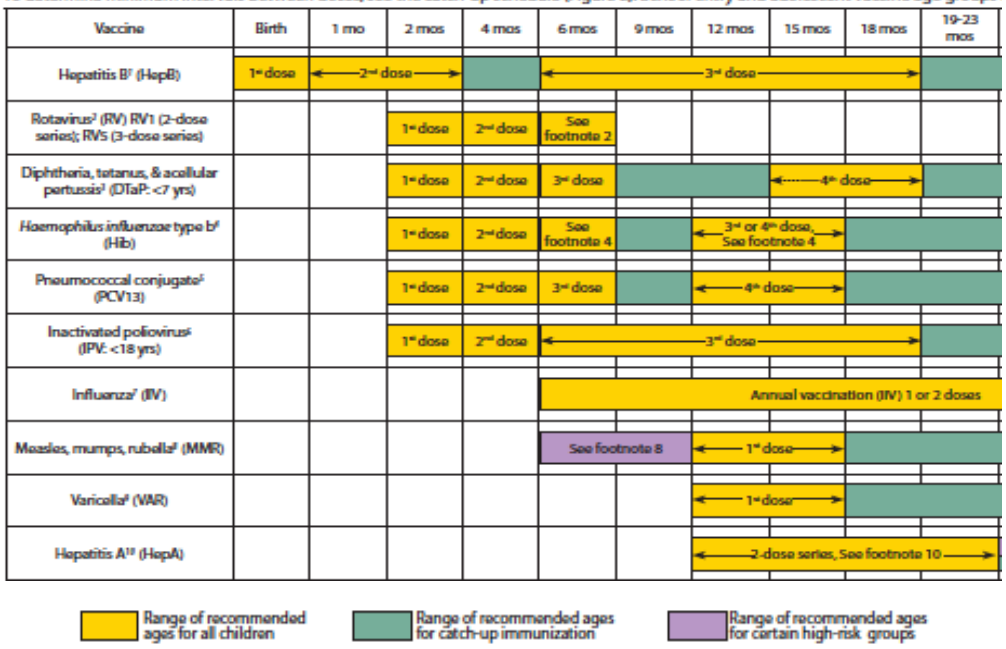
When babies are born, they have an immature immune system which helps fight off disease. Part of this immunity is antibodies that are passed from mother to infant through the placenta. This immunity is temporary. Vaccines are a way to extend immunity. Immunizations work by stimulating the immune system to fight off specific infections. To ensure continued protection against potentially dangerous illnesses, it is important to be vaccinated according to the recommended immunization schedule.

Immunizations protect you and your family from outbreaks of many potentially serious and even life-threatening ailments. As the number of immunized people increases, the occurrence of the diseases listed below will decrease.

If you or your child has missed an immunization, it is important to get it immediately.

Children in both public and private schools are required by law to be immunized before beginning school. Those children who are inadequately immunized may be prohibited from attending school.

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017.
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).
These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccinatio
To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups



Toilet Training

Your child must be ready for toilet training in order for the process to be successful and to avoid too much stress. Different children are ready at different ages. Few are ready before 20 months; many are ready at 24 months, while a few aren't ready at age 3.

When to Start Toilet Training
Watch your child for signs of readiness. Your child must be able to-understand and cooperate with simple instructions. He needs to have mastered the large muscle skills of standing, squatting, and removing pull-ups. He should be willing to perform simple tasks. Don't start toilet training if your child is ill, if there is a new baby in the house, or if your child is in a new child care arrangement. Delay the training process if your child is still in the "no" stage or if both parents can't agree to willingly participate in the process. At the end of the contrary stage is the beginning-willingness of the child to please his parents and often imitate their actions. This signals the stage of being ready.

