

Your Baby and You: Birth to One Year



Developed and Presented by:

Navy Bureau of Medicine and Surgery

Navy-Marine Corps Relief Society

Navy and Marine Corps New Parent Support Programs



Your Baby's Health Record

Baby's name: _____ (named for _____)

Born at _____ Hospital, _____

Delivered at _____ AM / PM by Doctor / Nurse / Midwife _____

Date of birth: _____ Birth weight: _____ Length: _____

Hair color _____ Eye color _____ Birthmarks: _____

APGARs ____ / ____ Type of delivery: _____

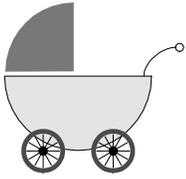
Discharged to home on _____ Discharge weight _____ Feedings: _____

Pediatrician: _____ at _____ Clinic

Follow – up Appointments

<u>Date</u>	<u>Baby's age</u>	<u>Weight</u>	<u>Length</u>	<u>Immunizations</u>	<u>Comments</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Record of Health Problems/Concerns



Your Baby and You: Birth to One Year



Presented by:
Navy Bureau of Medicine and Surgery
Navy-Marine Corps Relief Society
Navy and Marine Corps New Parent Support Programs



First printing June 2001

Reprinted July 2002

Reprinted May 2004

Reprinted February 2006

Every effort has been made to provide current, accurate information about caring for you and your baby, but this booklet is not intended to replace consultation with a healthcare provider. Questions or concerns should be discussed with your healthcare provider.

© This booklet has been copyrighted by the Navy-Marine Corps Relief Society for use by those organizations listed on the title page. All other individuals or organizations wishing to duplicate this information must request permission from:

Navy-Marine Corps Relief Society Headquarters

875 N. Randolph St. Suite 225

Arlington, VA 22203

703-696-4904

TABLE OF CONTENTS

INTRODUCTION.....	1
GETTING STARTED.....	1
SECTION ONE: FIRST DAYS HOME	2
FEEDING CHOICES	2
Breastfeeding.....	2
Helpful Hints	4
Formula Feeding	4
Sterilization of Water and Formula	5
Storing Infant Feedings	6
INFANT CONCERNS.....	6
Normal Appearance	6
Reflexes and “Twitches”	7
Soft Spot	7
Sleeping Position.....	7
Normal Newborn Sleeping Habits.....	8
The Belly Button (umbilical cord).....	8
Bathing the Baby.....	9
Care of the Penis	9
Care of the Diapers	10
Fresh Air	10
Taking the Baby Out.....	11
Early Check up.....	11
SECTION TWO: BECOMING A NEW PARENT.....	12
MOTHER’S PHYSICAL CONCERNS	12
Emergency Symptoms.....	12
Postpartum Bleeding (Lochia)	12
Breast Engorgement.....	13
Hemorrhoids.....	13
Sore Nipples	14
Mastitis	14
Moods Swings and Depression.....	15
Exercise.....	15
Nutrition.....	16
C-Section (Caesarian section).....	16
ACTIVE DUTY ISSUES.....	17
Active Duty Moms	17
Family Care Plan.....	17
Necessary Paperwork: DEERS, SSN, TRICARE, and Birth Certificates	19

FAMILY CONCERNS.....	19
Period of Adjustment.....	19
Changes in Relationships.....	19
Realistic Expectations.....	20
Father’s concerns.....	20
Getting Older Children to Accept the Baby.....	21
Stress and Coping.....	22
Traveling with a Baby.....	23
SECTION THREE: THE NEXT FEW WEEKS.....	25
INFANT ISSUES.....	25
Soothing the Baby.....	25
Immunizations.....	26
Growth Spurts.....	27
Supplemental Feedings.....	28
Solid foods.....	28
Introducing Solids.....	29
Weaning the Baby.....	31
SAFETY ISSUES.....	32
Automobile Safety.....	32
Personal Safety.....	32
Second Hand Smoke.....	33
Pets.....	34
COMMON INFANT PHYSICAL CONCERNS.....	34
Jaundice.....	34
Thrush.....	35
Cradle Cap.....	35
Diaper Rash.....	36
Spitting Up.....	36
SECTION FOUR: GENERAL GROWTH AND DEVELOPMENT.....	37
Well Baby Clinics.....	37
Two Week Well Baby Check.....	38
Two Month Well Baby Check.....	39
Four Month Well Baby Check.....	42
Six Month Well Baby Check.....	44
Nine Months Old Infant.....	47
Twelve Month Well Baby Check.....	50
SECTION FIVE: DEALING WITH ILLNESSES.....	55
Emergency Symptoms for a Baby.....	55
Colds and Fevers.....	55
Constipation.....	58
Diarrhea and Vomiting.....	58
Ear Infections (Otitis Media).....	59
Insect Bites.....	59

SECTION SIX: LATER CONCERNS	61
BABY'S ISSUES	61
Pacifiers	61
Teeth and Teething	61
Thumb Sucking.....	62
Masturbation.....	62
PARENTS' ISSUES.....	62
Resuming Sexual Activity.....	62
Balancing Work and Family	63
Child Care.....	65
Family Planning and Birth Control.....	67
In Conclusion	67
COMPARISON OF BIRTH CONTROL METHODS.....	68
ADDITIONAL RESOURCES.....	69
INDEX	71
CPR for Infants	

Introduction

There are many different ideas on the right way(s) to be a parent and raise a child. You will hear suggestions from friends and family that may contradict each other. Remember that although the advice is meant to be helpful, it may not be current or right for your family. This booklet includes information and suggestions from experienced healthcare providers, from textbooks, and from recent studies. We hope it will give you useful information as you decide how to care for your child at home and also help you decide when your child should be seen by a healthcare provider.

For the sake of simplicity, we have used “he”, “him”, or “his” throughout this booklet even though most topics apply to both boys and girls.

Please remember that you can always call your local clinic, hospital, New Parent Support Program, or Navy-Marine Corps Relief Society Visiting Nurse when you have questions. Each of these resources provides different services to help you with the challenges of being a parent.

At the end of this booklet we have included additional resources, including web sites, addresses, and other books and magazines that you may find useful and interesting.

Getting Started

You should have been told at discharge when and where to go for your follow up appointment. If you delivered your baby at a civilian facility, you should contact your local military clinic to determine if services are available for you and/or your newborn, and decide whether or not you wish to utilize these services. Be sure to review this booklet’s section on “Active Duty Issues.” It contains information about the administrative steps you should take to ensure your baby is recognized as an eligible military dependent so that you get appropriate pay and allowances and have access to military healthcare.

Some of the following phone numbers may be useful to you:

Auto Safety Hotline	1-888-327-4237
Citizenship	1-800-375-5283
Consumer Products Safety Commission Recall Line	1-800-638-2772
Federal Tax Information and Assistance	1-800-829-1040
LaLeche League International	1-800-525-3243
National Association of Child Care Resource and Referral Agencies	1-202-393-5501
National P.P. Depression Hotline	1-800-773-moms
National Safe Kids Campaign	1-800-441-1888
Naturalization Information	1-800-375-5283
Navy/Marine Corp Relief Society Headquarters	1-703-696-4904
Poison Control Center.....	1-800-222-1222
Social Security Administration	1-800-772-1213

Section One: First Days Home

Feeding Choices

Whether you decide to breast feed or formula feed, you will quickly realize that feeding time is not just a time for nourishment, but is also an important time for you and your baby to get to know and love each other. There are advantages to both breastfeeding and formula feeding, and the parents must decide what is best for their situation after carefully evaluating both options. After making an informed decision on the feeding method, the important thing to remember is to use the feeding time to share comfort and closeness.

Breastfeeding

Just look at some of the features of your breast to see why “Breast is Best” – they are instantly ready, unbreakable, have automatic refill, are just the right temperature and composition of your baby, require no sterilization, and never have leftovers to waste. Breastmilk is very easy to digest and provides immunity for your baby against many infections. It also reduces the risk of allergies or obesity in children. If breastfeeding is your choice, it should be a joint decision if you are in a stable partnership because you both need to understand that it will take time and effort to establish a good routine with the baby. Babies usually suck automatically, but they don’t always understand how to get properly attached to the breast. When a new mom is tired and the baby is confused, frustrations can build up on both sides. Don’t be afraid or ashamed to ask for help. It is one more new experience for both of you, and there is a lot to learn.

The first few days of breastfeeding are a time to practice the routine of getting the baby to latch on to the breast. The baby doesn’t need or want much nourishment for the first 3-4 days, so the small amount of colostrum he receives from you is just right. Colostrum is the thick, yellowish milk that comes from the breasts for the first few days after delivery. It doesn’t look like much but it is very good for the baby because it has lots of nourishment and protects the baby from infections. Don’t be worried if you don’t see much colostrum coming out of your breasts. The baby is much better at getting milk out of your breasts than you or a pump are. Encourage the baby to nurse whenever he is hungry. This may be as often as 10-12 times in 24 hours during the first few weeks. Some Doctors suggest every three hours during the first 48 hours to get mom’s milk supply up. Remember that the more the baby nurses, the more milk you will produce.

The military supports Active Duty women who choose to nurse their babies. Some bases are starting “pumping stations” which provide privacy for the nursing mother to express breast milk during routine breaks at lunch. With a good quality dual pump a mother can express a good amount of milk in about 10-15 minutes. The nursing mother may then save the breastmilk for later use. Active Duty nursing mothers should check with their command on the availability of pumping stations and refrigeration before they return to work.

When beginning to breastfeed, remember the following steps:

- Get into a comfortable position.
- Hold your breast in an “L” or “C” position, with your thumb on the top of your breast and your fingers below. Be sure your fingers are away from the areola (the darker area around the nipple) so that the baby can get as much as possible of the breast in his mouth.
- Tilt the nipple slightly upward, toward the roof of the baby’s mouth.
- With the baby facing you chest-to-chest, bring the baby toward the breast, not the breast toward the baby. Pull the baby in from the shoulders, not the head.
- Brush the baby’s lips with the nipple to encourage the baby to open his mouth. You may need to do this step several times. If necessary, use your thumb and index finger to pull the nipple erect.
- Be sure that the baby has a hold on the entire areola (or as much will fit in his mouth) as well as the nipple. A good latch will prevent sore nipples.
- When the baby has latched on correctly, the baby’s mouth will be wide open and the nose may be touching the breast. It is rarely necessary to press the breast away from the baby’s nose to allow for easier breathing.

As your milk volume increases over the first week, the thick colostrum changes to lighter whitish milk. Your baby should soon learn to latch on nicely to the nipple and areola, and nurse on cue. During this time, you should try to feed the baby as often and as long as he is interested. Most babies will come off the breast when they are satisfied, so the baby can nurse until he falls off the breast, or until he needs to be burped. Your baby’s suck will vary during the feeding. Initially you may see slow steady sucks with pauses when the baby has a mouthful of milk, or a combination of sucks and pauses. As the baby is satisfied the sucks become less vigorous. If the baby falls asleep at the breast, use your finger to break the suction and take him off the breast.

The milk he receives at the beginning of the feeding is different than the milk he gets at the end of the feeding so it’s a good idea to have the baby stay on at least one breast until he is ready to stop.. You should alternate which breast you start with each feeding so that they each receive stimulation. [Tip: put a safety pin on the bra strap of the side you started with last time.]

Often babies latch on to one side better than the other. While a “preference” is not unusual, it is important that you offer both breasts at each feeding in order to establish a good milk supply. If the baby still seems hungry after nursing on the second breast, you can switch back to the first side to provide additional stimulation to your breasts and more satisfaction for the baby.

Indications that the baby is getting enough breast milk include:

- After the first week, some mother’s breasts may feel full just before a feeding and soft after the feeding.
- Some mothers may experience “letdown” as a tingling sensation or have milk dripping from the opposite breast. Some mothers do not feel this sensation or experience leaking.
- The mother should hear the baby swallowing the milk and there should be milk visible in the baby’s mouth.
- The 1-day-old baby should have 1-2 wet diapers (light yellow color) in 24 hours. At day 2, the baby should have 2-3 wet diapers in 24 hours. At day 3, the baby

should have 3-4 wet diapers in 24 hours. At day 4-5, the baby should have 4-5 wet diapers in 24 hours. And after the 5th day, the baby should have 6 or more wet diapers in 24 hours.

- The baby has small frequent or large infrequent bowel movements a day that change in the first week from black & tarry to yellowish.
- The baby is usually content between each feeding, and
- The baby is gaining 6 - 8 ounces per week (on an average).

Breastfeeding gets easier as time goes on, but the first few weeks can be very challenging and frustrating. If you have problems or questions about breastfeeding, there are many resource people available to help you. Your local hospital may have a lactation consultant available to answer your questions, and both the NMCRS Visiting Nurse and the New Parent Support Program nurses are available to make home visits for breastfeeding assistance as well as most other health topics.

Helpful Hints

Some helpful hints during these first few weeks of breastfeeding include:

- Get plenty of rest and try to sleep when your baby is sleeping;
- Keep your meals simple, but make sure you eat well balanced foods and drink at least 2-3 quarts of fluids (milk, water, juice);
- Try to get out of the house and go for short walks; limit your visitors and their length of stay; and
- Try to take the phone off of the hook to avoid unnecessary distractions while you are breastfeeding your infant.

Remember that before taking any medication, you should ask your healthcare provider if the medication is safe to take while you are breastfeeding.

Formula Feeding

Breastfeeding is considered the best source of food for most infants, but some families decide that breastfeeding is not right for them, and some mothers cannot breastfeed for health reasons. If you decide to formula feed your baby, he can still grow, develop, and thrive, and you can enjoy an equally rewarding infant-family relationship.

Any of the commercial infant formulas mixed according to instructions are adequate for normal infant growth. Most healthcare providers recommend that the formula be iron fortified since the amount of iron in infant formula is too small to cause either constipation or diarrhea. Talk with your own healthcare provider about the options available. Be sure to follow formula preparation instructions carefully regardless of the type of formula. **Do not give your baby anything but breast milk or formula until instructed to do so by your healthcare provider.**

Some other points to remember include:

- Always check the expiration date on the formula cans, and do not use dented, leaking, or otherwise damaged containers of formula since these could have bacteria in them.
- Minimize the risk of germs and bacteria by thoroughly cleaning all reusable parts of the bottles and nipples before each use.

- Use tap water to mix the formula, let the water cold, (never use hot water to mix) run for several minutes before putting it in the bottles.
- The bottle may be warmed before being given to the baby (under hot water - never in the microwave), but most babies do not care about the temperature of the formula.
- Once you have warmed the bottle (or removed it from the refrigerator), it should be given immediately. The longer the bottle is out of refrigeration, the more bacteria will grow in it.
- Be sure to hold the baby in a semi-sitting position to feed him. Never prop the bottle or put the baby to bed with a bottle; these practices can lead to choking, aspiration of the milk, or tooth decay (even before the teeth come in).
- Even though you are not breast feeding, you still need to cuddle the baby during feedings. If you are in private, consider removing your blouse and letting the baby be “skin-to-skin” against your stomach while he takes the bottle.
- Let the baby decide when he has had enough. If he refuses the bottle, try burping him. If he still refuses to eat after burping, stop until next feeding.
- Discard any formula that the baby doesn’t finish during that feeding, or within one hour. Once the baby starts sucking on the nipple, bacteria will get back into the milk.
- If you are going to be away from a refrigerator, use ready-to-feed formula, or take along a bottle of water and add the correct amount of powdered formula at feeding time

Your healthcare providers will give you guidelines as to what you may expect your baby to eat during the first few days. After you take the baby home, he will usually be allowed to have as much formula as he wishes, with a maximum of 24 - 32 ounces a day reached within the first several months of life. A healthy baby will stop eating when he is full. If you overfeed the baby, he is likely to throw-up. Many parents find it helpful to feed their babies on a demand schedule for the first 3-4 weeks and then, following a trial period, adopt an every 3-4 hour schedule. Of course if the infant does not awake, there is no reason to stick to the schedule at night. Most of the “*Helpful Hints*” for breastfeeding apply equally well to formula feeding.

Keep your baby on formula (if he isn’t on breastmilk) until one year of age. If your baby has problems with the formula you give him, contact the clinic or health care personnel before switching formulas.

Sterilization of Water and Formula

Depending on your location, sterilization of infant bottles and nipples is not normally necessary even for one-week-old infants. Unless your water supply is contaminated, washing the bottles and nipples with your dishes and rinsing them well is quite sufficient. The decision whether or not to sterilize the water you will mix with the formula should be discussed with your healthcare provider since it depends on the quality of the water in your area. If your area does not require sterilization of the water, it is acceptable to pour the formula concentrate into the bottle, fill with an equal amount of cold water from the tap, and then feed your infant. Do not keep the uncovered formula cans in the refrigerator, however. Use the plastic cap if provided, or cover with piece of cellophane. If you have doubts about your water supply sterility, please contact your healthcare providers.

Storing Infant Feedings

During the first few days and weeks of breastfeeding, you should focus on establishing a good milk supply. Don't attempt to express milk for later use during this time; simply feed the baby on demand, directly from the breast. [However, if you find that you are producing more milk than the baby wants, you may express it and freeze it for later use.] After the baby has gone through the 3-week growth spurt, you can begin expressing extra milk for storage. The best time to express milk is in the morning. The guidelines for storing breast milk are as follows:

- Breast milk for healthy full term babies may be kept at:
- Room temperature for 6 – 8 hours (if freshly expressed rather than defrosted),
- In a refrigerator for up to a week,
- In a freezer (with separate doors for the refrigerator and freezer) for 3-4 months, and
- In a deep-freeze for 6-12 months (at a constant temperature of 0°).
- Breast milk may be frozen in glass or plastic bottles or milk storage bags
- Bottles should be placed in the coldest part of the refrigerator - not on the door
- Small portions of breast milk are easier to thaw and are less likely to be wasted
- Breast milk should be thawed in the refrigerator or by running tap water over the bottle
- After thawing, use the breast milk within 24-48 hours and do not refreeze
- Do not put breast milk (or formula) in a microwave
- If the baby does not finish the bottle, the remaining portion should be used within one hour or discarded.

Formula, either concentrate or ready to feed, can be tightly covered and stored in the refrigerator for no longer than the time specified on the label (usually for 48 hours). If it has been prepared, it should be used within 24 – 48 hours. Discard any formula left in the bottle after each feeding. Formula should not be frozen.

Infant Concerns

Normal Appearance

When you first meet your baby, you may notice some things that may look abnormal, but are not. Many babies have turned in feet and curved anklebones from being folded up in a little space before birth. The baby's legs will usually straighten out by the time walking begins. Many babies have bruises or bumps, especially on their heads, because of the tight fit in the birth canal. Some of these bumps and lumps may take several weeks to go away, but most are gone in a few days. Many babies appear to have squinty, blood-shot eyes, and a flat nose. These "problems" are usually related to the delivery or immature muscle control and will resolve within a few days or weeks.

Babies sometimes have birthmarks or rashes that show up at birth or after a few weeks. Two of the most common skin irregularities are "stork bites" and "Mongolian spots." "Stork bites" are flat pink birthmarks that are usually found on the nape of the neck, between the eyes (bridge of the nose), or over the eyes, and gradually lighten by 2 years of

age. “Mongolian spots” are bluish irregular flat spots usually found over the back and buttocks of babies of certain ethnic groups. They resemble bruises, and usually lighten within the first year. Occasionally Mongolian Spots are also found on the legs or shoulders. If you have any concerns or questions about your baby’s skin, ask your healthcare providers for more information.

Newborns often do a lot of sneezing. This helps the baby to help clean out the respiratory tract, and does not mean that your baby is getting a cold. Hiccups are also very common, especially after a feeding when a full stomach stimulates the diaphragm. You do not need to take any action to get rid of the hiccups. They will go away on their own, and will decrease in frequency as the baby gets older.

