



Parent Handbook

Prenatal - 12 months



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Welcome!

You have accepted one of life's greatest challenges — raising a healthy and well-adjusted child.

During the next few years, your baby will grow and develop more dramatically than during any other stage in life.

This handbook will discuss different ways to meet your baby's needs through:

- Making sure your baby gets regular health care, immunizations, and nutrition
- Providing a safe and stimulating environment
- Nurturing and interacting in special ways to meet your baby's needs and aid their development

Research shows that growth and learning in the first three years make a difference for success in school and throughout the rest of your baby's life.



Chapter 1 Prenatal Care

- What to eat, drink, and do
- Birth support and delivery
- Preparing for baby's arrival

Get all these tips and more, targeted to the age of your child, sent right to your cell phone for free 2-5 times a week.



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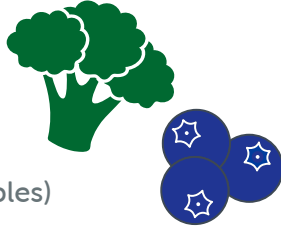
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What to eat, drink, and do

Nutrition during pregnancy

- Eat a well-balanced diet that is high in vegetables, fruits, low-fat dairy, and grain products.
- Always rinse raw produce (fruits and vegetables) before eating.
- Limit fish and shellfish intake to 12 ounces a week. Fish and shellfish are natural sources of omega-3 fatty acids, which can help with baby's brain development. However, certain fish (i.e. shark and swordfish) may contain traces of mercury, which can harm a baby's developing nervous system. Expectant mothers should discuss safe seafood intake with a healthcare provider.
- [My Plate planners](#) can help in planning healthy meals for pregnant women.
- Limit drinks with caffeine (colas, teas, and coffee) to one a day.
- Take a daily vitamin supplement that contains folic acid and iron. Some moms need additional supplements during pregnancy. Check with your healthcare provider about your individual vitamin and supplement needs.
- Avoid
 - » Excessive intake of foods that are high in fat and sugar
 - » Raw or under cooked meat, fish, or eggs
 - » Unpasteurized cheeses, milk, and juices
 - » Fish with high-mercury content (e.g. shark and swordfish)
 - » Foods preserved with nitrates (e.g. hot dogs, bacon, and smoked meats)



Calorie needs during pregnancy

Calorie needs in pregnancy are different for every woman. Talk with your healthcare provider about the calorie intake that is healthiest for you.

- Most women don't need to change their calorie intake in the first trimester.
- Most women will need to eat an extra 340-450 calories a day in the second and third trimesters.

Weight gain during pregnancy

Healthy weight gain is unique to each woman. You should talk with your healthcare provider about the healthiest weight gain for you during your pregnancy.

Healthy weight gain depends on a mom's weight before pregnancy

- Moms with a normal pre-pregnancy weight typically need to gain 25-35 pounds during pregnancy.
- Moms who are underweight before pregnancy typically need to gain more weight during pregnancy (28-40 pounds).
- Moms who are overweight before pregnancy typically need to gain less weight during pregnancy (11-25 pounds).

What exercise is okay in pregnancy?

Most women can safely exercise during pregnancy. Talk with your healthcare provider about the safest exercises for you.

- Check with your healthcare provider before starting a new exercise activity during pregnancy. Safe exercises for pregnant women may include brisk walking, swimming, stationary bicycling, modified yoga, or pilates.
- Staying fit will help you have an easier labor, manage stress, and get back into shape after your baby arrives.
- Contact your healthcare provider if you experience vaginal bleeding, contractions, shortness of breath, or other problems while exercising.

Mom's dental care during pregnancy

- A woman's gum tissue changes during pregnancy from the surge of hormones in her body. Infected gums can affect the fetus because bacteria from your teeth can travel through your bloodstream to your unborn infant. An immune response can damage the tissues in the placenta and can cause premature labor or a lower birth-weight baby. Pull your lip down and inspect your mouth and gums for
 - » Puffy and red gums
 - » Tender and bleeding gums while brushing and flossing
 - » White, sticky plaque around the teeth and gums
- As soon as you know that you are pregnant, visit your dentist for an overall evaluation of your teeth and gums and a good cleaning. At that time, the dentist or hygienist can give you special mouth-care tips to use during your pregnancy.

Connecting with your baby before birth

Start enjoying your child before your delivery! A mother's connection to her baby is hard-wired through physical closeness and helpful hormones. There are ways to help strengthen that bond, and for partners to build special connections with baby, too.

- Talk to your baby. Your newborn will begin to recognize the voices of mom, dad/partner, and others even before birth.
- Rub your growing belly. Your newborn will be comforted by the same touch after birth.
- Read a favorite story or sing a song to your growing baby. Your developing child will likely recognize the story or song and enjoy hearing it as a newborn.
- Talk about your hopes and dreams for your child. Imagine what you will do together as your baby grows.
- Read information about prenatal care and parenting, take a class in parenting, or join a prenatal support group to help you prepare for the changes taking place in your life.
- Buy or make something for baby that's just from you.

- Track your developing baby's amazing changes within mom
 - » Listen to baby's heartbeat at 3 to 4 months.
 - » Feel baby kick (around 6 months).
 - » See baby in a sonogram during a prenatal checkup visit.

Exposures to consider before baby arrives

Avoid nicotine, marijuana, and other drugs. These substances can prevent the normal development of your baby.

- Tobacco: Avoid nicotine, e-cigarettes, and secondhand smoke during pregnancy because exposure may
 - » Prevent a baby's normal development including potentially damaging a developing baby's brain and lungs
 - » Increase a child's future risk of chronic health issues including learning problems and obesity
- Marijuana: New scientific evidence shows that marijuana in edible, smoked, or vaped form can pose problems for your baby.
 - » Smoking marijuana is a cause of low birth weight babies.
 - » Marijuana exposure during pregnancy may increase the risk of stillbirth and prevent a baby's normal development.
 - » THC can cross the placenta and change the growth of a baby's developing brain.
 - » Babies who are exposed to THC during pregnancy have a higher risk of having learning and attention problems as they grow older.

If you have been prescribed medical marijuana by a healthcare provider, talk with your provider about alternatives to use during pregnancy.

AVOID ALCOHOL: Experts believe that even small amounts — one drink a day — can increase the risk of miscarriage, developmental and learning delays, and behavioral problems as a child grows.

- Alcohol
 - » Avoid alcohol in pregnancy.
 - » Alcohol exposure can increase your developing baby's risk for growth problems, developmental delays, and learning delays.
 - » Even small amounts of alcohol use in pregnancy can be unsafe for your developing baby.
- Opioids
 - » Opioid drugs include oxycodone, hydrocodone, codeine, fentanyl, and morphine.
 - » Misusing opioids in pregnancy can cause serious problems for you and for your developing baby.
 - » Babies exposed to opioids in utero can develop neonatal abstinence syndrome, leading to tremors, irritability, poor feeding, vomiting, and diarrhea after birth.
 - » Moms with an opioid (or other substance) use disorder should discuss their use with a healthcare provider to help make healthy choices for themselves and their baby.

Learn about ways to quit with help from SAMHSA's National Helpline, 1-800-662-HELP (4357) or at 1-800-CHILDREN.

Avoid exposing your baby to second and thirdhand smoke

Secondhand smoke is the smoke that comes from a burning smoking product or the smoke that a smoker breathes out. It's safest to keep your child's environment smoke free. Make your car and home non-smoking zones.

- What makes secondhand smoke dangerous?
 - » Secondhand smoke contains over 4,000 chemicals, many of which can cause cancer.
 - » Because your baby's body is just starting to grow, secondhand smoke chemicals are especially dangerous for your baby.

- » Babies who are exposed to secondhand smoke are more likely to develop
 - Ear infections
 - Allergies
 - Lung problems (i.e. bronchitis, pneumonia, and more severe asthma)
 - Sudden infant death syndrome

For more information on protecting your child from secondhand smoke, go to [RaiseSmokeFreeKids.com](https://www.raise-smoke-free-kids.com).

- Thirdhand smoke is the toxic stuff that is left behind long after a cigarette is put out. The dangerous gases and small particles contained in cigarette smoke stick to every surface smoke comes in contact with, like the smoker's hair, clothing, furniture, and flooring.
- The idea of thirdhand smoke is relatively new, but research has shown that this health hazard is especially dangerous for infants. While crawling and playing, your baby can be exposed to the poisons on contaminated surfaces. This may include contamination of your baby's toys. Thirdhand smoke is a serious health risk for babies, especially for those who live in, visit, or stay at a home with smokers.

Thinking of quitting?

- Quitting smoking is one of the best things a parent or caregiver can do to protect themselves and their children.
- If you are interested in quitting, talk with your healthcare provider about the safest and most effective ways to quit.
- Call 1-800-QUIT-NOW (800-784-8669) for toll-free help from anywhere, anytime.
- Learn more about quitting at <https://smokefree.gov> or <https://coquitline.org/en-US/coquitline.org>.

Birth support and delivery

Find the birthing support you need. Typical choices might be an

- » Obstetrician
 - » Family physician
 - » Nurse or certified midwife
 - » Doula
 - » Combination of the above
- It's a good idea to ask a lot of questions about your birthing support provider including
 - » Provider's credentials (education, licensing, how long in practice)
 - » How likely will it be that the chosen provider will be at the delivery?
 - » Which facilities does the provider use for delivery?
 - » How much will it cost?
 - » Do the provider and hospital accept your health insurance plan?
 - » How long are routine visits? How long should I expect to wait?
 - » How is the provider contacted in case of an emergency?
 - » How much time does the provider spend with a woman in labor?
 - » What advice does the provider give regarding labor pain?
 - » How does the provider handle potential birthing emergencies?
 - » What percentage of the provider's deliveries are c-sections?

Other suggestions to help you prepare for delivery

- Imagine your first moments with your baby.
- Participate in childbirth education classes.
- Develop a delivery plan.
- Consider options such as infant feeding preferences and male circumcision.

To-do list before birth

For the hospital

- Pre-register at the hospital so that you don't have to fill out forms when you're in labor.
- Find out where to park and enter the hospital.
- Tour the maternity ward and ask questions.
- Talk about a birth plan with your healthcare provider and support team.
- Add birthing contact numbers into your cell phone (doctor, midwife, hospital, birthing center).
- Pack for the hospital in advance (your baby may come early).

Other things to plan

- Talk to your boss or manager in advance to arrange for time off work.
 - » Check state laws for requirements around parental leave, and ask your human resources department about leave benefits.
 - » Work overtime now for time off later, if possible.
- Choose a healthcare provider for your child.
- Arrange child care, if necessary, to start when your maternity leave ends. Infant care is often difficult to find and there can be waiting lists for available spots. Resources for finding quality child care in your area can be found here: <https://www.childcareaware.org/families/>
- Prepare your home with a [First Aid Kit](#).
- [Learn infant First Aid & CPR](#) and encourage all future caretakers learn it too.
- Attach the [Poison Control](#) number to any landlines and add the number(s) to your mobile device.
 - » By phone, call 800-222-1222 (English and Spanish).
 - » By text, get help by texting POISON to 797979.
- Install an approved, rear-facing car seat.
- Make a practice run to the hospital.
- Pack your hospital bag. Not sure what to take? Find more info here: <https://www.thebump.com/a/checklist-packing-a-hospital-bag>
- Keep your cell phone and camera charged and ready to use.

Preparing for baby's arrival

Getting set up

Set up the nursery and support the “nesting” instinct. This is an important part of preparing for a new life.

Baby supplies: purchase these before baby's first day home

- Safe sleep space (i.e. bassinet or crib) with flat mattress and fitted sheet
- Car seat
- Newborn-size diapers and diaper wipes
- Washcloths
- Receiving blankets (small, lightweight)
- Breastfeeding or bottle feeding supplies (nursing pillow, pump, bottles, bottle nipples)
- Bottle cleaning brush and drying rack
- Sleepers (one-piece outfits) — at least 6
- Socks — at least 6 pairs
- Infant hats
- Baby monitor (optional - helps you hear baby when you are in a different room)
- Baby tub (optional)
- Digital thermometer
- Nasal aspirator
- Nail clippers or emery boards for infant nail care
- Fragrance-free shampoo and mild soap



Pro Tip: Whether you're planning to use **cloth diapers** or not, they make good burping and diaper-changing cloths (used under the baby when changing diapers). Buy a pack for general care!

Nursery furniture and equipment safety

When you borrow or purchase baby items, BEWARE of used, recalled, or unsafe furniture and baby equipment.

- Cribs, bassinets, or baby boxes:
 - » Older cribs (over 10 years old) or modified cribs may be unsafe.
 - » Do not use extra padding, pillows, comforters, or crib bumpers.
 - » Do not place any stuffed animals in the sleep space.
 - » Do not place baby's sleep space near window blinds or curtain cords.

