



# Bright Futures Parent Handout 2 to 5 Day (First Week) Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

## How You Are Feeling

- Call us for help if you feel sad, blue, or overwhelmed for more than a few days.
- Try to sleep or rest when your baby sleeps.
- Take help from family and friends.
- Give your other children small, safe ways to help you with the baby.
- Spend special time alone with each child.
- Keep up family routines.
- If you are offered advice that you do not want or do not agree with, smile, say thanks, and change the subject.

## Feeding Your Baby

- Feed only breast milk or iron-fortified formula, no water, in the first 6 months.
- Feed when your baby is hungry.
  - Puts hand to mouth
  - Sucks or roots
  - Fussing
- End feeding when you see your baby is full.
  - Turns away
  - Closes mouth
  - Relaxes hands

## If Breastfeeding

- Breastfeed 8–12 times per day.
- Make sure your baby has 6–8 wet diapers a day.
- Avoid foods you are allergic to.
- Wait until your baby is 4–6 weeks old before using a pacifier.
- A breastfeeding specialist can give you information and support on how to position your baby to make you more comfortable.
- WIC has nursing supplies for mothers who breastfeed.

## If Formula Feeding

- Offer your baby 2 oz every 2–3 hours, more if still hungry.
- Hold your baby so you can look at each other while feeding
- Do not prop the bottle.
- Give your baby a pacifier when sleeping.

## Baby Care

- Use a rectal thermometer, not an ear thermometer.
- Check for fever, which is a rectal temperature of 100.4°F/38.0°C or higher.
- In babies 3 months and younger, fevers are serious. Call us if your baby has a temperature of 100.4°F/38.0°C or higher.
- Take a first aid and infant CPR class.
- Have a list of phone numbers for emergencies.
- Have everyone who touches the baby wash their hands first.
- Wash your hands often.
- Avoid crowds.
- Keep your baby out of the sun; use sunscreen only if there is no shade.
- Know that babies get many rashes from 4–8 weeks of age. Call us if you are worried.

## Getting Used to Your Baby

- Comfort your baby.
  - Gently touch baby's head.
  - Rocking baby.
- Start routines for bathing, feeding, sleeping, and playing daily.
- Help wake your baby for feedings by
  - Patting
  - Changing diaper
  - Undressing

- Put your baby to sleep on his or her back.
  - In a safe crib, in your room, not in your bed.
  - Swaddled or with tucked blankets.
  - Do not use loose, soft bedding or toys in the crib such as comforters, pillows, or pillow-like bumper pads.
- Use a crib with slats close together.
  - 2<sup>3</sup>/<sub>8</sub> inches apart or less
- Keep the baby from getting too warm or cold.

## Safety

- The car safety seat should be rear-facing in the middle of the back seat in all vehicles.
- Your baby should never be in a seat with a passenger air bag.
- Keep your car and home smoke free.
- Keep your baby safe from hot water and hot drinks.
- Do not drink hot liquids while holding your baby.
- Make sure your water heater is set at lower than 120°F.
- Test your baby's bathwater with your wrist.
- Always wear a seat belt and never drink and drive.

## What to Expect at Your Baby's 1 Month Visit

### We will talk about

- Any concerns you have about your baby
- Feeding your baby and watching him or her grow
- How your baby is doing with your whole family
- Your health and recovery
- Your plans to go back to school or work
- Caring for and protecting your baby
- Safety at home and in the car



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# Bright Futures Parent Handout 1 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

## How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Call for help if you feel sad or blue, or very tired for more than a few days.
- Know that returning to work or school is hard for many parents.
- Find safe, loving child care for your baby. You can ask us for help.
- If you plan to go back to work or school, start thinking about how you can keep breastfeeding.

## Getting to Know Your Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on his back.
  - In your room.
  - Not in your bed.
  - In a crib, with slats less than 2 3/8 inches apart.
  - With the crib's sides always up.
- If using a playpen, make sure the weave is less than 1/4 inch and never leave the baby in it with the drop side down.
- Hold and cuddle your baby often.
  - Tummy time—put your baby on his tummy when awake and you are there to watch.
- Crying is normal and may increase when your baby is 6–8 weeks old.
- When your baby is crying, comfort him by talking, patting, stroking, and rocking.
- *Never shake your baby.*
- If you feel upset, put your baby in a safe place; call for help.

## Safety

- Use a rear-facing car safety seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke free.
- Keep hanging cords or strings away from and necklaces and bracelets off of your baby.
- Keep a hand on your baby when changing clothes or the diaper.