A few term babies have small lumps just beneath the nipples. This is breast tissue that grew because of the mother's hormones, and is found even in boys. The nipples may occasionally drip a little milk. The mother's hormones can also make the genitals swollen and cause baby girls to have some whitish or pink-tinged vaginal discharge after birth. All of these hormonal changes go away in a few weeks to months and are nothing to worry about.

Reflexes and “Twitches”

Newborn babies have certain reflexes or “automatic, involuntary responses” that indicate to your healthcare providers how the baby’s nervous system is developing. The reflex most noticed by parents is called the Moro or “startle” reflex. When the baby is startled by something, he first extends his arms and legs and opens his hands wide, and then brings his arms back in, as if he is hugging himself. This reflex usually disappears around two months. There are other reflexes that may be checked by your healthcare provider.

Soft Spot

A baby's soft spot (or fontanel) can be almost any size (including nearly absent) and still be normal. The soft spot allowed the baby’s skull bones to overlap during birth and gives the head room to grow during the first year. The soft spot is covered with tough tissue. You need not be afraid of hurting it when washing the baby's head and hair. There are actually two soft spots - one on the back of the head and the larger one on the top of the head. The soft spot in the back will disappear within a few months. The one on the top of the head will remain open until approximately eighteen months of age. The soft spot is usually flat, although it may bulge a bit when the baby is crying. If the soft spot is sunken, or bulges when the baby isn’t crying, you should call the your healthcare provider immediately.

Sleeping Position

When your parents or grandparents were raising their children, they probably put the babies to sleep on their tummy, so don’t be surprised if they suggest that you do the same, saying the baby will sleep better. However, since 1992, the American Academy of Pediatrics (AAP) has recommended that **healthy infants should be placed on their backs when going to sleep** during their first 6 months of life. If the baby is unwilling or unable to sleep on his back after repeated efforts, place him on his side, against the crib bumper, with his lower arm brought out away from the body to keep him from rolling onto his stomach. (Make sure the crib bumper is securely attached to the crib rails so that it cannot come loose.) The reason for recommending the “**Back to Sleep**” position is to lower the risk of SIDS

(Sudden Infant Death Syndrome). While the cause of SIDS is not yet known, there has been a 30% decrease in the number of SIDS deaths since the recommendation to put the baby on his back to go to sleep. If your baby has a medical condition such as reflux, or breathing problems, you should discuss with your healthcare provider the best sleeping position for your baby. Remember to put the baby on his tummy to play when he's awake and you are watching him. He needs to be on his stomach some of the time so that he can develop proper muscle control. But do not leave him alone on his tummy until he is able to turn over by himself.

Always place your baby on a firm surface (no waterbeds), making sure there are no pillows, fluffy blankets, or small, soft objects in the crib or bassinet that could cover the baby's mouth or nose. Be sure to explain to older family members, friends, and child care providers that "Back to Sleep" is considered safer now, and your baby's safety is the most important thing.

Normal Newborn Sleeping Habits

The "average" baby sleeps 16 hours a day, but most babies aren't average. Each baby will choose his own sleep pattern, especially in the first month of life, with some babies sleeping 10 hours and some sleeping 23 out of 24. Some babies get their days and nights mixed up for a while. Many people don't let their newborn baby sleep more than 3 - 4 hours at a time during the day so that they will sleep longer at night. It is not realistic to expect a newborn to sleep all night, but it is important to make the nighttime feedings as brief, boring, and quiet as possible so that the baby gets in the habit of associating nighttime with sleeping. Up until about 6 months of age, many babies have irregular sleep patterns.

Exhaustion is such a major part of caring for a new baby that parents really look forward to the baby sleeping all night, but the ability to sleep through the night depends on appetite, comfort when wet, and several other factors. Some babies may be able to sleep through the night (6-7 hours) by 3-6 months of age, but don't be surprised if your baby doesn't. Babies normally have a wakeful cycle every 3-4 hours. Many times they will wake, cry a little and fall back to sleep. Keep in mind that your baby may have a sleep pattern similar to that of his parents' so if you tend to wake up during the night, the baby may do the same. Don't try letting the baby "cry it out" until he is older (5-6 months). The baby is not "spoiled" when you pick him up when he cries. Babies need to learn that someone will be there for them.

The Belly Button (umbilical cord)

The extra cord on the baby's belly button or navel will usually fall off in two or three weeks. As long as the skin around the navel is not red, swollen or tender, do not be concerned about how long the cord stays on. Follow the instructions for cord care that you were shown at the hospital. Some healthcare providers say that you don't need to do anything special to the cord while others recommend putting alcohol or betadine on the cord because they think that will help the cord to dry up and fall off. Be sure to follow the instructions given at your hospital.

If your healthcare provider tells you to put alcohol or betadine on the cord, remember that these solutions do not hurt the baby. If the baby wiggles or fusses, it is because the alcohol or betadine is cold, not because of pain. Be sure to get the alcohol or betadine all the

way to the base of the cord to ensure complete drying and prevent infection. When putting on the baby's diaper, be sure to fold the diaper down below the navel to keep urine off and let air in. Avoid getting alcohol or betadine on the circumcision since that will definitely sting.

While the cord is drying, it will frequently have some brownish spotting as it gets closer to falling off. Continue the recommended treatment, even after the cord has come off, until the navel is clean and dry.

You have no control over the baby's cord being an "inny" or an "outy." Both are normal and do not affect the baby's health in any way. However, if the navel and the area around it stick out more *when the baby cries*, the baby may have what is called an umbilical hernia. Umbilical hernias are due to a weakness in the abdominal muscle, and usually disappear on their own by two years of age. An umbilical hernia needs no special care. It won't break open or bleed, and will not normally be made worse by crying. However, if the lump does not go down after the baby stops crying, suddenly becomes larger, is tender, or the baby starts vomiting, contact your healthcare provider immediately. A tape or bellyband over the navel will not help the hernia heal, and may cause irritation to the baby's skin.

Bathing the Baby

Until the cord falls off, give the baby a sponge bath, making sure that the cord area remains dry to prevent infection. After the cord has fallen off and the navel area is dry and clean, you may give the baby a tub bath. Babies do not need a full bath every day, as long as you make sure to clean the diaper area well when changing the baby.

When you give the baby a bath, you may use a mild soap, or just clear water. Remember to clean in the skin folds of the neck, arms, buttocks, and groin. Do not reach into the ears with Q-tips or anything else now or at any age. We do not recommend oils, lotions, creams or powders on babies. Powder can be especially dangerous to babies because if inhaled, it can cause lung problems. Things that smell good have perfume in them and perfume can irritate the baby's skin. (If you decide you must use lotions, powders, etc., (it should be fragrance free and dye free) be sure to put the powder/liquid into you hand, away from the baby, rub your hands together, and then rub the baby.) The peeling you see is normal, and will clear up on it's own.

Be sure that you never leave the baby in the bath without adult supervision for any reason, even for a second, at this age or any other age. It is also a good idea to set the water heater thermostat to less than 120° to prevent burns, and always test the water temperature on your wrist or with your elbow before bathing the baby. If the water feels warm to your elbow or wrist, it is too hot for the baby.

Care of the Penis

The decision to have a baby boy circumcised is a personal choice of the parents. During a circumcision, the foreskin (or covering of the penis) is removed so that the tip of the penis and the opening through which the baby urinates are exposed.

If you elected to have a circumcision done, a plastic ring may have been left on the penis after the baby was circumcised, and it will come off by itself. Until the ring has fallen off, just wash the area with warm water when you change the diaper. Some yellow drainage

around the ring is normal. A yellow scab sometimes remains for a few days after the ring falls off.

If no plastic ring was left in place, the penis may be wrapped in gauze. In some locations, the healthcare provider may instruct you to put a fresh gauze pad, dabbed with Vaseline, Bacitracin, Neosporin, or other ointment, on the end of the penis to lessen the irritation from the diaper. However the circumcision was performed, it usually takes about 7 to 14 days to heal completely.

You should notify your healthcare provider immediately if:

- The baby has not urinated normally within 8 - 12 hours after the circumcision
- There is persistent bleeding, more than just spotting (larger than the size of a quarter), in the diaper
- There is redness around the tip of the penis that seems to be getting worse
- Remember that it is normal to have a little yellow discharge or coating around the tip of the penis, but it should not last longer than 7 to 10 days.

If the baby's penis was not circumcised, do not attempt to pull back the foreskin. Simply clean the outside of the penis with soap and warm water during the bath. You do not need to do any special cleansing, such as with cotton swabs or antiseptics. Foreskin retraction happens on its own, and may take years, with each child being different. Forcing the foreskin to retract may cause harm to the penis and cause pain, bleeding, and tears in the skin.

You should watch your baby urinate to be sure that the hole in the foreskin is large enough to allow a normal stream. Contact your healthcare provider if:

- The stream of urine is never heavier than a trickle
- Your baby seems to have some discomfort while urinating
- If the foreskin becomes red or swollen

Care of the Diapers

To take care of cloth diapers yourself, collect them in a covered pail partly full of water and soap. Wash them in hot water with a good grade of laundry soap or detergent. Use 1/2 cup of vinegar in the last rinse to get all of the detergent out and to keep the diapers soft. Fabric softeners tend to decrease the ability of the diapers to soak up liquid, so try to avoid fabric softeners if possible. Rinse 2, 3, 4 extra times - depending on how sensitive your baby's skin is to leftover soap, germs, and other things which remain in the diapers no matter how much you rinse them. Always close the diaper pins you remove when changing the baby's diaper; this will avoid injuries to him, to you, or to your other children nearby.

Caution: If you take extra diapers with you in a plastic bag when you go out, be very careful to keep the plastic bag out of reach of children.

Fresh Air

It is important that the baby's room has fresh air. A house without good air circulation becomes stuffy and dry, resulting in dry, stuffy noses and frequent colds. A room temperature of 68°-70° is fine during the day and 60°-65° is appropriate for sleeping. Be careful that the baby is not positioned directly in front of or under a heating or air

conditioning vent. Avoid having the baby get overheated. The American Academy of Pediatrics recommends that the baby's room never be warmer than 70°.

Taking the Baby Out

You may take your baby out anywhere, just dress him appropriately (the baby will be comfortable in the same amount of clothes you are comfortable in). If you would like to take a trip, you can take the baby with you, whether by boat, plane or car. Many airlines won't allow a baby to travel until he is at least two weeks old, so be sure to check with the airlines before you make your plans.

One thing you should do is protect the baby from people who may be sick, and from places where you don't know whether someone may be sick or not. Avoid malls, crowds, etc. until your baby is at least two months old. At home, you will have friends, neighbors and family over to see the baby. Don't let anyone who has an infection come in contact with the baby, and have all visitors wash their hands before they touch the baby. If you find it difficult to tell them "hands off", you may blame your healthcare provider, saying, "it is doctor's orders".

Be sure to take precautions when taking the baby out of doors for any length of time. It is a good idea to offer the baby extra formula or extra breastfeedings if you are outside in a hot climate, since babies dehydrate easily. If he is over six months of age and on formula, he can also be offered water. Remember that the baby will not be able to tell you if he gets too warm, so watch for signs such as dryness inside the baby's mouth, dry/cracked lips, hot/dry skin, restlessness or inactivity, and loss of consciousness. If any of these symptoms occur, seek medical help at once.

All infants less than 6 months of age need to stay out of direct sunlight. Cover your baby with loose fitting clothing and a hat, and keep the baby in the shade. Babies less than 6 months should not use a sunscreen unless approved by your healthcare provider first. Once the baby is over 6 months of age, a sunscreen should be applied at least 30 minutes before sun exposure. Be sure to use one that is waterproof, made specifically for children, and has a SPF (sun protection factor) of at least 15. Test a small portion of sunscreen on the inside of the baby's elbow a few days before applying it to the baby's face. If a rash appears, do not use the sunscreen. When you apply the sunscreen, avoid putting it on the baby's hands since he will probably put his hands in his mouth. After your baby's time in the sun, bathe your baby to remove any remaining sunscreen so that his skin doesn't get irritated.

Early Check up

Many locations now offer an early check up within 48-72 hours after discharge from the hospital. The parent may be asked to bring the baby back to the hospital or clinic, or the NMCRS Visiting Nurse and New Parent Support Team may contact you to see how things are going. During this early contact, you will be asked questions about how you are feeling, and how the baby is doing with feedings, wet diapers, stools, etc. The baby may also be weighed during this time. Many parents are surprised and concerned because the baby has lost weight since he was born. This is very normal. Nearly all babies lose weight (between 5% - 10%) in the first 5 days, and then start to gain weight. Most babies will regain the birth weight by the time they are two weeks old. You are encouraged to contact your healthcare provider or the Visiting Nurse to answer questions and do additional weight checks.

Section Two: Becoming a New Parent

Becoming a new parent involves both physical and emotional changes for you as well as for the baby. You need to be aware of what to expect as a new parent so that you can enjoy the fun times and get through the struggles with the least amount of strain. As always, if you have any questions or concerns you are encouraged to call your healthcare provider, the Navy-Marine Corps Relief Society Visiting Nurse, or the New Parent Support Program staff. We are here to help you in any way we can.

Mother's Physical Concerns

Emergency Symptoms

Although extremely uncommon, postpartum complications are possible. Contact your healthcare provider immediately if any of the following occur:

- Vaginal bleeding that soaks more than one pad an hour for more than a couple of hours, that has a foul odor, or that has large blood clots in it
- Temperature over 100° F for more than 24 hours
- Localized pain, tenderness, and warmth – in your calf or thigh, could indicate a blood clot; in a specific part of your breast, could mean mastitis; at an incision site (episiotomy or C-section), could mean an infection
- Burning, itching, or pain when going to the bathroom
- Sharp chest pain could mean a blood clot
- Depression that affects your ability to do daily activities like get out of bed, get dressed, eat, etc.
- Feelings of anger or violence toward the baby

If you can't reach your healthcare provider, have someone take you to the emergency room or call 911.

Postpartum Bleeding (Lochia)

This is the normal bleeding that comes after delivery, and is your body's way of getting rid of leftover blood, tissue, and mucus from your uterus. It is usually about the same amount or a little heavier than your menstrual period for the first 3-4 days, and then gradually tapers off. You may notice an increased amount when you first get out of bed in the morning; this is normal. Some women have an increase in lochia when they breast feed because of the hormones that stimulate the uterus to contract. This is normal and will also decrease with time.

As your body heals, the discharge will change from red to brown to pink to yellowish-white over several weeks. Some women continue to spot for as long as six weeks. If you see bright red blood start again after the discharge had faded to pink, you are doing too much. Lie down and slow down. The lochia should go back to pinkish-brown. Your lochia should never have a foul odor (possible infection), and should not become bright red again (you are doing too much physical activity). If the foul odor continues, or the bleeding does not decrease in twelve hours after resting, get checked at the hospital. Do not use tampons or douche until after your six-week check up since they could be a source of infection.

Normal menstrual flow will probably begin within eight weeks for non-breast feeding mothers. If you are breastfeeding, your menstrual periods may begin within two or three months or not until you stop nursing, or anywhere in between

Breast Engorgement

Even **if you are not breastfeeding**, your breasts may fill up with milk a few days after you deliver. This may be uncomfortable but usually only lasts a few days. Keep in mind that milk production is a supply and demand process, so the less encouragement your breasts have to keep producing milk, the sooner they will stop. Some of the methods for decreasing the engorgement include:

- Wear a supporting bra to decrease the stimulation of the breasts. Do not bind your breasts with ace wraps or any other sort of restricting material.
- Apply ice packs 3 – 4 times a day for 10 -20 minutes to help to decrease the swelling.
- Take a pain reliever to ease the discomfort.
- Express a small amount of milk to ease the pain.
- Let warm water run on your breasts during a shower to allow enough breast milk to be expressed to relieve the tight feeling. (Be aware that warmth will stimulate milk production, and will also lengthen the process of having your milk dry up.).
- Apply a layer of clean, cool cabbage leaves to your breasts, cover with a towel, and rest for 20-30 minutes. Use fresh cabbage leaves each time you apply them.

If you are breastfeeding and are engorged - follow the steps below for some relief:

- Prior to nursing your infant, apply warm moist towels to your breasts for 10-15 minutes, take a warm shower (letting the water hit your back and run down over your breasts), or try submerging your breasts in a bowl/basin of very warm water.
- Follow these warm water treatments with a breast massage. Using the flat part of your clean fingers, firmly massage each breast with small circular motions (toward your nipples) around each breast.
- Hand express a little of your milk to soften the areola (darker area around your nipple) and make it easier for your baby to latch on.
- Continue to massage your breasts while you are nursing your baby.
- If your breasts are still overfull after feeding, you may use cold compresses for 10 – 20 minutes between feedings.

Hemorrhoids

Hemorrhoids are a very common and uncomfortable side effect of pregnancy and delivery. They are usually aggravated by the strain of the contractions and pushing during labor. If you are having severe pain and/or bleeding from hemorrhoids after delivery, you should mention them to your healthcare provider. If the pain is not severe, you can try some of the following measures to relieve the pain and to decrease the strain of having a bowel movement:

- Increase liquids in your diet (water and juices rather than caffeine-containing beverages) to keep your stools softer

- Increase the amount of grains, vegetable and fruits in your diet to encourage softer, more frequent bowel movements
- Take a stool softener or mild laxative as prescribed by your healthcare provider
- Avoid long periods of standing
- Apply warm, moist pads or take a warm sitz bath 3 – 4 times a day
- Apply cold witch hazel-soaked pads (Tucks) several times a day to decrease the pain
- If these measures are taken, hemorrhoids associated with pregnancy and delivery usually decrease in size by the mother's six-week check up.

Sore Nipples

Occasionally when breastfeeding you may develop sore and cracked nipples. A frequent cause of sore nipples is poor latch on by the baby during a feeding. Be sure that the baby has as much of the areola (darker area around the nipple) as possible in his mouth during the feedings. If he continues to suck only on the nipple, you will get very sore. Some of the ways you can treat sore nipples at home include:

- Try to relax for 10-15 minutes before a feeding, so that your milk letdown reflex will kick in. If letdown doesn't occur, the baby will suck harder.
- Expose your nipples to the air so that they can stay dry between feedings.
- Nurse frequently - every 1 1/2 to 2 hours so your baby does not suck as hard at the breast.
- Nurse on the least sore side first.
- Massage your breast prior to and while nursing (see breast engorgement).
- Hand express a little of your milk prior to feeding.
- Ensure your baby is properly positioned on your breast.
- Rotate feeding positions so that he is sucking on a different part of the nipple, but be sure he is facing your breasts.
- Remember to break the suction with your finger in the corner of his mouth before you remove your baby from your breast.
- After feeding, express a little of your breastmilk and massage it into your nipples, then air-dry your nipples for 10-15 minutes, or just pat dry with a clean cloth.
- If your nipples are cracked scabbed or bleeding, please call for additional help. You can use a modified Lanolin product (Lansinoh or Pure-Lan) to help with healing.
- Remember to use non-plastic lined bras/bra pads and to change your bra pads often to help keep your nipples dry.
- Don't use soap, alcohol or breast creams on your breast or nipples.

Mastitis

Mastitis, or inflammation of the breast, is an infection of the breast tissue. It may vary from a "simple" inflammation of the tissue around the nipple to a draining abscess. Mastitis is usually preceded by small cracks in the nipple. Symptoms include engorgement, tenderness, acute pain, "flu-like" symptoms, and a fever from 101° F up to 105° F. The breast may appear hard, reddened and have a red streak in it. If these symptoms appear, you should:

- Contact your O.B. Clinic promptly.