Practicing safe sleep is a significant factor in preventing SIDS (Sudden Infant Death Syndrome). Follow the ABC's of safe sleep. Find more information here: <https://www.cdc.gov/vitalsigns/>



Alone, not with other people, blankets or toys

On their



back, not on their side or stomach

In a



crib,

not in adult bed, couch, swing, or car seat

- Car seats:
 - » Check a car seat's manufacturer label for production date and recommended duration of use.
 - » Do not use a car seat that has been in a moderate (or worse) crash.
 - » Do not use a car seat with visible cracks.
 - » Contact the National Highway Traffic Safety Administration (NHTSA) website (<https://www.safercar.gov>) or hotline (888-327-4236) with questions about car seat safety and recalls.
- Look for the Juvenile Products Manufacturers Association (JPMA) safety certification seal on baby equipment and furniture.
- For info on recalled products, see the U.S. Consumer Product Safety Commission website at [cpsc.gov](https://www.cpsc.gov).

Preparing for your new life as a family

A pregnancy — especially the first one — changes you. Relationships change; the people closest to you may see you differently. Interactions can be at a new level. Grandparents-to-be may take a more important role, especially if they are needed to help with child care.

Relationships with spouses/partners shift from couple-focused to baby-focused. It can take time for relationships to adjust after a delivery. Communication is key. Before your delivery, talk about major issues including

- Naming the baby
- Arranging an agreeable family support system (relatives, neighbors, close friends, church or community groups)
- Division of household jobs
- Infant care — who will take care of baby and when?
- Dealing with the financial loss of mother's absence from work
- Choosing legal guardians
- Making a will
- Prioritizing what is most important and letting go of things that aren't
- Agreeing to disagree on some things when it comes to parenting your child

Enjoy as much time with your partner as you can. It may be awhile before you will be able to have time to yourselves in the same way.

Pro Tip: Write down simple things you enjoy doing together now. After life with baby settles down, check the list and pick out something to do. Doing things together will help you support each other to be the parents you would like to be.

Becoming a parent is a very personal experience.

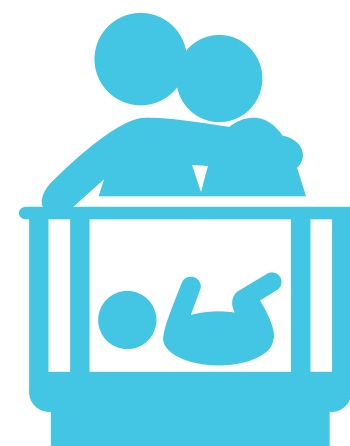
Expect ups and downs. There is a lot to learn and it will seem hard at first. Becoming a mom or a dad doesn't happen overnight. Talk to friends and other parents to help you know what to expect, and the best ways to handle it.

Prepare for the worst and the best. Don't believe the worst stories or the "everything was perfect" stories that you hear. Take a class so you are prepared. Birthing classes and infant care classes may be offered through your hospital. Look for parenting classes and infant support groups.

Don't believe everything you read online. Make sure you get information from reliable sources. [Bright by Text](#) is an excellent source of information on many topics for new parents. Parents can sign up to receive 2-5 tips a week targeted to the age of their child by texting BRIGHT to 274448*. The program is free and your information will never be sold or used for advertising.

[Healthychildren.org](#) (associated with the American Academy of Pediatrics) is another reliable source of information.

Now is the time to think about how you were raised. What did you like and remember about your childhood? What would you change? Make a plan to be the kind of parent you want to be. Write down your thoughts so you can look back at them later.



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Chapter 2

Health

- Keeping yourself healthy
- Keeping your baby healthy
 - » Finding a healthcare provider for your baby
 - » Healthy baby growth
 - » Illness



Raising a child isn't easy,
but it doesn't have to be hard.

text
BRIGHT
to 274448

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Keeping yourself healthy

How to be happy parents

Researchers found that couples who successfully overcome the challenges of becoming new parents do several key things. Here is a list of ways to be happy parents and happy partners.

1. Understand that your relationship or marriage will change after the baby comes.
2. Put aside individual goals for awhile and work together as a team.
3. Agree to disagree sometimes. Someone doesn't have to always "win" a disagreement.
4. Make some time to continue doing a few of the things that you both enjoy—even with all of the new changes and priorities.
5. Communicate clearly and positively.
6. Ask for help with specific tasks when you need a hand.
7. Handle frustration in a way that does not stress your partner or marriage.
8. Share responsibilities as evenly as possible.
9. Create friendships with veteran parents. Talk with them frequently to keep a helpful perspective.

Take care of yourself: Know your own limits, and ask for help from trusted friends and family when you need it. Try to be specific with your "asks" like saying, "Can you run to the store and get milk for me?" or "Can you look after the baby so I can nap for an hour?". Everyone needs extra help during the first few weeks with a new baby. Taking care of yourself allows you to take the best possible care of your baby.

Tips for partners to make the first weeks easier: In addition to your role in helping your partner recover physically from the childbirth experience, finding balance between your needs and family needs is important. For the first few months, you will be focusing on what works for your partner and infant.

Sexual relations

Ask your healthcare provider when it is safe to resume sexual activity after giving birth. Women who experience a tear or episiotomy during delivery may need more time to heal before having intercourse after delivery.

Remember that it is possible to get pregnant again very soon after giving birth. It's safest to wait at least 6 months (and often preferably 18 months) between pregnancies. To delay or prevent future pregnancies, some women choose immediate postpartum (after delivery) birth control while others select birth control methods that are available starting about a month after delivery. Keep in mind that breastfeeding is NOT a reliable birth-control method. Consult your healthcare provider to discuss which birth control method is best for you.

When thinking about sex after delivery, remember to:

- Keep your expectations realistic. Healing after delivery takes time.
- Re-adjust your sex life to your life with baby. Accept interruptions — there will be many — with a sense of humor.
- Communicate with one another. A healthy sexual relationship must be built on trust, understanding, and communication.

Returning to work

Going back to work can bring a new set of emotional decisions for parents. Plans to go back to work often feel different when the actual time comes.

Before it's time to return to work, look for a child care option that you feel the most comfortable with. Start researching options early. The best caregivers can be hard to find and often have waiting lists. Ask friends, neighbors, and co-workers for recommendations.

Just like moms, partners need time to bond with a new baby. Explore ways that your workplace can provide support to you and your family.

Postpartum blues

Baby Blues are commonly experienced by mothers in the first few weeks after delivery. Women may experience sadness, irritability, anxiety, difficulty sleeping, difficulty with focus, and concerns about their ability to care for their baby. The symptoms usually clear up on their own over a few weeks.

The first few weeks with a newborn are a period of transition with mixed feelings. Both joy and fear are normal for new parents.

Coping with the blues:

- Acknowledge your feelings. Discuss them with someone you trust. If you are feeling trapped or overwhelmed, discuss that too.
- Don't try to suppress crying or put on a "supermom" show for everyone.
- Get lots of rest.
- Get help with your work.
- Mix with other people. Don't isolate yourself.
- Get out of the house at least once a week. By the third week, schedule regular time alone with your partner or a friend.
- If you don't feel better by the time your baby is 1 month old, talk to your physician about your feelings.

Depression

About one in eight new mothers develops pregnancy-related depression. Pregnancy-related depression occurs during pregnancy or within a year of delivery and causes moms to experience

- Sad or depressed mood most of the day
- Fatigue
- Lack of interest in the baby
- Reduced ability to sleep or sleeping too much
- Lack of interest in activities
- Lethargy or hyperactivity
- Mood swings

- Feelings of helplessness, hopelessness, or lack of control
- Loss of appetite or overeating
- Poor concentration
- Uncontrollable crying
- Inability to care for self or baby
- Panic attacks

Depression is a medical problem. Talk to your doctor, nurse practitioner, midwife, or pediatrician if your symptoms or feelings continue for more than two weeks. Many new moms have trouble admitting that they feel badly and may avoid asking for help. Don't hesitate to get help if you need it. Depression is treatable. It is important to receive help as early as possible. The sooner you receive treatment, the sooner the healing can begin.

If you're struggling, remember that you're not alone. Help is available. Please contact the PSI HelpLine [online](#), by phone (1-800-944-4773) or by text (503-894-9453) to be connected with a local resource in your community.

Hints for partners:

- Remain supportive
- Find ways to lighten mom's load
- Encourage mom to talk
- Insist that mom gets out of the house and away from the baby
- If problems persist, talk with mom's healthcare provider or seek other professional help
- Contact a helpline and discuss your concerns

Partners can get postpartum depression, too.

Partners may also experience shifting emotions during the first months as a new parent. Both parents need to be aware of their own emotions while supporting those of their partner. Recognizing and treating depression not only helps the affected parent, but also helps the baby's future developmental, social, and behavioral growth. Seek help if you need it. The PSI Help Line helps partners, too.

Keeping your baby healthy

Finding a healthcare provider for your baby

Choosing a healthcare provider for your baby is an important role of a parent. Find a provider that you trust. The healthcare provider you select for your baby may care for your child throughout the early childhood years and beyond.

Tips for finding a healthcare provider

Look for a provider whose style and office procedures fit your needs. Talk with trusted family and friends about providers they recommend.

Start with these few basic questions

- Will your health insurance cover this provider?
- Is the office location convenient?
- Are there hours or times you can call with questions?
- Who is available when your provider is away?

When possible, schedule an appointment to meet the provider and staff. After your visit is over, ask yourself

- Did you feel welcome and comfortable at the visit?
- Did the provider listen and communicate well?
- If there was something you didn't understand, did you ask for and get a clearer explanation?
- Is there an easy way to get answers to questions between visits, like calling the office or a health line?
- Were your values and views respected?

Make your baby's well-child checkups a family affair. Take time to go to the healthcare provider with your child. When you attend well-child checks, you are able to give another important view of your child and discuss ways to help your child grow and develop in healthy ways.

Well-child checkups

Well-child checkup schedules vary a little by healthcare provider, but expect scheduled visits during the first year at 1 month, 2 months, 4 months, 6 months, 9 months, and 12 months of age.

During these visits, the healthcare provider will focus on your baby's development and growth. The healthcare provider asks questions about your baby to check on developmental milestones. They also check your baby's physical health (e.g. reflexes, heart health, and progress in weight, height, and head circumference growth).

Well-child visits are also opportunities for babies to receive the vaccines, also called shots or immunizations, that help keep them healthy.

Before going to the checkup, write down a list of questions or concerns to discuss so you don't forget to ask during the visit. Keep a record of your child's growth and development and make note of any changes in your child's growth.

Babies come in all shapes and sizes. Well-child visits are a great time for you and your baby's doctor to work together to keep your baby healthy.

Growth charts

Your baby's healthcare provider will use growth charts as a visual tool to track your baby's growth changes over time. Percentages/percentiles show where your baby is growing compared to other children of the same gender (boy or girl) and at the same age. There are no "best" percentiles, but rather a range of healthy and normal growth patterns. Ask your baby's healthcare provider to show you your baby's growth chart at every well-child visit and talk about the healthiest pace of growth for your child.



Healthy baby growth (eyes, ears, and teeth)

Your baby's vision

Just like your baby's body grows and develops, vision goes through important growth stages, too. The American Academy of Pediatrics and the American Academy of Ophthalmology recommend that your child's eyes be screened for problems at birth and at early well-child checkups to make sure your baby is learning to see properly. There are vision problems, like lazy eye (amblyopia), that can result in permanent vision loss if left untreated. Your physician may be able to do the vision screening or may refer you to a specialist. Go to infantsee.org for more information.

Your baby's hearing

About 1 in 500 children have hearing loss at birth. Over half of the children with deafness or other hearing problems have no other signs of health problems and no family history of hearing loss. Children without healthy hearing may have trouble learning to communicate.

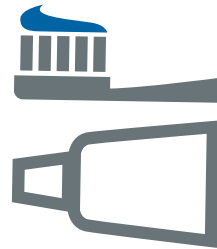
Newborn infant hearing screening programs are designed to identify hearing loss in infants shortly after birth. The hearing screening test shows how your baby responds to sound. The test is painless and only takes a couple of minutes. Many newborns sleep through the test. Babies who do not pass the first hearing screening test will receive a follow-up test to ensure that their hearing is developing normally.

Babies born at a hospital will receive a hearing screening test at 1 or 2 days of age. Birthing centers and midwives must also screen babies for hearing loss. If your child did not receive a hearing screen in the first days of life, contact the Colorado Department of Public Health & Environment (CDPHE) at 303-692-2620 to find out where you can take your baby for a hearing screening test.

Language development starts early in childhood, so it's important to check a baby's hearing by 1 month of age to identify children who have hearing difficulties or deafness. If you ever have concerns about your child's hearing, be sure to contact your child's healthcare provider to discuss your concerns. Early identification of hearing problems allows affected kids to benefit from early intervention to improve future language and communication skills.

Dental care

Starting your child off with good oral health care is important. Early dental care will protect your child's smile and health now and into the future. Dental disease can start with your baby's first tooth and cause painful and costly problems throughout childhood and even into adulthood.