The Toilet Training Process
The toilet training process occurs in three orderly stages

* Your child must learn and use family words for toilet functions, such as pee, wet, poop, BM, etc.
* He must learn to associate toilet functions (urinating and stooling) with the bathroom toilet or potty chair.
* Your child's nervous system must be mature enough that the involuntary act of toileting comes under voluntary control. Your child needs to learn to recognize the bodily sensation telling him

or her to urinate or have a bowel movement. He will learn to "hold it" until reaching the bathroom and remove his underpants before releasing into the toilet. This is a complicated process!

Your first step is to teach your child your family's words for urine and stool. Use these words over and over. Show your child his own stool in the diaper and draw attention to it. Put the stool in the toilet or potty chair and tell him that he can put it there instead of the diaper. Let your child watch you use the toilet. Begin the process by having him sit on the potty chair with clothes on. When he seems ready to try the next step, remove the diaper and let him sit without insisting that he do anything. It is very important that you do not focus on failure, but celebrate his successes.

Your child may use a potty that fits on a regular toilet or one that sits on the floor. The small potty chair permits the feet to be on the floor rather than dangling. Use a footstool for your child's feet if using the regular toilet. Children start by passing both urine and stool together while sitting down. The toilet training process focuses on stool first. Later the boys will try urinating while standing and this learning procedure is much enhanced by imitating their older brothers or father.

The most difficult part of toilet training is teaching your child to tell you before he urinates or stools. At first, your child may tell you after having gone in the diaper. This is good! It means your child is starting to identify the product and the body sensations involved.

Watch for behaviors that indicate your child's need to urinate or stool. When your child starts the "bladder dance" or hides in the comer and looks glassy-eyed, point out your child's need to go to the bathroom. Take your child to the bathroom, remove his clothing and sit him on the potty chair. Your child will probably sit a while with no results, tell you he is finished and then promptly go in the diaper. Don't worry; your child is practicing the process.

Going Solo

Accompany your child on every bathroom trip until you feel confident your child knows the words for toilet functions and knows about the potty chair. Become familiar with your child's cues indicating his need to go to the bathroom.

When you feel ready, choose a day when you have lots of time and few distractions or pressing problems. Spend the day in rooms where the floor is easily cleaned and undress your child below the waist. When you see the signs that your child has to go to the bathroom, immediately place him on the potty chair. Tell him, using your family's toilet words, to urinate or stool in the potty. You'll have to do this many times before your child catches on, and there will be many accidents. Be patient.

You will need many training days. As long as your child is willing, keep trying. If your child gets too upset or disinterested, or if you feel your patience thinning, stop for a few days or weeks. Then begin again.

When success occurs, praise or reward your child. Unless the flushing frightens your child, let him help you dispose of the urine or stool in the toilet. At this point you can change from diapers to training pants. Allow him to pull them up or down himself: thus permitting him more independence.

Realize this procedure is for daytime only. Night control may be achieved at the same time, but most children are not consistently trained at night until ages 4 to 6.

Learning any physical skill takes practice and patience. Continue to teach in a positive and non-threatening way. Consistency always helps. And remember, "no one learns to ski in a day." Reinforce the steps outlined in the toilet training process. Children love to imitate the big people in their lives.

Remember, all children achieve toilet training eventually, with or without your help. Very few children go to kindergarten in diapers.

Discipline

Children need reasonable limits to feel safe and secure. Discipline is the process of teaching our children to live within certain bounds of conduct, abide by appropriate rules and master self-control. This is best achieved by positively reinforcing good behaviors and setting reasonable limits that are consistently enforced.

Here are some suggestions to help in the challenging, but crucial parenting task of discipline:

*Have the goals of discipline clear in your mind. Be sure they are age appropriate. If parents and significant others, including routine care givers, set limits consistently, they will be more easily achieved.

*Rules need to be clearly defined, and consequences for breaking rules need to be clearly stated. When stating rules and enforcing consequences, try to be calm and matter of fact.

* State rules in positive terms. Tell your child what to do rather than what not to do. For example, say "Use your voice for inside," instead of "Stop shouting in the house," or "Use your fork and knife," instead of "Stop eating like a pig."