- Rest!
- Apply a warm moist compress to the affected area prior to nursing, and a cold compress to the affected area after nursing (see breast engorgement).
- Nurse your baby frequently (every 1 1/2 to 2 hours for 10 - 20 minutes, starting with the affected breast first) (the milk will NOT hurt your baby).
- Be sure to empty that breast completely by hand or pump after feedings to avoid clogging.
- Eat well and drink lots of fluids and juices (especially with Vitamin C).
- Antibiotics may be prescribed to help clear up the infection. Make sure the doctor is aware that you are breastfeeding so that he prescribes an antibiotic that will allow you to continue to breastfeed. You do not have to “pump and dump”

Moods Swings and Depression

Most women have mood swings, weepiness, anxiety, and unhappiness during the first week or so after having a baby. These feelings are probably caused by the sharp drop in hormones after delivery. These feelings are common to many women and are called the “baby blues.” Sharing your feelings or concerns with someone else may help you to get over the symptoms sooner than if you keep them to yourself. These feelings usually clear up after a few days, though some women have the feelings off and on for several weeks. It is important for everyone to understand that these feelings are not something the new mother has intentionally.

Less common, but more serious is a condition called “postpartum depression.” There is no one reason for postpartum depression and no one knows why some women get it and others don’t. If you have feelings of anxiety, hopelessness, loss of appetite, inability to sleep, loss of interest in yourself and your family, thoughts of harming yourself or the baby, fear of touching the baby, or feeling “out of control”, contact your healthcare provider immediately. Professional assistance will help you and your family cope better with the condition. The longer you delay seeking help, the longer it will take to recover your emotional balance. You can also call the National Hotline dedicated to helping with these problems. The number is 1-800-773-MOMS.

Exercise

After the birth of a baby, it is important to many women to regain their figure quickly. While this is an admirable goal, moderation is best. It took nine months for your body to change in preparation for delivery, and it will take a few months for things to change back. It is important to realize that the changes in your body are not just because of increased weight, but also related to decreased muscle tone. Even after you have lost the weight, you will still look different from your pre-pregnancy figure unless and until you firm up the underlying muscles that were stretched.

Assuming you had an uncomplicated vaginal delivery, the only exercises you should do are Kegel exercises and deep diaphragmatic breathing. Kegel exercises involve tightening the muscles around the anus and vagina, holding the position for a count of 10, and then releasing the muscles. Kegels can be done anywhere, and help your pelvic muscles firm up (which has a positive effect on your sex life and also prevents urinary incontinence when you are older).

No other exercise should be done for the first few weeks, until your lochia has ended. After that, mild exercise can be done with your healthcare provider's permission, but should be stopped if you begin to bleed again. Examples of mild exercise are walking or pelvic tilts. When allowed, you can progress to leg lifts and sit-ups, but only with your healthcare provider's knowledge and approval. No strenuous exercises such as jogging or jumping jacks should be done until after your six-week check up.

Nutrition

A good diet is an important part of regaining your pre-pregnancy weight and shape and maintaining the energy required to care for a new baby. Diet in this case doesn't mean cutting down on what you eat, but rather eating the right amount and right type of food. Good nutrition is necessary to recover from childbirth and to produce breastmilk if you are breastfeeding the baby. If you are so determined to lose weight that you skip meals, you will not have enough energy to cope with all the demands on your body and emotions right now. You also will not provide the nourishment in the breastmilk that will help your baby grow and develop. One of the nice side effects of breastfeeding is that you can eat well and still maintain (or lose) weight. Some simple guidelines for good eating are:

- Try to eat the same amount you would have eaten to maintain your pre-pregnancy weight
- Include protein, vitamin C, calcium, green leafy vegetables, fruits and iron-rich foods every day.
- Limit high-fat foods and salty foods
- Continue to take a vitamin supplement
- Be sure to drink 8-12 glasses of fluids a day, including water and juice. Avoid beverages with caffeine since they do not get rid of your thirst and may contribute to dehydration. Fluids will keep you from getting dehydrated and, along with fiber, will help in keeping bowel function normal and regular.
- Talk with your healthcare provider at your 6-week check up about the weight you are and the weight you want to be. Once you have been cleared medically, you can begin making changes in how you eat, but be sensible about it, and remember that your child will learn about eating by watching what you do. Obese or overweight children have a much harder time losing the weight later in life, and suffer a lot of ridicule from other children in school. Eating right is better for the entire family, and like it or not, you just became a role model!

C-Section (Caesarian Section)

In addition to the usual postpartum recovery issues (lochia, baby blues, breast engorgement, etc.), when you have a C-section, you will also be recovering from major abdominal surgery. Because your incision is sore, you will need to adjust the way you hold the baby while nursing or cuddling him. The emotions felt after a C-section may include the same as those after a vaginal birth, but may also include guilt (what did you do wrong to require a C-section?), frustration and anger (this wasn't how it was suppose to go!), and extreme fatigue. These feelings are normal although not necessarily accurate, but you will feel better if you talk to someone about the emotions you have.

After a C-section, you will need additional rest when you go home, and additional help. Try to avoid lifting anything for at least the first week, and then confine your lifting to

the baby. Avoid household tasks like vacuuming, laundry, or loading the dishwasher – anything that includes bending at the waist – until the healthcare provider tells you it’s all right. Your incision should be watched for redness or swelling, which could mean an infection is starting. Be sure to report any unusual symptoms to your healthcare provider immediately. Once you have been given permission to start exercising (usually after six weeks), focus on exercises that strengthen the abdominal muscles, but go slowly.

Active Duty Issues

Active Duty Moms

Convalescent leave – Commanding officers will normally grant servicewomen six weeks (42 days) convalescent leave following childbirth. Any additional convalescent leave required due to medical complications will be granted by the commanding officer based upon evaluation by the medical provider. In cases of pregnant women aboard ship, convalescent leave extensions will require Senior Medical Department Representative’s (SMDR) agreement.

Breastfeeding Stations – Breastmilk is the best food for most infants. In an effort to encourage breastfeeding, some commands are establishing breastfeeding “stations.” Breastfeeding stations offer a nursing servicewomen a private area where she can express breastmilk. The servicewoman is expected to make use of the breastfeeding stations during routine breaks and/or lunchtime.

Paternity Questions – Commands are required to counsel all unmarried pregnant servicewomen on the availability of Navy legal assistance for advice regarding their options in establishing paternity. Pregnant servicewomen are not required to provide paternity information to the command. Navy legal assistance continues to be available after delivery, and servicewomen are encouraged to make use of all options that will help them provide appropriately for the care of their child.

Family Care Plan

Military service requires that the active duty military member be able to deploy throughout the world on short notice and be able to perform his/her duties. In order to ensure that a military member is able to professionally perform his/her duties, the service member must make prior arrangements to ensure that his/her family members receive proper care while the service member is absent. The Department of Defense has established a policy assigning responsibilities and procedures on the care of family members. These standards are discussed in DoD Instruction 1342.19, and state “the member is responsible for the care of family members during deployments and temporary duty, as at all other times. Members with responsibility for family members are required to have a **family care plan.**” The requirements for a family care plan include all military members who are:

- Single parent with custody of a child under 19 years of age, or
- Both members of a dual military couple with custody of children under 19 years of age, or
- Responsible for care of an elderly or disabled family member, or
- Responsible for care of a family member with limited command of the English language or the inability to drive

Each branch of the service has a family care plan policy that provides details about their requirements. The policy for each branch of the service is as follows:

- Air Force - Instruction 36-2908 (1 October 2000)
- Army - AR 600 – 20, section 5.5
- Marine Corps – MCO 1740.13A
- Navy (and Coast Guard when operating as a Military Service in the Navy) - OPNAVINST 1740.4A

The minimum requirements for a Family Care Plan should include written provisions for:

- Identification of a caregiver, legal guardian or in loco parentis, with documentation to support necessary actions during short-term or long-term absences (including necessary power(s) of attorney)
- Arrangements for medical care of family members (including necessary power(s) of attorney)
- Arrangements for housing, food, clothing, and transportation (including necessary power(s) of attorney)
- Arrangements for financial well being of family members covered (including necessary power(s) of attorney)
- Alternate caregivers

The family care plan must be accompanied by a statement signed by the caregiver acknowledging and accepting responsibility for care of the member's family, and copies of all legal documents prepared for the caregiver. The member is required to provide the caregiver with information on existing military and community support resources that can assist the caregiver and family members during the separation.

The DoD instruction states that “the active duty member must notify his/her commander (or designated representative) immediately but no later than 30 days of a change in family circumstances or personal status.” It also states that “the member shall submit the final family care plan through his/her chain of command within 60 days of the discussion with the commander (or designated representative).” Failure to produce the required family care plan may result in administrative separation from the service. Service members separated for reasons of parenthood are liable for repayment of Selected Reenlistment Bonuses and other bonus pay.

Information and assistance in completing a Family Care Plan is available from a variety of resources such as:

- Family Care Plan Coordinator
- Command Master Chief/First Sergeant
- Family Service/Readiness Centers
- Legal Assistance Office

Military mothers of newborns receive a 4-month deferment from deployments immediately following the birth of a child. This provision is to assist the member in developing a family care plan and to establish a pattern of childcare. Single members or one member of a dual military couple who adopt a child will receive a 4-month deferment from the date the child is placed in the home as part of the formal adoption process. This 4-month deferment policy is further explained in DoD Directive 1315.7.

Necessary Paperwork: DEERS, SSN, TRICARE, and Birth Certificates

The Active Duty member who is a new parent has specific administrative responsibilities related to the newborn, including:

- To make sure that the necessary paperwork for the birth certificate is filed;
- To apply for a Social Security number on the infant's behalf;
- To register the baby with the Personnel Office in order to have the child considered a dependent; and
- To register the infant with DEERS in order to be eligible for military health care.

Active Duty personnel must take the Certificate of Live Birth to PSD or their Personnel Office to register the infant in the personnel record. Active Duty personnel must also register the infant at the DEERS Office by showing the Certificate of Live Birth or an original copy of the Birth Certificate. The Active Duty member is responsible for bringing the infant's Social Security number/card to the DEERS office within 120 days or the child will be dropped from DEERS and will not be eligible for military medical care or TRICARE sponsored services in a civilian facility.

In many locations the military OB/GYN clinic will provide you with the paperwork to complete some or all of these actions. If you are stationed overseas, you also need to request information on obtaining a passport for your child before attempting to return to the United States.

Family Concerns

Period of Adjustment

The first weeks of a baby's life are a major adjustment period for the whole family. The interaction between the parent(s) and the baby is growing each day. If there are other children in the family, they also must learn to adjust to the new family roles. Do not become discouraged if things are not as smooth as you had hoped or expected. Patience, understanding, and hugs are necessary for everyone in the family. It will get better with time.

Changes in Relationships

As the parent(s) of a new baby, you may begin to feel as if you have lost your identity. You begin to wonder if you have "new parent" tattooed on your forehead so that no one thinks of you except in terms of your infant. You may feel like family and friends only care about the baby and you no longer matter to anyone except as a parent.

When these feelings surface, it's important to discuss them with those involved. Babies are cute and cuddly, even the ones that will never be in a baby food commercial. Family members, friends, co-workers – all want to see the baby. Sometimes, babies re-affirm what is right in the world. But the newness will wear off soon, especially if you can keep your sense of humor about it. (Try asking which of them you should call when the baby wakes up at 0200)

If you are part of a couple, that relationship can also suffer as one or both of you sometimes feel that he/she has been replaced in the other's interest by the baby. Often, one partner thinks he or she is being helpful by giving the other partner a break, while the other

partner just feels left out. Babies require a lot of attention. New parents, especially, must recognize that it will take time to sort out the roles, rights, and responsibilities of making three (or more) individuals into a family.

During the first or second month after the baby is born, many mothers and some fathers feel very blue and depressed. Feelings of being tied down are also common for both parents - the baby *does* tie you down. But you still should get out, especially without the baby, for several hours a week, even if the baby is breastfed. The baby will be all right being looked after by someone else for a while, and it is important to remember that you still have your own needs as individuals. Both parents can and should help out with the baby's care. It is important that both parents learn to feel comfortable with the baby, and this only happens by taking care of the baby on their own. It is also important to remember that you are still a couple and should get out together without the baby.

Realistic Expectations

Every expectant parent is sure his baby will be beautiful, will sleep all night, and will never be fussy or sick. Then, within 24 hours of getting home, the truth hits; your baby is just as noisy, fussy, frustrating and irritating as all those other babies you've ever seen. You expected to feel an immediate bond with the baby and be overwhelmed with love. When this doesn't happen, you start to wonder what's wrong with you. The answer is – You're Normal!

Bonding is not usually an immediate process. Some parents may “bond” **immediately**, but most take anywhere from two weeks to 3 months before they feel fully “connected” to their baby. If you feel closer to the baby and more comfortable with it today than you did yesterday, don't worry about the strength of your “bond.” It will come in time. If you have concerns about your feelings toward the baby, or if you find that your primary feelings are irritation and/or anger, talk with your healthcare provider.

Once the baby is home, you will find that nothing goes quite the way you thought it would. Everything you do with a baby takes longer than it should, from feedings to diaper changes to going on an outing. If you have had a fairly organized life until now, it may be difficult for you to adjust to the need for flexibility and prioritizing. Routine chores (cooking, cleaning, laundry, etc.) or pleasures (reading, movies, dinner out) become more challenging with a baby around. Recognize that you won't get everything done, and accept it. Ask for help when you need it, and if you are part of a couple, talk to each other about the frustrations and the pleasures a baby offers.

Try to keep your sense of humor, and realize that babies change your life. They are cute, cuddly, and need you, but they are also messy, loud, demanding, and time-consuming. Don't expect perfection – either from the baby or from yourself. When you look back later in life, you will find that raising a child was the most demanding job you ever had, but it may also be the most rewarding.

Father's concerns

Most of the discussion during pregnancy and delivery talks about issues concerning the mother and the baby. Fathers are expected to be available for support at necessary times, but often feel like outsiders during the pregnancy and abandoned after the baby comes. Even

when the dad was part of the childbirth classes and delivery process, he often has no idea what to expect after the baby comes home. The new mother naturally focuses on the baby, as does almost everyone else who comes to call. If dad gets mentioned at all, he is reminded that he should help out with the household chores and baby care so that mom can rest and recover. While it is important for dad to help out more while mom is recovering, and to continue sharing the child-rearing tasks in the years ahead, it is also important for him to understand and accept some of the emotional changes he is experiencing.

There is a world of difference between being a partner and being a father. As a dad, you have new responsibilities and obligations. You may feel that you must be a better provider and role model or protector. New mothers often have feelings of being inadequate, and so do new dads. Fathers have expectations about delivery and after, just as mothers do. Sometimes those expectations aren't met for any number of reasons. The sense of loss and disappointment will be just as great for the father as it is for the mother whose expectations weren't met. Many fathers go through a form of baby blues just as mothers do. Talk about your feelings and concerns with your partner or with a male friend who has also become a father. You may be able to comfort each other and at least you will realize you are not alone.

If the mother is breastfeeding, the father's role in feedings becomes supportive until the baby is able to take supplemental feedings in a month or two. Never underestimate the importance to a new mother of someone being willing and able to go get the baby, change the diaper, and bring him to the mother for feeding. The baby will come to identify the father as part of the feeding and comforting process.

In addition to feeding-time support, dad can find other ways to make a relationship with his new baby. Bath time, dressing, and play time are all areas where dad's involvement will improve the quality of life for all concerned, and will give mom a real break. As the baby grows, many dads assume the role of bedtime story reader. If reading becomes part of your family's routine, you can tape record nursery rhymes and stories that can be listened to at bedtime while the parent is on deployment. In that way, you will remain part of the child's memories while you are separated and it will give the parent remaining at home some additional support. Making story tapes to be listened to during separations will also make the deployed parent's "re-introduction" back into the family routine much easier because the baby/child will recognize your voice from the tapes.

As the baby grows, he will benefit from the different ways parents interact with him. Mom is usually softer in voice and touch than dad, and the baby may associate mom with comforting. Dad, on the other hand, is often larger and livelier, and often becomes a major source of fun and play. Baby learns to tell the difference between the two, and to enjoy the differences. Both parents offer different but equally important traits and skills to their new baby. The more active dad's role is, the better it is for all.

Getting Older Children to Accept the Baby

Sibling rivalry is a natural jealousy of an older child to a new brother or sister. The activities of preparing for the new baby can make the older child feel left out and anxious about not being important to the parents. Often, an older child will become angry and difficult to handle, thinking that any attention is better than none – even if it's the parent's displeasure. The first two weeks home are the most influential. All these points must be stuck to from the moment the baby and mom come home. To avoid or lessen this potential

problem, try some of the following suggestions. Some of them can be done before the baby is born and some are for after the baby comes home:

- Refer to the older child as a “big boy” or “big girl.”
- During the pregnancy, encourage the older child to feel the baby move or talk to the unborn baby.
- Include the older child in the nursery preparations and selection of baby items.
- Get in the habit of reading to the older child in the afternoon. This will be his “special” time and can be continued after delivery while the baby is feeding or sleeping.
- Don’t make any major changes in the older child’s routine just before or just after the baby comes home. If you need to change the older child’s room or bed, do so far enough in advance that he doesn’t blame the baby for the change, and stress that the change is a privilege because the older child is getting big enough to handle it.
- When you come home from the hospital, let someone else carry the new baby while you have a reunion with the older child before introducing him to the baby. After you have spent some time with the older child, you can sit down on the sofa and both of you can look at the baby together.
- Be sure to spend some extra time with your older child, and encourage others to do the same. Try reading him a story while the baby is asleep and you are resting. With luck, maybe the older child will fall asleep, too.
- Make the older child your “helper” and let him know how much you appreciate his efforts.
- Be careful not to open too many gifts for the baby in front of the older child without having something for him, too. If you can, purchase a few inexpensive books or coloring books to have on hand so that when guests bring something for the baby, there is also something for the older child.
- Encourage the older child to play with the baby, stressing the need for gentleness, and never leaving the baby alone with the older child. Even the most loving sibling will not realize how easily a baby can be hurt, and will add guilt to resentment if he makes the baby cry.

Stress and Coping

No matter how happy you are about the birth of your baby, you will be dealing with stress from a lot of different areas. In addition to physically recovering from childbirth, as a parent you must learn to handle daily infant care, function on a lot less sleep, adjust to the changes in your lifestyle, and recognize and adjust to the financial changes a baby makes in your life.

While a little bit of stress makes people work better, too much stress makes it hard to stay focused on your goals and to accomplish the tasks at hand. Some of the ways to avoid too much stress include:

- Establish priorities – consider “What will happen if I don’t do that?” and then don’t bother with those things that aren’t really essential.
- Don’t try to do everything by yourself – if you’re part of a couple, talk with your partner about dividing up the tasks to be done; if you’re a single parent, enlist the help of friends and family

- Don't expect to know everything – find out where to look for the answers or who to call for guidance
- Give yourself permission to relax and do something you enjoy – a break from the constant involvement of caring for a baby will help you get re-energized
- Find time for your partner, other children, pets, etc. – these things mattered before the baby came and they still do; ignoring them will make you feel worse.
- Don't expect to do everything right – no one is perfect. Parenthood is a true case of on-the-job training, but babies don't know the difference, so as long as your mistakes aren't endangering anyone, don't feel bad (and add more stress) by thinking you're a failure.

When you find yourself feeling stressed, as long as it isn't a life-threatening situation, step back and assess the situation before you react. Give yourself a break from the situation - listen to music, do some physical activity, try deep breathing exercises, talk to a friend, read a book, take a shower. Stressful situations - whether it's a crying baby, a burned dinner, or a stack of bills – improve if you can be calm while you deal with them. Figure out what techniques work for you and use them often, to prevent stress as well as deal with it when it is present.

A word of caution to both parents: *Both* mothers and fathers can get tired and frustrated when trying to cope with a new baby, work, household responsibilities, and life in general. *Both* parents must be very careful to never shake the baby for any reason. If one of you is calm enough to take the baby from the more upset parent, than do that. If both of you are upset, put the baby in the crib and get out of the room. Call a friend, take a shower, take a walk – do whatever you need to until you can be calm when you pick up the baby again. If you continue to feel like you want to hurt the baby, stay away from him and call your healthcare provider or 911 and tell them how you feel.