## Your Baby and Family

- Plan with your partner, friends, and family to have time for yourself.
- Take time with your partner too.
- Let us know if you are having any problems and cannot make ends meet. There are resources in our community that can help you.
- Join a new parents group or call us for help to connect to others if you feel alone and lonely.
- Call for help if you are ever hit or hurt by someone and if you and your baby are not safe at home.
- Prepare for an emergency/illness.
  - Keep a first-aid kit in your home.
  - Learn infant CPR.
  - Have a list of emergency phone numbers.
  - Know how to take your baby's temperature rectally. Call us if it is 100.4°F (38.0°C) or higher.
- Wash your hands often to help your baby stay healthy.

## Feeding Your Baby

- Feed your baby only breast milk or iron-fortified formula in the first 4–6 months.

- Pat, rock, undress, or change the diaper to wake your baby to feed.
- Feed your baby when you see signs of hunger.
  - Putting hand to mouth
  - Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
  - Turning away
  - Closing the mouth
  - Relaxed arms and hands
- Breastfeed or bottle-feed 8–12 times per day.
- Burp your baby during natural feeding breaks.
- Having 5–8 wet diapers and 3–4 stools each day shows your baby is eating well.

## If Breastfeeding

- Continue to take your prenatal vitamins.
- When breastfeeding is going well (usually at 4–6 weeks), you can offer your baby a bottle or pacifier.

## If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 2 oz every 2–3 hours. If your baby is still hungry, you can feed more.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

## What to Expect at Your Baby's 2 Month Visit

### We will talk about

- Taking care of yourself and your family
- Sleep and crib safety
- Keeping your home safe for your baby
- Getting back to work or school and finding child care
- Feeding your baby

Poison Help: 1-800-222-1222

Child safety seat inspection:  
1-866-SEATCHECK; seatcheck.org



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Illustration by  
Billy Nuñez, age 16

# WELCOME TO THE WORLD OF PARENTING!

## NEWBORNS ARE DELIGHTFUL—AND TIRING

- Newborns may sleep only a few hours at a time.
- A newborn's ability to hear, see, smell, and feel grows every day.
- Parents can help crying babies calm down by making them feel warm, close, and comfortable—just like it was in the womb.
- Since all parents can get upset from crying babies, it's important to know when and how to ask for help.
- Friends and family can share the delight and the work of caring for newborns.

**Y**our baby is finally here.  
**Congratulations!**

## BABY'S SLEEP AND MOTHER'S REST

Newborns usually sleep 16 to 17 hours a day, but they may sleep for only a couple of hours at a time.

- Many babies wake up every 2 to 4 hours, day or night.
- New mothers need plenty of rest after childbirth to get their strength and energy back.
- Mother and baby can take a nap at the same time.
- As the new father supports mom during her recovery, he can enjoy getting to know this new addition to the family!

## INFORMATION FOR DADS

### It's a new life for you.

Your role as a father will bring about some big changes in your life. The physical, emotional, and financial demands of being a dad can cause stress. You also may feel a little left out during the first few weeks, since much of the attention is on your new baby and the mom. By becoming actively involved with your new baby, feelings of stress and being left out will decrease. You will begin to:

- Enjoy the pleasure of being a dad.
- Strengthen your relationship with your baby's mother.
- Contribute to the well-being of your baby.

### Ways for you to be involved.

Your baby already knows who you are from hearing your voice before birth.

- As you hold your baby in your arms, enjoy the feeling of your baby cuddling up to you.
- Have fun as you spend time talking to your new baby.
- If you have older children, they will need your support now while their mother is tired and focused on the new baby.

## WHEN YOUR BABY CRIES A LOT

Sometimes, we just don't know why babies are crying! So, what can you do? Think about what it was like when your baby was in the womb, and try to create a similar experience.

- **Calmly hold** your baby close to your shoulder or chest—inside the womb, it was warm and close.
- **Swaddle** (wrap) your baby in a blanket—toward the end of pregnancy, it was very crowded.



- Quietly sing or talk to your baby, softly play calm music—voices heard through the womb were very comforting.
- Gently rock your baby or go for a quiet walk—before birth, your baby was used to quietly floating.

There will be a few times when babies will continue to cry until either sleep finally arrives or they become quiet yet alert.

Comforting babies when they cry does not spoil them. In fact, many babies learn how to calm themselves just by knowing that someone will calm them.

Sometimes, babies will continue to fuss after parents have tried everything! They are crying because they have had all the excitement that they can handle for now. This is when it's best to quietly hold your baby, or put your baby in a safe place, like the crib, and wait until all is calm.

### CRYING BABIES UPSET PARENTS

All parents get upset when their baby cries. With all this crying, try to stay patient. Your baby can sense when you are upset or tense.

After trying all the ways that usually calm your baby, it's OK to let your baby cry. It's OK to place your baby, face up, in the crib to calm down. It's OK to let your baby cry sometimes and give yourself time to calm down. Do something that you enjoy and find calming—have a cup of tea or coffee, listen to music, call a friend or spouse, read, or meditate. These feelings of stress are natural and will pass.