The American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend that all children have an oral health examination by a primary care provider by 6 months of age. Kids should visit a dentist by their first birthday and then typically every six months after that.

If you need to find a dentist for your child, check out these websites:

- www.aap.org
- www.insurekidsnow.gov

Caring for your child's gums: Wipe your baby's gums with a damp washcloth or gauze at least twice a day, especially after feeding. This helps take care of the gums and is an early step to help your baby become used to good dental care.

Brushing teeth: Once the first tooth starts to show (usually around 6 months but can be up to 12 months for some children), begin brushing with a small, soft toothbrush. Ask your baby's dentist or healthcare provider when it's safe to start using a smear or rice-sized amount of fluoride toothpaste. Brushing will help prevent tooth decay.

Early childhood caries: Early childhood caries, also known as cavities or baby bottle tooth decay, occur when a child's mouth is exposed to too much sugar or carbohydrates for long periods. This can happen when a child is given a bottle while awake or is put to bed with a bottle containing milk, formula, juice, soda, or any drink with sugar. The sugary drink creates pools of liquid in the child's mouth that become a breeding ground for bacteria and may result in tooth decay. Water between feedings is good for your child's teeth and overall health.

Passing on tooth decay: Dental disease is a bacterial infection. This disease is almost 100% preventable. Your dental care is important. Parents should also see a dentist regularly. Studies show that parents who have healthier mouths have a lower chance of passing cavity-causing germs along to their children.

If you share utensils or food, or lick pacifiers, you can give the bacteria that cause tooth decay to your baby. Once your child has the bacteria, your baby is much more susceptible to cavities which can occur as early as the first tooth. Tooth decay is the most common chronic childhood disease in the United States.

Teething

The timing for teething varies between babies. Teething typically starts between 4 and 7 months of age. Healthy babies can teethe earlier or later, too. The middle teeth on the upper and lower parts of the mouth (middle incisors) usually appear first.



Signs of teething

- Drooling (which can lead to a facial rash)
- Swollen and/or sensitive gums
- Mild irritability or fussiness
- Biting behavior
- Chin and ear rubbing or pulling (the teething pain is often felt in a child's ears)
- Refusing food
- Sleep problems
- Low-level fever (below 100.4 degrees Fahrenheit. Be certain to contact your child's healthcare provider if the fever goes up or lasts for more than two days)

Comfort your child if you think your baby has teething pain.

- Give your child something to chew on, such as a child-safe teething ring or a wet washcloth cooled in the refrigerator.
- If your child is 6 months or older, check with your child's healthcare provider about giving your child cold foods, like applesauce or yogurt.
- Pain medicines that are available to rub on your child's gums (topical pain relievers) can be dangerous to your baby and should be avoided for teething pain.
- If your child seems to be having unusual or inconsolable pain or drooling, call your child's healthcare provider.



Illness

How to prepare for and care for an ill infant

- Keep important phone numbers in your phone and call a healthcare professional or clinic if your infant shows signs of illness.
- Have an emergency plan.
- For a life threatening emergency, call 911.
- Take a first-aid class offered in your community.
- Don't rely on friends or relatives for advice.

Common infant behaviors that are not a sign of illness

- Hiccups
- Sneezing
- Non-forceful spitting up
- Crying (stops when comforted)
- Chin or lip quivering
- Mild straining with bowel movements
- Mild congestion of the nostrils

Call your doctor if your baby

- Won't eat for two feedings in a row
- Has fewer than six wet diapers in 24 hours
- Has a high or low temperature reading. Ask your child's healthcare provider for the temperature readings that concern them and would require a phone call or visit
- Has severe, watery diarrhea
- Vomits everything eaten
- Has a severe and persistent cough
- Is sweating during feeds or is sleepy and not interested in eating
- Is grunting with breathing
- Is very fussy and won't settle down when held
- Has skin rashes or dramatic changes in skin colors

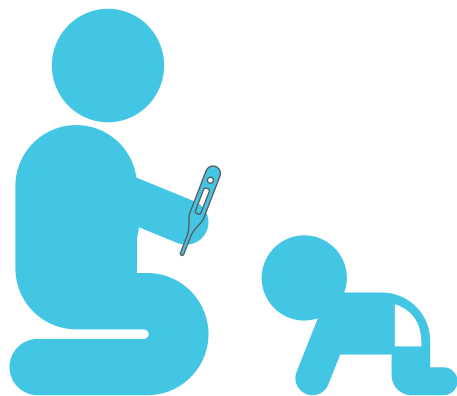


What the healthcare provider will need to know

- Child's temperature
- Nutrition: what and when did your child last eat, and any changes in feeding habits?
- Appearance: does your child look pale, sweaty, or flushed?
- Breathing: is it faster or more labored than usual?
- Sleeping: is it more or less than usual?

Taking a Temperature

The American Academy of Pediatrics recommends digital thermometers only. Ask your medical provider how to dispose of old mercury thermometers safely. While you often can tell if your child is warmer than usual by feeling a baby's forehead, only a thermometer can tell how high the temperature is. Thermometers can be used to take your child's temperature from different parts of their body including: rectal (in the bottom), oral (in the mouth), axillary (under the arm), temporal artery (across the forehead and only for children 3 months and older), or tympanic (in the ear and only for children 6 months and older). Ask your child's healthcare provider which temperature-taking method they prefer you use to check your child's temperature at home.



Preventing illness

Limit your baby's exposures for the first few weeks

- Limit the number of visitors.
- Ask people to avoid visiting if they are feeling sick.
- Take your baby outside for fresh air, but limit your child's direct exposure to sunlight. Find a shady place to walk or use a canopy stroller to shade your baby's skin.

Hand washing

Hand washing is the first line of defense against germs. You can support wellness in your home easily with this simple task. Ask visitors and older siblings to wash their hands every time they come into the house. Although it's impossible to keep hands germ-free, washing hands frequently can help cut down the transfer of bacteria, viruses, and other germs.

Always wash hands before

- Preparing food or eating
- Treating wounds or giving medicine
- Touching a sick or injured person

Always wash hands after

- Preparing food, especially raw meat or poultry
- Using the toilet or changing a diaper
- Touching an animal or animal toys, leashes, or waste
- Blowing your nose, coughing, or sneezing into your hands
- Treating wounds
- Touching a sick or injured person
- Handling garbage or something that could be contaminated



Immunizations

Vaccines, also called shots or immunizations, are an important way to protect your baby's health. Infants are exposed to lots of germs. Little bodies need protection from illness. The vaccine schedule from your doctor is designed to protect babies at a time when they are most likely to get seriously ill from a vaccine-preventable disease. With this schedule, your baby will be protected against multiple severe diseases.

In addition to protecting your baby's health, vaccines are a gift of good health to your community. By protecting your child's health with shots, you also protect your family, friends, neighbors, and community by stopping the spread of illness. Making sure your whole family is up-to-date on vaccines will help stop the spread of illness to people who are more likely to get sick, like grandparents and other people in danger of serious illness.

Here are some of the vaccines that your child's provider will recommend

- **DTaP (diphtheria, tetanus, and acellular pertussis) vaccine:** protects against diphtheria, tetanus (lockjaw), and pertussis (severe respiratory disease/whooping cough)
- **Hepatitis A and Hepatitis B vaccines:** protect against serious liver disease
- **Hib (Haemophilus influenzae) vaccine:** protects against a cause of meningitis
- **HPV (human papillomavirus) vaccine:** protects against viral infections of the mouth, throat, and genitals
- **Influenza vaccine:** protects against a viral infection that causes high fevers, coughing, muscle aches, and other symptoms that are especially dangerous for the infant and elderly population
- **Meningococcal vaccine:** protects against meningitis and serious blood infections
- **MMR (measles, mumps, and rubella) vaccine:** protects against measles, mumps, and rubella (viral infections with multiple severe consequences)

- **Pneumococcal vaccine:** protects against meningitis and serious blood infections
- **Polio vaccine:** protects against a severe viral infection that causes paralysis
- **Rotavirus vaccine:** protects against a diarrheal infection that can be severe in young children
- **Varicella vaccine:** protects against chickenpox and the disease's severe complications

Vaccines are safe: Vaccines are among the safest things we put into our bodies. The United States currently has the safest, most effective vaccines in history. Vaccines are tested for years before they can be used by doctors. Once they are being used, vaccines are monitored for safety. If you ever have any questions about vaccines, ask your doctor or visit a trusted website like the Center for Disease Control and Prevention at [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

Vaccines do not cause autism. Some parents are concerned that thimerosal, a mercury-containing preservative contained in the influenza vaccine, causes autism. Autism is a brain-development disorder that impairs social interaction and communication. While we don't know exactly what causes autism, a series of research studies have shown that autism is not caused by vaccines.

Multiple vaccines can safely be given at the same visit and the vaccine schedule is designed to protect your child when your baby is most likely to get sick from a vaccine-preventable disease. If you vaccinate your baby on schedule, your child is less likely to get a potentially deadly disease that could have been prevented.

Missed vaccines: If your child has missed vaccines, let your child's healthcare provider know so that they can get your baby's vaccine schedule back on track.

View the full recommended vaccination schedule here: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Paying for vaccines: A federal program called Vaccines for Children (VFC) provides vaccines to eligible children, including those without health insurance, those enrolled in Medicaid, and those whose health insurance doesn't cover vaccines.

For more information about the VFC program call 800-CDC-INFO.

Comforting you baby during shots: Getting shots can be scary for both the infant and for the parents. Parents can make them less stressful with a few helpful actions

- Read up on vaccine information from a reliable source before your child's visit. This gives you the opportunity to get any questions answered by your child's healthcare provider.
- Bring your child's shot record to every visit to help your child's provider plan for the vaccines, which is especially important if your child has received vaccines at multiple locations.
- Relax. Babies can pick up on your stress and get scared. Calming yourself helps to calm your baby.
- Before the shot, ask the provider if your child is eligible for a pain-relieving ointment or spray or if your child can have a sweet solution of sucrose or glucose a few minutes before the shots.
- During the shots, swaddle your young baby, give your baby gentle hugs, and distract your child with singing, humming, touching, and smiling.
- After the shots, hold and talk lovingly to your baby.



Chapter 3

Safety

• At home

- » Burns
- » Choking
- » Poisoning
- » Safe sleep
- » Water safety
- » Pet safety
- » Toy safety
- » Fire safety
- » Carbon monoxide safety
- » Gun safety
- » Lead safety

• Out and about

- » Car safety
- » Sun safety
- » Outdoor water safety

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At home

Injuries are the leading cause of death for children younger than 4 years of age in the United States. Accidents occur in the kitchen and bathroom more often than in any other room in the house. Most of these injuries can be prevented.



Burns

Tips for preventing burns

- NEVER carry your baby and hot liquids at the same time
- Protect your infant from tap water scalds by adjusting your water heater so the hottest temperature is no more than 120°F
- Find a safe place for your child to be while you are cooking, eating, or unable to give your full attention. Safe places might include:
 - » A playpen
 - » A crib
 - » A stationary activity center (after your baby has developed good head control)
 - » Buckled into a high chair near you (after your baby has developed good head control)

Prepare for the next phase of safety as your child becomes mobile

- Keep your child out of rooms where there are hot objects (i.e. irons or hair curlers) that may be touched and might fall on your child.
- Put a latch up high on the bathroom door.
- Put a child safety-approved barrier around fireplaces or wood stoves.
- Keep hot liquids (i.e. coffee or tea) off low tables and counter edges and out of your child's reach.

- Improve safety around the home
 - » Avoid tablecloths and placemats. They can be pulled down easily along with the food and drinks that are on them.
 - » Use the back burners of the stove when cooking.
 - » Keep pot handles turned toward the center of the stove and out of a child's reach.
 - » Keep a protective shield over oven controls when the oven is not in use.

Responding to burns

If your infant does get burned, immediately put cold water on the burned area. Keep the burned area in cold water for a few minutes to cool it off. Then, cover the burn loosely with a dry bandage or clean cloth. Call your child's healthcare provider for advice on all burns. Call 911 for severe burns in need of immediate medical assistance.

Choking

Infants use their mouths to explore everything. Get down on your baby's level. Look for items hiding in your home that your baby could choke on. Remove or relocate these items out of your baby's reach.

Tips to prevent choking accidents

- Always supervise meal time.
- Insist that your mobile infant eats in a high chair or seated at the table.
- Give your baby soft foods when they begin eating solids.
- Cut all solids into small pieces— even banana rounds can lodge in a baby's throat.
- Check your home's safety using a choke tube tester (or toilet paper tube). If the object fits inside the choke tube tester, it is a choking hazard for your baby and should be removed from your baby's reach.

