YOUR GUIDE TO
BABY’S FIRST YEAR
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Making the commitment to raise a child is the start of an exciting and often unpredictable journey. Along the way, you’ll grow, change, learn and adapt. You’ll face your share of obstacles, challenges, and new experiences. You’ll celebrate the good times and find your way through the challenging times. You’ll love, care, teach, guide, and worry about your child. That’s what parents do.

As with any journey, the better prepared you are when you set out, the easier it can be to reach your destination. You may use this book in a parenting class. Or you might receive a copy from your doctor, midwife, or hospital when you bring your baby home. Whether this is your first baby or you have other children, we want to help you feel confident in your ability to be a parent.

The focus of this book is to help parents care for their new baby during the first year of life. It is designed to meet two important goals:

- Provide accurate, timely, and practical information about how to parent your new baby
- Provide a convenient place for you to take notes, highlight pages and track activities

Whether you’re a biological, adoptive or solo parent, this isn’t an easy job. Your days and nights will demand energy, courage, patience, support and plenty of helpful, medically accurate information. It is our sincere hope that you will find what you need on the pages of this book.

See a word in *blue text*? You’ll find it defined in the Glossary section at the back of the book.

Throughout the text you will find online resources as they pertain to the topics. For more information on various topics the last 3 pages of the book include additional resources.
Just like every child is different, so is every home and family. That’s what makes them so special.

You may have a spouse or a partner. Or maybe it will just be you and your baby moving forward together. You might bring your baby into a large family... or a small family... or create a completely new family. No matter what your family looks like, keeping your baby safe, healthy, and happy will be your top priority.

Whether you are part of a couple, a solo parent, or an adoptive parent, the most important advice we can offer is this: BE FLEXIBLE.

You may have done all the research. You may have great plans for how things should go when your baby comes home. But babies may react differently to the world than you may expect. Every day will be a little different. A network of supporting friends and family can also help. If something doesn’t go as planned, make a new plan. You can do this!
**PARENTS AND PARTNERS**

You may have a spouse or you may have a partner. The key to successful parenting as a couple is good communication. Experts suggest that you talk to each other openly and honestly every day. Although you’ll have your hands full caring for your new baby, make time to also nurture your relationship and stay close as a couple.

When there are two of you, it can be easier to create a sleep routine that helps you both get as much rest as possible. You may decide to take turns getting up with the baby at night. If one of you is breastfeeding, your partner can do the diaper change before or after the feeding, then put the baby back down to sleep.

**Solo Parents**

Raising a child by yourself can be hectic, but also fulfilling and rewarding. Having a support system (friends, family, neighbors) around you can make a world of difference, especially when you need advice, moral support, or a helping hand.

The key to keeping things running smoothly is to be as organized as you can. Create a flexible routine for you and your baby that works. Stock up on baby supplies or have them delivered so you don’t have to pack up your baby and run to the store more than you want to.

**Adoptive Parents**

Adoptive parents face the same kinds of issues and challenges as any new parent. When you adopt a newborn, building a loving relationship with the baby may be easier or harder than you thought. In fact, this is also true about biological parents and their baby. Every baby is different and it may take time for your baby to get to know and trust you. This is perfectly normal.

Another challenge adoptive parents may face is all the questions people might ask you about the baby, the birth parents, and the adoption. You get to decide when and if you want to answer those kinds of personal questions. If you’re not ready, just say so. Adoption is a very personal matter and you have the right to keep any or all of the details confidential. Connecting with other adoptive parents can be a good source of support.
EXTENDED FAMILY

In addition to parents, your baby’s world might also include brothers, sisters, grandparents, aunts, uncles, and cousins. Maybe you have friends, colleagues, neighbors, and family pets who are all curious about the new baby.

When you first get home, you may have people around who want to help feed and care for you and other family members. Or you may not have those folks living nearby. Either way, know that it’s OK if you don’t feel like having a lot of visitors right away. You’re tired and trying to figure out this parenting thing. It’s perfectly reasonable to take some time to bond with your baby. So if you don’t want visitors, just say so. You get to decide.

Grandparents

If you have parents or grandparents that are a regular part of your life, they can also play an important role in your baby’s life. A relationship with a grandparent can help your child understand the past, as well as see the present world in a unique way. Grandparents can offer a more relaxed perspective and remind new parents to stay light-hearted. They might also be able to help entertain any other children while you bond with your baby in the early days. If grandparents don’t live nearby, digital face-to-face contact and phone calls can help everyone stay connected.

Siblings

It’s normal for brothers or sisters to worry that the new baby will replace them or you will love the baby more. Encourage children to be honest about any feelings of jealousy, fear or anger. Before the baby comes, read books, or watch videos about adding a baby to the family. Let children help with baby planning, shopping, and nursery decorations. After the baby comes, spend quality time with each child doing activities they enjoy. If siblings want to help care for their new baby brother or sister, it’s a good idea for you or another adult to supervise these interactions.
Cats

Cats are creatures of habit who like a set routine. But many household routines will change when a new baby joins the family. Be aware that you need to keep your cat away from the baby’s sleeping area to prevent accidental suffocation. Cats like to curl up next to warm bodies, but that closeness could make it hard for your baby to breathe. When you bring your baby home, go to a quiet room and sit with the baby on your lap. Let your cat come close when they’re ready.

Dogs

If your dog is well-trained, it will be easier to control their introduction and behavior around the new baby. If you are going to make new rules (no pups on the sofa; no more sleeping in your bed), put them into effect before the baby comes. Make plans for your dog to have regular exercise every day. If your dog will be allowed in the baby’s room, put a dog bed in the corner and give your dog a treat or toy for staying in their bed. If the baby’s room will be off limits, install a tall baby gate and place a dog bed outside the room.

When you bring your baby home, it’s important to warmly greet your dog without the baby in the room. After you’ve been home for a few hours, have a helper bring in your dog on a leash while you hold the baby. Talk in a calm and happy voice. If your dog is not stressed, let them briefly sniff the baby’s feet. Reward your dog for good behavior and repeat this sequence a few more times. Continue this routine for several days if needed.

Preparing Your Pets:

- Let pets come in and sniff around while you’re setting up the nursery
- Talk to your vet about how to help your pet adjust to life with a baby
- Have someone bring home a blanket or clothing item that smells like the baby so your pet can learn baby’s scent
Adding a new baby to your family means big changes for almost everyone. Being a parent is very different from being part of a couple or a single person. You’re not just you anymore. You’re also someone’s parent, with all those responsibilities sitting right on your shoulders.

One of the best ways to get ready for the change from person to parent is to read up on baby care and parenting. Talk to other parents, ask plenty of questions, and give yourself time to get used to the whole idea of parenthood. It’s normal to feel uncertain or unprepared to take on this new role. But once you bring your baby home and begin to know and love each other, those insecurities should fade away quickly.

**RELATIONSHIPS**

In addition to your new role as a parent, you probably have different roles in the lives of many other people. You may be a partner or spouse, daughter or son, friend, co-worker, or employee. Maybe you’re also a coach, mentor, boss, or friend with your neighbors. With a new baby depending on you for everything, some of these important relationships may also need to change.

You may want to form new social relationships with people you meet in childbirth or parenting classes. When you take time off from your job to be with your new baby, your supportive co-workers will still be at work, while you’re home doing a new job (parent) without your work pals. Creating a new network of people who are also doing this important new job can be very empowering.
**EMOTIONAL CHANGES**

Transitioning into parenthood is a major life adjustment. Your emotions can range from amazement to excitement to fear in a short period of time. It may take some time for your emotions to return to normal. New fathers or partners may also experience emotional changes. It is natural for the combination of a new baby, the stress of the past nine months, and a new sense of responsibility to take their toll. Be patient with yourself. Reach out for support if you need it.

**Baby Blues**

About 70-80% of all new birthing parents experience some negative feelings or mood swings starting a few days after the birth of their child. The **baby blues** are common and usually last from a few days up to a few weeks. These feelings are probably related to changing hormones and fatigue.

**Common symptoms include:**

- Weepiness
- Impatience
- Irritability
- Restlessness
- Anxiety
- Feeling tired
- Insomnia
- Sadness
- Mood changes
- Poor concentration

If you or your family feels that your symptoms are more severe or have lasted longer than two weeks, contact your health care provider. There are plenty of available treatment options if you need some help getting back on your feet after giving birth.

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**WARNING**

**Postpartum Depression and Anxiety**

About one in seven new parents will experience moderate to severe symptoms of depression or anxiety after giving birth to their baby. Symptoms of **maternal postpartum depression (PPD)** usually appear in the first three months after giving birth, although they can happen any time during the first year. Many of the symptoms are similar to the baby blues. The difference is that symptoms of PPD and anxiety may:

- Be felt more intensely
- Last most of the day
- Happen more days than not
- Make it hard for you to function
- Affect your ability to care for your baby
- Change your feelings toward your baby
FATHERS AND PARTNERS

In the past a father’s role in the family was primarily to provide and protect. These days, many fathers and partners choose more hands-on parenting that includes diapering, cuddling, bathing, and reading to your baby. These moments of closeness help your baby feel safe and calm in your care.

Becoming a family with a new baby will affect your sleep, your time, sexual intimacy, finances, and more. Be patient with yourself and your partner as you both learn to adapt to the new parameters of your life as a parent. You are an important member of this family and you need to take good care of yourself, too.

Paternal Postnatal Depression (PPND)

Significant life changes can sometimes cause depression and anxiety for your spouse or partner. Depression in men after the birth of a baby is called \textit{paternal postnatal depression} or PPND. Female partners and adoptive parents can also experience depression and anxiety after the baby comes home.

PPND can begin in the first trimester of pregnancy and extend to 6 months after the baby is born. It is more common when the new mother is experiencing \textit{postpartum depression}. The rate of Paternal Depression in the U.S. is approximately 10.4%. Paternal depression in pregnancy and postpartum continues to be studied.

Symptoms of PPND can include:

- Loss of interest in work, including problems with motivation and concentration
- Increased complaints of physical issues like headaches or weight loss
- Becoming easily stressed and discouraged
- Increased anger, irritability and violent behavior
- Increased use of alcohol and drugs

Tips for dealing with PPND:

- Taking a class for expectant or new fathers can help decrease anxiety levels
- Talking openly about your feelings with your spouse, partner or friends may help
- Eating healthy, exercising, and getting enough rest helps reduce negative feelings
- Talk with a health professional who has experience in this area
MONEY AND FINANCES

There is no doubt that this small baby will have a big impact on your finances. You can expect to see many marketing messages about baby products and gadgets. But the fact is that babies don’t need expensive, fancy things to thrive. Ask around and read tips on which items are worth it and which to avoid. Think about your own strategy for ways to be wise financially.

Your monthly budget should include child care, baby equipment and supplies.

It pays to have an emergency fund with ideally six months of living expenses.

A financial planner can help you anticipate future expenses, like college tuition.

Be familiar with any limits or restrictions in your company’s family leave policy.

Add your baby to your health insurance policy within 30 days of their birth.

Update your will and financial accounts to add your baby as a beneficiary.

The U.S. Department of Agriculture estimated the cost of raising a child (birth through age 17) in 2017 was $233,610.
RETURN TO WORK

There’s no right or wrong way to feel about returning to work after being home with your baby. Some parents may never feel ready. Others may feel relieved to be back at work.

You may want or need to continue working full-time or maybe you can look at part-time options. Depending on your job, working at home a day or two a week is sometimes a possibility. Maybe flexible scheduling or job sharing is available but know your options either way and plan accordingly.

Tips:
- If you can, schedule your first day back at work for a Thursday
- Do a trial run (full day of child care) before your first day back
- Pack what you’ll need the night before you head out to work

Regardless of your work situation, deciding who will look after your baby when you’re working (child care) is going to be very important. Remember that millions of children with working parents grow into successful adults and see their working parents as role models.

If you are breastfeeding, your employer needs to know that you will need to express milk for your baby during working hours. If there is resistance to letting you express milk at work, speak to your human resources department, a health and safety representative, or your trade union representative.

Working from Home

Working from home and caring for your new baby can work if you’re organized and flexible. Try to structure your work time around your baby’s schedule as much as possible. Other good times to work are before the baby wakes up in the morning and after they go to sleep.

You may need to hire someone to care for your baby while you’re home. Maybe you have time to breastfeed but need to focus on work outside of feeding times. If you don’t need full-time child care at home, you could also hire care on an as-needed basis, when you have a big project, deadline or just need to get out of the house for a while.

Home with Baby

For either parent, making the decision to be home with your baby full-time comes with a strong desire to embrace the lifestyle of a stay-at-home parent. Parents who stay home may benefit from a support group of other stay-at-home parents. It is also important to take good care of yourself and occasionally allow others to care for your child. Many parents who stay home with their child count this as precious time that benefits the child’s attachment and development.
CHILD CARE

Safe, affordable child care is very important, so you'll want to give yourself enough time to fully explore your options. Many parents begin by asking their friends, family members and co-workers for recommendations. Because a baby's brain grows rapidly during the first three years of life, the child care setting and people who interact with your baby during this time will have a deep impact on their development.

There are many different types of child care:
- By a relative or neighbor
- Family daycare home
- Non-relative nanny or friend
- Child care center
- Special needs child care center

Once you determine the type of child care that is best for your baby, you can go online to find providers in your area and also check on their backgrounds, ratings, and reputation. Online resources include:

- National Association for Family Child Care: www.nafcc.org/Accredited-Provider-Search-Function
- Child Care Aware of America: www.childcareaware.org/ccrr-search-form

Tips:
- Call the director and ask about openings, hours, location, price, philosophy, activities
- Make an appointment to visit, ask lots of questions, and look closely at everything
- Ask for references and connect with other parents who use this child care facility

Look for gentle pats on the head, children wanting to hug the provider, and other types of positive and respectful touching.

Listen to what is said to the children as they play, eat and take on new activities, plus any comments made to or around you.

Look at how the children interact with the caregivers and other children, plus any safety, health, or environmental concerns.

All experiences of young children are educational, so look for an environment that is appropriate for your child's age.

If the children are served snacks or a meal, watch how the children react to the taste of these foods or taste them yourself.

Look for caregiver actions that are consistent and emotionally supportive of the children currently in their care.
Although most newborns look and act similar immediately after birth, every baby has their own personality, temperament, senses, and reflexes designed to help the baby survive and thrive. This section takes a close look at what happens immediately after the birth and how babies look and respond after coming into the world.

**SKIN-TO-SKIN CONTACT**

Once your baby is born and their airway is checked, the care team will dry your baby with a towel. As they take their first breath of air, many babies begin to cry. So, don’t be alarmed if you hear cries. After about 30-60 seconds, your baby’s umbilical cord will be clamped and cut, in a process called *delayed cord clamping*.

Then your doctor or midwife will place the baby directly onto your chest, and cover you both with a warm blanket. Holding your unwrapped baby directly on your skin is called *skin-to-skin* contact. This initial snuggling keeps your baby warm and gives you and your baby time to get acquainted. If you delivered preterm or experienced any problems during labor, the care team will evaluate the baby under a warming light before deciding whether to place the baby on your chest.