If your baby's crying is getting to be too much—and it does get to this point for many parents—reach out for help. Talk with a friend or relative who has been through this, or call your pediatrician.

**Never yell at, hit, or shake your baby!**

### INFORMATION FOR MOMS

Becoming a parent brings big changes to your life—more than you might have imagined!

#### You may feel tired much of the time.

Your body is recovering from pregnancy and childbirth. At times, you may wonder if you will be able to make it through the first month. This is common and normal. Let family and friends help out with meals, shopping, cleaning, and if you have other children, taking care of them. Don't feel that you need to entertain visitors as well!

#### You may have wild mood swings.

As your body begins to adjust, you may go from great highs to hopeless lows. This is common during the first weeks after giving birth, but please let people know if you feel down or overwhelmed. Your feelings deserve attention and support from your family and friends, and from your doctors. If you think you need help, ask for it. Taking care of your emotional and physical health also helps your baby.

#### You may feel lonely.

Some of your links to family and friends will get stronger, while others may get weaker. Some people will understand what you are going through, and others won't. Your baby needs and will demand much of your attention, time, and energy. If you are a mom who also works outside of the home, chances are you are not seeing friends from work at this time. Try reaching out to family and friends, or find other new mothers who live near you.



## BABY BEHAVIOR

Most babies are born able to hear, see, smell, and feel the people and objects that are near them. When your baby is awake, you will notice how the ability to follow people and sounds grows every day.

After a few weeks, babies can stay awake longer. They begin to do everything longer, including fussing and crying. By the time babies are 1 month old, many will cry for 2 or more hours every day. This is completely normal. Between ages 2 and 4 months, most babies will start to cry a lot less—as little as 1 hour for the whole day.

Babies cry the most from ages 2 to 10 weeks.

Babies love the people who care for them. Don't take your baby's crying personally. Babies may cry because they are:

- Tired
- Hungry
- Hot or cold
- In need of a diaper change
- Overstimulated



Connected Kids are Safe, Strong, and Secure

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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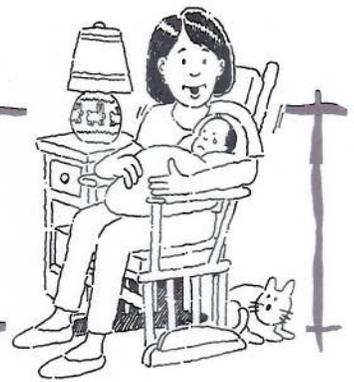
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# Crying and Your Baby: How to Calm a Fussy or Colicky Baby



Babies cry for different reasons. Crying is one way babies try to tell us what they need. They may be hungry, have a soiled diaper, or just want a little attention. (See checklist at the bottom.) If a crying baby cannot be comforted, the cause may be colic. Read on about colic and ways to calm a crying baby.

## What is colic?

Colic is a word used to describe healthy babies who cry a lot and are hard to comfort. No one knows for sure what causes colic, but it may be an immaturity of the digestive system. In general, babies with colic will be fussy but will continue to gain weight and develop normally. If you are concerned, it is best to check with your child's doctor to make sure there is not another medical cause.

## Who gets colic?

About 1 out of every 5 babies develops colic. Each baby is different, but in general

- Colic starts when a baby is 2 to 4 weeks old and usually peaks around 6 weeks.
- Colic usually starts to get better when babies are cooing and smiling sociably, around 8 weeks.
- Colic usually resolves by 3 to 4 months but can last until 6 months.

## How can I tell if my baby has colic?

The following are different ways babies with colic may act:

- Crying is intense, sometimes up to 3 to 5 hours a day. Between crying episodes babies act normal.
- Crying is often predictable, often at the same time each day. It usually occurs in the late afternoon to evening.
- When crying, babies often pass gas, pull their legs up, or stretch their legs out.

## Ways to calm a fussy or colicky baby

The following are ways you can try to comfort a crying baby. It may take a few tries, but with patience and practice you'll find out what works and what doesn't for your baby.

- **Swaddle your baby** in a large, thin blanket (ask your nurse or child's doctor to show you how to do it correctly) to help her feel secure.
- **Hold your baby** in your arms and place her body either on her left side to help digestion or on her stomach for support. Gently rub her back. If your baby goes to sleep, remember to always lay her down in her crib on her back.
- **Turn on a calming sound.** Sounds that remind babies of being inside the womb may be calming, such as a white noise device, the humming sound of a fan, or the recording of a heartbeat.