Traveling with a Baby

The military family quickly gets accustomed to frequent travel. It sometimes seems that you are always getting ready for PCS orders or just finished a move or you are preparing to visit your family which is “always” 3,000 miles away from your current location. When it's just you involved, you make your reservations, find someone to water the plants or feed the pets, and then you're off on your trip. Once you have a baby, your life will never be the same, especially when you want or need to take a trip! Don't get too discouraged. With some prior planning, a trip with your baby can be accomplished without insanity. The following information is a starting point. These ideas are aimed at traveling by air but they will give you some suggestions to consider, regardless of your mode of travel. Talking with friends who have traveled with babies will also give you some good tips on what to do and not do.

- If you have time before your departure, try to keep track of the things you use in the same number of days that your trip will last (if you will be gone for 7 days, keep track of what you do and use during a week at home). Then review your notes to see how many diapers you used, how much food (or formula) you needed, etc. Many things can be picked up on the other end of the trip so you won't have to take them with you, but expect to carry with you the things you will need on the flight. Be sure to carry with you extra clothes for the baby, especially if he spits up frequently.

- Find out in advance where the nearest military facility is to your destination so that if you or the baby get sick you will know where to go. If there is no military facility, check with your TRICARE office to make sure you know the steps to take so that any medical expenses at a civilian facility are covered.
- Remember that you have to carry the baby as well as all the “stuff” he will need, so pack light. Communicate with the people at the other end so that they know you are traveling with a baby. Ask if they can help you get supplies together there so you don’t have to carry everything with you. If you are making a PCS move, be sure you are assigned a sponsor and tell him/her the age and any special requirements of your baby.
- When making reservations, make sure the airline knows you have a baby (Remember, most airlines won’t allow babies under two weeks to fly). If possible, get the baby his own seat; five hours is a long time to hold a baby (for both of you!). Try to get a non-stop flight if possible, and take into consideration the flight times and the baby’s schedule (if he has one).
- Be sure you have a pacifier, bottle, or plan to breastfeed during takeoff and landing. The baby will likely react to changes in the cabin pressure by crying. Sucking on something will help him clear his ears.
- Many parents ask about Benadryl to make babies sleepy, we do NOT recommend this, this early. For older kids, you can contact you healthcare provider.
- Be sure to bring the baby’s car seat. If allowed, secure the baby in the car seat and strap it securely to the airplane seat when you are not holding the baby. If you must hold the baby during takeoff and landing, fasten the strap around you but not around the baby.
- If you are traveling overseas, remember that you must have a passport for the baby. He cannot travel on yours.
- If you are traveling during a holiday season, re-confirm everything several days ahead of your scheduled travel and then again the day before. And remember that everything you do with a baby takes twice as long as you expect it to, especially going through the security check points.
- Air travel is dehydrating for everyone, so plan on feeding the baby extra fluids during the flight. If you are nursing, you need to drink extra fluids, too, but avoid caffeine or alcohol.
- Board early if allowed to and plan to get off last so that you don’t have to fight with impatient fellow travelers. Warn those meeting you that you will wait until the end. If you have a lot of stuff and are traveling alone, ask a flight attendant for someone to help you get on and off the plane.

Reminder

Your biggest duty as a parent is to raise your child to become a responsible adult, and to do this requires an organized, clean, healthy environment. This is an enormous task and you will need some help along the way. The hospital/clinic's staff, the New Parent Support Program staff, and NMCRS Visiting Nurses are available to help you in many ways. Don’t hesitate to call them for answers to your questions and to provide support.

Section Three: The Next Few Weeks

Infant Issues

Soothing the Baby

How do you react when you are frustrated or angry? When you are dealing with a baby, the answer to that question becomes very important. There are few things in life more frustrating to new parents than a crying baby. In addition to feeling helpless because you don't know what the baby wants, you sometimes feel like a failure. No matter how angry or frustrated you may feel, **you must never shake the baby.**

Try to remember that for a baby, crying is communication and is not usually caused by something the parent did or didn't do. Crying is the baby's normal way of getting your attention. The baby may be crying because he is hungry, has gas in his tummy, has a wet diaper, is tired, or wants attention and cuddling, or for no apparent reason at all. Some babies calm down easily when they are changed, fed, picked up, etc. Other babies are more difficult to sooth because that is just their personalities. Some babies are often said to have "colic" which is considered a period of extended crying that may last for 3 hours or more. Colic usually occurs 3 weeks to 3 months of age and can start anytime. Healthcare providers aren't sure why babies cry or get colic, but the situation usually improves by 3-4 months of age.

There are no magic ways to make a baby stop crying, but some of the following suggestions are worth trying after you have checked for the obvious wet diapers, hunger, burp, etc.:

- Stay calm, even if you don't feel like it. A baby will get more upset if he sees you getting upset.
- Try moving the baby around. Rocking, walking, a carriage or stroller ride, or baby carrier all distract the baby and provide a change of scenery. A car seat ride in a car or on top of a dryer also works, with supervision of course.
- Swaddling a baby – wrapping him tightly in a blanket – is very comforting to some infants
- If your baby likes a bath, a warm bath may help him to relax
- Play soft music or provide some sort of rhythmic sound (a vacuum cleaner, a tape recording, a fan) to calm the baby
- Rub or pat the baby on the back. Some babies like to lie across a parent's lap, tummy down, while being patted or stroked. This may be especially useful for babies with gas.
- Lower the lights, and limit the stimulation. Some babies respond by crying when they get more stimulation than they can handle.
- Take a break from each other. Every parent has his limit. If you find yourself getting so angry that you want to shake the baby or "do anything to make him be quiet" recognize that you need to get away from him for a while. If you can call a friend to watch over the baby for a while, do so. If

you can't find anyone to take over for you, put the baby in a safe place (crib, bassinet, etc.) and sit outside on the porch, take a shower, watch television, or read a book. It won't hurt the baby to cry for 10 – 15 minutes, and you both need time alone.

Remember that you are only human, doing the best job you know how to do. Babies are exciting, scary, and irritating all at once. It is normal to feel frustrated and angry sometimes, but no matter how upset you get, be sure that you **never shake the baby or allow anyone else to**. Shaking a baby can cause brain damage and death. If you often feel angry, or you're afraid you will hurt the baby, call someone immediately.

You are not a bad parent, but you have more than you can handle right now, and it's time to get some help. You can call your healthcare providers or New Parent Support Program staff for support and help dealing with your feelings.

Immunizations

Immunizations are very important to the health and well being of your baby. They prevent illnesses that could have lasting effects. While there is a small risk associated with getting the immunizations, the risk of serious reactions is very small. Without the immunizations, there is a greater risk of getting the diseases (especially pertussis or whooping cough) and having serious complications. Occasionally, the shots may give your baby a slight fever (up to 102° F) for a short time (no more than 24 - 36 hours after the shot). You may be given a prescription for acetaminophen drops to give by mouth if fever or irritability occurs. If your baby has a temperature that goes above 104°F, is irritable for more than 2-3 hours, or has other changes that concern you, your baby needs to be seen in the clinic/ER. **Do not give the baby aspirin.**

If your baby has a fever, the immunizations may be postponed until later. Be sure to tell your healthcare provider before the immunization is given.

The table on the next page gives the time frame for routine immunizations as prescribed by the American Academy of Pediatrics (AAP). Your hospital may choose to give the shots on a slightly different schedule. This is not a problem, but if you have questions about why the schedule was changed, be sure to ask your healthcare provider. The AAP has recently recommended that children also be vaccinated to prevent a type of bacteria known as pneumococcus. The infections caused by this organism include meningitis, pneumonia, and some other types of ear. The new vaccine is known under several different names so is listed on the immunization table as PCV (pneumococcal vaccine), and is recommended for all children under 2 years of age. It should be given along with the other routine immunizations at 2, 4, 6, and 12-15 months.

Two additional immunizations are recommended in many locations. They are Hepatitis A vaccine (Hep A) and a TB test. Be sure to check with your local clinic or public health department for information about and recommend times for these and other additional immunizations schedule in your area..

You will be asked for your child's immunization record at different times throughout his life, including when he starts a new school (including elementary school, high school, and college) or when you travel outside of the United States. You

should keep a copy of your child's immunization (or shot) record in a safe place and up to date. Do not count on the military facility to keep track of your child's shots.

Immunizations Table

Age ► Vaccine ▼	Birth	1mo.	2mo.	4mo.	6mo.	12mo.	15mo.	18mo.	24mo	4-6 yrs.	Other information
Hepatitis B (also called HBV)	Hep B #1										
		Hep B #2			Hep B #3						Make-up dose at 12 yr
Diphtheria, Tetanus, and Pertussis (whooping cough)			DTaP	DTaP	DTaP		DTaP			DTaP	Td at 11-12 yrs & every 10 yrs after
H. influenzae type b			Hib	Hib	Hib	Hib					
Inactivated Polio			IPV	IPV	IPV					IPV	
Measles, Mumps, & Rubella						MMR #1				MMR #2	
Chickenpox (Varicella)						Varicella					
Pneumococcal			PCV	PCV	PCV	PCV					
Hepatitis A								Hep A			In some areas or in high-risk groups
Influenza					Influenza (yearly)						

Growth spurts

Around the 3-week, 6-week, 3-month, and 6-month point, your baby will go through a 1-2 day period where he will appear to be very hungry. He is going through a growth spurt. If you are breastfeeding, let your baby nurse as often as he wants to (could be every 90 minutes) - don't give any water/formula supplements during this time. Your baby is increasing your milk supply to meet his needs. Be sure to increase your nutritional food and fluid intake during this time and get rest if you can. If you are using formula to feed your baby, you can put an extra ounce in his bottle at each feeding for a few days. After a few days, your baby will go back to his normal nursing pattern.

Supplemental Feedings

Mothers who are breastfeeding often wonder if, when, and how to give their babies extra feedings. While there is no one decision that is right for everyone, the current recommendations are to be very cautious about introducing extra nourishment to a breastfed baby for up to several months, depending on the type of nourishment.

The decision when to start solid foods (see section on Starting Solid Foods) will vary from baby to baby. If you add other foods or even a supplemental bottle too early you may decrease your baby's appetite for breast milk and your milk supply may decrease as well. Therefore, if possible, it is a good idea to wait at least 4-6 weeks before introducing a bottle. Solids are best started at 6 months, unless your health care provider tells you to start solid food earlier. If you decide to supplement because you plan to return to work, because you want more freedom than breastfeeding allows, or for some other reason, keep the following points in mind:

- Use only breastmilk or infant formula in the bottle.
- Wait to offer the bottle until the baby is hungry but not frantic and is still in a good mood.
- Have someone other than mother offer the bottle (if possible).
- Be sure to provide the same amount of cuddling and talking to the baby that would be offered during a breastfeeding session.
- If the baby takes a pacifier, try using the same type of nipple on the bottle.

Breast milk may be manually expressed from the breasts or collected by using a breast pump. If you are breastfeeding and will be away from the baby for more than three hours, you should plan to express milk. The milk can either be refrigerated or frozen for later use. (see section on “*Storing Breastmilk*”)

Formula is available in ready-to-feed cans/bottles (which should not be diluted), in concentrated form that must be diluted with water, and in a powdered form that must be mixed with water. It is important to closely follow the directions on the label. The baby can develop serious problems if the formula is not prepared properly.

If you have been instructed by your healthcare provider to supplement your breastfed baby's diet with formula, talk to your healthcare provider about using a supplemental nutrition system. This method allows you to nurse and give formula simultaneously.

Solid foods

Many parents wonder when to start their baby on solid food. The American Academy of Pediatrics does not recommend any solid foods (cereals, fruit, vegetables, meats) until 4-6 months of life, except in special circumstances. Healthcare providers are becoming quite conservative in the introduction of solid foods. Infants do not require anything other than breast milk or formula until six months of age. Talk to your healthcare providers if you have any questions or concerns regarding this topic. The following are clues that indicate your baby is ready for solids:

- He can hold his head up well

- Can put his fingers in his mouth
- If formula fed and he is taking approximately 32 ounces per day and is no longer satisfied;
- Rooting reflex has decreased;
- The baby doesn't push everything out of his mouth with his tongue;
- When cereal is offered from a spoon, the baby clamps down on the spoon instead of trying to suck it; and
- The baby is very interested in what you are eating and is reaching for it.

Introducing Solids

Whenever you decide to introduce solids (or additional liquids) the steps remain the same.

- Always introduce one new food at a time - pick one day of the week and add a new food on that day only. This way, no confusion will result if a reaction occurs. You will know what food caused the problem, and can stop giving it for the time being.
- Always start a new feeding during the day rather than at the bedtime feeding. That way, if the baby has a reaction to the food, you will be awake to see what happens. A reaction can take 3-4 days to show up, and can range from vomiting and diarrhea, to a rash or irritability.
- If any food causes a rash, diarrhea, vomiting, or extreme irritability shortly after being introduced, stop the food. Be sure to tell your healthcare provider about any reactions and food sensitivities at your next visit.
- Be sure to start with small amounts (1/2-1 Tablespoon). Dry cereal can be mixed with formula, breast milk, and should be fairly thin to start.
- Always use a spoon to feed the baby solid foods; **do not put solid food in a bottle or infant feeder**. Different muscles are involved when using a spoon rather than a bottle. Don't be upset that the baby is very messy when first using a spoon.
- When starting a child on a new food, it is best to begin at a time when your baby is usually happy and alert.
- If your child refuses the cereal, it is too early; try again in a few weeks. If the baby tolerates the cereal for 3-4 days, you may give the cereal twice a day.
- Don't feed the baby solid food directly from the jar. The enzymes in the baby's saliva will breakdown the food and make it runny, and are a good source of bacteria, which could lead to illness. Take a portion of the food out of the jar and refrigerate the remainder of the food immediately.
- Don't let mealtime become a battle – you won't win! If the baby pulls back from the food, don't force it.

After six months of age, the baby can start on other types of liquids besides breastmilk and formula. Remember that juices are not essential. Water is better for the baby's system and it doesn't encourage a preference for sweet liquids. Water is also much cheaper. Juices may be introduced at 8 months, from a cup, beginning with apple or pear juice diluted half water and half juice. Citrus juices are best delayed until one year of age.

If possible, blended or pureed table foods should be used, rather than buying manufactured baby foods. Homemade baby food is not only cheaper than purchased baby food and more nutritious, but also had the advantage that once the child is used to home food, the change over to table food is very easy. By nine months of age infants should be eating meats.

Additional points to remember include:

- Do not add salt or sugar to the foods you fix for the baby; the infant does not need the flavor.
- Store-bought vegetable-meat combinations do not contain enough meat to be counted as a “meat” course, and they cost more than separate foods.
- Foods that contain caffeine (colas, tea, coffee, etc.) should be avoided.
- Do not start your infant or child on a new food if he is taking a new medication for some reason. If he got a rash or had a reaction, you would not be sure of the cause.

Your local bookstore or library should have the latest books on preparing your own baby foods. The table below can be used as a general guideline for the introduction of solid foods.

Introducing Solid Foods										
<u>Food type</u>	<u>Order of foods</u>	<u>Age range</u>								
Cereal	rice or barley or oatmeal no wheat or mixed (due to possible allergies)	6 months								
Vegetables	yellow - sweet potatoes, squash, carrots, wax beans green - green beans, peas, avocado	7 months								
Fruits	offer after the vegetables or the baby is less likely to accept the taste of the non-sweet vegetables									
Meats or Other Protein	chicken, veal, pork, lamb, beef, fish, beans, tofu (liver only if others are tolerated well)	9 months								
Eggs, Citrus Juices, Whole Milk, Strawberries, peanut Butter	These foods can cause allergic reactions and should not be given prior to one year.	13 months								
<ul style="list-style-type: none"> • Junior baby foods, table foods and finger foods can be given around 9-10 months of age, depending on the number of teeth the child has. Be sure that the foods are soft, easily digested, and in small bites. • Below is a table of foods that can lodge in the throat and cause choking. These foods should be avoided: <table border="0" style="width: 100%; text-align: center;"> <tr> <td>nuts, hard candy</td> <td>popcorn</td> <td>raw vegetables and fruit</td> <td>hot dogs</td> </tr> <tr> <td>raisins</td> <td>sticky rice</td> <td>some teething biscuits</td> <td>marshmallows</td> </tr> </table> 			nuts, hard candy	popcorn	raw vegetables and fruit	hot dogs	raisins	sticky rice	some teething biscuits	marshmallows
nuts, hard candy	popcorn	raw vegetables and fruit	hot dogs							
raisins	sticky rice	some teething biscuits	marshmallows							
<p>No Honey until the child is 2 years old because it may cause infant botulism. Use of honey is alright in baked goods.</p> <p>Remember that if something can fit through a toilet paper tube, it can get stuck in baby’s throat.</p>										

Weaning the Baby

The American Academy of Pediatrics (AAP) recommends breastfeeding through the first year of life. However, weaning can occur at any time or for any reason during breastfeeding. “Weaning” is the process of changing how the baby receives nourishment. If you are breastfeeding you may choose to keep nursing and gradually wean to a cup. “Natural weaning” occurs as you add solid foods to your baby’s diet and he decreases his milk intake. If you need a more directed wean, the easiest way for you and your baby is to drop one breastfeeding and supplement with a cup or a bottle (depending on the baby’s age). Wait a couple of days before dropping another feeding. Weaning this way will take a couple of weeks.

The fastest way to wean is to immediately stop breastfeeding and switch the baby to a bottle or a cup. This is the hardest method for both baby and mother, and we **do not recommend it**. If it is necessary due to an emergency of some sort, be aware that the baby will probably be irritable and slightly constipated for a few days until his body adjusts to the differences between breast milk and formula. The mother will have considerable tenderness and discomfort in her breasts due to the milk produced and not used. A supportive bra will help a little, as will cold compresses (10-20 minutes every two hours) and expressing just enough milk to relieve the pressure. You can also use green cabbage leaves (just as with engorgement). Put the cabbage leaves in your bra and change them every two hours. Using cabbage leaves will usually dry up your milk supply in about 72 hours. Do not use cabbage leaves if you are allergic to sulfa drugs or cabbage.

A third method of weaning involves nursing each feeding, but for shorter periods of time, and supplementing at each feeding with an ounce or two of formula so that the baby continues to get filled up while the breasts produce less and less milk as they receive less stimulation. This is the most gradual method for weaning from the breast and also the easiest on the mother.

If you are weaning from breast milk to formula, be aware that the baby may spit up more on formula than he did on breast milk. This increased spitting up is usually because the baby gets milk out of a bottle faster than he does out of the breast, and until he is used to the difference in flow rate, he is likely to choke and spit up more. He may also have a change in the frequency and consistency of his stools. He may even go 4-6 days without a stool. As long as his stools are soft (not like little pellets), he is not constipated. This is temporary, and is nothing to be alarmed about. If your baby still seems to want a lot of sucking, give him a pacifier at naps and bedtime.

Most babies are ready for a cup around nine to twelve months of age (Although cups are introduced successfully at 12 months in only about 50% of infants). If the baby is given a cup to play with at seven or eight months, then it can be used when the child seems to understand what it's for. Don't get discouraged when he is very messy with a cup at first. Limit how much you put in the cup and try using the type that have a lid with a small spout; it will not drain out as fast when the baby throws it on the floor or dumps it upside down on his tray.

If you have more questions about weaning, please call the Visiting Nurses, the Pediatric Clinic, Mother's Milk Bank, or LaLeche League.

Safety Issues

Automobile Safety

Children are the ones most likely to be killed or permanently injured in the event of an automobile accident. Many accidents have occurred because a toddler climbing around in the car has distracted the driver. Toddlers have been killed or injured by hitting the windshield during a sudden stop. Lap belts alone are not safe for smaller children because the belt will cause damage to the lower stomach area of a small child who is involved in a forward crash. The same danger applies when a child is strapped into the seat belt on the lap of an adult. If an accident occurs, the adult's weight will crush the child. Keeping this in mind, all states have passed laws requiring that infants and children be secured in a child restraint appropriate for the child's age and size.