*Consequences for breaking rules should be logical, and should be enforced immediately. Some examples are "Biting is not allowed, take a time out now" and "You are not allowed to ride your bike in the street but you did anyway. Now, you are not allowed to ride your bike for the next two days."

*Follow through with what you say. Idle threats undermine your ability to affect discipline.

*The use of timeout is a very effective tool to help your child learn limits.

*Discipline in private. Being reprimanded in public lowers self-esteem and builds resentment.

*Dictators are not effective disciplinarians. Don't attempt to control all your child's actions. Minor misbehavior should be redirected or ignored. Confrontation isn't necessary to teach a child appropriate behaviors. The use of humor can be very helpful in teaching rules, and also lessens household tensions.

* Some experts feel that a rare, single slap on the behind or hand may be an effective and appropriate form of discipline. However, be aware that more than a single slap is your own anger and frustration and is not enforcing discipline. Remember violence teaches violence.

*Praise your child for desirable behaviors. Your child needs your attention for good behavior more than for inappropriate behavior. Positive reinforcement encourages appropriate behaviors and builds self-esteem. Examples of positive reinforcement are "I liked the way you looked both ways before you crossed the street," or "You cleared the table. That makes my work easier."

*It is important to tell your child that you love him. Do it often!

*When disciplining, be sure your child understands it is the behavior you don't like, not your child's total person.

*Be a good listener to your child. Try to listen without interrupting or judging. Respond so your child knows you understand.

*Be sure to tell your child when he does something you appreciate. A thank you tells your child that he is important.

*Help your child use words to express feelings. This means helping him identify when he seems sad, frustrated or angry. The ability to use these words may prevent acting out the feelings.

Sibling Relationships

Expectant parents with children at home need to prepare their children for the new baby, just as they physically and mentally prepare themselves. Following are some suggestions for sibling preparation prior to the birth of the new baby and during the first few weeks after the baby is born.

PREPARATION PRIOR TO BIRTH

When to Start

If your child is a toddler, wait until the seventh or eighth month of pregnancy. If you start earlier, the wait will seem endless because of the child's limited sense of time. Three-to-four-year olds are ready when they start showing interest in your growing abdomen. Older children can become involved in preparations immediately. Remember, you will need time to get in touch with your feelings regarding how the new baby will affect your relationship with your other child or children.

What to Discuss

First, develop a realistic idea of what babies are like in your child's mind. Your child may expect a ready-made playmate, not a small bundle that mostly sleeps, cries, and wets. Visit friends with newborns to let your child learn by observing. Children's books are also an excellent way to prepare children. They portray the newborn realistically and offer a chance to explore role changes and emotional reactions, which your child may experience.

Your child may be better able to deal with negative feelings towards the baby if he is aware that other children have similar feelings too. When discussing the new arrival, remember to convey the message that the new baby is an addition, not a replacement for the older child. Be careful not to use comparisons when talking about babies. Try to discuss "baby traits" and "older children traits" separately.

Plan Ahead

When delegating new responsibilities to your child, plan ahead at least two months prior to your due date. This way, your child will not view these responsibilities as something imposed by the baby's arrival. Likewise, if you are planning to move your child to a "grown-up" bed, do so two months prior to the baby's birth. Do not remove any baby toys from the older child's room. Instead, wait for your child to give them to the baby.

Resources to Help You

Check your community resources, beginning with your local library and bookstores. Hospital tours of the obstetrics unit and sibling classes may be available to help prepare your child.

Marion General Hospital offers family tours of the Birthing Center. Call **765-660-6860** to arrange a tour.
Marion General Hospital also offers a sibling preparation class for children.
Call **765-660-7893** for more information.