- Be aware of older children’s actions. Many choking incidents happen when older brothers or sisters leave out or give a baby dangerous foods, toys, or small objects.
- Keep hazardous items out of your baby’s reach:
 - » Balloons- Avoid balloons around babies. Balloons are a choking risk, both when inflated and even more so when they lose their air.
 - » Button batteries- They can cause choking or severe internal injuries if swallowed.
 - » Magnets- They can cause choking or severe internal injuries if swallowed.
 - » Toys- Never let babies play with toys meant for older kids. They might have small pieces that could be a choking risk.
 - » Small grooming items- Avoid small hair bows, barrettes, and rubber bands as these can cause choking if placed in the mouth.
 - » Pet food/water- Pet food can be a choking hazard and the water a drowning hazard, so move these items to a place where your baby will not have any access.
 - » Other items- Check under furniture and between cushions for small items, coins, or other small items that could be found by mobile (i.e. crawling) children.

Call 911 immediately if you are concerned that your baby is choking (having difficulty breathing, unable to make noise, appears pale or weak).

Poisoning

Most poisonings are accidental and occur when a child explores household items while parents aren’t paying close attention.

Tips for making your home safer from poisoning accidents

- Keep the following items out of a child’s reach (and ideally locked away):
 - » Medications
 - » Alcohol
 - » Liquid nicotine
 - » Cigarettes, lighters, matches
 - » Electrical tools
 - » Cleaning products including detergent “pods”
 - » Hand sanitizer
 - » Furniture polish
 - » Gasoline and kerosene
 - » Antifreeze
 - » Windshield wiper fluid
 - » Paint thinners
 - » Lye drain cleaners (never keep in a home with young children)
- Use safety caps and latches:
 - » Use safety caps on all medicines and toxic household products. Keep the safety caps on tightly at all times.
 - » Use safety latches on any cupboard doors within your baby’s reach. Be sure to keep all household products and medicines completely out of sight and reach.
- Use original containers. Do not move hazardous materials out of their original containers. If your baby does accidentally get into something poisonous, doctors and emergency service providers will need to know exactly what the poison was to best help your child.

- Be cautious of potential poisoning risks when visiting the homes of others.
- Never leave your child unattended. Take advantage of certified baby carriers, front packs, backpacks, and slings to keep your baby safe.

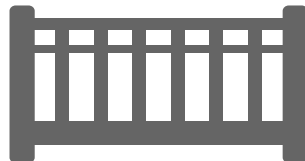
If something poisonous gets into your child's mouth, call the **Poison Help Line immediately**. Do not make your child vomit. Attach the Poison Help Line number to any landlines and add the number to your mobile device: **800-222-1222** (English and Spanish). You can also use this online resource: <https://triage.webpoisoncontrol.org/#/exclusions>

Safe sleep

Many parents select a crib as their baby's safe sleep space. It's important to select a safe crib. Babies can suffocate or strangle themselves if they become trapped between broken crib parts or if they are put in cribs with older, unsafe designs.

According to national safety standards, a safe crib has

- No more than $2\frac{3}{8}$ inches (approximately the width of a soda can) between crib slats, so a baby's body cannot fit through the slats
- No missing, loose, broken, or improperly installed screws, brackets or other hardware on the crib or the mattress support
- A firm, snug-fitting mattress, so a baby cannot get trapped between the mattress and the sides or corners of the crib
- Locking, hand-operated latches that will not release by accident on any drop sides
- No corner posts over $\frac{1}{16}$ of an inch above the end panels (this helps to prevent a baby from catching clothing and strangling on the posts)



- No cut-out areas on the headboard or footboard (to prevent a baby's head from getting trapped)
- No cracked or peeling paint and no lead-based paint
- No splinters or rough edges

Additional tips for creating a safe sleep space for your baby

- Do not use bumper pads. These have been associated with infant deaths and have no evidence of preventing injuries to babies.
- Keep the side rails up and in the locked position any time your baby is in the crib.
- Use flame retardant fabrics for all bedding and sleepwear.
- Avoid pillows, bulky comforters, or heavy blankets in cribs — babies can get caught under them and suffocate.
- Keep toys and stuffed animals out of the crib.
- Locate the crib away from windows, cords, radiators, heaters, and vents.

Water safety

Keep kids safer around water exposure in the home by following these tips

- Supervise all water exposure.
- Always stay within an arm's length of your child around water.
- Always keep the bathroom door closed.
- Install a hook-and-eye lock high up on the outside of the bathroom door and keep it latched when not in use.
- Install toilet locks
- Empty all buckets after each use.
- If you can't find your child, check first in areas around your house that have water (sink, toilet, bucket, fish tanks, pools, etc).
- Learn CPR.

Pet safety

Pets are important members of the family and should be prepared for the arrival of a new baby.

Tips for preparing pets for the arrival of a new baby

- Bring home clothing or a blanket with your baby's scent on it before your baby leaves the hospital so your pet gets used to your baby's scent.
- Spend some extra time with the pet (this can be a good task for your baby's older siblings).
- Supervise your baby around all pets at all times, especially pets that are unaccustomed to your baby.
- Be alert for signs of aggression or jealousy when your baby comes home.
- Keep pets out of your baby's sleeping area.
- Put a clean blanket or mat between your baby and the floor during supervised tummy time or playtime (helps to keep fur, dander, dust, and carpet fibers from irritating your baby's airway).
- As your baby grows, teach your child about pet safety (for example, to never tease a pet or put your face next to an animal's mouth).
- Never leave your dog or cat unsupervised near your new baby.



Toy safety

Toys are supposed to be fun and are an important part of any baby's development. Unfortunately, every year many children are treated in hospital emergency rooms for toy-related injuries.



Use these general guidelines when buying toys

- Choose toys that are designed for your child's age and follow manufacturer's age guidelines.
- Beware of choking risks. Avoid toys with small parts, sharp edges, or points.
- Ensure hanging crib toys are out of your baby's reach and remove these when your child begins to push up on their hands or knees (and always by 5 months of age).
- Check the toy's design
 - » Fabric toys should be labeled as flame resistant or flame retardant.
 - » Stuffed toys should be washable.
 - » All stuffed toy "eyes", "noses", etc. should be secured to the toy and must not come off, even if bitten.
 - » Painted toys should be covered with lead-free paint.
 - » Avoid loud toys that could damage your child's hearing.

Fire safety

Follow these tips to keep your home safer from fire dangers

- Install at least one smoke detector on every level of your home.
 - » Install an alarm outside of each bedroom (or any space where someone sleeps).
 - » Remember that smoke detectors located in the basement or main level may be difficult to hear.
 - » Test smoke detectors monthly.



- » Dust or vacuum your smoke alarms monthly.
- » Change alarm batteries when you change your clocks for daylight savings time or on a special holiday, such as New Years.
- Develop and practice home escape drills
 - » Make sure there are two ways out of every sleeping area.
 - » Make sure escape windows work, and have ladders for second-story or higher levels.
 - » Plan a way to carry your baby down the ladder.
 - » Practice how to check doors for heat (which means there is possibly a fire on the other side).
 - » Practice placing clothes, towels, or bedding under the door to prevent smoke from coming in.
 - » Name a specific meeting place where all family members know to go and be counted. A good place is by a neighbor's front sidewalk. This will give firefighters knowledge of missing family members or pets.
 - » Make sure all babysitters know your fire safety plans.



If you get caught in a fire, stay low and crawl under the heat and smoke. The air will be the most smoke-free near the floor. Get out fast. Do not go back for anything. Call 911 or the fire department from outside. If you are unable to escape the room, go to the window and shout or wave clothes to attract attention.

Carbon monoxide safety

Carbon monoxide is a gas that is odorless, tasteless, and colorless. The gas can come from malfunctioning items including furnaces, wood stoves, fireplaces, and ovens.

Carbon monoxide poisoning can cause your household to develop fatigue, headaches, and nausea all at the same time. Severe carbon monoxide poisoning can cause death.

Tips for preventing carbon monoxide exposure

- Have furnaces, wood stoves, fireplaces, and ovens serviced yearly.
- Install a carbon monoxide detector on each floor of your home.
- Call 1-800-222-1222 if you suspect carbon monoxide poisoning.

Gun safety

About 1 in 3 homes contains a gun. Many of these weapons are stored unlocked or loaded. This puts kids at risk of being shot by themselves, by friends, or by family members. It is safest to keep guns out of the homes of children.

If you choose to keep a gun in your home, make sure it is LOCKED and UNLOADED with the ammunition stored SEPARATELY.

Ask about guns in other homes before you allow your child to explore the houses of friends, family, or neighbors. It's safest for children to live in homes without guns.

Lead safety

Lead poisoning occurs when a child eats or drinks an item contaminated with lead or breathes in lead dust or lead-based vapor.

Tips for preventing lead exposure

- Get expert advice to check your house for lead exposure if your home was built before 1978.
- Avoid scraping or sanding paint that might contain lead.
- Cover any chipping, peeling, or flaking paint that might contain lead.
- Ask your local health department whether your water contains lead.
- Change your shoes and clothes before you get home if your profession includes painting, home renovation, or potentially exposes you to lead.
- Wash your child's hands before meals.
- Ask your child's healthcare provider whether your child needs to be checked for lead exposure/lead poisoning.

Symptoms associated with lead exposure

- Headaches
- Stomach cramps
- Fatigue
- Memory loss
- High blood pressure
- Seizures

People with lead exposure may or may not appear sick. Lead poisoning can lead to severe problems for children, including learning disabilities and developmental delays.

If lead poisoning is a concern, a blood test can check for lead levels in your child's blood. New tests provide quick results on lead levels in children and adults. Early testing and detection mean that treatment can happen before the damaging effects of lead poisoning occur.

Out and about

Car safety

General tips for car safety

- Never leave a baby unattended in a vehicle.
 - » Death from overheating may occur very quickly in a closed space.
 - » Before leaving the vehicle, always check the back seat to make sure all children are out of the vehicle.
- Teach your children that a vehicle's power switches (including windows) are not toys.
- Be sure to check that your child is safely inside the vehicle before closing windows.
- Keep vehicles and their trunks locked when not in use.
- As your infant learns to crawl and walk, always check around and behind your car to be sure your child is not near your vehicle before you back out of your driveway.
- Rearview mirrors aren't sufficient for seeing a small child behind your car.

Car seats

Even at low speeds, the crushing forces from a car crash or sudden stop can cause severe injuries to your child's brain and body and may even result in death. Most states have laws that require children to be buckled into a certified car seat until the child reaches a certain height or age.

In 2018, the American Academy of Pediatrics updated infant car seat recommendations based on evidence showing the best ways to protect children from motor vehicle crash injury. Children are safest riding in a rear-facing car seat until they reach the manufacturer's maximum recommendations (for height and weight). **Many seats are approved for children to ride rear-facing for 2 years or more.**



Tips for selecting an infant car seat

- Research the options for your baby and your vehicle.
 - » It is important to find a car seat that is safe and fits best in your car.
 - » A higher price doesn't always mean a better product.
- Avoid used car seats.
 - » Do not use a car seat that show signs of damage.
 - » Do not use a car seat if you're uncertain about whether the seat has been involved in a car accident.
- Choose a rear facing car seat for infants.
 - » Rear-facing only seats
 - Are designed for use from birth until the child is up to 35 pounds (depending on the model)
 - Are installed so that your child faces the back of the vehicle
 - Buckle child in with five-point harness
 - May attach to specially-designed strollers
 - May attach to a base that can remain in the car
 - » Convertible or infant/toddler car seats
 - Are designed for use from birth until the child is 40-50 pounds (depending on model)
 - Are installed so that your child faces the back of the vehicle during infancy but can be "converted" to a front-facing position when your child is older (typically over age 2)
 - Buckle child in with five-point harness
 - Rarely come with a carrying handle or a base (that can remain in the car)



- Install properly.
 - » Buying a car seat isn't enough to protect your baby in an accident.
 - » Car seats must be installed at the correct angle (your baby's head should not flop forward when buckled into the seat).
 - » Many communities have car-seat installation check stations. Check stations may be at your health department, police or sheriff department, or fire station.
- Be ready for changing car seat requirements as your baby grows.
 - » Children 2-5 years of age should be in a harness-restraint car seat (that can be installed forward- or rear-facing).
 - » Until 12 years of age (and 57 inches in height), all children should be secured in a child booster seat with a safety belt positioning device.

Misuse of a car seat can be fatal

- Read your car seat manual and the owner's manual of your vehicle before you install your car seat.
- Use a certified car seat EVERY TIME your child rides in a vehicle.
 - » Infants are safest riding in a rear-facing car seat properly installed in the vehicle's back seat.
 - » Install the car seat in the middle of the vehicle's back seat (if possible).
- Car seat harnesses should be buckled snugly and according to the model's guide. Bulky clothing should be removed before buckling your baby into the car seat.
- Your child should never ride in a position where there is an airbag. The inflation of the bag can seriously hurt your child.

If you need a car seat or have any questions, visit [safercar.gov/parents](https://www.safercar.gov/parents) or <https://www.healthychildren.org>

Sun safety

Ultraviolet (UV) rays, the invisible radiation waves made by the sun, can damage skin cells. Sun exposure can lead to skin cancer. People typically get 25% of their lifetime sun exposure before they turn 18 years old, so it's important for parents to take care of a baby's skin from birth to protect children from future skin cancer.