- **Walk your baby in a body carrier or rock her.** Calming motions remind babies of movements they felt in the womb.
- **Avoid overfeeding your baby** because this may also make her uncomfortable. Try to wait at least 2 to 2½ hours from the beginning of one feeding to the beginning of the next.
- **If it is not yet time to feed your baby, offer the pacifier or help your baby find her thumb or finger.** Many infants are calmed by sucking.
- **If food sensitivity is the cause of discomfort, a change in diet may help.**
  - For breastfed babies, moms may try changing their own diet. See if your baby gets less fussy if you cut down on milk products or caffeine. If there is no difference after making the dietary changes, then resume your usual diet. Avoiding spicy or gassy foods like onions or cabbage has worked for some moms, but this has not been scientifically proven.
  - For bottle-fed babies, ask your child's doctor if you should try a different formula. This has been shown to be helpful for some babies.
- **Keep a diary of when your baby is awake, asleep, eating, and crying.** Write down how long it takes your baby to eat or if your baby cries the most after eating. Talk with your baby's doctor about these behaviors to see if her crying is related to sleeping or eating.
- **Limit each daytime nap to no longer than 3 hours a day.** Keep your baby calm and quiet when you feed or change her during the night by avoiding bright lights and noises such as the TV.

## What your baby may need checklist

The following are some other reasons why your baby may cry and tips on what you can try to meet that need.

### If your baby is...

**Hungry.** Keep track of feeding times and look for early signs of hunger, like lip-smacking or moving fists to his mouth.

**Cold or hot.** Dress your baby in about the same layers of clothing that you are wearing to be comfortable.

**Wet or soiled.** Check the diaper. In the first few months babies wet and soil their diapers a lot.

**Spitting up or vomiting a lot.** Some babies have symptoms from gastroesophageal reflux (GER) and the fussiness can be confused with colic. Contact your child's doctor if your baby is fussy after feeding, has excessive spitting or vomiting, and is losing or not gaining weight.

**Sick (has a fever or other illness).** Check your baby's temperature. If your baby is younger than 2 months and has a fever, call your child's doctor right away.

**Overstimulated.** See "Ways to calm a fussy or colicky baby."

**Bored.** Quietly sing or hum a song to your baby. Go for a walk.

### **Important information for moms and dads**

If you are feeling stressed and ready to cry or scream, put the baby down in a safe place and take a break. Ask a family member or a friend to watch your baby for a short time. You need time to yourself, even if it's only an hour to refresh yourself. Remember: NEVER shake your baby.

Also, remember that it is OK to place the baby down in her crib for awhile, maybe 10 or 15 minutes, if she continues to cry, as long as you have made sure that she has been fed, burped, and changed and that everything is all right with her. Sometimes both you and your baby need a break.

Let your own health care provider know if you are experiencing depression or are having a very difficult time with your emotions.

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**From your doctor**

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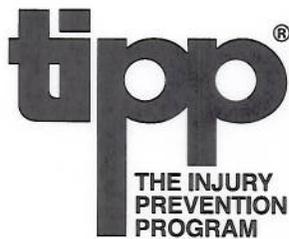
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# Birth to 6 Months



## BIRTH TO 6 MONTHS

### Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children *learn fast*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

#### Car Injuries

**Car crashes** are a great threat to your child's life and health. Most injuries and deaths from car crashes **can be prevented** by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one — in a car safety seat. Your infant should ride in the back seat in a rear-facing car seat.

**Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.**

NEVER put an infant in the front seat of a car with a passenger air bag.



#### Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. **Do not leave your baby alone** on changing tables, beds, sofas, or chairs. **Put your baby in a safe place** such as a crib or playpen when you cannot hold him.

Your baby may be able to crawl as early as 6 months. **Use gates on stairways and close doors** to keep your baby out of rooms where he or she might get hurt. **Install operable window guards** on all windows above the first floor.

**Do not use a baby walker.** Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves.

**If your child has a serious fall or does not act normally after a fall, call your doctor.**



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## Burns

At 3 to 5 months, babies will wave their fists and grab at things. **NEVER carry your baby and hot liquids, such as coffee, or foods at the same time.** Your baby can get burned. You can't handle both! To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

**If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.**

To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.



## Choking and Suffocation

Babies explore their environment by putting anything and everything into their mouths. **NEVER leave small objects in your baby's reach, even for a moment.** NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. **Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child.**

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. NEVER put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

**Plastic wrappers and bags** form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your baby.



From Your Doctor

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# Postpartum Depression

## What is postpartum depression?

After childbirth, many mothers feel sad, afraid, or angry. This is called postpartum blues or the baby blues. For most women these postpartum blues are mild and go away within a week. Postpartum depression lasts longer and is more severe. About 10 to 20% of women, especially very young mothers, have the more severe form.

## How does it occur?

You may have postpartum depression within a few days to a few weeks after giving birth or having a miscarriage. For about 60% of women, it is your first episode of depression. While hormone changes after giving birth seem to play a part, the full causes are not known. Risk factors that increase your chances of getting postpartum depression are:

- having been depressed sometime before you got pregnant
- having been depressed after a previous pregnancy
- having family members who were depressed, especially after a pregnancy
- returning home with your baby to a very stressful home or relationship
- having a baby with health problems or a baby who cries often
- having a miscarriage late in pregnancy or a stillbirth
- If your pregnancy was unwanted you are also at risk for post partum depression.