The American Academy of Pediatrics (AAP) advises that keeping skin-to-skin contact immediately after birth—and until the first feeding has finished—provides the best start for breastfeeding. Research has shown that babies placed skin-to-skin after birth breastfeed better and stay awake during feeding.

**Skin-to-skin health benefits:**
- Soothes and calms both you and your baby
- Helps baby regulate temperature, heart rate, breathing and blood sugar
- Enhances attachment and supports breastfeeding
- Helps your uterus contract to pre-pregnancy size
Apgar Score

*Apgar* is a quick and simple evaluation that is used to evaluate your baby’s well-being at birth. It is done at both 1 minute and 5 minutes after birth. Scoring is done by adding points (0, 1, 2) for heart rate, respiratory effort, muscle tone, response to stimulus, and skin color. Scores of 7 to 10 are considered normal, although a 10 is rare. Babies born with scores lower than 7 may need special observation or care for a short time after birth.

Identification

Most hospitals use a 4-band system with a number or bar code for identification and security. One bracelet will be placed on your wrist, two on your baby (ankle and wrist) and one on another person you choose. Some hospitals use tags that include computerized chips or *radio frequency identification (RFID)* technology. Many hospitals also use tamper-resistant alarms with embedded technology to help keep your baby safe.

PROCEDURES AND TESTS

Several routine procedures, tests and treatments will be done soon after the birth of your baby.

Vitamin K

Vitamin K helps with blood clotting. Because babies are born with only a small amount of vitamin K, they are at risk for *vitamin K deficiency bleeding (VKDB)*. Bleeding can develop spontaneously from an unknown cause, or there may be an underlying disorder causing bleeding. An injection of vitamin K can be given in the baby’s thigh soon after birth. Some parents prefer to have the injection given while the baby is held skin-to-skin or breastfeeding to minimize any pain.

Eye Treatment

Health organizations recommend that all newborns receive eye treatment to protect them from infection. Antibiotic ointment like erythromycin is applied in the newborn’s eyes immediately after birth to kill or weaken any bacteria. Some U.S. states have laws that require this treatment while others leave the decision up to the parents. Talk to your health care provider before the birth if you have any questions.
NEWBORN SCREENINGS

Newborn screenings test infants for medical conditions that are not apparent immediately after birth.

Hearing Screening

Of every 1,000 babies born, it is estimated that 1 to 3 will have serious hearing loss. Hearing screening for newborns before they leave the hospital or maternity center is now standard practice. It is recommended that all newborns be screened for hearing. If hearing loss is not caught early on, there will be a lack of stimulation of the brain’s hearing center. This can delay speech and other development in your newborn.

How the Test is Done

This test is painless and is performed in the hospital using a tiny earphone, microphone, or both. There are two types of hearing screening, otoacoustic (OAE) and auditory brainstem response (ABR). Testing takes about 10 minutes and is done while your baby is sleeping.

Pulse Oximetry Screening

Pulse oximetry screening for congenital heart disease (CHD) is a simple, painless test used to measure how much oxygen is in your baby’s blood. It is done when your baby is more than 24 hours old. It is useful in screening for some congenital heart diseases in newborns.

How the Test is Done

Sensors are placed on the baby’s hand and foot with a sticky strip and a small red light or probe. These sensors measure the baby’s oxygen level and pulse rate. The test takes a few minutes to perform while the baby is still, quiet and warm.

Metabolic Screening

Metabolic screening tests for developmental, genetic, and metabolic disorders in a newborn. If identified early, many of these rare conditions can be treated before they cause serious health problems. Each state requires screening, but the specific test done may vary. Some disorders are more common in some states, making these screenings even more important.

How the Test is Done

A few drops of blood are taken from your baby’s heel. This is usually done on the day of discharge or no later than 2 to 3 days after birth. The sample is then sent to the lab for testing. Make sure the hospital and your baby’s health care provider have your contact information so you can be notified of the results.
JAUNDICE

Jaundice is common in newborn babies, giving their skin and the whites of their eyes a yellow color. It is commonly caused by a buildup of a substance called bilirubin in the baby’s blood and skin. Testing is painless and involves simply placing a light meter on the baby’s skin. If the bilirubin level is high, a blood test can measure serum bilirubin levels.

Treatment

If needed, there are two types of treatment for jaundice. Phototherapy treatment involves placing your baby under a special light wearing only a diaper and eye protection. Another treatment option involves placing a fiberoptic blanket under your baby. The light and blanket are sometimes used together.

BABIES NEEDING EXTRA CARE

Some babies will be born prematurely. Others may have a critical illness or condition that requires highly specialized care. If your baby needs to be in the neonatal intensive care unit (NICU) or special care nursery (SCN) after birth, the excitement you feel about the birth can quickly change to worry or fear about what lies ahead.

In order to be strong for your baby, it’s important to take care of yourself—emotionally and physically. Remember that you are not going through this experience alone. Reach out to a trusted member of the medical care team, your spouse or partner, friends or family members and talk about what you are feeling. Ask for help and support if you need it.

Also take care of yourself physically. You’ll need to be healthy so you can spend time with your baby in the NICU. Get as much sleep as possible, eat healthy foods, drink lots of water, and exercise when you can to lower your stress levels. When your baby is well enough to come home, it can take some time for everyone to recover from the longer hospital experience.
NEWBORN APPEARANCE

New babies don’t usually look the way you expected. After your little one is placed on your chest and dried off, you may notice some characteristics that will surprise you. Even more amazing is how your baby’s appearance will change in the hours, days and weeks after birth.

Head Shape
The plates of your baby’s skull bones are not fused together at birth. This allows the baby’s head to change shape as it moves through the birth canal and the baby’s brain to grow after birth. Your baby’s head will probably look egg-shaped, pointed or flattened at birth. The two soft spots on your baby’s head (on top and in the back) where the skull bones have not fused are called fontanelles. They will close and fuse permanently as the baby grows.

Lanugo
The bodies of some infants, especially those born before their due date, may be covered with fine hair at birth. This hair is called lanugo and it can be white, dark or have no color. It grows on babies as they develop in the womb to help protect their skin as the baby floats in amniotic fluid. Lanugo may also help regulate the baby’s temperature, hold in heat, and keep the baby warm inside the womb. Lanugo disappears within a few weeks after birth.

Color
Immediately after birth your baby’s skin will look bluish gray in color. This is normal. As your baby breathes, oxygen begins to circulate through their system, causing the baby’s skin, lips, mucous membranes and nail beds to become pinker. Your baby’s hands and feet may look bluish to purple right after birth. This is called acrocyanosis and is normal in healthy newborns. Their hands and feet will become pink in 24-48 hours.
Eyes

Newborns can be very alert, turning their head toward different sounds even though they can only see 8-10 inches away. A baby’s eyes may be gray-blue or brown at birth. Babies with dark skin are usually born with dark eyes. You will know their final eye color in 9-12 months. If your baby’s eyes occasionally cross, this is normal and should stop in 3-4 months. Red spots in the whites of your baby’s eyes are also normal and will disappear in 1-2 weeks.

Milia

Your baby’s nose may look flat or be covered with milia—small, white, pimple-like bumps that can also appear on baby’s cheeks and forehead. Milia may be confused with baby acne. Both are caused by hormones still circulating in the baby’s body. Baby acne produces red pimples. Don’t squeeze or pick at any skin bumps. Keeping baby’s skin clean may help, although both milia and baby acne will eventually go away on their own.

Vernix

If your baby was born a little early or even if it was a full-term birth, your baby’s skin may be covered with a white, waxy coating called vernix. Vernix protected your baby’s skin from infection and wrinkles while the baby was floating in amniotic fluid in the womb. Vernix also contributes to newborn babies having very soft skin. If vernix is still present on your baby’s skin, you don’t need to wash it off. It will be absorbed by the skin soon after birth.

Swollen Breasts and Genitals

After birth, both male and female babies’ breasts and genitals may look a little swollen. Their breasts may also secrete a small amount of fluid. You may find a small amount of blood-tinged discharge in your baby girl’s diaper. This is all normal and happens when the last of your pregnancy hormones continues to circulate through the baby’s bloodstream. Within a few days after the birth, any breast and genital swelling and fluid discharge should stop.
Birthmarks

Birthmarks are areas of discolored skin that are on a baby’s body at birth or that show up within a few months after birth. Over 80% of babies have some kind of birthmark. Some last for life, while others fade away. Birthmarks come in a wide range of shapes, sizes, and colors, and they can show up anywhere on the body.

Most birthmarks are harmless and many go away on their own in the first few years of life. It is important to have your baby’s health care provider take a look at all birthmarks. Sometimes medical treatment is necessary. You can always get a second opinion if you want one and learn about any other options for treatment.

Stork Bites and Angel Kisses

Also called salmon patches, these are blotchy pink or purple flat marks that are formed by dilated capillaries near the surface of the skin. Up to 70% of babies will have one or more of these common birthmarks. The marks may also become more noticeable when your baby cries or the temperature changes. Stork bites (on the back of the neck) may last into adulthood. Angel kisses (on the forehead or eyelids) usually go away by age two.

Café au Lait Spots

This type of birthmark appears as flat, light brown patches on the skin. Between 20% and 50% of newborns have one or two of these pigmented birthmarks. They usually fade or get smaller as a child grows, although they may darken with sun exposure. Café au lait spots are normal and generally harmless, although sometimes they can indicate an underlying genetic problem. Talk to your baby’s health care provider if you have concerns.

Slate Gray Patches

These large, flat bluish or grayish areas of extra pigment (previously called Mongolian spots) on the lower back or buttocks are often present at birth but can also appear in the baby’s first weeks of life. This birthmark is most common in dark-skinned babies, including 95-100% of Asian babies, 90-95% of East African babies, 85-90% of Native American babies, and 50-70% of Hispanic babies. Slate gray patches usually fade by school age, although some may never disappear.

Port-Wine Stains

Port-wine stains (nevus flammeus) are vascular birthmarks that range from pale pink to dark purple in color. They can appear anywhere on the body but show up most often on the face or head. About 1 in 300 infants is born with a port-wine stain. Light port-wine stains might fade, but most will get bigger as the child grows. Over a lifetime port-wine stains can thicken, darken, or form cobblestones (small lumps) on the surface of the skin.

Hemangioma

This bright red birthmark may appear at birth or in the first few weeks of life. It can be flat or raised, small or large, and is made up of extra blood vessels in the skin. It most commonly appears on the face, scalp, chest or back. About 2-5% of babies will have this birthmark and it is more common in girls, preemies, and twins. Hemangiomas usually grow for about a year, get no bigger than 2-3 inches, then stop growing, and eventually disappear.
BABY SENSES

Babies are born with all of their senses—smell, hearing, sight, taste, and touch. Some of their senses are more developed than others at birth, especially smell and hearing. Other senses will develop gradually as the baby continues to grow.

### Smell

A baby’s sense of smell is processed by the part of the brain that also controls memory. That may be why babies (and later adults) form strong connections between certain smells and the experiences attached to them. Most babies have a strong sense of smell at birth. The sense of smell continues to develop until around age 8 years old, and the smell of a new food can determine the willingness of the baby to try it.

### Hearing

During your pregnancy your baby may have kicked or jumped in response to loud noises, then settled down when you played soft, soothing music. That’s because a baby’s sense of hearing is fully developed before birth. Newborns seem to prefer a higher-pitched voice over a low-sounding voice. The American Academy of Pediatrics (AAP) recommends that all newborns have a hearing screening test in the first month of life.

### Sight

Newborns can only focus at close range and see best about 8-10 inches from their face. Your baby enjoys looking at your face and this is about the distance when you hold your baby in your arms. Newborns can detect light and dark but can’t see all colors. Babies can imitate other people’s facial expressions and movements. Over the first 4-5 years of life, a baby’s focus will usually improve closer to a normal 20/20 vision.

### Taste

After birth, a baby’s taste buds are very sensitive. They can taste the difference between sweet and bitter but prefer sweet. That’s why babies love the sweet taste of breast milk. As babies grow, the number of taste buds in their mouth and reactions to different tastes increase. Different flavors in your breast milk can have a positive effect on your baby’s taste buds, making them more open to eating new foods as they get older.

### Touch

Stroking and cuddling your baby helps their skin release chemicals that promote growth and brain development. Babies are comforted by touch. Placing a hand on your baby’s belly or holding them closely also helps your baby feel more secure. Skin-to-skin contact (holding your diapered baby on your bare chest) helps a baby cry less and sleep more. Babies who are consistently touched gain weight faster than babies who are not.
BEHAVIOR

Your baby’s body and brain have plenty to learn about living in the outside world. The following behaviors are normal during your baby’s first weeks after birth:

- **Sneezing.** Can happen several times a day. Sneezing clears any dust, lint and mucus from the baby’s nose.

- **Snuffling.** Babies have very small nasal passages and breathe through their nose. They may breathe loudly or make funny noises during sleep.

- **Irregular breathing patterns.** Slight pauses and different rates of breathing are normal as long as the baby is content and has normal skin color.

- **Hiccupping.** Happens before and after birth. It is caused by sudden, uneven contractions of their immature diaphragm.

- **Chin trembling.** May happen in the first few months when the baby is not cold or crying. Caused by an immature brain and central nervous system.

- **Straining (bowel movement).** Straining plus facial grimacing and turning red during a bowel movement is normal as long as the stool is soft.
REFLEXES

Reflexes are involuntary movements or actions. Some movements are spontaneous and can happen any time during your baby’s normal activities. Other reflexes are a response to a specific action, like a loud sound or stroking the bottom of the baby’s foot. Reflexes help identify normal brain and nerve activity. Your baby’s health care provider will check their reflexes after birth as part of the newborn examination.

- **Rooting reflex.** When you touch or stroke the corner of your baby’s mouth and the baby turns their head, opens their mouth in the direction of the touch and looks for a food source. Lasts until about 4 months of age.

- **Sucking reflex.** Develops between 32-36 weeks of pregnancy. Babies may also have a hand-to-mouth reflex that accompanies rooting and sucking and will suck on their fingers or hands.

- **Moro (startle) reflex.** When babies are startled by a loud sound or movement, they throw their head back, extend their arms and legs, sometimes cry, and then pull them back in. Disappears around 2 months of age.

- **Tonic neck reflex.** When a baby’s head is turned to one side and the arm on that side stretches out (as if fencing), while the other arm bends up at the elbow. Disappears around 5-7 months of age.

- **Grasp reflex.** When you stroke the palm of the baby’s hand and the hand closes into a grasp. Disappears around 5-6 months of age.

- **Babinski reflex.** When you firmly stroke the bottom of the baby’s foot and the baby bends the big toe toward the top of the foot and fans out the other toes. Disappears around 1 year of age.

- **Step (walking) reflex.** When you hold the baby upright with their feet touching a solid surface and the baby appears to walk. Disappears around 2 months of age.
TEMPERAMENT

Temperament is the term used to describe the way your baby typically reacts to situations in their world. Some babies are quiet by nature and can remain still and content for a long time. Babies with this type of temperament have smooth and relaxed movements and will easily settle down for a feeding.