Tips for protecting your baby from sun exposure

- Stay out of direct sunlight, especially between 10 a.m. and 4 p.m.
 - » Use an umbrella, stroller canopy, or sun-protective tent when outside.
 - » Dress your baby in a wide-brimmed hat, lightweight pants, and long-sleeved shirts to reduce skin exposure to UV rays.
 - » Put sunglasses on your child.
- Schedule outdoor playtime with your baby before 10 a.m. and after 4 p.m.

Use sunscreen as directed

- For children under 6 months of age the American Academy of Pediatrics recommends avoiding sunscreen use unless your child's skin can't be protected by clothing or shade. If it's impossible to avoid sun exposure, apply a small amount of SPF 15 sunscreen to your child's exposed skin (i.e. face and backs of the hands).
- For children over 6 months of age- apply sunscreen with a sun protection factor (SPF) of at least 15.
 - » Apply sunscreen 30 minutes before going out in the sun.
 - » Use a waterproof sunscreen labeled "broad spectrum" and designed for children.
 - » Test all sunscreens by placing a small amount on your child's back. Check for rash or redness in the test area before applying the sunscreen to the rest of your child's skin. If there is a rash, use hypoallergenic sunscreen.



- » Zinc oxide and titanium dioxide sunscreens are good to use, particularly on sensitive spots, such as nose and lips.
- » Use sunscreen on your baby every time your child is out in the sun (all seasons) — just because it is cold outside doesn't mean the sun is not dangerous. And remember that you can be exposed to UV rays even if it's cloudy or snowy.
- » Re-apply sunscreen at least every two hours (or more often) if playing in water or sweating.

Call your child's healthcare provider if a sunburn occurs during infancy. Remember that parents should protect their skin from UV damage, too.

Outdoor water safety

NEVER leave your baby alone near any body of water including a pail of water, wading or swimming pool, hot tub, swimming pool, lake, and ocean. Accidental drowning can happen quickly and silently, and infants can drown in less than 2 inches of water.

Safety tips for open water

- Make sure children wear U.S. Coast Guard approved life jackets on boats or in open water.
- Swim at life-guarded beaches.
- Obey warning flags.



Safety tips for swimming pools and hot tubs

Make sure swimming pools and hot tubs have

- A four-sided, climb-resistant fence with a self-closing, self-latching gate
 - » Lock should be at a height unreachable to the child
 - » Gates should be alarmed to notify you if someone enters the pool area
 - » Fencing should be 4 feet high, well-maintained, without gaps.
- Surface or underwater alarms (whenever possible)
- A power safety cover that meets the standards of the American Society for Testing (whenever possible)
- Well-maintained drain covers
- Make sure all house doors near pools are:
 - » Self-closing/self-locking
 - » Alarmed to alert adults when a child may be near a pool

If you can't find your child, check first in areas that have water. All parents are caregivers are advised to learn CPR and how to get emergency help.

Chapter 4

Infant Care

- Soothing a crying baby
- Feeding and nutrition
- Baby grooming
- Sleeping

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For you and your child.**



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Soothing a crying baby

In his book, *The Happiest Baby on the Block*, Dr. Harvey Karp calls the first three months out of the womb “the fourth trimester.” Human babies are born at a less mature stage than most mammals. For example, baby horses can stand and run within a few hours of birth. Baby humans need time outside the womb to continue to grow. An infant in the womb is used to a tight and cozy place, constant movement, and the sounds of mother’s heartbeat, breathing, and digestion. During the early months outside the womb in infancy, babies are getting used to their new world.



Newborns aren’t able to tell you if they are uncomfortable, bored, hungry, or in pain. Your newborn’s crying will sound similar for all these needs. Crying is nature’s built-in “I need help” signal. Additionally, research explains that newborns cry as a normal part of the transition from being inside their mother’s womb to the outside world.

Colic

Colic isn’t an illness. Colic is a pattern of fussiness that occurs in some babies during the first 6 months of life. Babies with colic cry more than 3 hours a day, more than 3 days a week, and for more than 3 weeks in a row. No one really knows what causes colic. To help a baby with colic, parents can use soothing techniques to help calm their child. The fussiness improves over time.

Calming Techniques

Calming your baby can take a lot of patience and time, but your efforts will help your baby feel secure and help you and your baby form a close bond.

Tips for soothing your baby (the 5 S’s):

- **SWADDLE:** Wrap your baby’s body snugly in a light blanket to keep your baby’s arms from moving and help your child calm down. Comfort your baby and yourself with words that

explain, “I know you’re uncomfortable right now, but we’re going to try this and see how you like it for a few minutes.” Move on to the next steps.

- **SIDE/STOMACH POSITION:** Hold your baby tummy to tummy. Use a side or stomach position- but only when your baby is awake and you are supervising. Cradle your swaddled infant’s neck and head loosely in the palm of your hand, with your baby’s side or stomach cradled on the length of your arm (with baby’s legs and feet toward your elbow). You may need to experiment with the positioning of your child’s body in your arms. Each infant has a favorite position, just like you when you sleep. Remember that sleeping on the back is the safest way to help prevent Sudden Infant Death Syndrome (SIDS).
- **SHUSH:** Your infant is used to the constant swishing or shushing noise heard while inside mom’s womb, so try soothing your baby with a shushing sound. Hold your infant in the side or stomach position on your arm, lean close to your baby, and make a strong, continuous “sshhh” sound. You can also try talking or singing softly to your baby. Watch for your baby’s response. Continue for several minutes, adjusting your baby’s position on your arm if necessary.
- **SWING:** In the womb, infants are used to steady, rhythmic movement. Support your baby’s head and neck and gently sway and rock your baby. Other options for calming movement might include: rocking your child in a comfortable rocking chair, dancing with your baby to gentle, soothing music, placing your child in a sling or front pack while you go about the business of your day, laying your baby across your knees and moving your knees up and down gently or sway them back and forth, or getting out of the house and going for a walk or a ride in the car. Follow your baby’s lead and notice what comforts your child.
- **SUCK:** Sucking is a very important part of your infant’s ability to self-soothe. If your infant has nursed or had a bottle recently and is fussy, try giving your child a pacifier.

Some things to keep in mind when soothing your baby:

- Don't give up if it doesn't work the first time. Adjust and try again. Each infant is slightly different, and you will have to find just the right fit in order to trigger the calming reflex.
- Let someone else try if it doesn't seem to be working for you. Caring for a crying baby is a two-person job. Ask your husband, partner, friend, or relative to help you. Partners are often extra good at finding the perfect combination of positioning and movement for each strategy.
- Some infants respond best to one of the Ss, while others need you to try more than one strategy at the same time.
- Touch matters:
 - » Some baby's comfort when you hold them against your skin.
 - » Some infants respond to infant massage. Put a little bit of fragrance-free oil or lotion on your hands and gently rub your baby's skin. Movements from the neck down and from the center of the body out to the hands and feet are often the most soothing.
- Keeping yourself calm helps to keep your baby calm.

Remember, always check for a reason your baby may be crying. Is your child hungry, too hot, too cold, needing to be burped, needing a clean diaper, teething, running a fever?



Never shake a baby. Continuous crying is the number one reason parents and caregivers shake babies, WHICH CAN CAUSE DEATH OR SEVERE DISABILITY. If you need a break, place your baby in a safe place and take a few moments to relax.

Shaken Baby Syndrome

Shaken Baby Syndrome is a term used to describe what can happen to an infant or small child after experiencing shaking, throwing, slamming, hitting, or jerking. A baby's head is very heavy compared with the strength of their neck muscles. Sudden and strong motion (including shaking or even playful tossing) can cause a baby's head to forcefully move backwards and forwards. This causes the baby's fragile brain to bounce against the inner skull walls. The baby's brain can be damaged by this trauma, which may result in the death of the baby or can lead to

- Bleeding around the brain
- Brain damage or bruising
- Cerebral palsy or other problems with motor skills
- Problems with sensory skills
- Blindness
- Seizures
- Spinal cord injury (including paralysis)
- Intellectual disabilities
- Speech disabilities

Most often, a parent shakes a baby out of anger or frustration. Babies cry a lot. Sometimes, parents shake their baby because they feel stressed, frustrated, overwhelmed, or angry.

DON'T shake your baby — instead try this

- Count to 10, take some deep breaths, and feel yourself relax and regain control of your emotions.
- Place your baby gently in a safe space (i.e. crib) and leave the room for 5-10 minutes to calm yourself down.
- Call a friend, relative, or trusted neighbor.
- Try all the soothing techniques.
- Find someone who will listen. Parents sometimes need support, advice, or just to blow off steam.

NEVER, NEVER shake your baby

If you're struggling, remember that you're not alone. Free help is available to answer questions, offer emergency help, and direct you to local agencies that can offer more assistance.

- PSI HelpLine (to be connected with a local resource in your community)
 - » [Online](#)
 - » By phone (1-800-944-4773)
 - » By text (503-894-9453)
- Families First
 - » 877-695-7996 / 866-527-3264 (Spanish)]
 - » Email SupportLine@FamiliesFirstColorado.org or visit [Consejos para Familias](#)
- Child Help 800-4-A-CHILD (800-422-4453)

Feeding and nutrition

Breastfeeding

Doctors and major medical organizations, including the American Academy of Pediatrics and the World Health Organization (WHO), recommend breastfeeding for 6 months or longer because of the health benefits that can last a lifetime.

Breastfeeding isn't for everyone, but doctors have found the following benefits:

Breastfeeding helps mothers

- Bond with their children
- Recover more quickly from childbirth — the hormones released while breastfeeding help the mother's uterus return to its pre-pregnancy size more rapidly.
- Feel relaxed and peaceful — breastfeeding leads to the release of two hormones (prolactin and oxytocin) within a mother's body. Prolactin makes a mother feel more relaxed. Oxytocin builds a mother's sense of love and attachment to her baby.
- Reduce the risk of long-term health problems — these include a reduced risk of ovarian cancer, type 2 diabetes, and high blood pressure.
- Lose weight more easily post-delivery — many mothers drop their baby weight more quickly when they breastfeed.
- Delay the return of menstrual periods — keep in mind, however, that breastfeeding is NOT a reliable form of contraception.
- Feed their infants conveniently, simply, and in a way that's environmentally friendly. Breastfeeding reduces waste from formula packaging and reduces the need for bottle cleaning.



Breastfeeding helps babies

- Bond with their parents
- Fight disease through added immune protection to keep babies healthier
- Reduce rates of Sudden Infant Death Syndrome (SIDS)
- Reduce rates of long-term health issues such as diabetes and obesity

What to expect in the first few weeks?

- The fullness you feel in your breasts a few days after you deliver will go down after a few days or weeks. This is normal — it doesn't mean you are losing milk.
- Some babies nurse easily right from the start and others need more help. Be patient. Seek help and support from a lactation consultant.
- Your nipples may be a little tender at first. Allow them to air dry after each feeding, apply gel soothies, and change your nursing pads often. Don't use soap or lotions on your nipples.
- Your baby may become more fussy between 2 and 3 weeks, 6 and 8 weeks, and again at around 3 months of age. This probably means your child is having a growth spurt. You will need to feed your baby a little more often and your body will respond by making more milk. In a few days, you will be back on a normal schedule.

How often should you nurse a newborn?

Try nursing every time your baby cries until your milk supply is well-established and your baby is gaining weight. The more you nurse, the more milk you will produce. Most newborns nurse every one-and-a-half to three hours. Even if your baby doesn't seem hungry, try nursing your newborn at least every three hours.

Signs that your baby is getting enough breastmilk include

- Frequent breastfeeding demand (eight to 12 times per day). Each day can be different according to your baby's needs, but feeding every 2-3 hours is a good sign that your baby is getting enough to eat.
- Six to eight wet diapers a day.
- Many poops each day — most babies have two to five bowel movements every 24 hours for the first several months. Your baby's normal first bowel movements will be greenish-black and tarry (thick and sticky). By three or four days, your newborn's bowel movements should look like mustard-colored cottage cheese.
- Weight gain. Arrange to have your baby's weight checked within one week after birth.
- Sleeping for a couple of hours right after feeding.

If your baby eats more than 10 breast feedings a day for a week, call your doctor for instruction. It is possible that your newborn is not getting enough milk.

When to get help with breastfeeding

- Your baby is unable to latch on to both breasts or does not suck effectively.
- You don't hear your baby swallow, which sounds like a soft "cuh cuh cuh" when your baby exhales.
- Your baby sleeps through feeding times or needs to be awakened to nurse.
- Your baby nurses more than 10 to 12 times each day or continues to act hungry.
- Your breasts are engorged or have redness or warmth.
- You have nipple pain.