## What are the symptoms?

Besides feeling sad and uninterested in activities, you may also:

- Feel unable or unwilling to care for your baby.
- Feel like harming your baby.
- Be irritable.
- Have trouble falling asleep, wake up very early, or sleep too much.
- Be tired and low in energy.
- Feel worthless and guilty.
- Have trouble concentrating or remembering things.
- Feel hopeless or just do not care about anything.
- Have unexplained pain in your back or abdomen, or get headaches.
- Worry that you will never feel better.

Some women also become anxious, have hallucinations, or delusions. If you have hallucinations (hear voices or see things not present) or delusions (thoughts not grounded in reality) this is called postpartum psychosis.

## How is it diagnosed?

Your health care provider or a mental health professional can tell you if your symptoms are postpartum depression. He or she will ask about your symptoms and any drug or alcohol use. You may be tested to rule out medical problems such as hormone imbalances. There are no lab tests to diagnose postpartum depression.

## When should I seek help?

Do not try to overcome postpartum depression by yourself. Seek professional help if you believe that you or a loved one has the symptoms described here. It can be successfully treated with either psychotherapy or antidepressant medicine or both.

**Get emergency care if you or a loved one has serious thoughts of suicide or harming your baby, or if you hear voices or see things not present, or have delusions (thoughts not grounded in reality).**

# SIDS: Important Information for Parents

Sudden infant death syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year. To lower the risk of SIDS, all healthy infants should sleep on their backs—at nap time and at night. Here's how you can lower your baby's risk.

## The safest position to sleep

- Place your baby on his back to sleep; it's the safest position.
- Babies who sleep on their stomachs are at a higher risk for SIDS.
- Side sleeping is not as safe as back sleeping and is not advised.

## The safest place to sleep

- Place your baby in a safety-approved crib with a firm mattress and a fitted sheet.
- Never put your baby to sleep on a chair, sofa, water bed, cushion, or sheepskin.
- The safest place for your baby to sleep is in the room where you sleep, but not in your bed.
- Place your baby's crib or bassinet near your bed (within an arm's reach) to make breastfeeding easier and help you watch over your baby.
- If bumper pads are used, they should be thin, firm, well secured, and not "pillow-like."
- Blankets, if used, should be tucked in around the crib mattress. They should not reach any higher than your baby's chest. Try using sleep sacks or sleep clothing instead of a blanket to avoid the risk of overheating.
- Keep pillows, quilts, comforters, sheepskins, and stuffed toys out of your baby's crib. They can cover your infant's face—even if she is lying on her back.

## Other ways to reduce the risk

- Do not let your baby get too warm during sleep. Use light sleep clothing. Keep the room at a temperature that feels comfortable for an adult.
- Do not smoke during pregnancy. Also, do not allow smoking around your baby. Infants have a higher risk of SIDS if they are exposed to secondhand smoke. One of the most important things parents and caregivers who smoke can do for their own health and the health of their children is to stop smoking.
- Pacifiers may help reduce the risk of SIDS. However, if your baby doesn't want it or if it falls out of his mouth, don't force it. If you are breastfeeding, wait until your baby is 1 month old before using a pacifier.

- Avoid products that claim to prevent SIDS. Most have not been tested for safety. None have been shown to reduce the risk of SIDS.
- Home monitors should also be avoided. While they can be helpful for babies with breathing or heart problems, they have not been found to reduce the risk of SIDS.
- Give your baby plenty of "tummy time" when he is awake. This will help strengthen neck muscles and avoid flat spots on his head.
- Share this information with anyone who cares for your baby, including babysitters, grandparents, and other caregivers.

These recommendations are for healthy infants. A very small number of infants with certain medical conditions may need to be placed to sleep on their stomachs. Your pediatrician can advise you if a position other than the back is needed.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

## From your doctor

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics  
Web site—[www.aap.org](http://www.aap.org)

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# Car Safety Seat Checkup

Using a car safety seat correctly makes a big difference. Even the "safest" seat may not protect your child in a crash unless it is used correctly. So take a minute to check to be sure.

## » Does your car have air bags?

- *Never* place a rear-facing car safety seat in the front seat of a vehicle that has a front passenger air bag. If the air bag inflates, it will hit the back of the car safety seat, right where your baby's head is, and could cause serious injury or death.
- The safest place for all children to ride is in the back seat.
- If an older child *must* ride in the front seat, a child in a forward-facing car safety seat with a harness may be the best choice. Just be sure the vehicle seat is moved as far back from the dashboard (and the air bag) as possible.