Adjustments During Your Hospital Stay
Plan to leave your child with a familiar babysitter. Call home at regular times each day while you're in the hospital. You may want to hide a few gifts and direct the child to one each day. Take advantage of the hospital's sibling visitation hours. Visit with your child alone, and then bring the baby in the room. Carefully plan the length of the visit according to your child's age and attention span.

Adjustments at Home & Dealing with Jealousy
Jealousy, in varying degrees, is a normal initial reaction for children to experience with a new baby in the house. Here are a few ways to help ensure your child's feelings of security:

* After your hospital stay, let your partner or helper carry the baby into the house so your arms are free to greet your older child.

* If you desire, bring home a baby doll for your child to care for as you care for the baby.

* Allow some time every day to spend alone with your child.

* Encourage your child to express feelings about your newborn.

* Assure your child it's all right to talk about anger and other negative feelings. This allows the child to vent feelings that may otherwise come out as physical actions.

Remember, a child's response to jealousy is not always obvious. Subtle behaviors may include being overly good, being extremely protective of the baby, stuttering and persistent nightmares.

Dealing with Regression
Regression, returning to baby like behaviors, is another common reaction of your older child to a new baby. For example, after watching the baby feed, the older child might ask to nurse or use a bottle. This may simply be an expression of curiosity. Let your child taste some of the baby's food while explaining that he now eats different foods. Express some breast milk or pour some formula into a cup and allow your child to taste it if he insists.

Toileting is another area where regression may be expressed. If your child is near toilet training age, train before the baby's birth or wait until the baby is 6 months old. In general, if given the opportunity to be a baby again, your older child will soon become bored and disinterested, and return to a more grown-up behavior.

Other Suggestions
Sharing is a concept children do not learn until about three years of age. Until this time, children play separately alongside one another. Help your children differentiate themselves from one another. This action may minimize their struggle for independence and may allow sharing to become attainable.

Community Resources

Marion General Hospital Services:

Car Seat Inspection
765 660-6860
By appointment only.

FBC/ pediatric staff members are trained to inspect car seats, educate on how to install correctly, purchasing information, and car seat resources.

Lactation Consultant
Carolyn Burbank
Information: Go to MGH website www.mgh.net Go to *Calendar*, then *Prenatal Education*
Call: 765 660-6866
cburbank@mgh.net

MGH Postpartum Support Group
765 660-6866
Group meets every Tuesday at 10:30a.m @ MGH 5Floor-Room C
Carolyn Burbank

Newborn Pictures
www.mgh.net MGH Babies
Go to *Nursery* to view hospital baby pictures. By: *Portrayal Studios*
804 N. Morton St.
Fairmount, IN 46928
765 948-4422
carl@portrayalstudios.com

Prenatal Education Services
Hours: 8:00 a.m. to 5:30 p.m. 765 660-7893
Monday- Thursday aeberle@mgh.net

MGH LABORATORY SERVICES:

Laboratory (outpatient)
330 N. Wabash Ave. Marion, IN 46952
765 660-6500

MGH Diagnostics-Fairmount
205 W. St. Fairmount, IN 46928
765 660-7885

MGH Diagnostics-Gas City
4781 Kay Bee Drive Gas City, IN 46933
765 660-7850

MGH Diagnostics-Northwood
1379 N. Baldwin Ave. Marion, IN 46952
765 660-7940

Marion General Hospital Radiology
441 Wabash Avenue Marion, IN 46952
765 660-6200

Marion General Hospital Departments

Information Desk
765 660-6411

Emergency Room
765 660-6900

Family Birthing Center
765 660-6860

Pediatric Department
765 660-3880

MGH OBSTETRICS & GYNECOLOGY DOCTORS:

Connie Elliott FNP-C
1419 W. Bella Drive
Marion, IN 46953
765 660-7580

Lisa Yarger FNP-BC
1419 W. Bella Drive
Marion, IN 46953
765 660-7580

Nagesh Anjinappa, M.D.
1419 W. Bella Drive
Marion, IN 46953
765 660-7580
Vinodha Nagesh, M.D.
1419 W. Bella Drive
Marion, IN 46953
765 660-7580