Other babies are more active and seem to be in constant motion. They are excited and interested in looking around. Because this baby will be harder to settle, swaddling and physical contact may help them calm down.

Crying

Since babies have no formal language skills, they will cry to communicate their needs. Crying can communicate any of the following:

- I’m hungry
- I’m uncomfortable
- I’m cold
- I’m in pain
- I need attention
- I’m feeling fussy
- I’m overstimulated

Newborns may cry anywhere from five minutes to a few hours per day. Crying usually peaks in the second month of life and then starts to decrease. Most babies cry more in the late afternoon and evening hours than during the daytime.

Colic

Colic is the term for periods of frequent, prolonged, and intense crying or fussiness in an otherwise well-fed, healthy baby. Colic causes parents to feel frustrated and stressed, especially since there is no obvious reason for the baby’s distress and no amount of soothing seems to help the baby. Even worse, episodes of colic often happen in the evening or at night when the parents are tired and need to sleep.

Experts don’t know exactly what causes colic. Some believe it is a normal stage of development or could be related to an immature nervous system, abnormal gut bacteria, a sensitive temperament, or gas build-up. Episodes of colic usually peak when the baby is around 6 weeks old and start to taper off when the baby is 3-4 months old.
Deciding to breastfeed your new baby is a very personal decision. A number of studies have proven that breast milk offers many health benefits for you and your baby. Since 2012, the American Academy of Pediatrics (AAP) has recommended:

Exclusive breastfeeding for about the first 6 months of a baby’s life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby.

Breastfeeding benefits for your baby:

- Breast milk is easy to digest
- Lower risk of sudden infant death syndrome (SIDS)
- Protects against respiratory and diarrheal disease
- Lowers the risk of ear infections
- Decreases obesity later in childhood
- Less likely to have insulin-dependent diabetes
- Decreases risk of childhood cancer
- Protects against allergies

Breastfeeding health benefits for you:

- Lower risk of osteoporosis later in life
- Hormone release helps your uterus contract to prevent bleeding
- Reduces risk of breast, uterine, endometrial and ovarian cancer
- May reduce the risk of heart disease
- Decreases insulin use if you have diabetes

By choosing to breastfeed you are providing the best source of nutrition for your baby and health benefits that will last a lifetime. Breastfeeding also promotes bonding and contributes to your baby’s emotional development.
SUPPLY AND DEMAND

Breast milk production is regulated by supply and demand. The more milk removed from your breast, the more milk you will make. To help keep your milk production up, breastfeed as soon as possible after birth and frequently after that. Watch your baby for feeding cues.

To learn more about breastfeeding, talk to your health care provider or a lactation consultant. Many medical facilities also offer breastfeeding classes.

CUE-BASED FEEDING

Cue-based feeding is the practice of responding flexibly to your baby's hunger cues. Simply put, you breastfeed when the baby gives you cues that they are hungry. Then you keep feeding until the baby is satisfied. This practice is also known as breastfeeding on demand, responsive feeding, feeding on cue, and baby-led feeding.

During the first month, babies may want to nurse around eight or more times a day. This is not only good for the baby, but frequent feedings also help stimulate your milk production. By one to two months of age, a breastfed baby will likely nurse around seven to nine times a day.

If your baby is crying, they may be too upset to breastfeed. If this happens, calm your baby first by gently rocking them side to side, or try skin-to-skin contact (see page 15).

Signs that your baby is hungry

- Head moving from side to side
- Hands to mouth and stretching
- Lips smacking and puckering
- Tongue sticking out and fidgeting
- Nuzzling your breasts

Benefits of cue-based feeding include:

- Your baby feels settled and content
- Your baby gets the right amount to eat
- Helps prevent breastfeeding complications
- Helps you maintain a good milk supply
**POSITION AND LATCH**

The way you hold your baby when you’re breastfeeding is called the **position**. There are many positions to choose from. The most important thing to remember is that your baby needs to be held securely and be well positioned. This helps your baby **latch** deeply and comfortably to your breast for feeding. If you are patient, you will eventually find the most comfortable and efficient feeding position for both you and your baby.

**Latch** is the term used to describe how your baby’s mouth attaches to your nipple. Babies use their sense of smell to find your breast but may need some help learning how to latch on and suck. When you find a comfortable position and your baby can successfully latch onto your breast, breastfeeding can be a great way to bond and connect with your baby.

**Positive signs**

- Baby’s body is facing your body
- Baby’s body is in alignment (ear, shoulder, hip in a straight line)
- Your baby is well supported
- Nipple and much of **areola** in baby’s mouth
- Lips are “flanged” or turned out
- Tongue is over their lower gum
- No biting or pinching pain
- Long jaw movements/motion

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**WORKING WHILE BREASTFEEDING**

Returning to work while you’re still breastfeeding can sometimes be a challenge. Since 2010, employers covered by the Fair Labor Standards Act (FLSA) are required to provide reasonable break time and a private place for you to express your breast milk for one year after the birth. Depending on the state you live in, you may have even more rights under applicable state laws. For more detailed information about your breastfeeding rights in the workplace, visit [www.usbreastfeeding.org/workplace-law](http://www.usbreastfeeding.org/workplace-law)

**Topics to discuss with your employer:**

- You are breastfeeding because it is healthy for the baby and for you
- You will need to express breast milk every 2-3 hours while you are at work
- Your employer’s support helps you be both a good employee and a good parent
- Breastfeeding employees miss less work because breastfed babies are healthier
- Supporting breastfeeding employees creates a positive public image
Milk expression for storage can be done by hand or pump. Before collecting your milk, wash your hands and breast pump with soap and hot water, then rinse. Make sure the containers you choose are clean and can be closed with airtight seals.

Tips for storing breast milk:
- Label and date the container with waterproof label and ink
- Store in small amounts (2 to 4 ounces)
- Keep milk collected from one day separate from others
- Do not store in the door of the refrigerator or freezer

Several expressions from a single day can be combined to get the amount you need in a container (refrigerate newly collected milk one hour before adding to already collected milk).

Thawing breast milk:
- Thaw milk by putting it:
  - Under warm running water
  - In a bowl of warm water
  - Overnight in the refrigerator
- Do not microwave or boil breast milk to thaw
- Swirl milk in the container to mix the fat
  - Once thawed do not refreeze the milk
  - Use oldest milk first
## HUMAN MILK STORAGE GUIDELINES

<table>
<thead>
<tr>
<th>Type of Breast Milk</th>
<th>Storage Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Countertop</strong> 60-80°F (16-29°C) (room temperature)</td>
<td><strong>Refrigerator</strong> 40°F (4°C)</td>
</tr>
<tr>
<td><strong>Freezer</strong> 0°F or colder (-18°C)</td>
<td><strong>Deep Freezer</strong> -4°F (-20°C)</td>
</tr>
</tbody>
</table>

**Freshly Expressed/Pumped**
- 4-8 hours
- 4 hours ideal
- 4-8 days
- 4 days ideal
- 3-6 months
- 3 months ideal
- 6-12 months is acceptable

**Thawed, Previously Frozen**
- 1-2 hours
- Up to 1 day (24 hours)
- Never refreeze human milk after it has been thawed

**Left Over from a Feeding** (baby did not finish the bottle)
- Use within 2 hours after the baby is finished feeding

*Sources: The Academy of Breastfeeding Medicine, CDC and Human Milk Banking Association of North America*

Specific storage recommendations vary depending on the expression technique and the age and health of your child. Please ask your lactation consultant or health care provider for the best storage guidelines and recommendations for your baby. If pumping and storing for a premature baby, please talk to your health care team about proper storage.
Breast Pump Cleaning

- Clean your breast pump parts immediately after using the pump
- Do not clean the breast pump in the sink
- Use a separate container that you only use for this purpose

**WASHING BY HAND**

1. Take apart all pumping pieces that have contact with milk (not the tubing). Place the parts in the clean plastic tub provided for you.
2. Rinse the parts with cool running water to remove the remaining milk. Add soap and hot water to the container.
3. Scrub the items using a clean brush used only for infant feeding items. Then rinse under running water, or by submerging in fresh water in a separate container.
4. Air-dry breast pump parts thoroughly on a clean towel or place them on paper towels in your plastic tub. Clean the container and bottle brush. Rinse them well and allow them to air-dry after each use.

There will be a small instruction booklet included in your pumping kit. Refer to it as needed for specific instructions.

**STORE SAFELY**

- Make sure the clean parts and cleaning supplies have completely air-dried before you store them
- Place all of your parts, container and bottle brush in a clean area away from dirt and dust

**SANITIZING OPTIONS**

- Put your pump parts through a dishwasher cycle that uses the heat drying cycle
- Bring water to a boil, remove from heat, soak parts in the water for at least 15 minutes
- Use microwave steam bags designed for cleaning breast pump pieces

**TUBING**

- Let the pump run a few minutes with tubing connected to prevent moisture buildup
- Wipe the outside of the tubing with a sanitizing wipe
- If your tubing has milk in it, replace it with new tubing
The American Academy of Pediatrics (AAP) recommends that infants should be fed breast milk exclusively for the first 6 months of life. Somewhere around 6 months of age (some pediatricians suggest 4-6 months) you can also start feeding them small amounts of solid foods. Many parents also introduce drinking from a cup around 6 months of age.

Signs that your baby may be ready to try solid foods include:

- Holding their head upright and steady
- Being able to sit up with minimal support
- Swallowing is more coordinated
- Leaning forward with their mouth open

If your baby is ready, try introducing one new, single-ingredient food every 5 days. The serving size should be 1-2 tablespoons. Be sure to watch your baby for any signs of a reaction to each new food, like a rash, wheezing, or diarrhea.

You can make your own or buy prepared baby food. Foods to try include iron-fortified infant cereals, plain strained or pureed cooked vegetables, fruits, and protein-rich foods like meats, egg yolk, beans, and peas. If your baby is resistant or just does not seem ready for solid food, try again in about a week. Finally, you should expect feeding time to be a messy experience for you and baby. Don’t rush to clean off their hands as this is how they learn to feel and enjoy their food.

Did you know? It’s not safe to give your baby honey until after they are one year old. Honey may increase the risk of botulism, a rare, but life-threatening bacterial infection.
At 6 months
Whole grain baby cereal with added iron. Pureed meats (lean turkey, chicken) and mashed, cooked beans containing zinc and iron are important for brain development. Fruits and vegetables that are strained, mashed, or pureed. You can mix the food with breast milk, water, or formula to make it the consistency of gravy and gradually thicken as baby tolerates.

At 8 months
Applesauce, avocado, bananas (mashed or very small pieces), cooked beans and legumes, grated cheese, cottage cheese, potatoes (plain and mashed), vegetables (cooked soft and mashed), yogurt, cheerios or other unsweetened cereal, toast, or softer crackers in tiny bites.

At 10 months
Cereals, soft cheeses, fish without bones, small pasta, meat in small and tender pieces, melon in soft and small pieces, orange sections in small bites, peaches and pears in small bites, rice, soft and cooked vegetables of all kinds.

At 12 months
Give your baby three meals and three snacks using a variety of healthy foods. Keep trying new foods along with your baby’s favorites.

Always keep a close watch when your baby is eating. Make sure the baby doesn’t gag or choke. It won’t take long to learn the best food sizes and texture, and how often to introduce more options.
HEALTHY HABITS

Parents are their baby’s first role models for healthy eating habits and positive eating environments. When children form a positive relationship with food and mealtime at a very young age, it can help them develop life-long healthy eating habits.

Never feed your baby from the jar or container. Germs from your baby’s mouth on the spoon remain in the jar and can contaminate the food. It’s safer to spoon a small amount of food into a small bowl, then feed the baby.

There is no need to add salt, butter or sugar to your baby’s food. A baby will happily accept unseasoned food.
Deciding what furniture, equipment and supplies your baby may need can seem overwhelming. Experts agree that the best place to start is with the basics, including a crib that meets current safety guidelines. You may receive other items as baby gifts or decide to buy them on your own as you and your baby settle into your new routine.

**CRIB SAFETY**

Baby sleep products are the leading cause of death and injury of all nursery products in the United States. Everyone will sleep better if you know your baby’s crib meets strict safety guidelines.

What to look for in a crib:

- No drop sides
- Strong wooden construction
- Anti-loosening hardware devices
- Durable mattress supports
- Slats no wider than 2 3/8 inches
- Manufactured after 2011

The top of the crib should be at least 26 inches from the top of the mattress. As your baby grows taller, lower the mattress so they can’t climb out. When your baby reaches 30 inches tall and/or the top horizontal bar is at their nipple line, it’s time to move to another bed.
BASSINET OR CRADLE

Bassinets are small baskets, often made of wicker or cane, with legs and a hood or cover. Bassinets are meant for very small babies, usually younger than 4 months. A cradle looks more like a small crib and it’s usually bigger and heavier than a bassinet. Many cradles are made of wood or manufactured materials and some include a rocking or gliding mechanism.

What to look for in a bassinet or cradle:

• Wide and sturdy bottom to prevent tipping over
• No bare staples, nails, or other exposed hardware
• Firm mattress that fits snugly between the walls
• Folding legs that lock into place easily

ROCKING CHAIR OR GLIDER

Having a rocking chair or glider can serve two purposes. First, it gives you a comfortable place to feed or rock your baby. Second, the rocking or gliding motion may soothe the baby quicker. Look for a chair with arms wide enough for you to hold and feed your baby.

CHANGING TABLE

Many changing tables have drawers and shelves to keep necessary items at your fingertips so you don’t leave your baby unattended when you have to reach for something. Look for a changing table that is sturdy and won’t tip over. Place the table away from the windows and always keep one hand on your baby when the baby is on the changing table.
BABY STROLLERS

The safety standards for strollers were enacted in 2015 in response to a high number of reported injuries and even deaths. Stroller problems ranged from entrapment of the baby's head to broken wheels, parking brake failures, locking mechanism problems, broken or detached restraints, and hinges that pinched or caused limb amputations.

What to look for in a stroller:
- A wide base to prevent tipping over
- Easy-to-use harness and seat belt
- Brakes that are strong and easy to lock

TRAVEL CRIB

Travel cribs offer parents a lightweight, portable option to contain your baby at home or on the road. You simply unzip the carrying case, unfold the crib, and cover the mattress with a fitted sheet. This gives your baby a safe place to sleep, play or relax when you need to shower, get dressed, or do something while the baby is not in your direct sight. Make sure there aren’t any tears or holes in the mesh and that latches or locks are securely fastened before you set your baby inside.
CAR SEATS

Your new baby is at a high risk for injury in a car crash because their spine is still developing and their head is large compared to the rest of their body. The safest place for a baby in a car is secured into a rear-facing car seat. This is because their head, neck and spine are cradled by the back of the car seat if the car is involved in a frontal crash, the most common type of vehicle crash.

The “best” car safety seat is the one that fits your baby and can be set up the right way for your car. It doesn’t matter if it is the most expensive seat—if it’s not installed properly, it may not protect your baby.