## » Is your child facing the right way for weight, height, and age?

- All infants should always ride facing the back of the car until they have reached at least 1 year of age *and* weigh at least 20 pounds (Figure 1).
- A child who weighs at least 20 pounds or exceeds the height limit for the car safety seat before she reaches 1 year of age should be moved to a seat with higher weight and height limits and continue to ride rear-facing until she reaches the highest weight or height allowed by the car safety seat manufacturer.
- A child who weighs more than 20 pounds *and* is older than 1 year may face forward (Figure 2). It is best to ride rear-facing as long as possible.
- Once your child faces forward, she should use a car safety seat with a full harness until she reaches the top weight or height allowed by the seat.

## » Is the harness snug?

- Harnesses should fit snugly against your child's body. Check the car safety seat instructions on how to adjust the straps.
- The chest clip should be placed at armpit level (Figure 2) to keep the harness straps on the shoulders.

## » Has your child outgrown the forward-facing seat?

- Use a belt-positioning booster seat until your child is big enough for the seat belt to fit properly. A belt-positioning booster seat is used with a lap and shoulder belt (Figure 3).
- A seat belt fits properly when the shoulder belt crosses the chest and shoulder, the lap belt is low and snug across the thighs, and the child is tall enough so that when he sits against the vehicle seat back, his legs bend at the knees and his feet hang down.

## » Does the car safety seat fit correctly in your vehicle?

- Not all car safety seats fit properly in all vehicles.
- When the car safety seat is installed, be sure it does not move side to side or toward the front of the car.
- Read the section on car safety seats in the owner's manual for your car.

## » Is the seat belt in the right place and pulled tight?

- Route the seat belt through the correct path. Convertible seats have different belt paths for rear-facing and forward-facing (check your instructions to make sure).
- Pull the belt *tight*. Kneel in the seat to press it down and get out all the slack.
- Check the owner's manual for your car to see if you need a locking clip. Check the car safety seat instructions to see if you need a tether to keep the car safety seat secure.

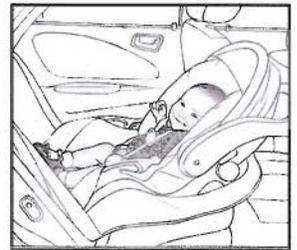


Figure 1. Infant-only car safety seat



Figure 2. Forward-facing car safety seat

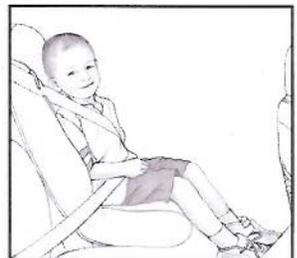


Figure 3. Belt-positioning booster seat

## » Can you use the LATCH system?

- LATCH (Lower Anchors and Tethers for Children) is an attachment system that eliminates the need to use seat belts to secure the car safety seat.
- Vehicles with the LATCH system have anchors located in the back seat. Car safety seats that come with LATCH have attachments that fasten to these anchors.
- Nearly all passenger vehicles and all car safety seats made on or after September 1, 2002, come with LATCH.
- Unless both the vehicle and the car safety seat have this system, seat belts are still needed to secure the car safety seat.

## ► Do you have the instructions for the car safety seat?

- Follow them and keep them with the car safety seat.
- Be sure to send in the registration card that comes with the car safety seat. It will be important in case the seat is recalled.

## ► Has the car safety seat been recalled?

- You can find out by calling the manufacturer or the National Highway Traffic Safety Administration (NHTSA) Vehicle Safety Hot Line at 888/DASH-2-DOT (888/327-4236) or the NHTSA Web site at [www-odi.nhtsa.dot.gov/cars/problems/recalls/childseat.cfm](http://www-odi.nhtsa.dot.gov/cars/problems/recalls/childseat.cfm).
- Be sure to follow the manufacturer's instructions for making any needed repairs to your car safety seat.

## ► Are you using a used car safety seat?

- Do not use a car safety seat that has been in a crash, has been recalled, is too old (check with the manufacturer), has any cracks in its frame, or is missing parts.
- Make sure it has a label from the manufacturer and instructions.
- Call the car safety seat manufacturer if you have questions about the safety of your seat.

## Questions?

If you have questions or need help installing your car safety seat, find a certified child passenger safety (CPS) technician. A list of certified CPS technicians is available by state or ZIP code on the NHTSA Web site at [www.nhtsa.dot.gov/people/injury/childps/contacts](http://www.nhtsa.dot.gov/people/injury/childps/contacts). A list of inspection stations—where you can go to learn how to correctly install a car safety seat—is available in English and Spanish at [www.seatcheck.org](http://www.seatcheck.org) or toll-free at 866/SEATCHECK (866/732-8243). You can also get this information by calling the toll-free NHTSA Vehicle Safety Hot Line at 888/DASH-2-DOT (888/327-4236), from 8:00 am to 10:00 pm ET, Monday through Friday.