The car seat should be installed in the back seat and face the rear of the car until the baby weighs 20 pounds **and** is one year of age. The rear-facing position lowers the risk of spinal injuries to the infant in case of an accident. After the child is over one year and weighs more than 20 pounds, the car seat may be turned around to face the front but it should still remain properly attached to the back seat.

Your local police (or military PMO) or fire department can usually do a car seat safety check for you to be sure the car seat is properly secured. Regardless of their age, children are safest in the back seat. If the child must be transported in the front seat (such as in a 2-seater pick-up truck), make sure the air bag is turned off.

According to the National Safety Council, once a child outgrows his infant car seat (around 40 pounds), he should ride in the back seat in a full-harness booster seat until he is about 4'9" tall and weighs approximately 80 pounds (around 7-10 years of age for the average child).

For more information on protecting your child in a motor vehicle, call 1-800-247-9168 to receive a free copy of a booklet on this subject.

Personal Safety

Food, shelter, love, and protection are basic needs of all babies, and basic responsibilities of all parent(s). "Protection" includes all aspects of safety, but for a new parent, some of the "obvious" safety concerns aren't so obvious. The following list includes some, but not all, of the safety issues that you need to consider:

- Make sure that the crib is safe. The spaces between crib bars must be no more than $2\frac{3}{8}$ inches (this is about the size of a soda can) to prevent the baby's body from getting stuck between the bars. The mattress should be firm and fit snugly so the baby's head cannot get caught between the mattress and the bars. Keep the sides of the crib raised. If you use bumper guards, be sure the bumper guards are firmly attached and that the baby

- can't get in between the bumper guards and the mattress. If you are using an old crib, make sure that no lead-based paint was used on it.
- Never leave the baby alone on a couch, chair, bed, table or other high place. Don't even turn your back on the baby unless there is a barrier around him/her. It is all right to put the baby on a blanket on the floor if you must move away from him for any reason.
 - Never leave your baby alone in the bath. If the phone or doorbell rings, either don't answer it or take the baby with you. An infant can drown in the short time it takes for someone to step away to answer the phone or get supplies. Also, don't leave the baby in the bath to be watched by an older child. Children under the age of 14 do not have the experience to handle an emergency if something goes wrong.
 - Never leave a baby or child alone in an automobile. Regardless of the weather, there is a risk of heat stroke. Additional risks include car jacking or injury from another car striking yours.
 - Never take your eyes off the baby when you are shopping, walking, or sitting at the park. A baby in an unattended stroller or carriage can be quickly abducted.
 - If you use cloth diapers, close your safety pins or stick them into something out of reach so the baby can't grab one and stick it into his eye or in his mouth.
 - Be sure to wash your hands often, especially after diaper changes.
 - Never attach pacifiers or other objects around the baby's neck or to the crib with a cord. Use a one-piece pacifier rather than the type that can come apart and be a choking danger.
 - Check your home for lead poisoning hazards such as chipped lead paint, lead dust, lead water pipes, and poorly glazed pottery.
 - Set the hot water heater thermostat lower than 120°.
 - Install smoke alarms and carbon monoxide alarms and check the batteries regularly.
 - Make your home and car non-smoking areas.
 - Never drink hot liquids while holding the baby.
 - Learn first aid and infant CPR (Cardiopulmonary resuscitation). You can call your local Red Cross to schedule a CPR class.
 - If you use a mesh playpen or portable crib, make sure the weave has small openings (less than ¼ inches), and never leave the baby in a playpen or crib with the drop-side down.

Second Hand Smoke

Always keep the baby's surroundings smoke-free. This includes exposure to smoking in the home and the car. Children who live in a home where someone smokes have a higher rate of respiratory and ear infections, allergy symptoms, and asthma, and have a greater chance of becoming smokers themselves. If the mother smokes, she can pass on harmful chemicals in the breast milk.

If someone in the family does smoke, the risks to the baby can be decreased by taking the following steps:

- Smoke outside the house;
- Never hold the baby while smoking;
- Wear a different shirt or blouse over your clothing while you smoke and then remove that shirt/blouse so that the fumes will not be on your clothing when you pick up the baby. Leave that shirt outside;
- Immediately upon entering the house, wash hands, neck, and face;
- Parents with long hair should always keep it pulled back as hair keeps smoke in it very well.

Pets

We have already said that you should never leave the baby alone with a small child. You also should not leave the baby alone with a pet, no matter how well behaved the pet has been in the past. Pets, like siblings, may act unpredictably around an infant. Many of the suggestions for dealing with sibling rivalry apply equally well to dealing with pets, especially if the pet has been the “baby” of the family until now. Try to anticipate changes that need to be made in how the pet is treated, and make the necessary changes before the baby arrives, and be sure that the pet has all his shots and has been treated for fleas and ticks before the baby comes home. You should have a gate to put up in the door of the baby’s room so that both siblings and pets can be kept away from the baby when you are not present. Flea collars and sprays are not safe around babies once the infant begins to move around and chew on anything they can reach – pets included.

Any reptile (lizards, snakes, etc.) as a pet should be avoided due to the possibility of salmonella infection. Another pet that should be avoided is the ferret, which has been known to bite the nose, ears, fingers, and toes of babies.

Common Infant Physical Concerns

Jaundice

You may have someone ask you if the baby has jaundice. Jaundice is a yellow color to the skin and the whites of the eyes that is very common in new babies. Usually, it is caused by excess levels of bilirubin, a part of the normal breakdown of red blood cells in the body. You should observe your baby for any changes in the color of the skin or the whites of the eyes. If the baby looks more yellow to you at any time, you should contact your healthcare provider or clinic immediately (remember that dressing baby in a yellow outfit may make him look more jaundiced).

If your baby becomes jaundiced, you may be instructed to let the baby lie on a blanket, in only his diaper, near a window so that he can be exposed to indirect sunlight (don’t take the baby out in the sun unless instructed to do so; babies burn easily). If the jaundice is more severe, the baby may be treated with “bili-lights” or in a “bili-blanket” to reduce the jaundice.

Call your healthcare provider’s office or clinic if the baby:

- Gets a fever over 100.4° (rectal) or less than 97.5°
- Appears or acts ill
- Develops a shrill cry
- Looks very yellow or orange
- A mild yellow color spreads down past his belly button
- Doesn't wet after 8 hours or the urine changes color

Thrush

You may hear your healthcare provider or a friend mention “thrush.” Thrush is the name given to a fungal infection often found in moist areas of the mouth or diaper areas. It is a common problem for many babies. Thrush isn't caused by something the parents did or did not do; sometimes it just happens, but because it can cause the baby some discomfort, parents should watch out for it. Thrush looks like a white fuzzy coating on the tongue and sides of the mouth. Unlike the white residue sometimes left from milk, if the white patches caused by thrush are rubbed away, there is a raw, red area underneath that may bleed. Sometimes, thrush can interfere with the baby's appetite and ability to eat comfortably. Some babies also develop a diaper rash at the same time. It is not like a “normal” diaper rash, and will not go away with the normal diaper rash treatment. While thrush is not usually dangerous, it will not go away without treatment and you should call your healthcare provider for an appointment. If the baby is breastfed, both the mother and baby need to be treated or they will continue to pass the infection back and forth between them during feedings. If bottle-feeding, you need to be very careful to clean the bottles really well (use the dishwasher and boil the nipples) or replace them altogether if thrush is not resolving with the treatment prescribed by the doctor.

Cradle Cap

Seborrhea or "cradle cap" is a condition of the skin, especially over the scalp and face. It is simply an overproduction of the oil glands that results in extra oil and cells being produced and forming a scaly film on the baby head. Normal shampooing of the baby's head with a mild shampoo will cut down on the occurrence of cradle cap. If crusting does occur, the following steps can be taken to clear it up:

- Apply baby oil to affected area of scalp and comb;
- Wait 10 minutes;
- Shampoo area, using soft brush, tooth brush, or rough washcloth to scrub area (may use a pea-sized amount of Head and Shoulders);
- Rinse well;
- Repeat steps every other day until area is cleared up.
- Do not apply baby oil to the scalp after the shampoo or any other time unless directed to do so. Excess oil can contribute to the formation of cradle cap.
- Some babies can also develop a slight rash on their chest and back when they have severe cradle cap. The rash will clear up when the cradle cap is gone.

Diaper Rash

Most babies will get a diaper rash at some time, no matter how careful the parents are about keeping the baby clean and dry. When the baby has a diaper rash, you can treat it by:

- Washing the bottom well with every change, using a washcloth and water, not baby wipes;
- Leaving the diaper off to air the skin for as long as is practical several times a day;
- Washing the diapers extra well, and rinsing with vinegar;
- Consider changing the type of diapers used; and
- Trying one of the commercial protective ointments (Desitin, A&D, Zinc Oxide, Bacitracin) when the baby is sleeping for long periods of time (night) and the diaper is not being changed frequently.
- If the rash does not improve within one week, or forms blisters, call your healthcare provider.

Spitting Up

All babies spit up sometimes, especially soon after eating. It may be because of an immature sphincter muscle between the throat and the stomach, or because of air being swallowed during the feeding, or because the baby has eaten too much. Vigorous or fast feeders may take in too much too quickly and overload their stomachs. Spitting up frequently occurs when a baby eats after prolonged crying. If possible, try to calm the baby before starting the feeding. If the baby cannot be consoled until he starts eating, plan to burp him more often during the feeding. Babies have a good system for keeping food out of the lungs, so don't panic. Usually, spitting up is not a serious problem, but if you believe your baby's spitting up is excessive, forceful, has blood in it or is a green color, you should discuss these concerns with your healthcare providers.

Around 6 months of age, when the baby starts to sit up while eating and takes solid foods, the spitting up will usually decrease and resolve. Until then, some measures to reduce the frequency and severity of the spitting up include:

- Feed smaller amounts at a time
- Continue breastfeeding
- If using formula, before changing types of formula talk to your healthcare provider
- Avoid pressure on the abdomen (avoid tight diapers)
- Burp the baby more frequently – every few minutes during the meal and again afterwards
- Keep the baby in an upright position for about 20 minutes after eating
- If bottle feeding, try a nipple with a smaller hole to decrease the amount of milk coming out and be sure the bottle is tilted so the milk covers the inside of the nipple

If the baby vomits large amounts, fails to gain weight, or the spitting up/vomiting is associated with coughing or choking, you should discuss the problem with your healthcare provider.

Section Four: General Growth and Development

The first 12 months of a baby's life are filled with more changes and challenges for him and his parents than any other time. Because of this, your healthcare providers and other support people will ask you to come to regularly scheduled well baby appointments so that they can make sure the baby is developing as he should. Remember that babies develop at different rates. The areas of development are usually divided into:

- Social - smiles, coos, responds to human face, etc.
- Language - attempts to speak, understands what is being said to him
- Large (or Gross) Motor Skills – holds head up, turns over, pulls up, walks
- Small (or Fine) Motor Skills – hand-eye coordination, grasp, reach, manipulate objects

Babies (and children) develop in the different areas at different speeds and usually focus on one area for a while and then move on to another area. It is not uncommon for a baby to forget a skill he has recently learned while he focuses on a new skill in a different area. Avoid comparing your baby to other children or to the “normal” development tables. If you must compare him, compare him to himself and what he was able to do last month. Remember that the rate of development in infancy is not an indication of future ability in school.

If you have a premature baby, keep in mind that a preemie's physical and social development will be delayed by at least the amount of time the baby was premature. Do not get upset with the baby or feel that you are doing something wrong; your baby's body can only concentrate on one area at a time, and for now he is finishing his original growth. Your premature baby will catch up with full term babies – but not for a year or two.

Well Baby Clinics

At each of the appointments, the baby will be looked over and may receive immunizations recommended by the American Academy of Pediatrics. You will be asked questions about your and the baby's routine, and you will be encouraged to ask questions and discuss any concerns you have about the baby and about parenting issues.

The schedule of routine well baby clinic appointments varies from place to place. Check with your local facility for their appointment times. Regardless of the schedule followed, some basic rules apply to all Well Baby Clinics.

- This clinic is **ONLY** for the baby being seen and the parent(s).
- This clinic is also **ONLY** for well children.

If your child has an appointment to be seen, but is sick when the appointment day comes, **DO NOT** take the child to the Well Baby Clinic. Cancel the appointment and make a new one. Older children should not be brought to the appointment with you, and should not be left in the car without adult supervision. If you can't find a baby-sitter, call one of the child care centers to see if you can take the older child there. Once you have scheduled your Well Baby appointment, call ahead to the child care centers to find out if reservations are needed, and about the cost, hours and requirements.

The clinic visits are usually scheduled to allow immunizations to occur in connection with the visit. The following information is designed to give you general information about what to expect at each of the stages discussed. Keep in mind that every baby develops at his/her own rate. This information should be used only as a guideline. If you have questions or concerns about how your infant is developing, discuss them with your healthcare providers.

Two Week Well Baby Check

Whether this check-up is done at the clinic or at your home, the same things will be reviewed. Your healthcare providers will check the baby's weight, reflexes, physical development, and overall movement and behavior. You will be asked questions about the baby's feeding habits, how the family is doing, how much sleep everyone is getting, and about any problems you may be having. You will also be encouraged to ask questions and discuss your concerns about your baby and you, and how the baby fits into the family. The following information addresses some frequently asked questions.

Feeding: Your baby is still pretty erratic about his eating habits at this age. If he is breastfeeding, he is probably waking up every 2-3 hours to eat. You should expect to give the baby 8-12 feedings in 24 hours. If he is bottle fed, he may be taking anywhere from 2-4 ounces per feeding. The baby should be back to his birth weight by now, and should be gaining weight at an average of $\frac{1}{2}$ to 1 ounce per day. Babies don't eat the same amount at each feeding, so don't worry if the amount taken by bottle or the time of breastfeeding varies each feeding, especially at this age. Review the section on breastfeeding and/or formula feeding.

Sleeping: Many babies have their nights and days mixed up for the first few weeks. Try to sleep when the baby does. If you can't sleep, at least put your feet up and rest for a while. The housework can wait for now.

Some parents choose to have the baby sleep in the room with them. If you wish to do this, it will not disturb the baby. It may or may not disturb you. Babies are restless sleepers, making lots of noise at night, even when they are asleep. If you have the space, you may get more rest if you put the baby in another room. The baby is too young to be allowed to "cry it out" at this age. That will come later, but for now, the baby needs to know you will be there for him.

Regardless of where the baby sleeps, be sure he is on a firm surface and never left where he could roll off or get stuck between the bed and the wall. If you use a mesh playpen, make sure the weave openings are less than $\frac{1}{4}$ " and never leave the baby in the playpen with the drop-side down. Avoid putting soft toys, pillows, or other "comfort" objects in the bed with the baby. Those items should be saved for when the baby is awake and you are playing together.

Immunizations: Some locations give the Hep B (HBV) immunization at birth and some give it at the 2-week or two-month check-up. At least one PKU test is required by law and is done soon after birth. A second test is required in some states, and is often done at the two-week check-up. The test identifies babies who have a problem using specific proteins in the body. Your provider will contact you if the test results are positive.

Social Development: Your baby should be able to focus briefly on a face, respond to a bell or loud noise, and follow an object (like a red ball or toy) moved in front of him for a short distance. Keep in mind that he can only focus about 8-14 inches, so if you (or the object) are further away than that, the baby will probably not notice. Also, they only see contrast so if Mom is fair skinned with blond hair and Dad is fair skinned with dark hair, baby may appear to focus more on Dad.

Don't be concerned if the baby ignores "normal" noises; he has heard them before when he was inside you. If he startles when you clap your hands behind his head, he can hear. Most states now require newborn hearing tests. You should ask your healthcare provider about your baby's results. You may see some smiles at this age, but they are not usually in response to your smile. That will come later.

Keep in mind that each baby has his own temperament and that it affects how he relates to the world. By watching your baby, you can learn his moods. Don't be discouraged if you find that there are times you cannot console (or calm) your baby. This is not a fault in you; it's just the mood he is in at the time. It will pass.

Physical Development: At this age, the baby is doing lots of sneezing, hiccups, yawning and trembling of the lower lip or chin. These are normal and will clear up over the next few months. He also probably has very explosive bowel movements and/or lots of straining when he is having a bowel movement. Don't worry – he is learning to deal with an immature digestive system. This, too, will improve with age and is normal for newborns.

The baby should be able to turn his head from side to side, and lift his head briefly when on his stomach on a flat surface. He will not recognize that his hands are part of him, and may grab his hair or scratch his face and not understand that he is the one responsible. Remember that he is still developing and his hand-eye coordination is not finished yet.

Safety: Review the safety tips on pages 35-36. The baby depends on you to keep him safe. Be sure to always use the car seat when you go out – even for a short trip, and even if the baby is crying. The dangers from holding the baby during an accident are too great to chance.

Remember that the baby will grab anything that hits his palm so watch out for dangling hair, jewelry or toys, especially if older siblings are around; the baby can pull harder than you think. Also, don't ever put a pacifier on a string around the baby's neck. He could pull on it without recognizing he is doing it.

Stimulating your baby: The baby will benefit from holding, touching, talking, singing, and eye contact. These activities are an excellent chance for Dad to be very involved with the baby. It is important for the baby to hear, touch, and see both parents when possible, and mom will really appreciate some time for herself.

Two Month Well Baby Check

You have cared for your baby for nearly two months now and probably have some questions and worries. Read over this suggestion sheet (remembering that there are many "right ways" of doing things) before you go to your baby's check-up and write down any questions you may have for your healthcare providers.

Feeding: Your baby may have established a daily pattern of eating habits by now. A breastfed baby will usually nurse every 3 hours and may have one longer stretch at night. If mother has returned to work, the baby will be receiving bottles of expressed milk or formula during the day and nursing when mother is home. Most formula fed babies will be taking between 24-30 ounces in 24 hours. This can be divided up between the feedings, depending on how long your baby sleeps at night. Breast milk and/or formula should be continued until one year of age.

As mentioned before, sterilization of bottles and water is not required; just be sure that the bottles, nipples and formula preparation equipment are kept clean. A bottle brush is essential to get the bottles and nipples clean. Additional vitamins are not needed for babies on formula; the vitamins (and iron, if an iron fortified formula is being used) are already in the formula. The AAP (American Academy of Pediatricians) states that some breast fed babies should be given a vitamin D supplement. Your healthcare provider can answer any questions you have about what your baby needs.

DO NOT give your baby whole milk, 2% milk or even evaporated milk until advised to do so by your healthcare provider. Also, do not give the baby any medications, vitamins, minerals, herbal solutions, etc. unless instructed to do so by your healthcare provider.

Sleeping: The baby may still be having some problems telling night from day. If he sleeps longer than 3 hours during the day, try waking him and playing for a while before feedings. When you get up with the baby at night, keep the activity to a minimum, with soft lights and little conversation, so that the baby will get the idea that nighttime is for sleeping. Be aware that if you carry the baby around during the day in a baby carrier, the baby is likely to sleep more, in short naps, and will therefore not be ready to sleep as much at night.

Immunizations At this checkup, your baby will routinely receive several immunizations. Please refer to the immunization schedule in this booklet. Some babies develop a small lump after the shots. It may last two weeks or so. It is not an infection. Apply a cold compress to the area off and on for the first day and a warm compress to the area after that for a few days to help relieve some of the discomfort. Remember to keep your child's immunization record in a safe place. You will be asked to show it each time your child starts a new day care or a new school.

You should be aware that immunizations have a small risk associated with them, just as with any other medicine. However, the risk of serious reactions is very small and the benefits outweigh the dangers if the baby got the diseases (especially whooping cough). Sometimes, the shots may give your baby a slight fever (up to 102° F) for a short time (no more than 36 hours after the shot). You may be given a prescription for acetaminophen drops (an aspirin substitute) to give by mouth if fever or irritability occurs. **Do not give the baby aspirin.** If your baby's temperature exceeds 104° F, if he is irritable for more than 2-hours, or there are other changes that concern you, contact the baby's provider.