Fitting baby in seat:

- Don’t attach toys, wraps or other items to car seat
- Don’t use car seat inserts or supports that didn’t come with the seat
- Harness straps snug enough you cannot pinch any slack
- Straps should be at or below baby’s shoulders in a rear-facing seat
- Place harness retainer clip at armpit/nipple level
- Avoid bulky clothing, coats, or snow suits under the snug harness

Installing seat in vehicle:

- Tightly install car seat in rear-facing position in back seat of car
- Car seat should not move more than one inch side-to-side
- Infant seat should recline according to manufacturer’s instructions
- If allowed in your vehicle instructions, place the car seat in the center position of the back seat

Did you know that every car seat has an expiration date? As a car seat ages, the materials may become brittle and break. Check for information on your car seat that indicates model name, model number, date of manufacture and expiration date.
The Three Types of Rear-Facing Car Seats

**Rear-Facing Only Seat**
This type of seat is popular for newborns because you can carry it with you with a handle. Most can be used in a stroller that is sold with the car seat or recommended by the manufacturer. And, you can purchase a base for each vehicle and simply click the car seat in.

**Convertible Car Seat**
This type of seat is larger and stays in the vehicle. It can be used rear-facing until your child is two years or older. When your child reaches the rear-facing weight and height limits it can then be used as a forward-facing car seat. Thus, this seat can be used for a longer length of time than a rear-facing only seat.

**3-in-1 Car Seat**
This type of seat also stays in the vehicle. It is used at first in the rear-facing position, then forward-facing and then as a booster seat.

When to Change to the Next Car Seat

There is no rush. The safest seat for any child is a rear-facing one. This protects their vulnerable head, neck and spine. Some babies outgrow their rear-facing only seat and are moved to the convertible seat or the 3-in-1 seat in a rear-facing position.

Always check the label on the car seat to know what the weight or height limit is for rear-facing and front-facing. When your child’s head is within one inch of the top of the car seat, they are probably too tall to safely use the seat.

Do not worry about their legs. Older children with longer legs can stay rear-facing and comfortably cross their legs.

New to the ins and outs of car seats? Find a car seat fitting station and let a certified child passenger safety technician help you. Look for a fitting station in your area at https://cert.safekids.org/get-car-seat-checked or ask your hospital or a state highway safety officer.
LOOK BEFORE YOU LOCK

Your car heats up faster and gets hotter than you might think. Remember to “Look Before You Lock,” so you never forget that your baby is with you. Never leave your child alone in the car, not even for one minute. Children’s body temperatures heat up 3 to 5 times faster than adults.

Create a reminder

Put something that you need in the back where the baby is. For example, your cell phone, your left shoe, your purse, or briefcase. Set a reminder alarm on your electronic device to make sure your child is dropped off. Make a plan with your child care provider and have them call you if your baby or child is a few minutes late.

Never leave a child alone in a car

Children’s body temperature rises fast

Always look before you lock!

Create a reminder

IMPORTANT

Call 911 if you see a child alone in a car. It is an emergency and your call could save a life.

Shopping tip

Infants can fall from shopping carts or the cart can tip over from the weight of the baby sitting in the car seat. Use a stroller when you shop.
As a new parent, playing with your baby and their toys is the very definition of fun. Toys can give you and your baby many hours of fun. But before you let your little one play with any toy, make sure it is a safe, age-appropriate choice.

**Avoid toys made from toxic materials; look for “non-toxic” on the label**

**Be sure all toys are sturdy, well made, and unlikely to break**

**All toys and parts should be bigger than a child’s mouth to prevent choking**

**Button batteries or magnets from toys can cause serious injury or death if swallowed**
CLOTHING

Newborns are known for spitting up, diaper blowouts, and needing another change of clothes. Try to have enough baby clothes on hand to avoid having to do laundry every day. But you don’t need too many as your baby will outgrow their clothes quickly.

What you’ll need:
- Onesies and pull-on pants with stretchy waistbands
- Nightgowns, pajamas or sleepers and wearable blankets
- Socks, sweaters, jackets, fleece snowsuits
- Broad-brimmed sun hat, knit hat

EXTRAS

The marketplace is filled with products designed for use by parents and babies. As you settle into your new routine, you’ll quickly learn what items you can’t live without and what items can wait for later.

Nice to have:
- Monitor/camera
- Wearable sling or front carrier
- Brush and comb
- Nail scissors or file
- Bulb syringe or nasal aspirator
- Diaper bag
- Night light
- Mobile
- Mattress cover and crib sheets
- Thermometer
- Medication syringe
- Medication for fever
- Baby bathtub or dish tub
- Baby cleanser/shampoo
- Baby bath thermometer
- Soft towels or hooded baby towels
- Washcloths for bathing
- Gentle laundry detergent
- Baby ointment/barrier cream to prevent diaper rash
- Nursing pillow
- Nursing bras
- Breast pump
- Milk storage containers
- Breast pads
- Light blankets
- Sleep sack
- Hangers
- Hamper for dirty clothes
It may take some time before you feel completely confident in your ability to care for your new baby. It’s normal to feel a little nervous or unsure when you change a diaper, clip your baby’s nails, or give your little one a bath. Take your time and try to stay calm. You will get the hang of caring for your baby in a short time. Have confidence because it really does get easier.

**DELAYED BATHING**

In the past, babies were usually given a bath soon after birth. Babies now often get their first bath in your hospital room within 8-24 hours after birth. This is called delayed bathing and it offers many benefits for your baby, including:

- Leaving the vernix on your baby’s skin lowers the risk of infection
- Helps your baby conserve energy and keep their blood sugar stable
- Helps avoid a drop in temperature that can stress your baby
- Improves attachment as your baby stays with you longer

Staying skin-to-skin longer encourages your baby to breastfeed
BATHING AT HOME

Once you get home, it may be easier to give your baby sponge baths at first. For baby’s sponge bath, simply use a warm, damp washcloth to wash and dry their face, body, and diaper area—in that order.

Many care providers are also fine with you giving your baby a tub bath after the umbilical cord has fallen off. You can use a sink or a baby bathtub filled with about 3 to 4 inches of warm water. Some parents like to loosely wrap the baby in a lightweight blanket before placing in the tub or place a towel in the bottom of the tub.

- The **water temperature** should be about 90° F (32° C) and feel warm on the inside of your wrist. Try pouring a bit of warm water over the baby’s body during the bath to keep them warm.
- **Support the baby’s neck** when placing them in and taking them out of tub. Support the neck with one hand and wrapping your fingers around one thigh can help you hold on to your wet and slippery baby.

Tips for bathing your baby:
- Have all supplies (mild soap, wash cloth, plastic cup, towel, diaper, clothes) nearby
- Keep the room comfortably warm, around 74° F
- Never leave the baby alone; if you must leave always take the baby with you
- Wash the face first, then the body and diaper area using a tiny amount of mild soap
- Clean all the folds and creases, including under the baby’s neck
- Only bathe the baby 2-3 times a week; in between wash the face, hands, and diaper area

Did you know? It’s not unusual for babies to spit up, urinate or have a bowel movement during their bath.
CRADLE CAP

Cradle cap (seborrheic dermatitis) is caused by a build-up of body oils and old skin cells. It can produce yellowish, scaly areas on a baby’s scalp that appear thick and crusty. Cradle cap can also appear on other areas of the body, like the face or under a baby’s arms.

Cradle cap is not painful, doesn’t itch, and usually clears up within a few months. To treat it, wash the baby’s head daily with a baby-safe shampoo, gently loosening the scales with a soft baby brush or infant comb. Some parents will apply an infant-safe lotion, baby oil or refined coconut oil an hour before the shampoo to help loosen the scales. If cradle cap persists, talk to your baby’s health care provider.

NAIL CARE

Parents are often surprised at how quickly their baby’s fingernails and toenails grow. Although a baby’s nails are very soft and flexible, they don’t have a lot of control over their body movements and may scratch their own face. That’s why you may need to trim or file their fingernails 1-2 times a week and their toenails about every 2 weeks.

Tips:
• Use a nail file or emery board frequently to keep nails short
• Don’t use adult-size nail clippers; baby-size clippers or blunt-ended scissors are safer
• Trim nails right after the bath or while the baby is sleeping or feeding
BOWEL MOVEMENTS

A baby’s bowel movements are often called “stools” by health care providers. Babies frequently have changes in the number, color, and consistency of their stools. As long as your baby is eating well, gaining weight, and not showing any symptoms of illness, this is normal.

Color and Consistency

- Formula fed babies generally have stools that are yellowish tan
- All babies can occasionally have stools that vary from gray to green to brown in color
- Breastfed babies have more liquid, runny, mustard yellow color stools that are seedy in consistency and can smell sweet

Wet Diapers

Your baby’s urine will be a clear yellow in color. Over the first three days you may notice a reddish-orange stain in your baby’s diaper. This is caused by uric acid crystals, sometimes called “brick dust” because they resemble the color of bricks. Some new parents mistake this for blood in the diaper, but it is normal. The more your baby eats the less brick dust you will see.
**Frequency**

Every baby is different and there are no hard and fast rules about how frequently they will soil their diapers. Here are some general guidelines and time frames to keep in mind:

<table>
<thead>
<tr>
<th>First week</th>
<th>Days 2-3</th>
<th>Days 4-5</th>
<th>First month</th>
<th>After 6 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your baby’s diaper output (especially urination but also stools) will increase over their first week of life.</td>
<td>A minimum of 2-3 wet diapers and 1-3 stools (since stool size can vary) is a good sign that your baby is feeding well and getting enough to eat.</td>
<td>Your baby will likely have 5 or more wet diapers with the urine color becoming a pale yellow and at least 2 stools.</td>
<td>For the rest of your baby’s first month, they should have at least 2 loose stools (usually mustard yellow in color) and 6 or more wet diapers every day.</td>
<td>Many babies start to poop less often after 6 weeks of age. As long as your baby is producing enough wet diapers, gaining weight, and meeting developmental milestones, your pediatrician can confirm that your baby is progressing well.</td>
</tr>
</tbody>
</table>

**Constipation**

Babies often grunt, strain, and turn red in the face during normal bowel movements, but this is usually not an indication of constipation. Your baby may be constipated if their stools are small, firm and pebble-like. A baby may experience constipation when they begin eating solid foods. If this happens, switching from rice to a higher fiber cereal like oatmeal or barley, and giving your baby pureed vegetables and fruits (such as peas, prunes, and pears) will usually help.
DIAPER CHANGES

Changing a dirty diaper is just part of parenting, although not very pleasant. And newborns may go through many diapers in a day. If you can, try to keep in mind that every diaper change is another chance to give your baby love, attention and touch.

Depending on your baby’s temperament and age, they may be calm during diaper changes or scream, cry and fuss the minute their back touches the changing table. Newborns don’t like it if they get cold during a diaper change or if they’re hungry. Changing your newborn in a warm room and after feeding might help.

As your baby gets older, they may protest when it’s time to change their diaper. Babies would rather be playing, crawling, rolling over or doing something else more fun. It can help to tell them you’re going to change their diaper instead of just suddenly picking them up. Here are some ways to soothe (and distract) a fussy baby during diaper time:

- Give your baby hugs and snuggle time before and after every diaper change
- Sing silly songs, make funny faces, whisper, and talk through changes
- Keep fun toys nearby for baby to play with only during diaper changes

Health and safety tips:
- Wash your hands before and after every diaper change
- Keep diapering supplies within reach so one hand stays on your baby
- Avoid using baby or talcum powder as it can cause problems if inhaled
- Never leave your baby unattended during a diaper change
- Baby boys may stream urine; hold a cloth over their penis to avoid

How to change a diaper:
- Hold your baby’s feet together at the ankles and lift their bottom up
- Remove the soiled diaper and clean the area
- Remember to clean front to back on baby girls
- Place a clean diaper under your baby’s bottom
- Bring the front of the diaper up between your baby’s legs
- Pull the back of the diaper over the front and secure the sides
- Fold the top of the diaper below the umbilical cord until it has healed
- Give your baby a hug and positive attention after you’re done
DIAPER RASH

Diaper rash can be caused by a number of things, including:

• Urine or stool on the skin
• Chafing, rubbing or sensitive skin
• Bacterial or yeast (fungal) infection
• Introduction of new foods (can cause stool to change)
• Use of antibiotics

Diaper rash is usually not a serious problem and will often improve in 3-4 days with simple treatment. But if it is not treated, diaper rash can become painful, causing bumps, blisters or sores. Diaper rash can even cause a more serious bacterial skin infection or yeast infection. It is less common in babies who are breastfeeding, because breast milk lowers the pH of the baby’s bowel movement, making it less irritating to their delicate skin.

How to treat diaper rash:

• Change the baby’s diaper frequently, around every 1-3 hours during the day
• Pat the baby’s skin with a soft cloth to clean the diaper area
• If the diaper area becomes red, apply a thick layer of non-scented petroleum jelly (Vaseline®) or a zinc-based diaper cream
• Keep using the product with every diaper change, until the redness disappears
• Allow your baby some time without a diaper to increase air flow and help the rash heal

If the diaper area becomes red, apply a thick layer of non-scented petroleum jelly (Vaseline®) or a zinc-based diaper cream.
BABY BOYS

Circumcision is the surgical removal of skin (foreskin) that surrounds the head of a baby boy’s penis. The choice to circumcise or leave the baby's penis intact is one that you will be asked to make, often soon after birth. Before circumcision can take place, you will be asked to sign a surgical consent form. Based on your knowledge of the procedure, its risks, benefits, and other implications, you can either agree or decline to have your baby boy circumcised.

This section will present a general overview of the factors that influence the decision to circumcise or leave your baby boy’s penis intact. If you have any questions, talk to your health care provider.

The American Academy of Pediatrics (AAP) advises parents to learn the facts about circumcision and weigh the pros and cons before making a decision.
Facts About Circumcision

- Approximately 20% of the men in the world have a circumcised penis
- Some parents choose circumcision for religious or cultural reasons
- Circumcision reduces the risk of most sexually transmitted diseases
- As an elective surgical procedure it is generally considered safe if performed by an experienced health care provider using sterile techniques
- The most common problems following circumcision include bleeding and infection
- Costs may not be covered by many insurance companies because it is an “elective” surgery

Facts About Leaving Penis Intact

- Approximately 80% of men in the world have an intact (uncircumcised) penis
- Leaving the foreskin and penis intact is the natural, biological default
- Leaving the penis intact may increase sensitivity and sexual pleasure when a male reaches adulthood
- Uncircumcised males are at higher risk for urinary infection or sexually transmitted diseases
- Leaving a baby boy’s penis intact preserves their ethical right to make their own decisions about their body

If you were not present for the surgery, your baby will be comforted and returned to you. Some babies will fuss for several hours while others will go into a deep sleep. What to expect:

- Baby’s penis will be swollen and dark red in color
- Within 24 hours the penis will be covered with a crusty discharge for about 7 days
- Your baby should urinate within 6-8 hours after the procedure

Caring for an Intact Penis

- Gently clean only what you can see of the penis with warm water
- Never pull, manipulate, or retract the foreskin in any way

A foreskin will naturally separate from the tip of the penis anytime from a few weeks to several years. Once this happens, the foreskin can be pulled back (retracted) from the tip of the penis. Most boys will be able to retract their foreskins by the time they are five years old while others will not be able to do it until they are teenagers. **Never force the foreskin to retract because it could cause pain, bleeding, or tears in the skin.**

Caring for a Circumcised Penis

- If there is any visible bleeding, apply gentle pressure to the area
- Gently clean the area only with warm water until it heals (7-10 days)
- Call your health care provider if you see signs of infection: redness, fever, swelling, discharge, or odor
CORD CARE

Your baby’s umbilical cord will look shiny and yellow immediately after birth. As it dries out, it may appear brown, gray, or even purplish blue. Before it shrinks and falls off, it will darken like the color of a scab on your skin. If the area around the umbilical cord appears red, is draining any type of fluid, smells bad, or has not fallen off by the third week of life, talk to your baby’s health care provider.