Some tips for you when you are breastfeeding

- Eat a variety of foods. Try to consume fruits, vegetables, milk/milk products, meats/proteins, and whole-grains (i.e. cereals and breads).
- Eat a little more than you did when you were pregnant.
- Continue to take your prenatal vitamins.
- Drink lots of water. Try drinking a glass each time you breastfeed.

Things to avoid or limit while breastfeeding

- Avoid alcohol.
- Beer does not increase a mother's milk supply and can pose a risk to your baby.
- If you choose to have an alcoholic beverage while breastfeeding, it's important to express or pump and discard the milk until 4 hours after your last alcoholic drink.
- Avoid nicotine. Nicotine passes through a mother's milk.
- Avoid marijuana. THC enters breast milk.
- Limit caffeine. A small amount of the consumed caffeine will enter your breast milk.
- Limit mercury-containing fish intake. Most fish contain small amounts of mercury. Eating 2-3 servings of fish a week is healthy for mothers, but pregnant and breastfeeding mothers should avoid eating fish that's more likely to contain higher mercury levels (i.e. king mackerel, marlin, orange roughy, shark, swordfish, tilefish).
- Ask about medications. Contact your healthcare provider about the safety of using medications or other substances while breastfeeding.

Breastfeeding and mom's diet

When a baby is intolerant to a food in mom's diet, it will be noticed within 1 to 12 hours after the food is consumed. The following foods are possible causes of a fussy baby:

- Caffeine (coffee, soft drinks, energy drinks) (caffeine can also keep your baby awake)
- Chocolate
- Gassy vegetables (cabbage, spinach, broccoli, cauliflower, brussel sprouts, onions, garlic)
- Nicotine and other chemicals from smoking

Breastfeeding and partners

It's easy for the partner to feel left out when the mother is breastfeeding a new infant. Partners can help during breast feeds by burping the baby, when a baby is moved from one breast to the next breast, or at the end of a feed. Partners can help with other caregiving tasks that are just as intimate and important. Talking or singing to baby while changing a diaper or snuggling in to read before bed time can help partners build their connection with baby. Partners become increasingly important over the first year, but the relationship between partners and babies starts right now.

Breast pumps

Breast feeding directly from mom is one way to give your baby breast milk, but the milk can also be pumped and then fed to your baby by bottle. Some families also use a breast pump to collect excess breast milk, to relieve engorgement, to create a backup supply (to freeze and thaw if they have to be away unexpectedly), to increase and maintain a constant breast milk supply, or to allow others to feed your baby breast milk.

There are many different types of pumps available for rent or purchase. Check with your healthcare provider and/or your insurance company to find out more about your options.

General tips for feeding with expressed breast milk

If you're away from your baby while expressing, try to pump on the same schedule as your baby's feedings so you keep your milk supply going strong.

If you are pumping at home to save a backup supply of milk or to relieve engorgement, try pumping an hour or so after the baby's morning feeding (or pump one breast while the baby nurses on the other).

Tips for expressing and safely storing breast milk

- Before expressing
 - » Always clean the pump (including the knobs) with a sanitizing wipe prior to use.
 - » Wash your hands with soap and water.
 - » Label a BPA-free storage container with the date and your child's name (if the milk will be moved into the care of a childcare provider).
- After expressing
 - » Store expressed milk in a clean, labeled bottle in 2-4 ounce batches.
 - » Wash all removable pump parts in hot, soapy water as soon as possible and then allow the parts to air dry after cleaning.
 - » Freeze all expressed breast milk that you don't expect to use within 24 hours.
 - » Use any thawed breast milk within 24 hours. When it's time for use, you can thaw breast milk by: 1) putting the bottle containing the expressed milk in the refrigerator overnight or 2) thawing the bottle containing the expressed milk under a stream of warm water. NEVER warm a bottle in the microwave.

- » Breast milk is safe if the bottle is left
 - At room temperature (77 degrees Fahrenheit) for 4 hours.
 - In the back of the refrigerator (39 degrees Fahrenheit) for 4 days.
 - In the back of a typical freezer (0 degrees Fahrenheit) for 9 months.
 - In a deep freezer (-4 degrees Fahrenheit) for 12 months.

Be sure that you talk about safe storage and thawing procedures with anyone who will be feeding expressed breast milk to your baby about.

Resources for breastfeeding

- [The Essential Guide to Breastfeeding by Marianne Neifert, MD](#)
- National Breastfeeding Helpline 800-994-9662 or [4woman.gov](#)
- Lactation Consultants- often available through local hospitals
- WIC Breastfeeding Helpline- 888-278-6455
- Public Health Departments
- La Leche League at [illusa.org](#) or 303-779-6722 (Denver)/719-481-2909 (Colorado Springs)

If I am breastfeeding, when can I offer a bottle?

It is best to nurse your baby from the breast for at least the first four weeks. This helps your body learn to make the amount of breastmilk your baby needs.

After you and your baby have become comfortable with nursing, have someone else, such as your partner, give a bottle of breast milk or formula once in awhile.

Do not put your baby to bed with a bottle. This is important to prevent early childhood dental caries and other health issues.

Bottle feeding

If you are choosing to bottle feed, you will want to give your baby a feeding experience that still provides an opportunity for bonding.

Tips for bottle feeding your baby:

- Hold your baby during bottle feedings.
- Never prop the bottle or leave your baby during a feed.
- Burp your baby frequently. If your baby pauses during a feed, it is a good time to burp your baby and then reassess whether to feed more.
- Avoid putting cereal in the bottle.
- Pay attention to your baby's hunger signals.
 - » Avoid forcing your baby to eat large amounts. Parents set their babies up for healthy growth by watching the baby for signs of hunger or fullness.
 - » A baby's typical hunger signs can include
 - Moving hands to the mouth
 - Rooting (moving the mouth toward a potential food source)
 - Making sucking motions or noises
 - Licking lips
 - » A baby's typical fullness signs can include
 - Starting and stopping a feed often
 - Ignoring or spitting out the nipple
 - Falling asleep
 - Getting distracted
 - Closing the mouth when offered the nipple



- Typical formula schedule
 - » Every baby has unique feeding needs.
 - » Talk with your doctor about individual recommendations.
 - » Newborns typically eat every 2-3 hours. Babies will feed less frequently as they get older.
 - » Typical amounts per feeding vary per child and by age:
 - Newborns: 2-3 ounces
 - 1 to 2 months: 4-5 ounces
 - 4 to 6 months: 6-7 ounces

Having six to eight wet diapers a day is a good sign that your baby is getting enough formula. Most babies can discontinue the middle of the night feed by 4 months of age. If your baby is taking over 32 ounces daily for a week, talk to your doctor.

Introducing solids

Introducing solids can be a first step toward a great foundation of family meals. Family meals help your baby grow physically and developmentally.

For most babies, solids should be introduced by around 6 months of age. Starting solids earlier than 4 months of age may lead to unhealthy weight gain, so talk with your baby's healthcare provider about the best time for your baby to start solid foods.

Did you know? Rates of childhood overweight and obesity are rising. Gaining weight at an unhealthy rate could put your child at risk for long-term health problems. Babies are born with the ability to "tell" observant adults when they are hungry and full. Parents who listen to a baby's cues set the child up for a lifetime of better health.

Signs that your baby may be ready for solids

- Your baby's birth weight has doubled (baby weighs at or above 13 pounds).
- Your baby can sit in a high chair with good head control.
- Your baby has an interest in eating.
- Your baby can swallow food from a spoon.

Which solids should be introduced first?

There is no ideal order for introducing solids. Single-grain, iron-fortified cereals are a typical first choice for baby's introduction to solid food. (Do not put cereal in the bottle, but instead offer the mixed cereal from a spoon.)

While your baby is learning to eat off a spoon, try giving a little breastmilk or formula before offering the solid food so that your baby isn't over-hungry while learning the new skill of spoon-feeding. Expect for your baby to eat only 1-2 teaspoons of a solid food at first. Adjusting to eating solids is a gradual process and it takes time to learn.

Always introduce new solid foods one at a time and check for signs of food allergy (i.e. itchy skin, rashes, hives, breathing problems, or stomach issues such as throwing up or diarrhea). Slowly expose your baby to a variety of textures and flavors, including baby-safe: fruits, vegetables, meats, eggs, and fish. Parents can make baby-safe foods at home by softening cooked (unseasoned) foods in a blender or food processor. Make sure all introduced solids are soft and easy for your baby to swallow. Check with your baby's healthcare provide about the safest ways for your baby to start solids.



Keeping foods safe

- Keep solids refrigerated and look for signs of spoilage before feeding your baby. Never heat your baby's food in a microwave.
- Make sure all foods are easy for your baby to swallow. Avoid foods with chunks. Avoid meats that need chewing, such as pieces of hot dogs.
- Avoid honey until after your baby is 12 months of age.

Finger foods and snacks

When your baby can sit up and move their hands to their mouth, your child may be ready for finger foods. Ask your baby's healthcare provider for advice on when your baby is ready to start finger foods. Make sure all finger foods are nutritious, safe, and can dissolve in your baby's mouth. Start with soft finger foods (i.e. small pieces of banana, finely chopped meat, scrambled eggs).

This is also a great time to try using a cup with meals. Feed your baby in a high chair and create time for family meals. Be patient and remember that your baby's growth and health are affected by what you feed your child. Eating patterns are established in the home. As children get older, they copy the eating habits of their family. Mealtime is more than just time to feed your baby. This is the beginning of a lifetime of meals. Relax and enjoy each other.

What about juice?

Juice offers no nutritional benefit to kids younger than a year of age. Babies get healthy fiber and nutrients from strained whole fruit. Drinking juice can lead a baby toward an unhealthy weight, dental problems, and may cause your child to have less of an appetite for more nutritious foods. The American Academy of Pediatrics recommends that parents avoid giving fruit juice to a baby until after their first birthday.

How much is enough?

Babies don't eat a lot at one time. A baby's stomach is only as big as the child's fist! Your baby may stop eating sooner than you expect. Don't worry and don't force. Your baby will eat what is needed for healthy growth, and babies know when they are full.

Baby grooming

Newborn care

Cord care

The umbilical cord stump will dry out and fall off within 10 to 21 days. A small wound will remain and will take a few extra days to heal. Until the wound has healed, only give your baby sponge baths and try not to get this area too wet. Call your child's healthcare provider if you notice increasing redness, tenderness, or odor around your baby's umbilical cord stump.

Skin care

Flaky, dry skin on a newborn's head is a common scalp condition for newborns called "cradle cap." The skin on the head may also look oily, yellow, and crusty in patches. It usually clears up on its own after several months. There's no need to worry about cradle cap affecting your child because it does not bother your baby in any way. If it bothers you, wash your baby's hair with a gentle baby shampoo using a baby brush to give the scalp a gentle scrub. If you don't have a baby brush, gently use your fingers. Don't pick or scrub too hard because you could cause irritation.

Nail care

Baby nails grow faster than adult nails. Wait 10 to 14 days before trimming a newborn's fingernails. A membrane under the nail will bleed if trimmed too soon. Careful filing with an emery board can help with sharp edges until cutting is possible.

Ear care

The eardrum can be easily punctured. Earwax will come out on its own. Never insert a cotton swab or anything else into your baby's ear canal.

Bathing tips for babies

Bathing your baby should be fun and comforting. Pick a time when you can relax and enjoy your baby.

NEVER leave your baby unattended during bathing, not even for a second.

Until your baby is mobile and getting into messes, a bath isn't necessary more than once or twice a week. Cleaning your baby's genital diaper area after each diaper change and washing your baby's face (if dirty) will keep your baby clean on a daily basis.

Sponge bathing a newborn

- If your baby's navel and/or circumcision has not healed, only sponge bathe your baby.
- Wrap your baby in a towel and expose (and clean) one body part at a time.
- Dip a soft washcloth in plain water only, and wash around your baby's eyes. Blot dry with a soft towel.
- Lather your hand with a small amount of non-fragranced baby soap in a wash basin.
- Wash the rest of your baby's face, arms, and neck.
- Using a soft cloth, gently rinse the lather from your baby's skin with warm water from the rinse basin.
- Blot your baby's skin dry with a towel.
- Remember, your baby has very sensitive skin and needs cooler water temperatures than you do.

Tub bathing

An infant bathtub or other small tub helps make bathing a safer experience. Baby tubs are designed for use in the kitchen sink, which is easier on your back and helps hold your baby in place. Infant tubs can also be used inside of your regular bathtub. Avoid using bath seats because they can tip over. Remember to always keep one hand on your baby during baths.

Make sure you prepare everything you'll need for baths ahead of time and never leave your baby unattended near water:

- Small blanket
- Mild, hypoallergenic, fragrance-free soap
- Small cup to pour water on areas as you wash
- Washcloth (small infant washcloths work best)
- Hooded baby towel or bath towel
- Hypoallergenic, fragrance-free lotion or cream
- Clean diaper and ointment
- Clothing

Ready to begin

Run the water to a depth of 2 to 3 inches (for newborns and infants under 6 months). Water should be never more than waist high.