Social development: As the baby learns from your activities, he will become more social. At this age he should watching faces and may recognize your face. He should begin to show unhappiness, excitement or delight – not just by crying but by making other sounds, and should start to be more easily soothed by voice or being held. He may follow his hand movements with his eyes, and may start bring his hands together on purpose.

Physical development: The baby is starting to explore his world more now. Rattles, mobiles, and activity boards provide chances for the baby to reach, grab, pull and poke a variety of objects. They are fun for the baby but be sure to consider safety issues when buying or using the toys, too. Make sure the baby has his hands free to explore, and don't keep him confined to a baby swing or baby seat all the time. He will not yet grab an object that is right in front of him, so bring the toy in from the side.

Change his position often during the day, and give him time on his tummy when you are in the room to watch, so that he can learn to lift his head and shoulders. "Tummy time" is essential for developing neck, arm, and chest muscles. One hour a day is a suggestion. As he develops better muscle control, he will start to rollover; again, safety is a real concern, and you must be very careful where you lay him down. He will still startle easily, so don't be surprised if he startles himself sometimes.

Safety: Auto accidents now kill more children than diphtheria, tetanus, whooping cough, polio and other infectious diseases combined. We can protect your baby from many diseases simply by giving a shot; only you can protect him from auto accidents by driving carefully and by using car seats appropriately. Please, reread the section about auto safety.

Another danger at this age is falling from a high place - usually a dressing table or bed. NEVER leave the baby alone on a high place, even if he has never rolled over before. If you can't carry him along to where you are going, set him on the floor on a blanket until you get back.

Toys: The baby is now beginning to play more. Since he is starting to grasp things and brings things to his mouth, toys become a serious safety concern. Toys should be too big to swallow, too tough to break, have no breakable or removable small parts, have no strings attached, have NO sharp points or edges, and be washable. The following list shows examples of safe and unsafe toys:

SAFE TOYS:

- Strong rattles
- Push and Pull toys
- Stuffed animals with no removable parts
- Large soft balls
- Washable squeak toys
- Round blocks

UNSAFE TOYS:

- Those toys small enough to be taken into the mouth
- Toys made from material that will burn
- Toys with poisonous or lead paint
- Toys with removable small parts (remove the squeaker if possible)
- Pacifiers that have a small rubber nipple attached to a plastic disk.
- Stuffed animals with glass or button eyes or loose pieces of fluff
- Jewelry - chains, necklaces, rings

Stimulating your baby: Remember that babies develop at different rates and don't be bothered by the inevitable (and undesirable) comparisons from friends and family. Your baby has his own personality, even at this age. While you are playing with him, bathing him, feeding him, and doing all the other "things," try to observe what makes him happy or sad or angry or frightened, and then gear your stimulation activities toward his personality. (For

example, some babies get so over stimulated by loud noises and active play that they cry and cannot be soothed.) You will know your baby better than anyone else, so take the information you learn about “the normal baby” and adjust it to your special one.

The most important stimulation you can give your baby is your contact - talking, laughing, singing, etc. with the baby while you do the routine activities of shopping, cleaning, driving the car, etc. Don't focus on “teaching” the baby; focus on spending time with him.

Some of the things you and the baby can do together include:

- Smelling different things – perfume, dinner, a flower – all of these help the baby learn about his world
- Stand in front of a mirror and make funny faces.
- Show the baby pictures – of the family, out of magazines, in books, etc. Keep the pictures simple at this age – too much detail will be more than the baby can understand
- Visit the pet store – in addition to lots of smells and sounds, the baby may enjoy watching the fish tank or birdcage.
- Take a walk around the neighborhood or visit the park. The outdoors has many different sights and sounds to stimulate the baby's interest, and gives you lots of things to “discuss” with the baby while you walk or sit. Be careful not to go out during the hottest part of the day or without proper cover for the baby.
- Different sounds are interesting to a baby, and each baby reacts in their own way. Rattles, music boxes, vacuums, the radio or TV – all provide stimulation. Find out which ones appeal to your baby.
- Touch is important to a baby. Sometime soon he will start putting everything into his mouth because he is using touch, texture, and taste to find out about different things. For now, find out how your baby likes to be touched, and indulge him. Babies especially enjoy the difference in texture between mommy's skin/hands/hair and daddy's skin/hands/hair. Each parent will interact differently with the baby and that is a good thing – for all of you. Recognize and encourage the differences; it will help the baby learn about his world.

Four Month Well Baby Check

Here are some more suggestions about caring for your baby, who is now four months old. Be sure to call your healthcare provider or the NMCRS Visiting Nurse if you have questions.

Feeding: At this age, your breastfeeding baby may be on a fairly regular schedule of 6 feedings in 24 hours, with the baby hopefully sleeping longer at night. If your infant is taking only formula, he will probably be taking 28-32 ounces in 24 hours. We recommend that you still hold off on solid foods until the baby is six months old. Be aware that solid food will decrease the baby's intake of milk (which should not drop below 27 ounces per day) and right now he needs the calories and nutrition he gets from breastmilk or formula.

All babies choke on liquids or soft food once in awhile. This rarely causes any problems - so don't panic. Given a chance, babies can usually clear their throats fairly well, so don't be overly enthusiastic about pounding on the baby's back.

Sleeping: Babies this age are often sleeping through the night, but some continue to wake up for a feeding, especially small babies. While one (or sometimes two) feeding(s) may be legitimate, multiple demands for attention and/or food at night may have become a habit for the baby rather than a need.

Steps to discourage unnecessary nighttime feedings include increasing the amount of the feeding just before the baby's bedtime, waking the baby for another feeding just before the parents' bedtime, increasing the length of time between feedings at night, and limiting the interactions between parent and infant during nighttime feedings. Some families decide that they will wait out the extra nighttime feedings until the baby stops them on his own. Only you can decide what works best for your family.

It is important for the baby to learn to console (or soothe) himself rather than always counting on you to be there to hold, snuggle, rock, or feed him until he falls asleep. Learning to console himself requires that you start putting the baby down to go to sleep while he is still awake but drowsy. It is fine to have rocked and feed him before putting him in his bed, but try not to let him be completely asleep. If he goes to sleep in your arms and then wakes up during the night somewhere else, he will cry because he expects you to be there. Once he learns to console himself, he is more likely to go back to sleep without your help in the night.

Immunizations: The baby will probably be getting his second set of immunizations. You may expect about the same reaction to these as you saw the last time. Be sure to discuss with your healthcare provider any concerns or questions about your baby's reactions to the immunizations. If the baby is having any unusual symptoms (runny nose, cough, fever, etc.), be sure to mention them to your healthcare provider **before** the immunizations are given.

Social development: At this age, the baby can distinguish between people and knows his parents' voices. He enjoys games and toys, smiles spontaneously, and probably laughs out loud. Some babies also start making "ah-goo" type of sounds, and get very vocal when they are not getting their own way. He will continue to be "distractible" so rattles, mobiles, a music box, etc. may be of help when you are trying to gain his cooperation.

Physical development: As his body strength and coordination improve, the baby will seem to gain new skills each day or week. At this age he can maintain his grasp when an object is put into hand and he can lift his head and chest up 90° when placed on his stomach. His increased body activity may drive you a little crazy when you are trying to dress him or change his diaper, but get use to it; he will continue to get more active and his motions will become better controlled.

The baby will be weighed and measured every visit. These measurements are compared to the normal growth we expect by drawing them on a graph. This way we can discover quickly if a baby is not growing properly. If you are concerned about your baby's growth, please ask your healthcare provider to discuss the graph with you.

Remember that family growth patterns will make a difference. Every child is a unique individual, and will grow and develop at his own rate.

Safety: Please, continue to keep your child safely buckled into an approved car seat. This is necessary to follow state laws as well as for the child's own good.

One common safety issue involves the baby's ears. Healthcare providers sometimes have to clean a child's ears in order to see the eardrum clearly. This is no disgrace - you are not a poor parent if this happens. The ear normally produces a lot of wax. PLEASE DON'T reach down into your child's ear with a Q-tip or anything else. Doing this will pack the wax in more deeply and make it painful to remove.

Safety in the home is of prime concern in caring for babies. You should start reviewing some of the safety issues in your home before the baby can move around easily. Sit down on the floor and look at things from a baby's point of view. Also review the safety problems at grandparents' or friends' homes when you visit others.

You can't and shouldn't hold the baby all the time, nor should you leave him in an infant seat or baby carrier where his movements are confined. As he gets older, a playpen is helpful for short periods of time. Playpens with one-half inch mesh holes frequently cause a child to pinch his fingers and may also snag buttons or buckles on clothing. Mesh as fine as mosquito netting (no larger than ¼ inch) is preferable. Playpens with wood rails close enough together to prevent the head from getting caught are the best.

Stimulating your baby: Babies like objects that stimulate all their senses, so when buying or making a toy, consider the various senses that would be involved in playing with it rather than just "is it cute". When buying a toy, look on the package for safety and "appropriate age" considerations. You can make toys out of household items – toys that will be as stimulating as the expensive ones. Some simple toys and games include:

- Try attaching plastic or wooden kitchen tools (measuring spoons and cups, etc.) to yarn and string it across the baby's crib or playpen while you are there to watch.
- Attach bells to the baby's shoes or socks. He will enjoy the sound whenever he kicks his feet. Be sure the bells are strongly attached so they cannot be pulled loose and swallowed.
- Play peek-a-boo with your hands or a cloth. Take turns, but don't leave the baby alone with the cloth.

Parents' issues: Remember, you should regularly be getting away from the baby/children - once a week or so - to do something you like. (Necessary shopping doesn't count!) It's natural to feel frustrated with a fussy baby once in a while - he takes a lot of work and gives back little at this age, and you are probably exhausted. But remember while it's natural to feel this way, **you must not hit or shake him** - he is fragile and permanent damage can be done. If you feel like you are reaching the end of your rope, and you have no family or friends you feel you can talk to or who can take the baby off your hands for a while, call someone to help you. The Pediatric Clinic, Family Service Center, or New Parent Support Program all have staff available to help and they will be happy to talk to you. You are not alone.

Six Month Well Baby Check

Here are some more suggestions about caring for your baby who is now six months old. Remember, these are the ones we have found to be best, but there are many "right" ways to do things. Call us if you have any questions.

Feeding: Most babies are now ready to be on soft as well as liquid foods. Rice cereal is a good "starter" food, and should be given with a spoon. Never put solids in a bottle. Review the guidelines for solid foods on page 33. Be aware that the baby uses different muscles for eating and sucking, so he will have some difficulties at first. Go slowly, use small amounts of slightly thickened cereal, and be prepared to clean up afterwards.

Check with your healthcare provider about starting a fluoride supplement. Make sure that your daycare provider is following the same guidelines about solid foods that you are following, and be sure to warn her/him not to give the baby honey or Karo syrup until the baby is two years old.

Once he is taking cereal, vegetables and fruits, the baby will be working toward the same feeding routine as the rest of the family, with three meals a day and occasional snacks. Do not start whole milk until one year of age, and be very careful about giving lumpy food until the baby has some grinding teeth.

Breastfeeding babies may continue to nurse on demand, usually about six times a day. Babies on formula will probably divide their bottles into 6 ounces 5 times a day or 8 ounces 4 times a day. Once the baby is able to hold his own bottle, resist the urge to put him to bed with a bottle. Taking a bottle to bed can contribute to ear infections and tooth decay.

Sleeping: By now, your baby still needs at least two naps a day but should be able to go all night without disturbing your sleep, but the truth is some babies don't. Like many people do, a baby will wake up several times during the night (you probably do, too). The trick is to help the baby learn to fall back to sleep without your involvement (rocking, feeding, singing, etc.). If your baby still wakes you at night, and cries for company or for food, you have several options to encourage him to go back to sleep on his own:

- Let him cry for several minutes to see if he will go back to sleep on his own.
- Let the baby cry for a little longer each night before you go to him, then reassure him that you love him, talk with him to calm him down, and then leave the room. Don't pick him up and don't feed him. This method works for some babies but not for others who view the parents' arrival as a reason to keep crying.
- "Systematic awakening" – Keep track of the usual times your baby wakes you at night. Once you have the pattern, set the alarm and wake him about half an hour before he would usually wake you. Then proceed with your usual routine of diaper, feed, rock, etc., gradually increasing the amount of time between the awakenings. This method works for many families but takes a while.
- Keep in mind that some babies will not learn to fall back asleep on their own, or will be the type of child who doesn't require a lot of sleep, and is ready to play at 0200. If this is the case, your best hope is that the baby learns to entertain himself soon (they all do at some age).
- If you choose to get up with the baby, keep your contact as brief as possible. Try not to turn on the light, don't play and laugh, and don't take the baby to your bed for comfort. Do the necessary things – change the diaper, feed, etc. – and then return the baby to his bed. If he is still sleeping in your room at this age it may be time to move him out. He may be waking up because he senses or hears you moving around. If the room is totally dark, try leaving the door open or a small light on somewhere so the baby can identify where he is when he wakes up.

Immunizations: The third DTaP, Hib, PCV, and Polio immunizations are due today. Depending on the schedule of your baby's immunizations, he may also get a Hep B shot. The reaction will probably be much the same as it was last time. If your baby had a severe reaction before, be sure to tell your healthcare provider.

Social development: This is a great age for social development. The baby now smiles, laughs, vocalizes to gain attention, may object loudly when left alone or has a toy taken away, and actively responds to playtime. He will enjoy learning to blow a kiss, wave bye-bye, and play patty-cake. He still doesn't understand the word "No" so don't be surprised or discouraged when his response to that word is not what you want. This is a good time to introduce your baby to a variety of people of all ages, but be aware that he will go to almost anyone, so never leave him unattended.

Physical development: At six months, the baby is usually able to hold his head steady when sitting up, to roll from back to stomach, and wants to touch, hold, and taste everything. You can help him develop more physical abilities by holding his hands and letting him bounce on your lap and by pulling him to a standing position on your lap. Encourage him to use his hands to explore and manipulate objects such as blocks, household objects, soft dolls and stuffed animals, and activity boards. Be careful to keep small objects out of his way – they will go straight into his mouth and could cause choking (coins are an especially common problem). Recognize that everything will be put in his mouth. Part of this is exploration, and part of it is because of teething.

Occasionally babies have teeth at birth, and some get no teeth until after a year of age, but the average time for cutting the two bottom teeth is five to eight months. Cutting teeth can be easy and comfortable or difficult and painful, depending on the child. Most babies have increased drooling when they start teething (although some start drooling months earlier), and some babies develop a cough or face rash from the constant saliva. When fussiness and trouble eating develop, it often helps the child to chew on something firm. You can help your child by actually massaging the sore gums very firmly with your fingertips whenever teething seems to be bothersome. There are some medications available (Numzit, Oragel, etc.) for rubbing on the gums, but they don't work well because they don't penetrate deep enough to reach the tip of the tooth. So try other things first. Contact your baby's provider if you need more advice. (See the section on *Teeth and Teething*.)

Safety: As the baby starts becoming more active, you must be more observant about what he is doing and the dangers around him. He may be trying to sit up and pull himself up on the edge of furniture. Everything will go into his mouth. He will be moving around more and wiggling when you try to control him in the bath or on the changing table. It will seem like a full-time job to keep him safe as he gains more mobility. Review the household for poisons, sharp edges (on coffee tables, etc.), unprotected stairs or steps, and dangling cords. Be sure that drawers and cupboards have safety locks on them, and keep plastic bags or balloons away from the baby at all times. As the baby gets around more, you may find your temper fraying at times. It's understandable that you get upset at times, but **No Shaking!** If you feel yourself losing control, put the baby in his crib and step outside or call a friend until you cool off.

Stimulating your baby: In addition to physical stimulation already mentioned in this section, this is a good time for stimulation of language skills. Some of the things you can do to stimulate your baby's speech development include:

- Emphasize the names of everything – “Daddy’s shirt...”, “Sister’s doll...”, “Mommy’s shoes...”, etc. Avoid using pronouns like “his”, “their”, “her”, etc.
- Speak slowly and give the baby time to think about what you are saying.
- Encourage the baby to repeat what you say, even though he won’t be able to at this age.
- Focus on single words, and repeat them during the conversation (i.e., “ This is your *diaper* - lets change your *diaper*”).
- Use picture books to emphasize words (show a picture of a dog while you repeat the word) and start reading to your baby.
- Bring different sounds to the baby’s attention (“do you hear the fire engine,” “...airplane.” “...barking dog,” etc.).
- Talk about textures and show the baby what you mean (“soft” stuffed animal, “wet” water, “hot” coffee – be careful)

Even though the baby won’t understand what you are saying, each time you do these things you are teaching your baby something he will use in the future.

Nine Months Old Infant

Feeding: Around nine months of age, babies often decide they want to “become part of the family” and they show an active interest in being present with everyone else at dinner time. Don’t try to feed yourself and the baby at the same time – the baby will still demand too much of your time. Feed the baby first so that he is not hungry and then sit him in his high chair at the table (strapped in, of course!) and give him non-breakable dishes or spoons and /or finger foods to occupy his time while you eat.

"Finger Foods" are soft table foods that are usually started around nine months, along with the “lumpy” junior baby foods. Be cautious about giving the baby lumps of firm food that cannot be quickly moistened and mashed by the tongue and gums. Do not give chewy candy (gumdrops) and nuts or popcorn. (Check list on page 33 for other foods to avoid.) Test things in your mouth using your back teeth - if you can mash it quickly, it's probably okay. At this time you can also introduce meats. Be sure to discuss with your healthcare provider whether or not your baby needs fluoride and/or vitamin drops as his diet changes.

Sleeping: Several changes may be taking place in your baby’s sleeping habits about now. If he was taking two naps until now, he may want to give up one of them. If he is able to function with only one nap, then there is no problem. If, however, he gets grumpy and overtired by dinnertime, he probably still needs the second nap but doesn’t want to give up his “exploration” time. If this is the case, try putting him down in a quiet, dark room – possibly after listening to music or a story to calm him. If “crying it out” worked for him earlier, you may need to try it again. And if all else fails, a ride in the stroller or car usually works if you’re really desperate.

This age is often the first time that a baby really becomes aware of and accepting of a “routine.” If you can establish a bedtime routine, you may have better luck with developing sleep habits that work for all of you. Some activities that may be included in a bedtime routine include a bath, a story or song, waving “night-night” to family members, a nightlight for those babies who get upset in the dark, the ritual of putting favorite toys to “bed” for the night, or the gathering up of your baby’s “security object.”

Many babies become attached to a security object (blanket, stuffed animal, pacifier, etc.) about this time. This is their response to the knowledge that you are not always going to be available. You can make this object part of the bedtime routine, which gives the baby some extra security and keeps them from trying to include the object in their “all day” activities. [If your child has a security object, be sure to pack it on overnight trips. The insecurity of a new place will be lessened if the security object is nearby.] Each family needs to identify their own routine, and it’s a good idea to make sure sitters or grandparents are familiar with it, too.

Immunizations: There are no immunizations scheduled for this age. If your baby is behind on his shots, this is a good time to catch up. If you have questions or want to have his weight checked, you are encouraged to call the clinic or the Navy-Marine Corps Relief Society Visiting Nurse for a home visit.

Social development: By now the baby has probably become increasingly vocal - babbling and make some recognizable sounds. He will respond when his name is called, wave bye-bye, and play alone for short periods of time. He has begun to understand that you are not always around and he will probably cry when you go out of his sight.

Between six and ten months of age, children normally begin acting upset when approached or cared for by strangers - including Dad or Mom, especially if he/she has been deployed for a few days/weeks/months. While this behavior can be very upsetting to the “stranger,” it is normal. For the first time, your baby is beginning to recognize different people and the concept that you can go away. Reassure him that you are not frightened of these people and he should not be either. You should not become unwilling to leave him with a sitter, but don’t force him to “go to” others just because they want to hold him.