Shawn T. Swan, M.D.
1419 W. Bella Drive
Marion, IN 46953
765 660-7580

Kristine Knapp, M.D.
1419 W. Bella Drive
Marion, IN 46953
765 660-7580

W. David Moore, M.D.
1127 N. Western Ave
Marion, IN 46952
765 662-4666

Pediatricians:

Doris Jesch, M.D.
706 W. Gardner Dr.
Marion, IN 46952
765 662-3397

Emily T. Barrido-Kabigting, M.D.
330 N. Wabash Ave, Suite 320
Marion, IN 46952
765 660-7660

Aparna Srishti, M.D.
330 N. Wabash Ave, Suite 320
Marion, IN 46952
765 660-7660

Melissa Lora, M.D.
1411 W. Bella Drive
Marion, IN 46953
765 651-6637

Paul D. Wolfe, M.D.
1411 W. Bella Drive
Marion, IN 46953
765 651-6637

Kathryn Anderson, CPNP
1411 W. Bella Drive
Marion, IN 46953
765 651-6637

Almira Brown, NP
1411 W. Bella Drive
Marion, IN 46953
765 651-6637

Courtney Reeder, NP
1411 W. Bella Drive
Marion, IN 46953
765 651-6637

Hannah Renfrow, NPC
1411 W. Bella Drive

Marion, IN 46953
765 651-6637

Kyle Speakman, M.D.
330 N. Wabash Ave, Suite G20
765 660-7900

Community Resources

American Red Cross
765 662-7600

Affordable Housing
812 S. Washington St.
Marion, IN 46953
765 662-1574
Toll Free: 866 770-3406

Baby and Me
Mothers or Expectant Mothers age 25 & under
2nd Monday of each Month
Bethel Worship Center
1715 E 38th St.
Marion, IN 46953
765-662-9971 ext. 111

Bridges to Health
Provides health services to the uninsured
1251 W. Kem Road
Marion, IN 46952
765 662-7289
Tues & Thurs. 5-8pm
Phones only answered during clinic hours
Appointments only

Carey Services
Early Head Start- Provides education on child development and other important topics, and family support
2724 S. Carey St.
Marion, IN 46953
765 668-8961

Child Care Solutions
Provides education and information for parents, providers, employers, and communities; support services; and childcare referrals
P.O. Box 2496
123 N Buckeye
Kokomo, IN 46904
Phone: 765 452-8870
Toll Free: 800 493-3231
www.bonavista.org

Department of Child Services
Adoption Services
840 North Miller Avenue
Marion, IN 46952
765 662-3575

Family Nutrition Program (FNP)
Provides nutrition education and tips on buying and preparing food on a budget
Vicki Shafer- Grant County Extension Service
401 S. Adams St., Room 422
765 651-2413 EXT 116

Family Service Society
Healthy Families and Baby and Me
Provides education and support for families.
101 S. Washington St.
765 662-9971

First United Methodist Church
$25 in prescriptions assistance
Once every 6 months
Referral necessary
624 S. Adams Street
Marion, IN 46953
765 664-5177

Grace House for Transition & Recovery
Substance abuse rehabilitation center for men
Contact: Terry Johnson
765 674-5990

Grant County Community Assistance Program
Provides financial assistance with utilities
Marion, IN 46952
765 664-7798

Grant County Health Department-
Child immunizations, STD/HIV testing
401 S. Adams St.
765 662-0377
Monday 8-11 am and 1-3 pm

Grant County Rescue Mission
Shelter, job training, and chapel services
423 S. Gallatin St.
765 662-0988
Mon-Fri 7:30-4pm

Grant County Sheriff's Department
765 662-9836
If you have an EMERGENCY, CALL 911

Healthy Families
Provides education on family development, support, and referrals to additional services
101 S. Washington St., Suite 200
765 662-9971