Cord care:

• Always wash your hands before touching the umbilical cord
• Always fold the top of the diaper down below the level of the cord
• Don’t put any type of ointment, creams, or a bandage on the cord
• If baby’s bowel movement gets on the cord, wash with warm water and pat dry

REMOVING MUCUS

Suctioning mucus from your baby’s nose and mouth makes it easier for them to breathe and eat. Many hospitals and birth centers use a bulb syringe for this purpose. There are also several commercial nasal aspirators available to buy. Whether you decide to use a bulb syringe or purchase a nasal aspirator, you’ll want to remove any mucus or secretions if your baby has a stuffy nose or spits up.

How to use a bulb syringe:

• Squeeze the bulb until it collapses
• Place it about ¼ to ½ inch inside the baby’s nostril or inside of the cheek
• Quickly release the bulb to pull any secretions into the bulb
• Remove the bulb syringe and squeeze the contents quickly into a tissue
• After using, clean with hot soapy water and rinse thoroughly in hot water

SUN PROTECTION

Babies of every race and skin color need protection from the sun. This is because most skin damage is done during childhood. The most dangerous time to be in the sun is from 10 a.m. to 4 p.m.

Babies under 6 months of age should not be exposed to any direct sunlight. Move your baby to the shade under a tree, umbrella, or stroller canopy. Dress your baby in lightweight clothing that covers their arms and legs. A brimmed hat that shades your baby’s neck can help to prevent sun damage. Baby sunglasses look cute and can help protect their eyes.

After 6 months of age, you can use an infant-safe sunscreen (at least SPF 15) on baby’s skin. Apply liberally to every exposed area of your baby’s skin, being careful not to get any in their eyes. Because sunscreen takes about 30 minutes to be effective, be sure to apply it well before your baby is in the sun. Remember to reapply sunscreen at least every two hours, especially if your baby has been in the water.
TOOTH CARE

- For infants, use a wet gauze pad or washcloth and clean the gum line a few times a day.
- As your baby’s teeth emerge, gently clean them with a wet toothbrush twice a day.
- Once baby gets used to the toothbrush, add a tiny bit of fluoride-free toothpaste.

Never put your baby to sleep with a bottle. A condition called baby bottle tooth decay occurs when milk, formula, juice, or other sugary liquids cling to the teeth for long periods of time.

TEETHING

Babies are born with 20 teeth that will emerge through the gum line starting at about 6 months of age. This is known as eruption or teething. Teething can cause discomfort, irritability, sleepless nights, loss of appetite and drooling. Teething does not cause fever, diarrhea, or rashes. If your baby has these symptoms, call your baby’s health care provider.

Teething tips:

- Give your baby a chilled teething ring to chew on to relieve pain.
- A light, gentle rub or massage with your clean fingers may also provide relief.
- Avoid topical anesthetics, including over-the-counter teething gels.
- Ask your baby’s doctor before using oral analgesics like baby Tylenol® (acetaminophen) or Motrin® (ibuprofen).

DENTAL CHECKUPS

Sometime between baby’s first tooth and first birthday, make an appointment with a dentist who specializes in treating children. Pediatric dentists know how to examine and treat children in ways that make them comfortable. They also use specially designed equipment and their offices are child friendly.

- Try singing or playing a special tooth-brushing song so your child will want to take part.
- To see what you’re doing, lay your child’s head in your lap while you brush their teeth.
- To prevent injury, never let your child walk around with the toothbrush in their mouth.
You probably started communicating with your baby before they were even born—talking, singing, and trying to understand what all those kicks, rolls and hiccups meant. Once your baby is born, you will communicate with them through touch, smiles, gazing into their eyes, holding, movement, singing, reading, and talking. It will be a while before your baby can communicate with you verbally. In the meantime, your little one will connect with you by crying, gazing, smiling, listening, watching you, cooing, making sounds, waving their arms and feet, pointing, and babbling. With a little practice, you will learn what your baby is trying to tell you and how to “speak baby” like a pro.

LISTENING SKILLS

We know that babies start developing communication skills from the moment they are born. Newborns quickly begin to recognize important sounds in their environment, including their parents’ voices. As they grow, babies begin to recognize the sounds that form language, such as the way syllables, words, and sentences work.

Even though babies cannot respond verbally at first, they are listening to every word that’s said. That’s why it’s important to talk, sing and read to your baby every day. These activities teach language skills that will last a lifetime.

The first three years of life are critical for developing these skills. During this time, your baby’s brain is best able to absorb language. Hearing you talk, sing, and read will help your baby’s brain grow - and can strengthen the bond between you and your baby.
Talk

Babbling is your baby’s way of communicating. Respond in your baby’s language or talk in your normal voice about everyday things. When you are in the car, on a bus or train, or walking with your baby, point to what you see and name it. When your baby is experiencing an emotion, name the emotion and continue talking. Your baby will soon learn to associate emotions with words.

Sing

You might not like the sound of your singing voice, but your baby will love to hear it. Sing to your baby. Sing a lullaby, the ABCs or favorite song from your childhood. Or make up a song with words that rhyme. While you are singing, move your hands or body to go along with the song.

Read

Reading to your child is important at every age. The American Academy of Pediatrics recommends starting shortly after birth. Children who are read to can enter kindergarten with 20,000 words in their vocabulary while children who are not read to may only have 3,000 words in their vocabulary. When reading to your child, make the story come alive by changing your voice or using sound effects and motions. Point out pictures that match your words. Talk about what is happening in the story.

Try to read to your baby every day. You can start by reading for a few minutes at a time, then increase the time as the baby’s interest in books starts to grow.

To help promote your child’s interest in books:

- Keep books in your bag for quick access
- Keep books in places where your baby can reach them
- As your child grows let them choose the books they want to read
- Be patient if they pick the same book; repetition helps with memory development
- Take your child to story time at your local library
BABY CUES

One of the best ways to learn how to help your baby sleep, eat, interact, and feel loved is by observing and understanding their behavior. Watching, listening, and learning your baby’s cues will help you understand what they need in the moment and how to meet that need.

Baby behavior in the early months is also referred to as a state or a zone. You will learn to recognize each of these different states and know how to respond. Your baby will move or cycle through the following baby behaviors every day and night during the first months:

- Light and deep sleep
- Ready to eat or interact
- Fussing or crying to tell you they need help

Newborn babies may sleep up to 18 hours per day, but not all at once. Sometimes a baby will retreat to a sleep state when they are over-stimulated or tired and need to recover. Most newborns enjoy being swaddled before sleeping. The best time to place them on their back is when they are sleepy, but not already asleep. There are two recognizable sleep states: light and deep. If you need to wake your baby for a feeding, do it from the light, not deep sleep state.

During light sleep:
- Baby may move, make faces and sucking sounds
- Eyelids may flutter and eyes may move rapidly under closed eyelids
- Baby remains asleep although they may move around in the crib
- A loud sound (like a rattle) may startle and wake the baby

During deep sleep:
- Baby lies still with very little movement and has regular breathing
- Makes no sounds, has relaxed muscles, and keeps eyes shut with no eye movement
- A loud sound (like a rattle) may cause baby to move around but not wake up
You’ll know your baby is alert and ready to interact with you when their eyes are open and bright. In this state your baby channels energy into seeing and hearing you, may focus their eyes on your face or an object, and doesn’t move around much. Many babies have this quiet alert time several times each day, especially after their morning feeding. This is a good time to give your baby a bath or a massage or engage them with a toy or book. They will enjoy looking at your face and listening to your voice.

When your baby is ready to eat, they may wiggle, make sucking movements, and bring their hand to their mouth. You’ll want to feed the baby as soon as they start giving you cues and before they show you frantic signs of hunger. If your baby is drowsy or falling asleep before a feeding, dimming the lights, and placing the baby skin-to-skin may help the baby feed better.

You’ll find more information about your baby’s feeding cues beginning on page 27.
Signs that your baby may feel fussy include wiggling or squirming followed by more vigorous movement of their arms and legs. Fussing may progress to crying as the baby vocalizes the need for help with an overload of information from inside or outside their body, including hunger, discomfort or feeling lonely.

Crying helps your baby release tension and shut out any sights, sounds or sensations that may be overwhelming. Respond quickly to your newborn baby when they cry. When a newborn is fussing or crying, they will not be able to interact with you or be interested in a toy. When a baby is older, you may be able to distract them from fussiness or crying with a musical toy or other object.

Consistently responding when your baby cries makes them feel safe and secure. It also teaches them to trust that you will be there to care for them. Newborn babies need to be picked up, held and comforted. The more relaxed you can stay when your baby cries, the easier it will be to help them. Remember that all newborns cry, often from 1-4 hours a day.

When your baby is crying, here are the questions to ask:

- Is my baby hungry?
- Is my baby cold or hot?
- Do I need to change the diaper?
- Is my baby sick?
- Is my baby lonely?
- Is my baby over-stimulated?

Do your best to meet the needs of your baby. For example, feed the baby when they show hunger cues and after they wake up from sleep. If your baby seems cold, put socks on their feet or change them into warmer clothes. Change their diaper when they wake up from sleeping, after feeding, or whenever the diaper is soiled. Take their temperature (see page 86) if you think they might be sick. Spend time with your baby if they seem lonely or need attention.
Overstimulation

Sometimes a baby becomes overstimulated by too much input from the world around them. This is especially true for babies who are born early.

**Symptoms of overstimulation:**
- Skin color changes to red or pale
- Breathing becomes irregular or baby hiccups
- Jerky movement or tremors in arms and legs
- Baby moves from being alert to being drowsy
- Baby looks away from you (gaze aversion)
- Baby becomes upset and cries or goes to sleep to escape the stimulation

**How to comfort an overstimulated baby:**
- Be calm and reassuring in your touch
- Speak quietly and use repetitive or melodic sounds
- Move baby to a quiet and semi-darkened room
- Swaddle or bring baby skin-to-skin with you
- Help baby suck their own finger or parent’s breast
- Hold your baby’s hands together at their chest level
- Sway with the baby in your arms or a baby sling
SWADDLING

The practice of swaddling has been done for thousands of years. Swaddling refers to wrapping your newborn tightly in a blanket. Swaddling is a simple, proven way to help your baby feel safe and warm as they adjust to life outside the womb. Being swaddled reminds a baby of the calm and closeness they felt inside your uterus. It also helps lessen overstimulation and prevents the newborn startle reflex that disrupts a restful sleep.

Most health care providers recommend that parents stop swaddling by the time their baby is around 4 months old, before the baby is able to roll over.

Safe swaddling tips:

- Allow room to put at least 2 or 3 fingers between the baby’s chest and the blanket
- Babies should be able to bend their legs freely without restriction while swaddled
- Never put or allow a swaddled baby to sleep on their stomach
- Some experts recommend swaddling with arms by sides and others with hands by face
- Consider using a recommended sleep sack instead of a blanket in the crib

Even though the American Academy of Pediatrics (AAP) considers swaddling safe when done correctly, it is not recommended for every baby. Don’t swaddle if your baby has breathing problems, can roll over, or is at a higher risk for Sudden Infant Death Syndrome (SIDS). If your baby doesn’t seem to enjoy or feel comforted by swaddling or puts up a fight when being swaddled, don’t do it.
**Blankets and Swaddle Sacks**

You can swaddle your baby using either a blanket, a swaddle sack, or a sleep wrap. Lightweight cotton or linen blankets with a little stretch are easiest for swaddling. It will be harder to wrap your baby correctly if your blanket is too small or too large. Look for a blanket designed for swaddling to help you choose the right size for your baby.

There are also wearable swaddle wraps on the market. Some wraps are a wearable blanket, offering extra warmth at night, while others provide “wings” with zippers and/or velcro to make swaddling easy. Unlike receiving blankets, swaddle sacks and swaddle blankets are specifically designed to help you and your partner swaddle your baby. They can also keep babies warm and prevent overheating while they sleep.

**SWADDLING: 6 STEPS**

**STEP 1**
Spread the blanket out flat, with one corner folded down

**STEP 2**
Lay the baby face-up on the blanket, with their head above the folded corner

**STEP 3**
Straighten the baby’s left arm, wrap the left corner of the blanket over the body, and tuck the blanket between the right arm and the right side of the body

**STEP 4**
Tuck the baby’s right arm down, fold the right corner of the blanket over the body and under the left side of the body

**STEP 5**
Fold or twist the bottom of the blanket loosely and tuck it under one side of the baby

**STEP 6**
Make sure the baby’s hips can move and that the blanket is not pulled too tight

**Arms-out Swaddling**
You can swaddle your baby as described above without tucking their arms in. If their startle reflex has diminished they may like having their arms free. Swaddling with arms out can be helpful in warmer climates.

**Unswaddled Time**
Be sure your baby also spends time unswaddled. When awake, babies need time to move, wiggle, touch and spend time skin-to-skin. These activities are important to their physical, mental, and emotional development.
SAFE SKIN-TO-SKIN

If your baby was placed on your chest immediately after birth, you’ve already experienced skin-to-skin contact. In addition to soothing and calming both you and your baby, skin-to-skin also has other important health benefits for you and your baby.

Parents and other family members can learn how to safely hold your baby skin-to-skin. The baby will enjoy getting to know their parents and other people up close and personal.

Positioning tips:

- With your chest bare, sit upright or semi-reclined
- Remove the baby’s clothes, except their diaper
- Put the baby on your chest, high enough to kiss their head
- Turn the baby’s head to one side, mouth and nose visible
- Baby’s arms and legs should be flexed and held tight to their body
- Cover the baby with a blanket for extra warmth and cuddle up

MASSAGE

Human touch is crucial for a baby’s development. Baby massage is a gentle movement of your hands over areas of your baby’s body. Using a baby-safe oil or moisturizer nourishes the baby’s skin and helps your hands move more smoothly across their skin. You can also reassure your baby by talking softly, humming, or singing to your baby while you are massaging.

Why is massage so soothing? Stroking the baby’s body stimulates production of oxytocin (the feel-good hormone) in you, your baby and even anyone watching you massage the baby. Oxytocin is the same hormone that makes you feel so warm and loving when you breastfeed or hold your baby close.