To fill the tub or basin, always run the cold water first and then adjust the temperature with warmer water. Stick your elbow in the water to test the water's temperature. The bath water should be the same temperature as your elbow, so it shouldn't feel cold or hot on your skin.

When the water is ready, undress your baby. Hold your child's outer arm with your hand, keeping baby's head resting on your wrist. Use your free hand to wash your baby, one area at a time. Gently wash genitals, being sure not to miss any skin folds.



Use soap sparingly — soaps, bath oils and bubble baths dry out baby's skin and may cause rashes and urinary tract infections. Rinse your baby thoroughly with a clean washcloth and fresh water, then wrap your child in a towel and pat dry.

Soapy bodies are slippery! Always keep a firm hold on your baby.

After the bath

After bathing, your baby's skin should be soft to the touch. To comfort and protect baby's skin, you can smooth on a hypoallergenic, fragrance-free lotion or cream — particularly in skin creases and folds.

Sleeping

Understanding sleep patterns

Sleep periods develop as your baby's brain matures. During the newborn period, there will be times during the day and night when your baby's brain will become drowsy and less alert. These are the best times for your baby to be soothed to sleep. Babies do not have regular sleep cycles until about 6 months of age.

Sleeping during the day improves the quality of night sleep. If your baby becomes too tired from missing naps, your child's body produces hormones that fight the fatigue. These hormones can interfere with night sleep and naps. The better rested your baby is when it's time for sleep, the easier it is for your child to fall (and stay) asleep.

Watch for signs of tiredness (activity level slows down, eyes flutter, head turns away from playful adult). Lay your baby down for a nap or bedtime while still slightly awake so your baby can learn to fall asleep in their safe sleep space.

Before 4 months

Newborns sleep 16-17 hours in a 24-hour period, but may only sleep for one or two hours at a time. In the first six weeks, your newborn's sleep will not be on any sort of schedule. The longest period of sleep can be anytime during the day or the night. Most newborn babies wake up one to three times during the night for the first three to four months, and naps will be scattered throughout the day. A typical 3-month-old's bedtime can be from 6 to 10 p.m., with three naps during the day.

Remember to sleep when your baby sleeps. It will be a few months before your baby's sleep patterns start matching yours a little more. Infants under 4 months of age need to be soothed if crying continues. Comfort your baby; you will not spoil them.

After 4 months

Continue bedtime routines and put your baby into a safe sleep space while drowsy but awake. Continue to encourage your baby to learn to fall asleep without you, and remember that crying is not unusual. How long you allow the crying to continue depends on your own comfort level.

Your child's healthcare provider will advise you when to begin gradually weaning the middle of the night feeding. To do this, decrease the duration or amount of the feeding over a week. Don't let your baby hold a bottle or take a bottle into the safe sleep space.

Good bedtime practices

Healthy sleeping is a habit. Creating patterns around sleep early in life can help to prevent many common problems:

- Make daytime playtime. Talking and playing with your baby during the day will help lengthen awake times, allowing for more sleep at night.
- Darkness becomes a time cue. Partially close curtains or blinds and dim lights. Slow down your activities and become quieter. Limit playtime at night.

- Start a bedtime routine right from the start. The same steps each night about 30 minutes before bedtime will help your baby know it is time to sleep. A routine might include a combination of any of the following

- » Bath
- » Listen to music
- » Read a book
- » Feeding and rocking
- » Singing
- » Massaging
- » Say good night, close the door and walk away



- Pay attention to signs that your child is growing tired. Put your baby to bed when your child shows the early signs of becoming quiet and less active. Allow for plenty of naps during this first year.
- Remember that crying can be a way for an infant to self-comfort and to ease into sleep, squeezing out a last little bit of energy.
- Dress your baby warmly enough to allow for comfortable sleep without covers. Don't overdress a baby for sleep.
- Put your baby in a safe sleep space while awake but drowsy. Let your baby learn to fall asleep without you. Always place your baby on their back for sleeping.
- Be brief during nighttime feedings. Save the fun stuff, like singing and playing, for daytime.

Talk to your child's healthcare provider if you have concerns about getting your baby to sleep and keeping your baby asleep.

Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) describes the sudden, unexplained death of an apparently healthy infant younger than 1 year old. SIDS is the leading cause of sudden unexpected infant deaths (SUID) in the United States.

Research has shown that the following will help reduce the risk of SIDS:

- Always put your baby on their back to sleep. Varying your baby's head position (i.e. whether your baby's head is placed near the "head" or "foot" of their safe sleep space) will help prevent the development of flat spots on the back of the head.
- Make sure your baby sleeps on a firm sleep surface. Use firm, flat bedding covered only by a fitted mattress sheet. If your baby falls asleep in a car seat or swing, move your child to their safe sleep space.
- Avoid placing your infant to sleep on soft surfaces, such as sheepskins, comforters or heavy blankets or on waterbeds, sofas, or pillows.
- Keep soft objects (including bumpers and toys) out of the safe sleep space.
- Discontinue swaddling when your baby develops the ability to roll.
- Room share with your baby until your child is at least 6 months old (ideally 1 year old) but avoid sharing a bed with your baby. Keep your baby's safe sleep space within reach of your bed.

- Continue breastfeeding (if possible).
- Do not allow smoking around your baby.
- Consider offering your baby a pacifier at naptime and bedtime because pacifier use has been shown to reduce rates of SIDS.
- Keep the temperature in the sleep room comfortable for an adult.
- Dress your infant in as many layers of clothing (and no more than one extra layer) compared to what you would wear. Don't let your baby overheat.
- Provide tummy time every day when your baby is awake and someone is watching. This strengthens your baby's muscles and encourages the ability to roll.
- Attend regularly-scheduled well-child visits with your baby so your child's provider can check in on your baby's health and development.

Chapter 5

Development

- Introduction to development
- Physical development
- Cognitive development
- Social-emotional development
- Language development
- Activities to promote development
- Developmental delays or challenges

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Introduction to development

To promote healthy child development, parents and caretakers must understand their baby's strengths as well as their baby's needs for support. Remember, although we often talk about "areas of development" — like physical, cognitive, social-emotional, and language development — all areas of development are linked together. Each area of development depends on and impacts the others.

Early brain development

At birth, most of the brain's cells are developed, but they are not well-connected. In the first year of life, the connections between cells form rapidly. From early infancy through early childhood, the vital brain-cell connections are made permanent. Experiences are stored in the brain as new information, creating networks that are important for understanding the world.

Scientists know that the early years of life are very important for building your baby's brain and therefore important to your baby's development.

Your child is ready to learn from the very beginning. Babies make sense of the world by actively watching, listening, investigating, and exploring. In fact, everything you do and say can help stimulate your child's brain for moving, thinking, feeling, and learning. Loving interactions that are sensitive to your child's needs can increase the number of connections that are made between nerve cells and change the way your baby's brain grows!

From the first days of life, give your baby lots of time to play, explore, and learn. This exploring and discovering encourages the wiring process between your baby's brain cells. Learning (connections between brain cells) depends on how much babies use their brain. In the first few months of life, babies need to play in order to learn. You are your baby's best, favorite, and most essential "toy".

Screen time

Studies have shown that even infants “zone out” when in front of a screen. Especially in infancy, real life is far more enriching than a TV program. Ideally, infants should not spend any time watching TV (or digital media) or be exposed to any “screen time” (other than video chatting). This includes interactions with computers or watching video games being played. Babies learn best by figuring out how a toy works, singing songs, or dancing with mom and dad. Babies exposed to screens spend less time interacting with parents and caregivers, which can lead to lags in development.

The American Academy of Pediatrics discourages any screen time (TV, computers, and video games) for children younger than 18 months of age. Between 18 months and 2 years of age, limit your child’s screen exposure to high-quality programming watched together with a parent. Children under 2 years of age should never watch media alone.

Importance of attachment

A nurturing relationship with parents or caregivers is the most important thing for healthy brain development - the key that unlocks your child’s potential. Early relationships help a baby’s brain grow and are the foundation for the ability to learn. Babies who lack strong connections to caregivers may develop future struggles with behavior, relationships, and physical health. A baby who feels unsafe or uncared for does not build the basic trust needed for learning. Early experiences matter — and both good and bad experiences affect your baby’s ability to learn.

Bonding with your baby — the feeling of growing love — is not an instant moment at the time of your child’s birth. The attachment process builds over time in the first few years. Go to your baby when your child is fussing or crying. You cannot spoil an infant. By responding to your child quickly and consistently, you teach your baby that you care, you are trustworthy, and you will respond to your child’s needs. This helps babies understand that they are worthy of being cared for. Your attachment with your child will help your baby build self-esteem, care for others, and self-control.

Attachment happens as your baby grows to love and trust you. Developing this trust and dependability allows your child to spend more time on learning. Children who feel safe and secure learn a set of skills that are important for later success in school and in life. A child who trusts is able to explore and learn — knowing that they have a safe place to return to — you!

Older siblings

Life changes for your whole family when a new baby joins the family. It is normal for older children to show jealousy of a new baby. Newborns can take a lot of parents’ energy, and it is a tiring time as mom recovers from the birth and the family learns the needs of the new family member. Extra supervision is necessary to make sure older brothers and sisters are safe around your baby.

Some children are very excited about a new baby and very gentle. For others, the arrival of a new baby is stressful.

Your baby’s older siblings may

- Worry that you will love the baby more
- Feel angry that you’re welcoming another baby into the home
- Sense the loss of the “baby” or only-child status in the family
- Feel frustrated about having to share parents’ or caregivers’ time with another child

This may result in older siblings displaying behaviors including

- Rejecting the new baby verbally (“send baby back”)
- Throwing temper tantrums
- Becoming demanding or clingy
- Hitting, slapping, pushing, or pinching the new baby
- Seeking attention with constant talking, crying, or acting out
- “Forgetting” how to do things that were previously mastered, such as using the potty or self-feeding

How to help your older child

With your supervision, offer to involve your older child in assisting with the baby's care. Allow your older child to hold the baby with you sitting right beside them for support. Let your older child help with "special jobs" such as showing visitors the baby's room. Make sure you avoid asking your older child to run too many baby errands, like getting a blanket, a diaper, a pacifier, etc.

Set aside a special time every day when you can focus your attention on holding, hugging, and loving your older child. You can schedule this time around a bedtime story, playtime while the baby sleeps, or reading a book to your older child while feeding the new baby.

Expect some "acting out" behavior while your older child adjusts to the new baby. Allow older children to talk about their feelings. Offer reassurance that your older child is still loved. Avoid punishing your older children for behavior that shows frustration, and let your older child know you understand that having a new baby is frustrating. In time, everyone will adjust to the change.

Set limits with unsafe acting-out behavior.

If a child tries to hit the new baby

- Firmly explain that hitting is not allowed
- Acknowledge the child's anger and frustration: "It's hard to have a new baby in the house"
- Encourage your child to talk to you about their feelings
- Remember that acting out will not continue forever and will end more quickly if the child is given appropriate ways to express their feelings



Physical development

Infant reflexes

Your baby was born with many reflexes that create unique physical movements in the first few weeks after birth.

- Startle or Moro reflex- Startled infants fling their arms out and back in as if grabbing onto something.
- Tonic neck reflex or fencing reflex- When your baby's head turns to one side, the arm on that side will straighten while the other arm bends (so your baby looks like someone who is fencing with a sword).
- Step reflex- When a baby is held in the standing position and their feet are placed firmly on a solid surface, babies will imitate walking.
- Palmar grasp reflex- When you gently stroke a baby's palm, the child will reflexively grasp your finger.
- Plantar grasp reflex- When you gently stroke the bottom of a baby's foot, the child will grasp your finger with their toes.

Your baby also has reflexes to encourage feeding and growth.

- Rooting reflex- When their cheek is touched, your newborn will turn in the direction of the touched cheek.
- Suck reflex- When you put the tip of your finger or a pacifier into your baby's mouth, your child will automatically suck.

Your baby is born with these reflexes, and each reflex will gradually disappear over time as your child grows and develops.

Typical physical milestones

Every baby will develop on an individualized development schedule which will vary between babies based on temperament, experiences, and inborn skills. The steps or order of your baby's development are more important than the month your baby achieves a skill. Talk to your child's healthcare provider if you have concerns about your baby's development.

Large (or gross) motor skills describe the movements babies make with their large muscles, such as the big muscles of their arms or legs. Small (or fine) motor skills are the movements babies make with smaller muscles, such as the tiny muscles of the fingers.

At 6 to 8 weeks

Babies are beginning to develop neck control. As the neck strengthens, babies will be able to lift the head when lying on their tummies and have some control of the head when held upright.