Reassure the “stranger” that (s)he should not take it personally. Encourage him/her to approach the baby slowly, smiling and talking to him so that they get re-acquainted before the baby is picked up. If your baby does this when you leave him at childcare, realize that he will probably stop crying soon after you leave. If your baby must have a sitter that is new, try to plan extra time before you depart for the baby to become more comfortable with the new person. Your job is not to keep him from ever having these normal feelings, but rather to teach him that whenever you go away for a while, you always come back.

Physical development: Your baby is probably crawling, sitting up alone, pulling himself up by using furniture, and standing by holding on to someone or something. He can probably get into a sitting position from his stomach, but will still need help getting down from a standing position, and is likely to cry out of frustration when he realizes he is “stuck” standing up. He may also be able to clap his hands together and be able to pick up tiny objects with his thumb and forefinger.

Many parents worry about providing their child with the right type of shoes when he starts walking. As long as the child is inside the house, or on a safe surface outside, shoes and socks are not essential (and socks may be slippery on bare floors). The baby’s feet and legs will develop best if left unconfined. If there is a concern about safety or cleanliness of the area, the baby should wear shoes that provide minimum restriction to the baby’s foot. Choose shoes that are flexible, non-slip, and roomy enough to make sure they don’t pinch. Be sure to try the shoes on with the socks that will be worn with them.

Safety Now that your baby is moving about, there is much more danger from accidents. This danger increases until age three or four when he has a better understanding of the possible dangers. Accidents in homes and cars kill more children than any other source. PLEASE check your house today and every day for these dangers. CHILD-PROOF YOUR HOME! When you take the baby to other people's homes, be aware that their home may not be childproof. Some common dangers include:

- **Poisons:** All medicines and household cleaners are poisonous, some in very small doses. Keep your medicines out of a child's reach and LOCKED UP!! MOVE your bleach, furniture polish, lighter fluid, drain cleaner, and other such items out of reach. Get in the habit of reading labels to see what is poison, and keep the poison control center phone number taped to the phone so you don't need to look for it if you need it.
- **Lead paint:** Check your home for lead poisoning hazards. Some possible sources include chipped lead paint, lead dust, lead water pipes, and poorly glazed pottery. If you live in military housing, you can ask the housing office about the pipes in your area.
- **Falls:** Fence the stairways, at both the top and three steps up from the bottom. [Letting him have three steps to practice on gives him a chance to learn how to navigate stairs.] Don't leave the child alone on high places such as countertops and changing tables.
- **Keep plastic plugs in electrical sockets and keep electrical cords, blinds or drapery cords, and telephone cords out of reach.**
- **Burns from hot liquids:** Hot foods and liquids are frequently pulled off tables and counters. Keep them back, out of reach, and don't let tablecloths hang within reach. Pans and skillets can be pulled from stoves, so turn the handles away from the edge.
- **Bath water temperature:** Make sure your hot water heater has the temperature set at or below 120° F. Be careful never to leave a child alone in the bathtub. It only takes a moment for a child to turn on the hot water and burn himself severely.
- **Drowning:** Do not leave your child unattended by a pool, a shallow wading pool, the "mop bucket", toilet or in the bathtub! Babies and toddlers can drown in only inches of liquid. Also, do not leave the responsibility of watching your child in the water, or anywhere else, to another child below the age of fourteen.
- **Electrical Burns:** Don't let the cords from electrical appliances get within reach - one of the most serious and tragic burns results when a child sinks his or her teeth into a live electric cord. There are outlet guards that can cover unused electrical outlets so that small fingers can't explore. If you move to an area that has space heaters, be sure to keep a fence of some sort around the heaters when they are used, and keep them unplugged during warm weather.
- **Sharp objects:** Keep fans, knives, scissors, pins, tacks, paper clips and breakable items out of baby's way. Check the house for sharp-edged furniture and lamps or other items that could be turned over or fallen upon or could fall on the baby.
- **Auto safety:** Every ride in the car must find everyone properly restrained by a good belt, harness or seat, depending on the age of the individual. Your child must still be in a rear-facing car seat until he is one year of age and over 20 pounds. Make sure the car seat is properly installed and always strap the child in, even for short distances.

- **Bikes:** If you take the baby with you on your bike, please buy a good quality bike seat with belt and leg guards to keep his feet out of the spokes. We also recommend a quality bike helmet for your baby when using the bike seat. Keep in mind the greatest cause of death in infants and children is head injuries. Without one of the bike seats, the safest place for him is on your back in an infant back carrier.
- **Houseplants:** Many common houseplants as well as some of those in the yard are poisonous when put in the mouth. Check with your local clinic or hospital or poison control center to find out the poisonous ones in your area. Some of the more common poisonous plants are aloe vera, azalea, chrysanthemums, daffodil, holly, hyacinth, hydrangea, ivy, mistletoe, philodendron, poinsettia, sweet peas, and wisteria. If you live in Guam, Florida, Hawaii or similar climates, you should be aware that the flowers from the plumeria tree (a flower commonly used in leis) are also poisonous. As a general rule, be very cautious about plants that have hairy or thorny leaves, that have milky juice or sap, that have fruit or seed pods, or that you are not familiar with.
- **Pets:** Keep the baby away from pet food and dishes, especially at feeding time.
- Do not put the baby in an infant walker at any age.

It is a good idea to sit on the floor in each room to see things from a child's point of view. Many dangers are not readily apparent when you are standing, but are very obvious to a child who is at a lower eye level.

Stimulating your baby: We've told you a lot about what to keep away from your baby, now something about what toys to give him. Babies learn about their world by exploring and playing with everything they can get their hands on. They need to feel free to wander around a baby-proof part of the house and to consult with parents every so often about new objects. You don't have to be with your baby all the time, either for safety or education, but when you have bought something new, take time to share it with your baby and talk about what it is and what it is for. If it is appropriate for the age of the baby, let him/her examine it also.

You needn't buy the baby expensive toys, although some toys are desirable because they are his. Everyday household items like wooden spoons, measuring cups, metal bowls, plastic dishes, pieces of cloth in different textures, shoe boxes and a million other things are both safe and interesting and good toys.

Twelve Month Well Baby Check

Here are some more suggestions about taking care of your child, who is now one year old. Please read them through so you can ask questions when you go to the clinic.

Feeding: Soon your baby should be eating mostly table food and drinking from a training cup or glass. The food may still need to be soft or chopped. Be sure to supervise your baby anytime he is eating. There is always a possibility of choking.

Do not let your child get "hooked" on a nap time or bedtime bottle. Although it makes it easier to get the baby to lie down for a nap, taking a bottle to bed can contribute to ear infections and tooth decay. If your baby is in the habit of taking a nighttime or naptime

bottle, you may want to consider diluting each bottle with more and more water over the period of a few weeks until it is all water. The baby will soon be much less interested.

At this time your healthcare provider may say that you can now introduce cow's milk. Be sure that you give the baby whole milk rather than skim, 1%, or 2%. Babies need the fat content in the milk for maximum brain and nervous system development. You may continue breastfeeding if you wish. Ask your healthcare provider when you can switch to 2% or less.

Too much cow's milk (the goal is usually about 16 ounces in a 24 hour period) and not enough solid food can lead to serious anemia (a lowered red blood cell count in the blood) in an infant. Your healthcare provider may have ordered an iron supplement around six months of age, and you should be continuing with it until your healthcare provider tells you differently. Because anemia is a concern, the clinic may test your baby's blood periodically. Symptoms of anemia may include a pale complexion, less activity, easy tiring, and much longer sleeping. The primary source of iron during the first year of life is cereal. As your baby starts eating a wider variety of foods, he will get more of his required iron in his diet.

Good sources of iron include:

Red Meat	Flour	Wheat germ	Whole Grain Cereals
Baker's yeast	Soy Flour	Cocoa Powder	Molasses
Beans	Dried Apricots	Prunes	Beets
Chicken	Cider	Dates	Dried beef
Whole eggs	Ham	Peaches	Dried Peas
Pork	Prune Juice	Tuna	Lamb
Sweet Potatoes	Tomato Juice	Turkey	Veal

The iron in spinach is not well absorbed, so it is not listed. You may notice on package labels that the iron content per amount is listed in terms of % RDA (percent of the recommended daily amount). One ounce of Total cereal would provide 100% of the RDA for iron, if you have no other choice because of food preference. However, moderation is the goal, because excessive amounts can be harmful. Be sure to keep iron-fortified vitamins out of the reach of children; they taste very good, but taking large numbers of these can be fatal to small children. If your family follows a vegetarian diet, talk with your healthcare provider about making sure the baby gets the proper balance of nutrients within the restrictions of your family's diet habits.

Don't be surprised or concerned if your baby seems less interested in food than he has been in the past. The amount a child eats is affected by many factors, including how much he drinks and how much he is growing at the moment (there is routinely a slowdown in growth at one year). He also may start viewing mealtimes as his own area of control. Don't get into a battle with him over his refusal to eat. Simply limit snacks close to meal times and avoid altogether snacks that are high in sugar; they give him empty calories and no nutrition.

Sleeping: Parents often ask when is the “best” age to switch a baby from a crib to a bed. The generally accepted rule is that a child is ready for a bed when he is either 36 inches tall or when he can climb out of his crib. Some children never try to climb out of their crib and some try way too soon. Once a child is in a bed, there are safety issues to consider:

- Be sure to have a guardrail in place to prevent him falling off the side of the bed.
- Keep the bed away from windows or furniture that the child could crawl onto from the bed.
- Keep a gate across the bedroom door to prevent the child from wandering out into the rest of the house while you are sleeping.
- Keep the room free of fans, space heaters, and unprotected electrical outlets

Immunizations: At the one-year check-up, your baby should have several immunizations. Depending on the schedule followed at your clinic, he could be having the MMR (Measles, Mumps and Rubella [German Measles]) shot, the third Hep B shot, the third Polio vaccine, the fourth Hib shot, the fourth PCV shot, and the fourth DTaP shot. Some areas also give the chicken pox (Varicella or VZV) immunization at this time. Some of these shots may be combined so that the baby gets fewer injections.

If you live in a high-risk area, or your healthcare provider believes your baby is at risk, the baby may also have a skin test for tuberculosis (tine test or PPD). This test takes 48-72 hours to show the results, so you will be instructed to bring your child back to the clinic in two days to have the skin test read.

Social development: By this age, your baby is really showing his personality. He will probably show more interest in feeding himself and may refuse to eat new foods or be fed by an adult. He will begin to distinguish himself as separate from others and will probably be reluctant to share his favorite things with others – that includes not sharing mom and/or dad, as well as not sharing toys. Encourage him to play alone as well as with other playmates, siblings, and parents. Praise him for good behavior, and use discipline as a way to teach about safety rather than as punishment. Most children cannot relate punishment to the crime until they are at least two years old. Therefore timeouts don’t quite work yet. Removal from situation and distraction are still the best way to discipline your child until he is 2 years of age. Set limits and use distraction and gentle restraint rather than physical violence such as spanking to teach the child he is doing the wrong thing. When you are angry with him, be sure he understands that it was the way he behaved that you didn’t like, but that you still love him. Show affection toward all members of your family, not just the baby.

He is also likely to suffer a relapse of the separation anxiety he showed at nine months. Now, however, it is partially because he has developed the memory to associate certain actions on your part with consequences. For example, he remembers that if you pick up your handbag or put on your coat or say “bye-bye” it means you are going away and he fears that you won’t return. Don’t avoid going out and don’t feel guilty about it. He will outgrow the fear, but meanwhile, try some of the following suggestions:

- Make sure the sitter is competent, loving, and reassuring.
- Have the sitter arrive about 15 minutes early so the baby can get involved with him/her before you depart.
- Don’t try to sneak out without the baby seeing you leave; he will then fear that you are leaving every time you are out of his sight.

- Don't get angry if he cries. Tell him you will miss him too, but that you are going out and will be back later.
- Treat the situation lightly, even if you feel like crying, too. Try to smile and wave good-bye, and let the sitter take him to the window to wave at you.
- If you are returning during the daytime, and it is convenient, honk the horn to let the sitter know you are returning, so she can have the baby watch for your arrival from the window.
- If the baby seems to be really upset, try leaving him with a friend for 15 or 20 minutes and then gradually lengthen the time you are gone once he understands you will return.

Physical development: There is a wide variation between children at one year of age. Some are running around on their own while some still don't walk at all. There is also a wide variation of language abilities. Some of the skills a 12 month old may demonstrate include sticking his tongue out, turning around while standing, putting objects in a container, eating with his fingers, beginning to climb stairs, being able to squat and stoop over, and beginning to want to help dress himself. He may also wave bye-bye, point with his index finger, bang two blocks together, and imitate sounds his hears.

Safety: Your child still needs to be in a car seat. Although this is an inconvenience, you can never tell when you will have to make a sudden stop, and many children have been killed or seriously injured by hitting a windshield even when the car was traveling at very low speeds.

Check the house again today for POISONS (including gas, paint, furniture polish, detergents, toilet cleaner, and all medicines). LOCK THEM UP!! Even a large drink of an alcoholic beverage by a small child can be devastating. If your child swallows poison or takes an overdose of any medication, call the POISON CONTROL CENTER immediately. [Keep the number taped to your telephone(s).] Have the container or name of the medicine/poison with you so that you can answer their questions. Do not make you child vomit unless told to do so by your healthcare provider; it might cause more damage.

Other safety factors: Continue to watch out for burns from appliances, from biting electrical cords, from spilling hot liquids and foods, and from touching hot things such as exhaust pipes. Drowning is still a great danger and will continue to be until your child learns to swim. Never leave him alone around any collected water. Don't leave the baby alone in high places. Check for small toys, coins, or parts of toys that could end up in the baby's nose, stomach, lungs or ears. Be careful what he carries around - a fall on even a blunt object can put out an eye. Handbags and briefcases are favorite objects for babies to explore. If you carry pills or other items that could be dangerous, keep them out of baby's reach.

Stimulating your baby: The first birthday is often the dividing line between "baby" and "child" in many ways. The 12-month-old has mastered many skills and is a very different person than he was at birth. As he becomes a "toddler," your expectations of him change, and his needs change also. He wants more freedom – to go and do and explore all the things he sees; but with that freedom, he also needs more guidance and supervision. Don't get impatient with him when he can do more than he can understand. At this age, activity is ahead of reasoning ability. Help him to learn the "how" of what he wants to do, but don't expect him to know or agree with the "why" when he can't do something

dangerous. Television can be stimulating but you should limit the baby's viewing to less than an hour a day, and be sure to watch the programs with him so you know they are appropriate.

He is developing the skills to crawl and climb and walk, but he still lacks the judgment to know what is safe and what is not. A part of the stimulation you need to provide so that he grows strong and smart and healthy also has to teach him about safety. While you give him the room to explore, control the risks as much as you can to keep him safe. If he wants to climb, let him learn on a couple of low steps, but be there to catch him if he falls. If he wants to explore the outside world, dress him appropriately for the weather and be with him to look at a leaf (or a bug), but be ready to stop him from putting it in his mouth. Babies this age actively look for dropped or hidden objects, so make that a part of your play, but recognize that he will do the same search even when you're not playing.

Activities such as follow-the-leader can be fun and instructive for a baby/child. For example, you clap and encourage him to do it, too; then you wave your arms, and encourage him; then you make funny faces and encourage him, etc.

Be aware that children of all ages copy what they see, whether it is parents making funny faces or parents smoking or driving after drinking or reading books or being kind to each other. A child will get stimulation from those around him; it's up to you what kind of stimulation he will get.

By one year of age, a child has been exposed to some form of discipline. He has probably been hearing "no" for several months by now. Sensible control of your child's behavior and his obedience now becomes important. Keep the rules simple and be consistent and reasonable in your expectations. Keep areas off limits EVERY time and also keep punishment for overstepping a given limit roughly the same. Avoid spanking and **NEVER SHAKE A BABY OR CHILD.**

One of the most important things you can do as parents is to be consistent in what you teach your child and how you discipline him. This cannot be stressed enough, especially when dad and/or mom works all day and wants to be the "fun" parent when he comes home. Identify the ideas that are important to your family and develop plan before child does something wrong. At this age, children learn best from repetition. Be sure to praise him when he does something right, and, when he does something wrong, be careful to say that it is his actions that you didn't like – not him. Children of all ages deserve the same respect and consideration we want from them.

Section Five: Dealing with Illnesses

Regardless of how careful a parent may be, children will eventually come down with some type of illness. In addition to the worry you have over the child's illness, you must also face difficulties such as taking a temperature, trying to sooth and entertain a fussy child, and in many cases, trying to find child care so you can get to work. Take heart – the situation will get better, but in the mean time, you need to be aware of some of the things you should know and do before you call your healthcare provider/clinic. The following information will give you some basics about common childhood illnesses. This information is not designed to replace talking with your healthcare provider, but will hopefully give you a better idea of what to expect.

Emergency Symptoms for a Baby

Always contact your healthcare provider immediately if the baby has any of the following symptoms:

- Fever of 100.4° F (38.0° C) or higher (rectal temperature) or lower than 97.5° in a baby less than 2 months old
- Seizure
- Skin rash, purplish spots, or many small red pinpoint marks (petechiae)
- Any change in activity or behavior that makes you uncomfortable
- Unusual irritability or lack of activity
- Failure to eat
- Uncontrolled vomiting or diarrhea
- Dehydration

When you call (or go to) the clinic you may be asked for some or all of the following information:

- What symptoms does the baby have (runny nose, fever, vomiting, diarrhea, trouble breathing, rash, swelling anywhere, bulging fontanel/soft spot, pulling at ears, refusing to eat, no wet diapers, bleeding anywhere, difficulty moving his arms or legs, etc.)?
- When did you first notice the symptoms?
- Can you think of anything that started the symptoms or makes them better or worse (for example, does he breathe better if he is sitting up, or does he have more diarrhea if he eats green beans)?
- To your knowledge, has he been exposed to anyone with an illness lately?
- What, if anything, have you done so far to treat the symptoms?

Colds and Fevers

When babies are born, they carry in their blood the same infection-fighting chemicals as their mother's, with minor exceptions. These are used up in the first few months of his life. Now the baby begins to have colds and minor infections. You can expect five to seven colds a year on an average during a child's first few years, with each cold lasting 7-14 days. It may seem like your baby is sick a lot of the time. Babies/children in day care have more colds than babies not in day care because of the increased exposure to lots of germs.

Most people have several colds a year, but know very little about them. Colds are infections of the nose, throat and air tubes (trachea and bronchi) caused by viruses. The usual symptoms of a cold may include a runny nose, cough, difficulty breathing, wheezing, sneezing or slight fever. Most colds are over in a week or so, but the cough lingers on occasionally.

The viruses that cause colds are very small germs that, unlike bacteria (the other major type of germ) cannot be killed by antibiotics so there is no cure for the cold. Fortunately people cure themselves after a few uncomfortable days.

While a cold is improving, you can often help a young child feel better by suctioning the nose, running the cold mist vaporizer, or by giving a decongestant if ordered by your healthcare provider. Under the age of six months, we recommend using the first two methods only. Suctioning is done using a rubber bulb syringe. Salt-water nose drops (made by putting 1 teaspoon of table salt in a quart of water) can be used at any age to help loosen the mucus. Use them between two suctionings, just before meals, and at bedtime. We do not routinely recommend the nose drops available in the pharmacy, and when prescribed, would be used no more than three days at a time because they are a stronger dose.

Many infants will stop eating solid foods during a cold - even milk intake may slow down. This is partly because the stuffy nose makes them stop eating every few seconds to breathe, and they get tired. If you are breastfeeding, continue to offer the baby frequent chances to breastfeed. You can call your healthcare provider for suggestions if your baby has less than three wet diapers a day.

Keep in mind that how the baby behaves may be a better indication of illness than a fever is. Young children may have a high fever with a minor illness or be very sick with almost no fever. However, as a precaution, you should always contact your healthcare provider or clinic if a baby under 2 months of age has a fever of 100.4° F or greater (rectally).