Look for detailed information about baby massage in classes, workshops, books, and videos. You can also learn how to do it from a certified infant massage therapist.

The benefits of massaging your baby daily include:

- Provides a sense of security and connection
- Promotes growth, development, and weight gain
- Relieves gas and constipation; helps with colic
- Encourages sleep; lowers stress for you and your baby
SIGNING

Baby signing is a method of communicating with your baby that allows them to tell you what they want and what they are feeling. Since young children don’t have many words before age two, baby signing gives them a way to communicate with you, using symbolic gestures.

Imagine a parent speaking to their baby and asking, “Would you like something to drink?” At the same time the parent speaks, they also make a drinking motion with their hands, as if they were drinking from a cup. This is an example of signing that the baby can learn and use to tell you when they are thirsty.

Some parents and programs actually teach a baby to use American Sign Language (ASL) to communicate. Other experts believe that babies do best using a sign that resembles the word, which some ASL signs do not.

Parents find that using just a few signs at first works best. For example, signs that represent hungry, thirsty, tired and all done. Some babies may also create their own signs. You can start consistently using baby signing around 8-10 months, although most babies won’t make a sign on their own until around 12-15 months.

Research has shown that using baby signing helps decrease frustration, boost IQ and may eventually increase the baby’s vocabulary. When you start, always show your baby the sign several times while saying the word. Keep signing simple, have patience, be interactive and make using baby signs fun for both of you.
Most parents will do just about anything to keep their child safe. Yet every year 8,000 families in the U.S. lose a child to death because of a preventable injury. Accidents are the leading cause of death in young children. But there is plenty you can do to prevent accidents and keep your child safe. This section provides practical information to help you keep your home and family safe and secure.

SHAKEN BABY SYNDROME

When you are a parent of a new baby, there may be times when you feel frustrated and even angry when your baby cries. You may have tried everything to comfort them, but nothing seems to help. You are not getting any sleep. You are frustrated. No matter how you feel:

NEVER, EVER SHAKE YOUR BABY!

When a baby is violently shaken, it’s called Shaken Baby Syndrome (SBS) or Abusive Head Trauma (AHT). SBS is one of the leading forms of child abuse. Many shaken babies die or have irreversible brain damage. Those who survive may have visual disturbances or blindness, mental injury, paralysis, seizure disorders, learning and speech disabilities, or neck and back damage.

When a baby is shaken, the back and forth movement of their head can cause bleeding and increased pressure on the brain. A baby’s neck muscles are not strong enough and their brain is too fragile to handle this “whiplash” motion.

If you feel like you can’t deal with your baby’s crying and you have met the baby’s basic needs (clean diaper, fed, appropriate clothes, gently rocked, held, etc.) then stop, think, and reach out for help if you need it. There may be times when nothing you do will stop the crying. This is normal. DO NOT SHAKE YOUR BABY.

Take a deep breath and count to 10

Put baby down in their crib and leave for a few minutes

Give yourself a “timeout”

Ask a trusted friend, neighbor or family member to take over for a while

If you think your baby has been shaken, CALL 911 or take the baby to the emergency room immediately. Signs and symptoms of shaken baby syndrome include:

- Irregular, difficult or stopped breathing
- Very fussy, seizures or vomiting
- Hard to feed or stay awake
- No smiling or vocalization
- Can’t focus or track movement with their eyes

If you or a caregiver has violently shaken your baby for any reason, seek medical attention immediately. Do not let fear or shame keep you from doing the right thing. Getting treatment right away may save your baby’s life.
PREVENTING INFECTION

In the hospital, everyone who touches your baby must wash their hands first. Hand washing is the single best way to prevent the spread of illness. This is important because newborn babies have a higher risk for infection.

Wash your own hands with soap and water frequently and ask visitors and other children to wash their hands before touching the baby. If anyone has a cold or other illness, that person should not touch or be near the baby, and everyone around them should wash their hands more often.

If you don't have soap and water with you, use an alcohol-based hand sanitizer.

If possible, remove jewelry (watch, bracelet, rings) before you wash your hands.

Wash your hands with soap and warm water for as long as it takes to sing the alphabet song or the happy birthday song.

Dry your hands with paper towels instead of cloth towels.
SAFE SLEEP

The Centers for Disease Control and Prevention (CDC) estimates that nearly 3,500 infants die suddenly and unexpectedly each year in the United States. These deaths are called sudden unexpected infant deaths, or SUIDs. About half of all SUID deaths are due to sudden infant death syndrome (SIDS)—sudden deaths that can’t be explained. SIDS is the leading cause of SUID for infants under one year old, especially from birth to four months.

Rooming-In

Rooming-in (keeping parents and their baby together in the same room) is good for your baby’s health and development. Unless there is a medical issue that doesn’t support it, rooming-in at the hospital lets the staff care for you and your baby at the same time. It’s also a great opportunity for the staff to show parents how to hold and care for their baby as they get to know each other.

Benefits of rooming-in include:

- Your baby learns to recognize and begin attachment with you
- You can breastfeed quickly as you learn your baby’s feeding cues
- Your baby cries less and you can soothe them more quickly
- You make more breast milk because you’re doing more breastfeeding
- You get more rest and it’s easier to monitor your baby in the same room

Rooming-in is so valuable that the American Academy of Pediatrics (AAP) encourages parents to do it at home. Talk to your baby’s doctor about how long to keep your baby in your bedroom.
ABCs of Safe Sleep

The ABCs of safe sleep were developed by the American Academy of Pediatrics (AAP). They are an easy way to remember the basic guidelines for protecting your baby while they sleep or nap.

- **a** stands for **Alone**
  Your baby should sleep alone in their own crib or bassinet. The safest place for their bed is in your bedroom, close to your bed. See Rooming-in section on the previous page.

- **b** stands for **Back**
  One of the best ways to reduce the risk of SIDS is to place healthy babies on their backs when putting them down to nap or sleep. Since the AAP recommended in 1992 that all babies sleep on their backs, deaths from SIDS have declined dramatically.

- **c** stands for **Crib**
  Your baby should sleep in a crib or bassinet that meets current safety standards. If you are using an older crib, go online to make sure it meets current safety standards.

- **a** stands for **Alone**
  Make sure nothing covers the baby’s head

- **b** stands for **Back**
  Dress your baby in sleep clothing like a one-piece sleeper, and do not use a blanket

- **c** stands for **Crib**
  Keep pillows, sheepskins, crib bumpers, and toys out of your baby’s bed

- **Do not smoke or let anyone smoke around your baby**

- **Use a firm sleep surface, such as a mattress in a safety approved crib, covered by a fitted sheet**
SAFE HOME

Baby-proofing your home might seem like a big job. But using your intuition and making some simple changes can go a long way toward making your home a safe place for your baby. One way to start is to sit on the floor and take a "baby's eye" look around each room. Remove anything on the floor that could be dangerous or a choking hazard, including plastic bags or wrap, paper clips, small toys, coins, etc.

When you’re buying furniture for your baby’s nursery, the first thing to look for is the Juvenile Products Manufacturers Association (JPMA) safety certification seal. The seal confirms that the manufacturer of this item has passed an extra set of safety tests beyond just the standard requirements.

The following section includes ideas and suggestions for making each room in your home a safer place for your baby.

WARNING

Older cribs, furniture or even nursery walls may have layers of lead-based paint. Lead can be a severe health hazard for your child. If you think your child has been exposed to lead paint, call the National Safety Council National Lead Information Center at 800-424-LEAD (5323).

Nursery

- All fabrics should be flame retardant, including sleepwear, sheets and curtains
- Only use water-based paint containing the lowest levels of volatile organic compounds (VOCs)
- Paper-based or natural-fiber wallpaper is best; vinyl may encourage mold growth
- Always secure tall or heavy pieces of furniture to the wall using braces or anchors
- Don’t put any heavy objects (like a TV) on top of a dresser, cabinet or desk
- Install safety latches on low drawers to prevent your child from climbing on them and possibly tipping over the dresser
- Synthetic rugs often contain more VOCs than rugs made of natural fibers
**Bathroom**
- Hot water heater no higher than 120°F
- Non-slip mat in the bathtub
- Soft covers on bathtub spout and knobs
- Lock installed on toilet lids

**Kitchen**
- Small appliances unplugged and out of reach
- Trash can out of reach or with child-resistant cover
- Locks or latches on drawers holding unsafe items
- Cleaning supplies out of reach or locked up
- Knives and heavy breakable items out of reach
- Stove guard and burner knob covers installed
- Pot handles turned toward back of stove
- Rear burners on stove used for cooking
- Appliance latches on the oven and refrigerator
- Detergent stored on a high shelf or in locked cabinet
- Single-use detergent packets not recommended around kids. If using, keep single-use packets in original container in locked cabinet

**Laundry Room**
- Child locks on a front-loading washer or dryer to keep children out
- Detergent stored on a high shelf or in locked cabinet
Multiple Rooms

Electrical
- Mobile devices, game consoles, DVR players out of reach
- Remote control devices secured so batteries aren’t removed
- Safety plugs or outlet covers over electrical outlets
- Electrical cords hidden behind furniture or out of view
- Phone chargers placed out of child’s reach

Doors
- Doorstops or holders to keep fingers from being pinched
- Safety gates at top and bottom of stairs and rooms with hazards

Windows
- Cordless window coverings to lower cord strangulation risk
- Cords cut off or tied up on window drapes and blinds
- Bright decals or stickers on large glass doors or windows
- Window guards that are easy to remove in case of fire
- Window stops prevent windows opening more than 4 inches
- Furniture moved away from windows and sills

Furniture
- Items that could fall on baby removed from furniture tops
- Furniture corner or edge guards installed to prevent injury
- Heavy furniture (bookcases, dressers, TVs) bolted to wall
- Tall lamps that could tip placed behind furniture

Railings
- Safety netting or plexiglass blocks deck, railing openings

Heating and Cooling
- Access to floor heaters or radiators blocked
- Space heaters and fans not used without supervision

Fireplace
- Fireplace baby gate installed to the wall
- Gas fireplace keys stored out of child’s reach
- Fireplace tools, lighters, logs stored out of reach
- Chimney cleaned regularly to prevent fire
**FIRE PROTECTION**

According to the American Red Cross, once a fire starts in your home, you may have as little as two minutes to escape. That’s why having working smoke detectors and practicing a fire escape plan can literally be lifesavers.

Once your baby is in their own room, you want to make certain some extra precautions are taken.

If your baby’s nursery is on the second floor or higher, you may want to buy an escape ladder that can be installed underneath the nursery window. Keeping a baby sling or front carrier in the nursery will make it easier for you and your baby to safely climb down the ladder in the event of a house fire.

**CHECK YOUR SMOKE DETECTORS**

- Test all smoke detectors every month and change the batteries if needed
- Use smoke detectors throughout your home, especially in and outside bedrooms

**IF THERE’S A FIRE...**

- If there is a fire in your home, get out, stay out and call 911
- Teach all family members to stop, drop and roll if clothes are on fire
- Know how to evacuate your home if there is a fire, and practice family fire drills

**PRECAUTIONS**

- Only use flameless candles if you have young children in your home
- Keep matches and lighters out of reach of your child at all times
- Be sure child’s sleepwear fits snugly and is made from flame-resistant fabric
ACCIDENTAL DROWNING

Drowning is the leading cause of death in children ages 1-4. Many drowning deaths happen during non-swimming times. Drowning is quick and silent and can happen in almost any standing water, including buckets, wading pools, or ice that has melted in a cooler.

If you have a pool, consider surrounding it with locked fencing and installing a pool alarm. Keep toys out of the pool. When visiting friends and family with a pool, supervise your child diligently and don’t get distracted by phones, games or alcohol. Infant swimming lessons may also be a good idea.

POISON PREVENTION

Preventing your baby from putting a poisonous substance in their mouth starts with moving any potentially toxic products to high shelves or behind locked cabinet doors. Before you bring your baby home, it is a good idea to go through your home and make sure anything on this list is safely secured away from the baby:

- Alcohol
- Makeup
- Toiletries
- Medications
- Cleaning products
- Aerosol sprays
- Household chemicals
- Scented oils
- Insect repellent
- Pesticides
- Tobacco products
- Toxic houseplants

Your purse or a visitor’s purse could also contain medicine or makeup that could harm your baby. Certain indoor and outdoor plants are toxic. You can either remove them from your home or place them well out of your child’s reach. Supervise your child closely, there may be toxic plants in your yard, park or other outdoor area.

If your child or someone else has swallowed a poisonous substance, call the Poison Help Hotline at 800-222-1222 any time—day or night. You can also text POISON to 797979 to save the number in your mobile phone.
SMOKING AND VAPING

Secondhand smoke contains more than 7,000 chemicals and causes many health problems in infants and children. These health problems include frequent and severe asthma attacks, respiratory infections, ear infections and sudden infant death syndrome (SIDS).

Thirdhand smoke refers to the residual nicotine and other chemicals left on indoor surfaces. Babies and young children may have increased exposure to thirdhand smoke when they put objects in their mouth and touch surfaces, including their crib, high chair, car seat, toys and blankets, as well as their skin, hair and clothing.

Safety tips:
• Don't let anyone smoke in or around your home
• Don't let anyone smoke in your car, even with the windows down
• Ask your health care provider if you need help to stop smoking or vaping
• If you vape, make sure to keep products and equipment out of reach

Marijuana

Although marijuana (cannabis) is legal in many states, its impact on babies is not fully known. Many researchers believe marijuana has more long-term effects on young brains than adult brains. Studies suggest that babies' growth and brain development may be harmed when exposed to THC (the active ingredient in marijuana) on a regular basis.

Vaping

It is not safe to use vape pens or e-cigarette devices around babies and children. The vapor contains harmful chemicals. If a child drinks the liquid in a nicotine delivery device (or refill) they can be poisoned. The candy flavors may be appealing to children and they might drink enough fluid to become seriously ill or die. The best way to prevent accidental poisoning is to keep all vaping supplies out of a child's reach or locked up as you would any other poisonous substance.

WARNING

If your baby or child is vomiting, pale, sweating, drooling, shaky or has a fast heartbeat and you suspect they have ingested a tobacco product, call the Poison Help Hotline at 800-222-1222 immediately!
Everything your baby experiences during their first year of life will help shape who they grow up to be. In the first 12 months your baby will grow, develop and change. In addition to physically growing, your baby’s experiences and interactions with people and things will directly affect how their brain develops.

Repeated and consistent experiences shape the way your baby learns, thinks, speaks and behaves in the future. These experiences include:

- Being gently held and cuddled
- Hearing a song softly sung in their ear
- Looking at a picture book as it is read out loud
- Being spoken to and called by name

**HOLDING YOUR BABY**

Some new parents may feel anxious about holding their new baby. If you feel a little stressed, take a few slow deep breaths, sit in a comfortable position, and let someone hand the baby to you. When you’re holding your baby, place one hand under their head and the other hand under their bottom. Bring baby close to your chest, always supporting your baby’s head and neck with your hand.