Tips for tummy time

- Always supervise. Never leave your baby alone on his tummy.
- Use a firm surface. Always put your baby on a firmly padded surface for tummy time, avoiding soft bedding or stuffed toys that could make it hard for your baby to breathe.
- Take it slowly. Tummy time can be broken into shorter periods with breaks in between to allow your baby to relax and recharge.
- Practice daily. Make time for tummy time every day until your baby is 5 or 6 months old. Tummy time is helpful for babies of all ages and a great way to spend playtime with your baby.
- Make it fun. Tummy time may be more enjoyable when you play music or give your baby interesting toys to look at and play with (your baby really likes to look at her face in a mirror or reach out for colorful toys that rattle and shake when touched).

Tummy time: Because babies are put to sleep on their backs, it is important to help them spend time on their bellies while they are awake (and being watched) until they are able to roll over and sit up alone.

Tummy time is important because it

- Encourages neck and shoulder muscle development.
- Prevents the development of flat areas on the back of your baby's head.
- Helps build the muscles your baby needs to roll, sit, and crawl.

At 4 to 6 months

Your baby's arms and legs will wiggle and kick with more control at this stage of development. The growing muscle strength in your baby's arms encourages better control and support of the upper body when lying on the tummy. At 4 to 6 months of age, babies may also be able to bear weight on their legs with your support. In addition, after learning to roll from tummy to back, your baby will begin to learn to roll from back to tummy.

By 6 months of age, many babies are able to sit alone for minutes at a time. At first or when tired, your baby may fall over when seated, so watch your baby carefully to avoid accidents. Your child may have also gained the ability to pull objects closer with a raking motion of the hands, so beware of the safety of the objects within your baby's reach.

At 7 to 9 months

By this time, most babies can roll over in both directions. Some can sit up on their own while others need support. Once babies can sit sturdily, they may start bringing their hands together, begin clapping, and develop the ability to transfer a toy from one hand to the other.

With these skills, your baby may begin to scoot, rock back and forth, or begin to crawl. Some babies may be able to pull themselves into a standing position. Your baby will develop new hand movements at this age and may start picking up smaller objects with the thumb and forefinger.

At 9 to 12 months

Things start happening quickly at this age. Standing often becomes a favorite position, but your baby may use a variety of ways to move forward to explore new territory — creeping, crawling, or cruising along furniture. Some babies take their first steps at 12 months.

Many wait for awhile. Most babies are walking by 15 months.

Between 9 and 12 months of age, babies develop new hand movements that help them with the ability to self-feed with finger foods. Your baby will also enjoy using their hands to bang blocks together, stack objects, or place nesting containers inside one another.

Keep in mind, every child develops at their own pace. Talk to your pediatrician if you have questions about your child's development.

Cognitive development

Cognitive development describes the growth of skills that help your baby think, explore, and solve problems. You can encourage your baby's cognitive development by allowing your child to solve problems and start working out solutions by themselves. Instead of directing your baby's play, let your child figure out how a toy works. Allow your baby to use their five senses to explore and understand the world. When playing, wait for your baby to "ask" for help by showing frustration, handing the toy to you, or looking at you. When your baby gives you these cues, offer your baby just the next step in the problem solving process (maybe loosening a container's lid a little). Then, let your baby finish solving the problem. Provide a safe environment, and then trust your child to explore the world in their own way and in their own style of learning and thinking.



Social-emotional development

Social-emotional development involves the ability to form close, secure relationships and to experience, regulate, and express emotions. Cognitive growth and emotional growth are linked in the first year of life. Our first relationships, usually with parents or other caregivers, create the core basis for building our future relationships, our sense of security, our resilience to stress, our emotional flexibility, and our ability to balance emotions. All of these skills help babies make sense of the world.

During the first 6 months of life, your baby will begin to smile at people. When smiling results in a positive (happy) response back from you, babies are learning the first steps of socializing and also learning that they have some control over their world. Babies enjoy being talked to and played with. Your baby may imitate some of your facial expressions and movements and show a preference for some people (usually parents) over others.

Between 6 and 12 months of age, your child will try out behaviors with you, imitating not only sounds but also gestures. Your child will clearly enjoy the attention these new behaviors may bring. Your baby may also become shy and fearful of strangers between 6 and 12 months of age. Your baby may cry when a parent leaves and may show a preference for one parent or caretaker over anyone else. This is a normal stage of development and a sign of strong attachment.

As a baby develops, trusted caretakers will serve as "safe zones" from which the child can move away from and then return to again. Your child will show the growing attachment to you by feeling sadness when you leave and pleasure when you return. You are your child's greatest love! Remember that feeling safe and secure continues to be the base for your child's intellectual (brain) growth.

Setting Limits

Remember that your child will test the same limits and rules over and over. Children do not do this to upset you on purpose; they really just don't remember and need reinforcement of the rules. It can be very tiring to keep getting up and chasing your baby around to enforce limits. In the long run, all the work now will pay off down the road as you build a strong and trusting relationship with your child.

Being an effective parent means being clear, consistent, and firm right from the start. Growing children will need loving guidance from you to develop a sense of safety and security. At 8 or 9 months of age, your child will develop many new skills (scooting, cruising, crawling, and picking up tiny things with their fingers) that will require you to start providing limits to promote safety. Your child's growing ability to know and "read" your facial expressions and mood will help your baby connect your words with your limits, like "No touch!" and "Stop!"

Remember, your job is to set clear, consistent, and firm limits for your child. Your child's job is to test the limits in lots of different ways until your baby really understands and learns how you want them to behave.

Language development

Language development describes all of the ways that babies learn to express themselves and communicate. Language development is divided into two subtypes: 1) receptive language development and 2) expressive language development. Receptive language describes the type of communication that occurs without words (non-verbal communication). Expressive language describes the type of communication that occurs through talking and words (verbal communication).

In the early months, your baby will use facial expressions, body movements, and sounds to give you clues about their needs. Responding to your baby's cues tells your child that you understand what is being asked for. In the early years, it's especially important for your baby to hear you talk as much as possible - this will be your baby's earliest introduction to language.

As your baby grows older, hearing you talk will continue to help your baby develop both receptive and expressive language development. You can respond to your baby's coos with a sound and start a "conversation". Ask your baby questions. Describe what you hear, see, and smell in your environment. Use simple words and short sentences to describe your baby's world. Your tone of voice and expressions also communicate ideas and emotions to your child. The more words you use, the more words your child will learn. The more words your baby learns, the more likely your child will be ready for success in school and beyond.

Remember, young children learn about language by interacting with people and objects in ways that are enjoyable. Talk about everything you do and see together in your day!

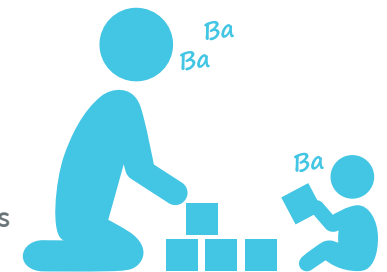
From babbling to first words, your baby is learning all the time!

Up to 4 months, your baby

- Watches your face when you speak
- Reacts to loud sounds, quiets to voices, and begins to turn toward sounds
- Smiles, coos, blows bubbles, and makes a variety of noises when talked to
- Uses sounds for pleasure (laughing and giggling) and displeasure (crying)

From 4 to 8 months, your baby

- Tries to communicate with actions or gestures
- Babbles and repeats sounds such as "ba-ba-ba" and "ma-ma-ma"
- Tries to repeat or mimic your sounds
- Will start to repeat the rhythm of language
- Takes "turns" speaking with others rather than "talking" (making sounds) all the time



At 8 to 12 months, your baby

- Understands “no-no”
- Starts to use language to let others know about feelings and wants
- Starts to use words to mean an object — a simple word such as “mama” or “milk” or made-up words such as “buh” for bottle or blanket
- May speak a few words (at least 1 word by age 1)
- Can point to something they want and nod or shake their head in response to questions (by age 1)

Activities to Promote Development

Development and books

Research shows that language and reading are linked right from the start. Babies love to be bounced and rocked to the rhythm of chants, nursery rhymes, and songs that go with a book. These experiences will delight your child and make deeper connections in your baby’s developing brain.

When choosing good books for babies, look for

- Strong colors or contrasting black-and-white pictures and photographs
- Clear, simple pictures that stand out from the background of the page; one object on a page is perfect for the first year
- Books that show things from your baby’s world, such as baby faces, bedtime or meal time routines, going to the grocery store, and common objects your baby sees every day
- Board or plastic books that your baby can chew on and swat at before they can grasp and hold a book gently

Sharing books and reading out loud with your baby helps your child

- Associate books with a loving, warm, and bonding time with parents
- Listen and respond to language
- Focus on pictures
- Link words to pictures
- Practice grasping a book
- Practice copying and imitating your voice and sounds
- Pay attention to a book for a few minutes at a time

Even if your baby’s favorite way to read seems boring and repetitive to you, try to follow your baby’s lead. Your baby may want to see and “read” the same page over and over again, go from back to front, or read the same book over and over.

Development and play

Importance of play

Play is your child’s work. Play has many benefits and is the key to your child’s learning about the world. Through play, your child learns how to communicate, cooperate, and compromise. Play allows your baby to feel trust, friendship, and love. Play also provides ideas, encourages problem-solving, fosters curiosity, and encourages creativity and thinking skills. So remember to PLAY with your child every day!

Developmental milestones of play

Birth to 3 months

- During this early stage, baby’s explore play with their fingers, with parents’ faces, and by looking at objects.
- Rattles and sound-making toys will help your baby learn to listen for sounds.
- Babies enjoy following objects as they are moved around.

3 to 6 months

- Babies become more interested in objects.
- Babies choose toys that are bright and colorful — red and blue are often favorite colors.
- Toys that make (quiet) noise or music are fascinating.
- Find rattles or other toys that will fit in your baby's hand to shake but are too large to be choking risks.
- Attachment to favorite or special toys may begin.
- Babies may like to kick at toys that are hanging between chair legs while lying on their back.

6 to 10 months

- Babies may mimic how you play with a toy, such as cuddling a bear or baby doll.
- Two or three toys at a time will be plenty for baby's attention.
- Babies may play with a toy in a way that is not expected, such as putting a plastic doughnut on their arm instead of on the stick it comes with.
- Household objects are favorite toys (such as pots, pans, and plastic containers).

10 to 12 months

- Toys that are similar to adult objects are the most interesting, such as phones, shovels, and buckets.
- Babies may develop interest in large-knobbed puzzles, nesting toys, and shape sorters.
- Empty boxes and drawers full of containers are favorites.

Your child will learn a lot from both parents. One adult may be more active in play and slower to help their child through frustrating situations than the other. One adult may be better at encouraging a child's problem-solving skills and independence compared to other adults in the child's life. At an early stage, your baby will learn that every adult is different and gain a lot of great developmental tools from the variety of parenting styles.

Development and music

Music in utero

The ability to hear develops around the fifth month of pregnancy. Research finds that newborn babies recognize the music that was played to them in the womb. During pregnancy, play music as you go about your day (or sit with your feet up) to expose your baby to the rhythm of the music. Remember what music you listen to while you are pregnant. After birth, your baby will respond to and feel soothed by familiar music.

Learning through music

Music helps your baby develop emotional skills, language skills, and physical skills in an enjoyable way. Playing nursery rhymes and songs for your baby will help your child get a feel for the rhythm of language long before your baby understands what is actually being said. Rocking or swaying your baby in time with music can be soothing and provides a great way to bond.

As your baby grows older, new information set to music will be more easily remembered. Songs provide a great way to teach your infant. Playing soothing music during the evening helps settle your baby before bed. Encouraging your baby to move and dance in time with music not only provides a fun form of exercise (for you, too), but also helps build your baby's confidence and body awareness.

If you find that your baby wakes up when the music stops, try stopping the music just before your baby falls asleep. This way, your baby won't become too dependent on the sounds. If you find a particular song that works, try playing it in the car to help your baby take a nap when you travel.



Developmental delays or challenges

If you or someone who cares about your child has concerns about your child's development, early intervention services may help. You can request a free evaluation at any time to answer questions about your child's development and to decide if your child may benefit available early intervention services. To find the local agency in your area, visit www.parentcenterhub.org/find-your-center.

The overall system of early intervention is designed to connect a family with services — such as occupational, speech or physical therapy — to help infants and toddlers grow and develop and to help families in this process. Early intervention provides developmental supports and services to children birth through 3 years of age who have special developmental needs. It is a voluntary program that can help improve your child's ability to develop and learn. It can also help you and your family learn ways to support and promote your child's development.

What comes next?

Now that your child is 1 year old, you will find that your child is really moving around and exploring the world. Toddlers are very active and curious, and learn new things every day by exploring and testing the world around them. During the toddler stage, your child will start learning to be more independent and self-reliant, and develop their own ideas about how things should happen. Keep this in mind as you hear your toddler use the word "no" many times each day. Remember that everything that happens to your toddler is meaningful. With each stage or skill your child masters, a new stage begins!

Read all about this next stage in the Parent Handbook for 12-24 months.

For everyday tips to stimulate healthy growth and development sent right to your cell phone, try Bright by Text.



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*Message and data rates may apply. Text STOP to 274448 to sbp. Text HELP to 274448 for help.