Hoosier Healthwise for Children
1 800-889-9949

Housing Authority
Housing assistance
812 S. Washington St.
765 664-5194
Mon-Fri 8-12am, 1-4pm

Indiana Health Center-
Medical care based on income
925 S. Nebraska
765 664-7492

Indiana Poison Control Center
1 800 222-1222
www.aapcc.org

Indiana State Department of Health
1 800 433-0746
V/TDD 1 866 275-1274

This helpline includes-
*Pregnancy -Health Care
*WIC Sties/Breastfeeding Support
*Children's Special Health Care Services
* Child Adolescent Health Care
*Hoosier Healthwise/Medicaid Providers
*Minority Health Services
*Women's Health/Family Planning Services
*Substance Abuse Programs
*Immunization/Lead Screening Sites
*Emergency Shelter/Food Pantries
*Support Groups
*Sudden Infant Deaths (SIDS)
*Genetic Newborn Screening Services
*GED/Job Training Sites
*Day Care/Respite Care

* Child Adolescent Health Care
*Hoosier Healthwise/Medicaid Providers
*Minority Health Services
*Women's Health/Family Planning Services
*Substance Abuse Programs
*Immunization/Lead Screening Sites

Marion Fire Department
765 668-4474
If you have an EMERGENCY, CALL 911

Marion Police Department
765 668-4421
If you have an EMERGENCY, CALL 911

Marion Public Library
601 S Washington St.
Marion, IN 46953
765 668-2900 ext. 105
www.marion.lib.in.us

Office of Family and Children
Medicaid, Food Stamps, TANF
840 N. Miller Ave.
800 403-0864
Mon-Fri 8-4:30 pm

Pregnancy Help Center
Provides free pregnancy tests, education, emotional support, assistance with infant clothing/equipment/supplies, and referrals for a variety of other assistance programs
428 S. Washington, Suite 347
765 664-4467

Safe Sitters – American Red Cross of Grant County
765 662-7600

Women, Infants, and Children (WIC)
Provides assistance with food for mom, breastfeeding support, formula for infants, and nutrition education
325 E Second St
Marion, IN 46952
~~925 S. Nebraska~~
765 6~~64~~13-~~749~~01502

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Postpartum Support

IN AN EMERGENCY:
If you need immediate assistance, please use one of the following resources now:
EMERGENCY: 911
SUICIDE PREVENTION HOTLINE:
1-800-273-TALK (8255)

Postpartum Support Group:
Marion General Hospital
441 Wabash Ave
Marion, IN 46952
765 660-6862
Every Tuesday 1:30-3:00 p.m.

Community Counseling:
Family Service Society INC.
101 South Washington, Ste 200
Marion, IN 46952
P: 765 662-9974
F: 765 651-6556
Therapists: Jeannette Hoeksema jhoeksema@famservices.com, Sandra Duecker, Deborah Williams

Grant Blackford Mental Health
505 N Wabash Ave
Marion, IN 46952
765 662-3974

Life Center Counseling Services
5230 S. Western Ave
Marion, IN 46953
P: 765 674-2208
F: 765 674-3273

Wabash Friends Counseling Centers
3563 South State Road 13
Wabash, IN 46992
260 563-8452
877-350-1658

Postpartum Support International Coordinator
Indiana State Co-Coordinator: Birdie Meyer, RN, MA
Perinatal Mood Disorders Program
Clarian Women's Health Services
1701 N. Senate Blvd., Room A3308
Indianapolis, IN 46206
Telephone: 317.962.8191
800-944-4773
Helpline 800 433-0746

1-800-QUIT NOW
www.IndianaQuitline.net

Tucker Career Center
Provides assistance with education
107 S. Pennsylvania Ave.
765 664-9091

Women's Shelter (Helping Hands)
101 S. Washington, Suite 200
Marion, IN 46952
765 664-0701