**Wearing Your Baby**

Many new parents have discovered the ease and convenience of carrying their baby in a sling or front carrier that attaches to the parent’s body. This practice is called wearing your baby. Wearing your baby leaves your hands free to do other things around the house or out in public. A sling can also block out distractions for the baby and make it easier to breastfeed them discreetly in public places.

**Before you use a baby sling**

- Check the sling’s **weight minimum** and always follow the instructions for use
- Be sure you can always **see your baby’s face** and that they are breathing freely

![Image of a mother holding her baby in a sling]
TUMMY TIME

Tummy time is simply placing your baby on their tummy on a clean, firm surface. Spending time in this position helps your baby develop their head, neck and upper body muscles. It also helps build the strength and coordination your baby will need to roll over, crawl, reach and play. Tummy time also helps reduce the flattened appearance of a baby’s head.

Remember that your baby should never be placed on their tummy for napping or sleeping. The American Academy of Pediatrics recommends that babies always be placed on their back for sleep.

Tummy time tips:
- Choose a time when both you and your baby are awake and alert
- Start with a few minutes 2-3 times per day; work up to 15-20 minutes daily
- Combine tummy time with other activities, like drying your baby after their bath or across your lap for burping
- Never let yourself fall asleep while holding or supervising your baby in the tummy time position!

THE POWER OF PLAY

Playing is much more than just a way to have fun. Playing with parents, siblings and friends is essential to building active brains, bodies, and social bonds. Research shows that play can improve a child’s abilities to plan, organize, get along with others, and control their emotions. Play also helps with language, math, and social skills.

The most educational toy is one that creates loving interactions between parents and children in supportive and unconditional play.

Tips:
- Look for safe, simple toys that match your baby’s level of development
- Avoid toys that are overstimulating, such as those with shrill noises and bright lights
- Choose toys that help develop your child’s imagination and sense of wonder
- Be aware of toys that promote racial or gender-based stereotypes
DEVELOPMENTAL MILESTONES

Your baby might reach some developmental milestones ahead of schedule and lag behind a bit on others. Talk with your baby’s health care provider if you’re concerned about your baby’s development.

1 Month
- Recognizes your face
- Follows objects briefly
- Raises head when on belly
- Lays quietly and listens intently to your voice
- Turns head toward direction of sound
- Responds to sounds

2 Months
- Vocalizes sounds
- Likes to look at black-and-white or colorful patterns
- Holds head up for short periods of time
- Gurgles and coos responsively
- Follows objects intently
- Smiles spontaneously

3 Months
- Laughs and smiles more often
- Begins to roll around
- Holds head steady
- Movements become smoother
- Watches and plays with hands
- Lifts head and shoulders while on belly
Check all that apply during Month 4
- Begins to make vowel sounds, imitates sounds
- Reaches for toys
- Brings hands to mouth
- Turns head in response to a human voice
- Lets you know when happy or sad
- Looks in the mirror

Check all that apply during Month 5
- Begins to respond to own name
- Rolls over back to front
- Begins to sit with support
- Puts objects in mouth
- Sticks out tongue
- Can focus on smaller objects

Check all that apply during Month 6
- Knows familiar faces, may be afraid of strangers
- Begins to crawl
- Sits without support
- Begins to babble words like dada, baba
- Tries to get objects that are out of reach
- Likes to play with others, especially parents
7 Months

- Supports weight on legs when held up
- Transfers object from hand to hand
- Responds to own name
- Uses voice to express joy and displeasure
- Finds partially hidden objects
- Responds to other people’s emotions and often appears joyful

8 Months

- Improved eye-hand coordination
- Loves to see self in mirror
- Copies sounds and gestures
- Has a favorite toy
- Responds to own name

9 Months

- Pulls up to stand up
- May be afraid of strangers
- Makes many different sounds
- Points at things
- Plays peek-a-boo
- Moves things smoothly from hand to hand

Check all that apply during Month 7

Check all that apply during Month 8

Check all that apply during Month 9
Your Guide to Baby’s First Year

10 Months
- Continues to pull up to stand up
- May stoop down and get back up
- Shows curiosity
- Uses problem solving
- Social interaction continues to increase
- May cry when parent leaves
- Easily indicates displeasure

11 Months
- May stand up unassisted
- Grabs finger foods and feeds self
- Starts to say simple words like “mama” and “dada”
- Can stack play items, cups or bowls
- Loves music and dancing
- Mimics animal sounds

12 Months
- Easily pulls self to standing
- Walks holding onto furniture; may take a few steps
- Uses pincer grasp (thumb and forefinger)
- Imitates words
- Use simple gestures, such as shaking head “no” and waving bye-bye
- Begins to use objects correctly (drinking from cup, brushing hair)
TECHNOLOGY AND MEDIA

Modern technology and media advances are here to stay. As millennials (born 1981-1996) become parents, many of them are making “smart baby” technology a part of their family lives. This isn’t surprising given that this generation is comfortable using apps and wearable devices to track their fitness, sleep cycles, diets and work habits. For many, having a “connected nursery” or tracking their children’s health using wearable monitors and other smart products is a natural next step.

The decision about how big a role technology and media will play in the way you raise your children belongs solely to you. In 2016 the American Academy of Pediatrics (AAP) released new policy recommendations and resources, including an interactive media use planning tool that can help families balance digital and real life from birth to adulthood. You can access this interactive tool at www.healthychildren.org/MediaUsePlan

Key AAP recommendations include:

- Parents should prioritize “creative, unplugged playtime for infants and toddlers”
- Video chatting is the only type of screen media recommended for children younger than 18 months
- From age 18 months to 5 years, limit screen-based media to 1 hour of high-quality programming per day
- Parents of young children should watch media with their child, to help them understand and learn from what they watch
SUPPORT PROGRAMS

Home visiting programs are designed to provide support to pregnant individuals and families with young children. Visits are typically made to the home by trained professionals and paraprofessionals who provide resources and skills to help raise children who are physically, socially, and emotionally healthy and ready to learn.

Decades of research prove that home visiting is beneficial for promoting healthy child development, academic success, improvement of health outcomes, and the support of economic security for families. Services may include health check-ups, developmental screenings, referrals, parenting advice and guidance with navigating other programs and services.

Well-known home visiting organizations include Maternal Home Care, Parents as Teachers, Nurse Family Partnership, the Maternal, Infant, Early Childhood Home Visiting Program, and Healthy Start. To locate a local provider in your community, talk to your doctor, midwife, or clinic, contact your local school district, or search the internet.

Early Intervention

Early intervention programs are family-centered, strength-based programs that offer support and guidance for families with a child who may have a developmental delay or a disability. Early intervention services are available in every state. If you are concerned about your baby’s development in any area, ask your health care provider for a referral or contact your state’s early intervention coordinator.

These programs are a joint effort between statewide and community agencies under the Individuals with Disabilities Education Act. Available services often include speech therapy, occupational therapy, and physical therapy, based on the needs of the child. You can search for available programs in your area at www.cdc.gov/ncbddd/actearly/parents/states.html
Making sure that your baby receives regular checkups and immunizations is a great start to a healthy life. You will also need to know the signs and symptoms of illness and what to do if your baby becomes seriously ill. This section covers illness and basic first aid as well as what to do in a CPR or choking emergency that requires immediate action on your part.

**CHOOSING A DOCTOR**

It’s important to choose a pediatrician or other primary health care provider for your baby before you go into labor. This should be a qualified medical professional who specializes in caring for children. Many providers are happy to let you schedule an appointment to visit their office while you are pregnant. If you can, take someone with you to this visit.

If you have a health insurance plan with a preferred provider list, check to make sure that the person you choose is on your list of “approved providers.” If you have Medicaid coverage, the Health Department or your caseworker can give you a list of approved health care providers.
CHECKUPS

The first two years of your baby’s life are crucial to their growth and development. That’s why your child’s health care provider will want you to bring them in for regular “well baby” or “well child” checkups. Although your pediatrician may use a slightly different schedule, the American Academy of Pediatrics (AAP) recommends that babies get checkups at birth, 3-5 days after birth and then at 1, 2, 4, 6, 9, 12, 15, 18 and 24 months of age.

Checkups usually include a physical exam, measurements, and scheduled immunizations to prevent illness. If your baby has any medical conditions, the doctor may want to do additional tests to monitor the condition. Checkups are also a great time to find out how your baby is doing and talk to your pediatrician about any questions or concerns, including:

- Nutrition and safety at home and in child care
- Your child’s growth and development
- Milestones, social behaviors, and learning
- Behavior, sleep and eating patterns

Tdap for Family and Caregivers

Health experts recommend that all family members and caregivers (including grandparents, teens, and preteens) get a Tdap vaccine at least two weeks before coming into close contact with your new baby. This vaccine protects people from contracting tetanus, diphtheria, and whooping cough (pertussis). Whooping cough spreads easily and can cause severe illness or death. It is especially dangerous for infants under 6 months of age, who are too young to be well protected by vaccines for whooping cough.
IMMUNIZATIONS

Immunizations, sometimes called shots or vaccinations, are an easy way to protect your child against a variety of preventable diseases. The Center for Disease Control and Prevention (CDC) publishes a yearly list of recommended immunizations for children in the United States.

Each year millions of children safely receive immunizations. The benefits of getting immunizations are much greater than any possible side effects for almost all children. Common side effects like fever, redness, or swelling where the shot was given are mild and treatable.

Vaccinations given at designated times over the first two years of life, will protect against 14 serious childhood illnesses, including some that can even cause death. The material (antigens) in the vaccines works with the child’s natural defenses to help them safely develop immunity to these diseases. Here’s what you need to know:

- Keep a record of your child’s shots in a safe place; you’ll need official copies to enroll them in child care and school
- Keep track of your child’s vaccination schedule
- Check to see if there is an electronic immunization registry available online

### Immunization Schedule

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<th>Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>2-3 years</th>
<th>4-6 years</th>
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Influenza (Yearly)

<table>
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<tr>
<td>Varciella</td>
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<tr>
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<td>HepA (2nd shot 6 months after)</td>
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Questions about immunization?

- Talk to your child’s health care provider, local or state health department
- Call the CDC at 800-CDC-INFO (800-232-4636) or visit www.cdc.gov/vaccines/schedules
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Schedule</th>
<th>Disease</th>
<th>Spreads by</th>
<th>Symptoms</th>
<th>Complications</th>
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<td>Varicella</td>
<td>2 shots</td>
<td>Chicken Pox</td>
<td>Direct contact, Airborne transmission</td>
<td>Itchy, painful blisters, headache, fever, tiredness</td>
<td>Infection of blisters, pneumonia, encephalitis (brain swelling)</td>
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<tr>
<td>DTaP</td>
<td>5 shots</td>
<td>Diphtheria</td>
<td>Direct contact, Airborne transmission</td>
<td>Sore throat (thick gray coating at the back of the throat) swollen glands in the neck, fever, weakness</td>
<td>Heart muscle swelling or heart failure, coma, paralysis, death</td>
</tr>
<tr>
<td>Pertussis</td>
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<td></td>
<td>Direct contact, Airborne transmission</td>
<td>Severe cough, runny nose, difficulty breathing and vomiting relating to coughing</td>
<td>Pneumonia, death</td>
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<td>Tetanus</td>
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<td></td>
<td>Through cuts in the skin</td>
<td>Severe painful muscle spasms, seizures, paralysis, death</td>
<td>Broken bones, difficulty breathing, death</td>
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<tr>
<td>MMR</td>
<td>2 shots</td>
<td>Measels</td>
<td>Direct contact, Airborne transmission</td>
<td>High fever, painful rash, cough, runny nose</td>
<td>Brain damage, pneumonia, seizures, death</td>
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<td>Mumps</td>
<td></td>
<td></td>
<td>Direct contact, Airborne transmission</td>
<td>Fever, headache, loss of appetite, muscle pain, swollen glands</td>
<td>Deafness, meningitis, painful swelling of the testicles or ovaries</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td>Direct contact, Airborne transmission</td>
<td>Fever, swollen glands, runny nose, rash</td>
<td>Serious threat to pregnant people causing miscarriage</td>
</tr>
<tr>
<td>HepA</td>
<td>2 doses at least 6 months apart</td>
<td>Hepatitis A</td>
<td>Direct contact, contaminated water or food</td>
<td>Fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice, dark urine</td>
<td>Rare but can have liver failure, Guillain-Barré syndrome, Pancreatitis</td>
</tr>
<tr>
<td>HepB</td>
<td>3 shots</td>
<td>Hepatitis B</td>
<td>Contact with blood or body fluids</td>
<td>Fever, headache, weakness, vomiting jaundice, joint pain</td>
<td>Liver damage or death</td>
</tr>
<tr>
<td>Flu</td>
<td>Yearly starting at 6 months</td>
<td>Influenza (Flu)</td>
<td>Direct contact, Airborne transmission</td>
<td>Fever, muscle pain, sore throat, cough, runny nose, cough, sneezing, extreme fatigue</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Hib</td>
<td>4 shots</td>
<td>Haemophilus Influenza Type B</td>
<td>Direct contact, Airborne transmission</td>
<td>Fever, lethargy, vomiting and a stiff neck. Other symptoms depend upon the part of the body affected</td>
<td>Severe swelling in the throat that makes it hard to breathe, pneumonia, bacterial meningitis, death in 1 out of 20 children</td>
</tr>
<tr>
<td>IPV</td>
<td>4 shots</td>
<td>Polio</td>
<td>Direct contact, Airborne transmission</td>
<td>Sore throat, fever, headache, nausea</td>
<td>Paralysis, death</td>
</tr>
<tr>
<td>PCV13</td>
<td>4 shots</td>
<td>Pneumococcal</td>
<td>Direct contact, Airborne transmission</td>
<td>Pneumonia</td>
<td>Blood infection, meningitis, death</td>
</tr>
<tr>
<td>RV</td>
<td>2-3 doses (oral) depending on the brand</td>
<td>Rotavirus</td>
<td>Through contact with infected stool</td>
<td>Fever, vomiting, diarrhea</td>
<td>Dehydration</td>
</tr>
</tbody>
</table>
FEVER

Your baby’s normal temperature can range from 97° to 100.3° F (36.1° to 37.9° C).

When your baby runs a fever, it can be stressful for you. Fever is a positive sign that the body is fighting infection. Fever stimulates certain defenses, like white blood cells, which attack and destroy invading bacteria. So actually fever is important in helping your baby fight off infection.

Types of Thermometers

Always use a digital thermometer to take your baby’s temperature. Mercury thermometers, fever strips or pacifiers should not be used on your baby. A digital thermometer can be used to take a temperature rectally (in the rectum), orally (under the tongue) or axillary (under the arm). Label one thermometer for rectal use only.