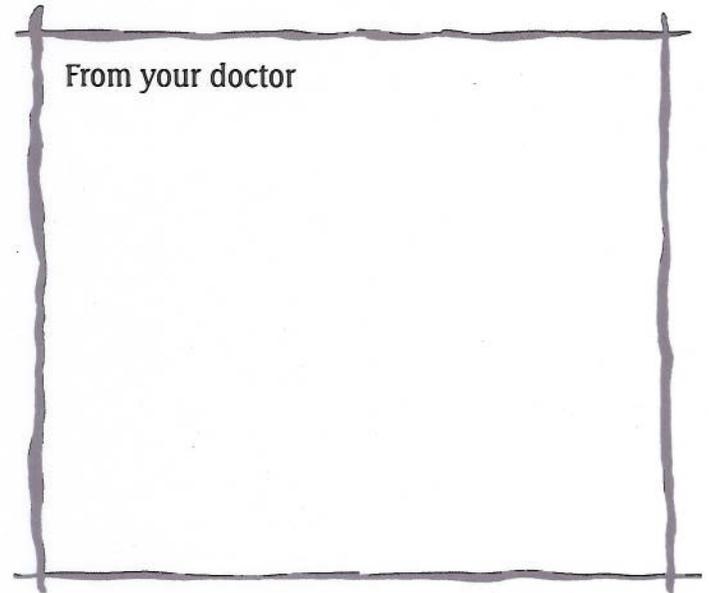
The American Academy of Pediatrics (AAP) offers more information in the brochure *Car Safety Seats: A Guide for Families*. Ask your pediatrician about this brochure or visit the AAP Web site at [www.aap.org](http://www.aap.org).

Although the American Academy of Pediatrics (AAP) is not a testing or standard-setting organization, this guide sets forth AAP recommendations based on the peer-reviewed literature available at the time of its publication and sets forth some of the factors that parents should consider before selecting and using a car safety seat.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Phone numbers and Web site addresses are as current as possible, but may change at any time.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

Illustrations by Wendy Wray.



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## BREASTFEEDING SUPPORT RESOURCES

### ♥ Anne Arundel County Department of Health WIC Program - 410-222-0085

- All services free to WIC participants*
- Counseling, breastfeeding classes
  - Support groups, breast pumps, nursing bras

### ♥ Hospital Resources

#### Anne Arundel Medical Center

- Warm Line: telephone and outpatient support, pump rentals and sales.
- 9 a.m. - 5 p.m. daily (*some services free; appointment required for some services*) 443-481-6977
- Prenatal Breastfeeding Class (*call for fee*) 443-481-4000 or 1-800-MDNURSE
- Breastfeeding Support Group for New Moms (*free*) 443-481-4000 or 1-800-MDNURSE

#### Harbor Hospital

- Prenatal Breastfeeding Class (*call for fee*) 410-350-2563

#### University of Maryland Medical Center

- Telephone and Outpatient Support 410-328-3512
- Prenatal Breastfeeding Class 410-328-2944

#### Mercy Hospital

- Prenatal Breastfeeding Class (*call for fee*) 410-332-9604
- Warm Line 410-332-9060

#### St. Agnes Hospital

- Warm Line: telephone support 410-368-2624
- Breastfeeding Help 240-857-5379 or 240-857-2723 (Pediatrics) or 240-857-2986 (Family Practice)
- Prenatal Breastfeeding Class and Breastfeeding for Working Moms 240-857-2979

#### Malcolm Grow Medical Center

- (*Andrews Air Force Base*)
- Breastfeeding Help 240-857-5379 or 240-857-2723 (Pediatrics) or 240-857-2986 (Family Practice)
  - Prenatal Breastfeeding Class and Breastfeeding for Working Moms 240-857-2979

#### National Naval Medical Center

- (*Bethesda, MD*)
- Prenatal Breastfeeding Class 1-866-628-9633
  - Breastfeeding Help 301-295-9959

#### Kimbrough Ambulatory Care Center

- (*Ft. Meade, MD*)
- Breastfeeding Help 301-677-8424

### ♥ Special Beginnings Birth and Women's Center

- (*Arnold*) 410-626-8982
- Prenatal Breastfeeding Class (*call for fee*)
  - Breastfeeding Support Group (*free*)
  - Breastfeeding Boutique (*nursing supplies, bras, pumps*)
  - Breastfeeding Pumping Class (*call for fee*)
  - Lactation Consultant (*free mini consults; call for hours*)

### ♥ Breastfeeding Resource Center

- (*Milleville, Glen Burnie*) Counseling; pump rentals / sales - discounts for WIC clients  
Linda Dayton 410-987-7756

### ♥ National Women's Health Information

- Center: www.4woman.gov/breastfeeding
- Helpline & Publications: 1-800-994-WOMAN (9662)