Women's Services-Domestic Violence
Hands of Hope Women's Shelter
24 Hour Hotline: 765 664-0701
or 1-800-434-8973

Work One –Youth Program
850 N. Miller Ave.
Marion, IN
765 668-8911
Mon-Wed 8-4:30 pm, Thurs 10-4:30 pm, Fri 8-4:30 pm

Food Assistance and Pantries

Brookhaven Church-
2960 E. 38TH St., 765 674-2237, picture ID required or piece of mail with current address, and must fill out application. Open Tuesdays 9:30-11:30am or First Tuesdays of each month 5-7pm. Able to assist once every 6 months if funding available.

First Church of God-
450 W. 50th , 765 674-4973 – Must make an appointment, must bring photo ID – Available on Tues. and Thurs. only – Able to assist once every 3 month if funding available.

Gethsemane Episcopal Church-
111 e. 9th Street, Last 2 Sundays of each month 12:00-1:00pm

Grant County Rescue Mission-
423 S. Gallatin Street, 765 662-0988, hot meals Mon-Fri 7:00am, 12:00pm, 4:30pm and Sat 12:00pm & Sun 12:00pm and 6:00pm

Homeland Mission-
302 W. 30th St. 765 662-9559, ID required, Wed. 9-12pm,
Thurs. 9-12pm, 1:30-5pm, & Fri. 1:30-5pm

Morning Star-
1615 ½ W. 7th St., Contact Mary Beard at 765 664-9385, Tues. & Wed. 10-12pm

Salvation Army-
359 N. Bradner Ave., 765 664-6536, Mon – Thursday 10am-2pm, able to assist once every 60 days.

St. Martin's-
901 S. Branson St., 765 651-9324, Mon.- Fri. 11-12, Sat 10:30am-11:30am

Sunnycrest Methodist-
1921 W. Bradford Ave., 765 662-6040, apply over the phone, picture ID & Social Security card required, Mon – Fri 8-12 pm

Comment [LR1]: Ensure all are correct

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Comment [LR2]: See Amy for updated referral letter and information about Sunnycrest Food Pantry

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Trustees

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CENTER TOWNSHIP
Bryce Coryea
428 S. Washington St., #231
Marion, IN 46953
765 662-9140
9-4pm Mon-Fri

FAIRMOUNT TOWNSHIP
Landon E Kellogg
115 North Main Street
Fairmount, In 46928
765 948-4632

FRANKLIN TOWNSHIP
Kevin D Carmichael
4660 South 400 West
Marion, IN 46952
765 668-7277

GREEN TOWNSHIP
Larry D. Downs
8280 S. 600 W.
Fairmount, In 46928
765 661-0944
By appt only

JEFFERSON TOWNSHIP
Craig A. Luthy
595 Warkenton Court
Upland, IN 46989
765 998-7896
By appt only

LIBERTY TOWNSHIP
5040 W. 900 S.
Fairmount, IN 46928
765 948-5223
By appt only

MILL TOWNSHIP
Karen Wood
2111 E. Old Kokomo Road
Marion, IN 46953
765 674-9221

MONROE TOWNSHIP
Valisha K. Cragun
8711 E. 300 S.
Marion, IN 46953
765 998-7701 by appt only

PLEASANT TOWNSHIP
Ted A Tobias
310 West Jefferson Street
Sweetser, IN 46987
765 384-4006 by appt only

RICHLAND TOWNSHIP
Michael E. Mark
2015 N. 700 W.
Marion, IN 46952
765 384-4440

SIMS TOWNSHIP
Jeff W. Duncan
P.O. Box 12
Swayzee, IN 46986
765 922-7373 by appt

VAN BUREN TOWNSHIP
Robert D. White
410 W. Plum St.
Van Buren, IN 46991
765 934-3015

WASHINGTON TOWNSHIP
Ron Mowery
5440 East & 350 North
Marion, IN 46952
765 934-2180