Other types of thermometers may be safely used on a baby although they may not be as accurate. These include digital thermometers that take a tympanic membrane (ear canal) and temporal artery (across the head) reading. The type of thermometer you use will depend on your baby’s age. Here’s a quick look:

- **Age 0-3 years.** A rectal temperature is recommended as the most accurate for a baby through age 3 years. Wash your hands before and after taking the temperature. To take a rectal temperature:
  - Lubricate the digital thermometer with petroleum jelly or a water-soluble lubricant
  - Insert only the tip of the thermometer 1/2 inch into the baby’s rectum
  - Hold your baby in the diaper changing position (hand cupped over baby’s bottom) and hold the thermometer in place until it beeps

- **Over age 3 months.** An axillary (armpit) temperature can be used for children over 3 months of age although it is not as accurate as a rectal temperature.

**WARNING**

Call your health care provider if your baby has a temperature reading of 100.4° F (38° C) or higher. This is especially important if your baby is under three months old. If your baby is under two months old, this is considered an emergency and you should seek immediate medical care.
MEDICATIONS

If your child is ill and your baby’s health care provider recommends giving medication, you will need to know about acetaminophen (Tylenol®, Feverall®, Tempra®) and ibuprofen (Motrin® or Advil®).

General guidelines:
• After confirming the medication with your care provider, always follow the dosage on the bottle
• Always use a medication syringe; if you don’t have one, you can get it at the pharmacy
• Don’t use a spoon that you eat with to measure and give medicine
• You will need to know the weight of your baby or child to determine the correct dosage
• Write down the time you gave the medication and the dosage each time
• Repeat the dosage as instructed on the label or by your health care provider
• Always check the expiration date on the medication before giving; throw out if expired

Medication cautions:
• Do not give acetaminophen to a baby under 12 weeks of age unless directed by your health care provider
• Do not give ibuprofen to a baby who is younger than 6 months of age
• Do not give combination medications to babies under 2 years of age
• Avoid any products labeled nasal decongestant, cough suppressant, expectorant or antihistamine
FIRST AID

As a new parent, you will need to learn about basic first aid. Because eventually your little one will scrape a knee, get an insect bite, fall down, or have another common injury and come to you for help.

First Aid Kit

Having a first aid kit in your home and in each vehicle helps you stay prepared. You can buy commercial first aid kits or make your own. Many commercial kits also include helpful instructions for giving basic first aid. Be sure that the first aid kit fastens securely and is stored away from children.

What to put in a first aid kit:

- Emergency phone numbers for every family member's health care provider
- The phone number of the Poison Help Hotline: 800-222-1222
- Antibacterial hand gel and ointment, different-sized band aids, gauze, adhesive tape, a small cold pack, scissors, tweezers, a thermometer, acetaminophen, and ibuprofen

What to Do

If your child comes to you with an injury, stay calm and reassure both yourself and your child that everything will be OK. Always wash your hands before touching the injured area.

As quickly as possible, decide if you can care for the injury at home, need to call or visit an urgent care center or your doctor's office, or call 911. If you're not sure, call your health care provider for advice. Most pediatrician's offices have an after-hours phone number that you can call 24/7.
Parents know their baby’s normal behavior and can sense when the baby isn’t feeling well. If you think your baby is sick, do not hesitate to call their health care provider or take them to the emergency room if it seems serious. Take your baby’s temperature before you call, because the nurse will ask you for this information.

**WARNING**

Contact your doctor’s office right away if your baby has any of these signs or symptoms:

- Breathing difficulty and bluish around lips or mouth—**Call 911 immediately!**
- Change in breathing pattern: breathing too fast or struggling for air
- Eating poorly or refusing to eat at all
- No stool for 48 hours and less than 6 wet diapers a day
- Temperature of 100.4°F or higher (in babies younger than 3 months)
- When a fever rises above 104°F repeatedly for a child of any age
- Vomiting repeatedly and unable to keep fluids down
- Listless or hard to wake up
- Crying excessively with no known cause or an unusual or high-pitched cry
- An unusual or severe rash (other than prickly heat)
- Frequent or successive bowel movements with excess fluid, mucus or unusually foul odor
- Bloody vomit or stool
- Signs of dehydration include:
  - Crying without tears
  - Sunken eyes
  - Soft spot on baby’s head is sunken
  - Dry skin, dry or cracked lips
  - No wet diapers in 6-8 hours
  - Increased sleepiness or irritability
INFANT CPR (UNDER 1 YEAR OF AGE)

The thought of having to do cardio-pulmonary resuscitation (CPR) on your baby is very frightening.

However, you need to know what to do in an emergency. It is strongly recommended that parents and other caregivers take an infant CPR class. Call your local American Heart Association or American Red Cross, search online for classes in your area, or ask your baby’s health care provider for more information.

How to Do CPR on a Baby

Infant CPR is a little different from adult CPR, but the concept is the same. Memorizing the letters C-A-B will help you remember what to do in an emergency.

**C**

Check for Consciousness

- Tap or flick the bottom of your baby’s foot
- If there is no response and your baby is not breathing, start chest compressions and have someone call 911

**Breathing**

- Cover baby’s mouth and nose with your mouth
- Gently puff until you see their chest rise
- As the air escapes, their chest will go back down
- Then give one more breath
- Give 2 breaths after every 30 chest compressions
- Continue CPR for 5 cycles
- If you are alone, call 911 after 2 minutes
- Continue with 30 compressions and 2 breaths until help arrives or the baby begins to breathe

**A**

Airway

- After 30 compressions, gently tilt the baby’s head back to open the airway
- To tilt, lift the baby’s chin with one hand and push down on the forehead with the other hand

**B**

Chest Compressions

- Place your baby on their back on a hard, flat surface
- Place two fingers of one hand in the center of the chest just below the nipple line
- Gently compress the chest about 1 ½ inches downward
- Do compressions at the rate of about 100-120 per minute

The information on this page is for quick reference only and not a substitute for training. Parents and caregivers should take an infant CPR/first aid class before or soon after the baby comes home.
INFANT CHOKING (UNDER 1 YEAR OF AGE)

Choking can be scary. Little ones will put almost anything that’s small enough into their mouths. If a small object gets lodged in the windpipe and your baby cannot cough, breathe or cry, you need to know how to dislodge it as quickly as possible.

If your baby is awake (responsive) and choking

- See if the baby can cry
- If the baby can’t cry, shout for someone to call 911

How to Clear a Baby’s Airway

**STEP 1**

- Lay the baby face down along your forearm
- Use your thigh or lap for support
- Hold the baby’s chest in your hand
- Support their head by holding their jaw
- Their head should be lower than their body
- With the heel of your hand, give 5 quick firm back blows between the shoulder blades

**STEP 2**

- If back blows didn’t dislodge the object, turn the baby face up
- Use your thigh or lap for support
- Support the head which should be lower than the body
- Place 2 fingers on the middle of the chest just below the nipple line
- Give 5 quick thrusts down, compressing the chest about 1 1/2 inches
- Repeat back blows and chest thrust until the airway is cleared (baby cries/makes noise)
- If baby becomes unconscious while giving choking aid, start infant CPR (see page 90)
- Carefully check the airway for blockage each time before giving breaths
- Only put your finger in their mouth if you can see the object

The information on this page is for quick reference only and not a substitute for training. Parents and caregivers should take an infant CPR/first aid class before or soon after the baby comes home.
As you look forward to helping your little one blow out the candles on that first birthday cake, why not take a moment to reflect on your first year together.

You’ve both learned, grown and changed. You’ve celebrated the good times and found your way through the challenging times. And now your baby is almost a toddler. As the parent of an amazing little person with a very bright future, please take a moment to give yourself a pat on the back. You’re doing a great job!

We hope that this book has been a source of information, clarity and comfort to you and your family during your exciting first year with your baby.
**Apgar.** An index used to evaluate the condition of a newborn infant based on a rating of 0, 1, or 2 for each of the five characteristics of color, heart rate, response to stimulation of the sole of the foot, muscle tone, and respiration with 10 being a perfect score.

**Areola.** The dark ringed area around the nipple.

**Auditory Brainstem Response (ABR).** The ABR test measures the reaction of the parts of a child's nervous system that affect hearing.

**Baby Blues.** Commonly includes mood swings, crying spells, anxiety and difficulty sleeping. Baby blues typically begin within the first two to three days after delivery, and may last for up to two weeks.

**Certified Child Passenger Safety Technician.** Car seat experts who have taken a 40-hour class with curriculum written by NHTSA in collaboration with National CPS Board and Safe Kids Worldwide.

**Delayed Cord Clamping.** About 30-60 seconds after your baby is born their umbilical cord will be clamped and cut. Delayed clamping of the umbilical cord increases your baby’s hemoglobin levels. It can also increase iron levels in the first few months of life which may help with your baby’s development.

**Developmental Delay.** When a child does not reach their developmental milestones at the expected times. It is an ongoing major or minor delay in the process of development. If your child is temporarily lagging behind, that is not called developmental delay.

**Diarrheal Diseases.** A collection of diseases caused by multiple viral, bacterial, and parasitic organisms that share the common symptom of diarrhea.

**Disability.** Any continuing condition that restricts everyday activities. The Disability Services Act (1993) defines ‘disability’ as meaning a disability: which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments.

**Feeding Cues.** Signs that let you know that your baby is hungry. These can be lip-smacking, mouth opening and hand-to-mouth motion.

**Jaundice.** The skin and eyes appear yellow from excess bilirubin in the blood. Very common in babies. It is treated with phototherapy.

**Lactation Consultant.** A health professional who specializes in the clinical management of breastfeeding.

**Latch.** The baby positioned on the breast with the entire nipple and at least an inch of the areolar tissue in his mouth. The compression of the suck and the baby’s tongue resting on the lower gum allows the baby to draw milk through the nipple.

**Metabolic Screening.** Screens for rare but potentially serious disorders such as phenylketonuria (PKU), cystic fibrosis, and congenital hypothyroidism. A blood sample is taken from your baby’s heel at or as soon as possible after 48 hours of age.

**Neonatal Intensive Care Unit (NICU).** Also known as an intensive care nursery (ICN), is an intensive care unit specializing in the care of ill or premature newborn infants.

**Non-toxic.** Things that aren’t poisonous. It’s generally safe to eat or breathe nontoxic substances and they don’t harm the environment.

**Osteoporosis.** A bone disease that occurs when the body loses too much bone, makes too little bone, or both. As a result, bones become weak and may break from a fall or, in serious cases, from sneezing or minor bumps. Osteoporosis means “porous bone.”

**Otoacoustic (Emissions) OAE.** A test to find out how well the inner ear, or cochlea, works. It measures sounds given off by the inner ear when responding to a sound. There are hair cells in the inner ear that respond to sound by vibrating. The vibration produces a very quiet sound that echoes back into the middle ear. This sound is the OAE that is measured.

**Oxytocin.** A hormone in your body that contributes to the start of labor and later to affect the “let-down” response in breastfeeding.

**Paternal Postnatal Depression (PPND).** A common condition among men after the birth of a child. Depression, anxiety or other problems with mood can occur anytime during the first year of your child’s life.

**Phototherapy.** Special lights used to treat jaundice. Babies will be undressed and have a protective mask over their eyes while the lights are on.

**Postpartum Depression.** May be mistaken for baby blues at first—but the signs and symptoms are more intense and last longer, and may eventually interfere with your ability to care for your baby and handle other daily tasks. Symptoms usually develop within the first few weeks after giving birth, but may begin earlier during pregnancy or later—up to a year after birth.

**Pureed.** Cooked food, usually vegetables, fruits or legumes, that has been ground, pressed, blended or sieved to the consistency of a creamy paste or liquid.

**Pulse Oximetry (Pulse Ox).** A small red light wrapped around the baby’s hand or foot to monitor oxygen in the blood. The test is painless and takes only a few minutes.

**Radio Frequency Identification RFID.** A form of wireless communication that incorporates the use of electromagnetic or electrostatic coupling in the radio frequency portion of the electromagnetic spectrum to uniquely identify an object, animal or person.

**Skin-to-Skin.** The practice of holding your diapered baby on your bare chest with a blanket over your baby’s back. Parents are encouraged to bond with their babies by doing skin-to-skin care.

**Sudden Infant Death Syndrome (SIDS).** The unexplained death, usually during sleep, of a seemingly healthy baby less than a year old. SIDS is sometimes known as crib death because the infants often die in their cribs.

**Vitamin K Deficiency Bleeding or VKDB.** Occurs when babies cannot stop bleeding because their blood does not have enough Vitamin K to form a clot. The bleeding can occur anywhere on the inside or outside of the body. When the bleeding occurs inside the body, it can be difficult to notice.
### BREASTFEEDING/ NUTRITION

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<td>La Leche League International</td>
<td>Breastfeeding Support/Education</td>
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<td>International Lactation Consultant Association</td>
<td>Find a Lactation Consultant</td>
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<td>Special Supplemental Nutrition Program Women, Infants and Children (WIC)</td>
<td>Supplemental Food, Healthcare Referral, Nutrition Education</td>
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<td>04</td>
<td>Milk Bank Association of North America</td>
<td>Human Milk for Babies</td>
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<tr>
<td>05</td>
<td>U.S. Department of Health &amp; Human Services</td>
<td>Laws for Breastfeeding</td>
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<td>Centers for Disease Control and Prevention (CDC)</td>
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<tr>
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<td>Stanford Medicine</td>
<td>Hand Expression of Breastmilk</td>
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### CHILD DEVELOPMENT/ SUPPORT

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<td>CDC Milestone Tracker</td>
<td>Track Growth and Development</td>
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<td>03</td>
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<td>05</td>
<td>Nursing Family Partnership</td>
<td>Support for First Time Moms</td>
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## CHILDCARE/WORKING

| 01 | National Association for the Education of Young Children (NAEYC) | Accreditation of Early Learning Centers |
|    | www.naeyc.org |  |
| 02 | National Association for Family Child Care | Accreditation of Family Child Care |
|    | nafcc.org |  |
| 03 | Child Care Aware® | Find Child Care Providers |
|    | childcareaware.org |  |

## SAFETY

<p>| 01 | Juvenile Products Manufacturers Association | Product Safety |
|    | jpma.org/page/parents |  |
| 02 | National Highway Traffic Safety Administration | Car Seat Information |
|    | nhtsa.gov/equipment/car-seats-and-booster-seats |  |
| 03 | National Safety Council Lead Information Center | Lead Poisoning |
|    | nsc.org/home-safety/safety-topics/other-poisons/lead |  |
| 04 | American Association of Poison Control Centers | Poison Prevention and Treatment |
|    | aapcc.org/centers |  |
| 05 | U.S. Consumer and Product Safety Commission | Safety Recalls on Products |
|    | cpsc.gov |  |
| 06 | Safe Kids | Injury Prevention |
|    | safekids.org |  |
| 07 | Shaken Baby Syndrome | Shaken Baby Prevention |
|    | dontshake.org/learn-more |  |
| 08 | Pets and Babies | Education for Pet Owners |
|    | aspca.org/pet-care/cat-care/cats-and-babies |  |
|    | aspca.org/pet-care/dog-care/dogs-and-babies |  |</p>
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<td>American College of Obstetricians and Gynecologists (ACOG)</td>
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<td>Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)</td>
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<td>Early Childhood Learning and Knowledge Center</td>
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<td>11</td>
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<td>Mom Postpartum Support</td>
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<td>12</td>
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