### ♥ Independent Lactation Consultants

- Consultations, breastfeeding supplies, pump rentals / sales (*fees vary*)
- Kim Knight, R.N., B.S.N., I.B.C.L.C. (*Annapolis, Severna Park, Arnold*) 410-533-5343
  - Vicki Kreiner, R.N., B.S.N., I.B.C.L.C., R.L.C. (*Anne Arundel and neighboring counties*) 410-570-7658, lactation@specialbeginnings.com
  - Kathleen Stahl, R.N., B.S.N., I.B.C.L.C. (*Anne Arundel and neighboring counties*) 443-458-8285, www.annapolisbreastfeedingcare.com

### ♥ La Leche League (*monthly support meetings*

*led by accredited leaders; free telephone help*)

#### Annapolis:

- Chere - 410-626-7829, Gina - 410-263-6698
- Audrey - 410-757-5175, Lara - 410-956-4451

#### North County:

- Suzy - 410-729-2648
- Monique - 240-235-1924
- Ayris - 410-456-5766

#### Laurel:

- Bonnie - 301-464-5046

For more information: [www.lllolfmd-de-dc.org](http://www.lllolfmd-de-dc.org)

This institution is an equal opportunity provider and employer.  
Anne Arundel County Department of Health WIC Program.  
www.aahhealth.org - 410-222-6797  
Rev 10/08

## You can participate if you...

- ✓ Are pregnant, breastfeeding, have recently had a baby, or are an infant or child under 5 years old and you:
- ✓ Live in Maryland
- ✓ Have a nutritional need
- ✓ Have an annual income (before taxes) equal to or less than those on the chart below:

### Families may earn up to:

Family Size	Yearly	Every 2 weeks	Weekly
1	\$20,036	\$770	\$385
2	\$26,955	\$1,036	\$518
3	\$33,874	\$1,302	\$651
4	\$40,793	\$1,568	\$784
For each additional family member, add:			
	+\$6,919	+\$267	+\$134

- ❖ Foster children, MA, TCA & Food Supplement Program clients are income eligible

The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.

The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

USDA prohibits discrimination in the administration of its programs.

[www.mdwic.org](http://www.mdwic.org)

Martin O'Malley, Governor  
Anthony G. Brown, Lt. Governor  
John M. Colmers, Secretary, DHMH



## Call the WIC office near you to set up an appointment.

WIC Hotline: State 1-800-242-4WIC (4942)

Allegany County (301) 759-5020  
Anne Arundel County (410) 222-6797

Baltimore City:

Baltimore City Health Dept. (410) 396-9427  
Johns Hopkins University (410) 614-4848

Baltimore County (410) 887-6000  
Calvert County 1-877-631-6182

Caroline County (410) 479-8060  
Carroll County (410) 876-4898

Cecil County (410) 996-5255  
Charles County (301) 609-6857

Dorchester County (410) 479-8060  
Frederick County (301) 600-2507

Garrett County (301) 334-7710  
Grantsville residents (301) 895-3311

Harford County (410) 273-5656  
Howard County (410) 313-7510

Kent County (410) 810-0125  
Montgomery County (301) 762-9426

Prince George's County:

PG County Health Dept. (301) 856-9600  
Greater Baden (301) 324-1873

Greenbelt Area (301) 762-9426  
Queen Anne's County (410) 758-0720

Somerset County (410) 749-2488  
St. Mary's County 1-877-631-6182

Talbot County (410) 479-8060  
Washington County (240) 313-3335

Wicomico County (410) 749-2488  
Worcester County (410) 749-2488



April 2009



MARYLAND  
WOMEN,  
INFANTS  
& CHILDREN  
NUTRITION  
PROGRAM

Better nutrition for a brighter future...

## WIC grows healthier families...

WIC helps moms have healthier babies and helps babies and children to grow and develop.



WIC provides foods high in iron, protein, vitamin C, and other nutrients. These foods may help develop strong minds and bodies.

WIC participants may receive at no cost:

- milk
- eggs
- cheese
- peanut butter
- beans
- cereal
- juice
- infant formula



## WIC provides more than just good food...

### ✓ Nutrition education



Learn to create healthy, affordable meals using our tips and nutritious recipes. WIC helps you give your babies and children a healthy start. Meet with the WIC staff to get personalized answers for all of your nutrition questions.

### ✓ Breastfeeding support

WIC encourages breastfeeding!

Get information about breastfeeding and help get breastfeeding off to a good start. Get information about breast pumps. WIC may even be able to help you get a breast pump.



### ✓ Health screening

We will help track your child's growth with regular growth and weight checks. This will help you understand your child's health and development.



### ✓ Referrals

If needed, we can refer you to medical care, immunization programs, Medical Assistance, food stamps, and other community programs.

## Lots of people participate in WIC!

You can have a job or be unemployed. You can be married, single, or live with relatives.

Fathers, mothers, guardians, or grandparents can apply for children under age 5.

Look at the back page to see if you or your child may qualify.