You may have been taught in the hospital how to take a baby's temperature. If you want to be shown again, the clinic staff or the Navy-Marine Corps Relief Society Visiting Nurse will be happy to show you how to take a temperature.

The instructions below give a brief explanation of how to take a rectal and an axillary temperature:

Rectal temp

- Use a clean rectal thermometer
- Lubricate the tip of the thermometer with K-Y Jelly, Surgilube, or Vaseline.
- Place the baby on his tummy over your lap, with his legs hanging down.
- Spread the buttocks with one hand and slip about an inch of the thermometer into the opening of the rectum (if baby is under 6 months, insert ½ inch – the length of the bulb). Do not force it. If you can't get the thermometer into the rectum, take the thermometer out, clean it off, and do an axillary temperature.
- Hold the thermometer in the rectum for about two minutes, keeping the thermometer between your index and middle fingers and keep your hand on the baby's bottom to keep him from moving suddenly.

- Remove the thermometer after two minutes, put it down, dress the baby appropriately and put him someplace safe. Then wipe off the thermometer and read the number.

Axillary temperature

- Use a clean rectal or oral thermometer
- Take off the baby's shirt so that the thermometer is next to the baby's skin
- Be sure the baby's armpit is dry
- Place the bulb end of the thermometer under the armpit and hold the arm snugly over the thermometer
- Hold the thermometer in place for four to eight minutes before reading.

The American Academy of Pediatrics recommends a rectal temperature taken with a rectal thermometer for children under 3 years of age. Older children can probably cooperate with having an oral temperature taken. Keep in mind that the tips of rectal and oral thermometers are different, with the rectal tip being more rounded. Never use an oral thermometer to take a rectal temperature; the baby could move suddenly and injure himself. If you only have an oral thermometer, or if you have any doubts about doing a rectal temperature, take an axillary temperature instead.

If the baby is crying or has been over-dressed, his temperature may be higher. Oral temperatures, while not taken in small children, are still considered the "standard" reference temperature. A normal rectal temperature is 1° higher than an oral temperature would be, and an axillary temperature will be about 1° lower than an oral temperature would be. In general, a rectal temperature of 100° or less or an axillary temperature of 98° or less is considered acceptable. Be sure to mention how you took the temperature when you tell your healthcare provider or clinic what the temperature was.

You can reduce a fever by doing the following things. These things may not bring the temperature down to normal, but they will reduce it somewhat.

- Keep the baby cool - Take the child's clothing off. Around the house, he should wear as little as possible without shivering. Shorts or diaper only is best. At bedtime, try shorts and a short sleeved shirt with only a single sheet or very light blanket. The more you wrap him up, the more heat stays inside the child and the higher the fever goes. This cooling will not make him sicker.
- Give plenty of fluids - The baby will need more when he has a fever. You should continue to breastfeed.
- Use the appropriate dose of infant/children's acetaminophen (Tylenol) by mouth - This medication helps the child lose heat. It is not as effective if the child is heavily clothed.
- Do not give a child aspirin (ASA) unless told to do so by a healthcare provider. Aspirin may cause a severe reaction known as Reyes syndrome. This remains true for children up to 18 years of age. If acetaminophen is not effective for your child, talk to your healthcare provider before deciding on your own to use aspirin. There are other alternatives, if necessary.
- Give a sponge bath **only when instructed to by your healthcare provider** - If the child's temperature is very high, your healthcare providers may advise you to

give the child a lukewarm or tepid (body temperature) sponge bath to bring the temperature down. If you are told to give a sponge bath, fill the basin/tub with two inches of lukewarm water - not hot and not cold. Place your baby in the water for 10-20 minutes. You may need to add warm water occasionally to keep the water temperature from getting too cold. Continuously squeeze water from a washcloth over your baby's back, chest and hair during this time.

- Alcohol rubs and ice water are not recommended. They are too chilling and are dangerous. Cold water enemas should never be used.

Constipation

“Constipation” refers not so much to the frequency of the stools as it does to the consistency of the stools. The bowel habits of normal, healthy infants can vary greatly. Normal infants can have a bowel movement after every feeding or one every five days or anything in between. Breastfed babies are seldom constipated but formula-fed babies may have occasional or chronic constipation. If your child is having small, hard, pellet-like stools that cause pain or rectal bleeding from tears in the rectum, he is truly constipated. If your baby seems to be constipated on a regular basis, you should contact your healthcare provider so that he can review the baby's feeding habits and check for any abnormalities. Always contact your healthcare provider or clinic if you see blood when the baby has a stool. Be aware that some foods and liquids may color the stool or urine, so before you panic, try to remember if the baby has recently had Kool-Aid, Jell-O, or anything else with food coloring in it.

Your healthcare provider may recommend one or more of the following suggestions, if your baby is over 6 months of age:

- Increase the amount of non-milk fluid in the diet – usually apple, pear, or prune juice if the baby is taking juices, diluted ½ juice and ½ water.
- If the baby is taking solids, increase the intake of fruits and vegetables that are high in fiber (such as apricots, peaches, prunes, beans, peas, or spinach). Avoid bananas – they can cause more constipation).

DO NOT EVER use suppositories or enemas unless directed to do so by a healthcare provider. These are dangerous and should only be used in case of medical necessity.

Diarrhea and Vomiting

The main symptom of diarrhea is liquid, runny stools. Breastfed babies have loose stools as a routine (rather like cottage cheese only yellow) so be aware of what is normal for your child. Likewise, if your baby often spits up after eating, look for a change in his pattern of behavior when wondering if he is vomiting.

When a child has diarrhea or vomiting, the bowel is unable to do its job of digesting the food. The causes of diarrhea are varied – sometimes it's because of a change in diet, sometimes it is associated with teething, sometimes it's because of a viral infection. The important thing to remember is that you want to keep the baby from getting dehydrated while you wait for the diarrhea to improve.

It is important that the child drink liquid to replace what he is losing, especially if he is having a lot of diarrhea. If he does not or cannot drink his usual amount of fluid, plus an

extra amount to make up for liquid stools, he may become dehydrated. Be most careful with babies under 12 months of age. These babies can dehydrate in less than 24 hours with heavy diarrhea (8 -10 loose, watery stools a day). Talk with your healthcare providers about your baby's stools. Be able to tell them how many the baby has had in the last 12-24 hours and give a description (liquid, soft, running, green, brown, etc.) if asked.

Your healthcare provider may tell you that the baby must have thin or clear liquids. If you are breastfeeding, you can continue to do so. If necessary, your healthcare provider may order Pedialyte, Infalyte, or Lytren for 24 hours if the baby cannot tolerate his regular formula and food. These are liquid substitutes and are available at the Commissary, grocery or drug stores. Do not give these or similar liquids unless instructed to do so by your healthcare provider, and do not give them longer than instructed. (Do not ever give a baby Gatorade, Tang, or any other "sport" drink that is available. These liquids are made for adults and could be harmful to babies.) The temperature of these liquids is not important, as long as they are not too hot or too cold, but if the child usually takes warm bottles, these should be warm too. These liquids do not need much digestion and they leave very little waste behind, so the bowel can recover.

If vomiting is the main problem, small amounts of clear liquid given frequently (½- 1 ounce every half-hour) can reduce the vomiting. If the baby has not urinated in 12 hours, has no tears when crying or if he seems to be having an excessive amount of stools (about 8), call the pediatric clinic. Once the vomiting has ended, you may start feeding solid foods again, beginning with the starchy foods listed above.

Ear Infections (Otitis Media)

Many infants and children seem especially susceptible to ear problems. During virus infections (colds, flu, croup), there is a swelling of the mucous-producing tissues of the nose and throat, and also of the adenoid tissue high in the rear of the throat. This swelling may gradually close the Eustachian tube that normally drains the inner ear just behind the eardrum. (When traveling in an airplane, you may have experienced temporary closing of the Eustachian tube in one or both ears, felt the fullness, and cleared the condition by swallowing.) The swelling closes off the Eustachian tube or tubes during virus infections and may lead to fluid being trapped in the middle ear and infections. This condition may have one or all of three symptoms: fever beginning several days after the onset of a cold; complaint of ear pain or pulling on the ear by babies; or complaint of "ear popping". Your healthcare provider may prescribe appropriate medicines in such cases. Be sure the child takes all of the medicine as prescribed.

As children grow older, the Eustachian tubes increase in diameter and adenoid tissue shrinks, decreasing the chance of virus infections causing ear problems. Thus, most children outgrow their problem.

Insect Bites

Bees, wasps, hornets, and yellow jackets may attack with little provocation, and occasionally infants may be stung when outside. Local swelling may be controlled with cool compresses for the first day, while healing may be hastened by warm or hot water soaks thereafter. There are also commercial preparations available to relieve the immediate pain of

insect bites. These come in individual packages and can be kept in the purse or glove compartment of the car for use away from home. Ask your healthcare provider or local pharmacist for suggestions.

Some serious allergic reactions to insect bites have occurred. Such symptoms as dizziness, weakness, difficulty breathing or swelling of two major joints (such as wrist and elbow or ankle and knee) may appear rather quickly. If any of these occur, a physician should be consulted immediately. Anyone with a strong family history of insect bite allergy should be skin-tested. Desensitization shots have been quite effective in preventing recurrences.

Section Six: Later Concerns

Baby's Issues

Pacifiers

If you are bottle-feeding, you can offer your baby a pacifier to suck on after feedings. Pacifiers provide an outlet for the sucking need that all infants experience. This need is greatest during the first 2-3 months, and if the child wants to suck on the pacifier most of the time, it is all right. Breastfed babies can get most or all of their sucking need satisfied while nursing, and many of them never need or want a pacifier. If you wish to offer your breastfed baby a pacifier, try to wait until he is at least 2-3 weeks old so that he is comfortable latching on to the breast and doesn't get confused by the different textures between your nipple and the pacifier.

As the sucking need decreases, the pacifier can be used only at naptime or nighttime. The parents can then control when the child has the pacifier, and need not be offended by the sight of a toddler walking around with a pacifier in his mouth all the time. Be aware that very young infants do not have tongue control and will frequently spit out the pacifier by accident, and then cry because it is gone. This may be a good time to eliminate the pacifier, but if you choose to continue with it, you can expect the child to learn to control his tongue and pacifier within a month or so. NEVER attach a pacifier to the child or his clothing. This is a very dangerous habit as the child could get the pacifier stuck on something and cause strangulation.

Teeth and Teething

Care of your new baby's mouth can begin immediately after birth, even before any teeth come in. Rubbing the gums and tongue with the corner of a baby washcloth twice a day will condition your infant to having his mouth cleaned and gums stimulated. At this time, you may notice small bumps on the bony ridges of the mouth that will eventually become your child's primary (baby or deciduous) teeth. Wipe any remaining milk out of baby's mouth to keep his mouth clean and help prevent thrush.

Your baby's first teeth will begin to appear at any time during the first year of life, usually at around six months of age. Between the ages of two and three, all twenty of the primary teeth should be present.

As soon as the first teeth begin to come in, parents should brush them daily with a soft-bristled toothbrush. Toothpaste is not needed at this age. The tips of the bristles should be placed against the teeth and gums and gently rotated in a wiggling motion. Concentrate on contacting each surface of every tooth, including the biting surfaces of the back teeth. Dental floss should be slipped between your child's teeth to clean the areas that cannot be reached by the toothbrush bristles. These practices should be started very early to make them a routine part of your baby's life, and should continue to be done by the parents until the child is old enough to do this himself. Do not think that just because the baby's first teeth

will fall out later, you don't have to think about cavities. If the child has decay at two or three, and the teeth were due to come out at age seven, the child will have serious problems talking and eating properly.

Your child should be ready for his first check-up by a dentist around 18 – 24 months. This is to ensure proper growth and development of the teeth and jaws. There is a dental plan available for military dependents, which will provide yearly check-ups and care at a minimal cost.

Fluoride: Fluoride is often found in the water supply of most areas in the continental United States. (This is a good reason to use tap water rather than bottled water when making formula.) The fluoride is deposited within a child's developing teeth, and helps to make the teeth resistant to cavities. Because of the benefits from fluoride, children living in areas without fluoride in the water supply frequently receive supplementary fluoride drops or tablets, depending on their age. The current AAP (American Academy of Pediatrics) recommendation is that babies should not be given fluoride drops unless they are 6 months or older. Do not use fluoride drops unless told to by your healthcare provider.

Thumb Sucking

Thumb sucking is a common and normal habit of infants and young children. If given up before five years of age, it will have no effect on permanent teeth. Children who thumb suck excessively during the daylight hours are expressing boredom, jealousy or insecurity. However, the majority of children will practice the habit primarily during the nighttime hours or during illness, fatigue or after crying. As with most children's habits, the practice is usually given up as they grow older.

Masturbation

Masturbation (or touching the sex organs) by infants and children is quite common and must not be a source of shock to the parents. It is merely the child's way of discovering another area of his body – just as he did with his fingers and toes and nose and eyes. It is common for a baby boy to have erections, especially when having a bath or having his diaper changed. An erection simply means that the blood supply and nerves to the penis are working correctly. When the child is old enough to understand the concept of privacy, he can be told that while there is nothing bad about touching his own body, it should be done in private and no one else should be allowed to touch him in private places.

Parents' Issues

Resuming Sexual Activity

Healthcare providers vary as to when they feel it is safe to resume sexual relations after childbirth (usually 4-6 weeks). The type of delivery, any complications during the delivery, and the mother's physical conditions are some of the factors affecting how soon you can begin sexual relations. You should definitely **not** resume sex while you are still bleeding. Most healthcare providers advise waiting until after your postpartum check-up. If your check-up is to be delayed for some reason, ask your healthcare provider for guidance before

you leave the hospital or call his office after you are home. While you probably won't have any immediate interest in resuming sexual activity when you are discharged from the hospital, your interest level and your partner's interest level will return sooner than you expect. Remember that regardless of when you resume sexual relations, you must use a reliable method of birth control. Breastfeeding is not a reliable form of birth control and birth control pills will not necessarily be effective on your first cycle so you can still get pregnant, even if you haven't had a period since delivery.

In addition to the physical readiness for sex, both parents have to deal with the emotional after-effects of pregnancy and childbirth. Some of the reasons for a lack of interest may include:

- Fatigue - The fatigue of caring for a new baby can often interfere with a person's sex drive
- Hormones - The hormonal changes a woman is going through may affect her interest in sex.
- Fear of pain - Sometimes, the new dad is more concerned about mom's pain than the new mom is, especially if he was present during labor and delivery, because he remembers better what she went through.
- Vaginal dryness - Vaginal dryness is common for many women after childbirth until their hormone levels get back to normal. A lubricant such as K-Y-Jelly will help to ease the discomfort.
- Breast issues - Some women aren't comfortable having their breasts touched during this time because of increased sensitivity. If the mother is breastfeeding, the father may feel uncomfortable or uncertain what to do about her breasts while making love. It's very common for a woman's breasts to leak milk when she is aroused, so you might want to take a towel to bed with you. A sense of humor helps, especially when you both end up soaked with breastmilk.

Talking about fears and concerns will help to prevent misunderstandings. Dad may feel rejected, or mom may feel less desirable if the partner isn't ready for sex. It is important for both partners to understand that a lack of interest in having sex is not a rejection of the person. Both partners need to remember that love and affection can be expressed in other ways besides sex. Hugging, kissing, massages, extra cuddling, and reassurance may be what is needed for now. In time (sometimes several months), the sexual relationship will stabilize. Many couples find that their emotional bond to each other is greater after having created a new life, and this bond improves their sex life accordingly.

Balancing Work and Family

Taking care of a new baby is a full-time job for anyone. When financial or other considerations result in both parents working outside the home, there doesn't seem to be enough hours in the day to get everything done. If one or both of the parents is in the military, you have the added stress of deployments, shift work, and limited flexibility in work hours/days. If you are a single parent, you may be trying to balance all of these same stresses without the support of a partner.

Whether you are a dual-military family or a single military parent, the first thing you must recognize is that there **is** more to do and you can't do it all alone. In order to stay sane, you need to:

- Identify the tasks important to you
- Identify your responsibilities and those you can delegate to others
- Identify your support systems
- Identify your short-term and long-range goals

Regardless of what you considered important before you had a baby, your priorities now must include the baby and his needs. Sit down, either alone or with your partner, and try to identify what tasks must be done. Routine household tasks such as laundry, shopping, cleaning, and cooking still need to be done, but now you also have to bathe the baby, feed the baby, play with the baby, put the baby to bed, etc. Are there some tasks that can be done less frequently or eliminated completely? Are there more efficient ways to do some things? Before the baby came, did you like to jog or read or use the computer to relax after work? You are still a person who has a right to have a little fun of your own. But how do you ever work all of that into the day? The answer is, YOU don't. It has to be a team effort.

If there are two parents, try to figure out a plan for taking turns with the less enjoyable tasks so that each of you has a chance to spend time with the baby, spend time together, and spend time by yourself. If you are a single parent, identify what tasks you want to do, which ones you have to do, and which ones someone else can do with no negative consequences for you or your baby.

Once you have identified the jobs in your household, try to identify who is available to help you. Do you have friends or family around that can help you? Are there other parents in the same situation that could switch off with you (take turns doing chores while the other one watches both babies)? You will need to have childcare available, at least during work hours. Is the childcare provider able to watch the baby a little longer on some days so that you can get chores done? If you are a single parent, you may have to look even more closely at what chores can be done less frequently or more efficiently.

Once you have returned to work, make the most of your time away from the baby. There are bound to be other parents at your job. Talk with them about how they handle the stress of working and raising a family. They are an excellent support system. Even if they can't help you with the chores at home, they can certainly sympathize with what you are going through and may be able to offer some good suggestions. Once you get home, you have another excellent support system – the baby. Babies need to be talked to, so tell him about your day. He won't care if you are complaining about the boss or the things you had to do at work; he will just know you are talking to him, and that is important for both of you.

Many parents find that they can handle the added stress of working outside the home and caring for a baby if they have a goal to focus on. A short-term goal may be getting through the next week without crying every day, or saving to take a trip home to see the family, while a long-term goal may be saving money to buy a house or planning for college for either the baby or you. Goals may give you a reason to do something that you otherwise would not want to do. If you are working because you need to, try to focus on the benefits you will get rather than on the difficulties you must face for now. If you are working because you want to, try to determine if the difficulties are short-term and will improve as the baby

gets older, or if the rewards of your job are no longer sufficient compared to the rewards you find in staying at home

Child Care

Working parents almost always feel a lot of guilt and anxiety about leaving their child/children in someone else's care. Those feelings are even stronger when it is your first baby. A new mother often tries to do it all herself. But it didn't work when you were recovering and it certainly won't work when you go back to your "outside" job. If dad is going to become the primary caregiver, the fears and anxiety will be less because you know that he cares about the baby as much as you do, and you know, too, that the two of you will communicate nightly. You also know that you can call him during the day to see how things are going. As members of the same family, you both trust each other.

In most cases, however, the baby will not be cared for by a family member while you are at work, and the level of stress you feel when leaving your child with a stranger will be almost overwhelming at first. Common feelings experienced by new parents who return to work include guilt, frustration, and fear - guilt, because you are leaving; frustration because you may not consider your "outside" job as important as caring for your baby; and fear, because you worry about the baby's safety and happiness while you are away from him. While nothing will entirely eliminate the feelings, you will feel better about your absence if you have confidence in the person/people providing the child care, and if you believe that you can communicate with them whenever you need or want to. Finding the person (or group) that you want to care for your baby will take time and effort -sometimes several weeks or months - and should be started as soon as possible.

There are many different types of childcare settings, each with their own advantages and disadvantages. The table on the next page provides some of the options.

Once you have determined the type of childcare suitable for your family, you need to identify the provider that is right for you. You can ask for suggestions of names or places from such sources as other parents, your baby's healthcare provider, your church or synagogue, baby sitting services, or college employment offices. Be sure to ask these people how they learned about the provider they are suggesting. Try to find and talk to people who have had direct experience with the providers in question.

After you identify possible caregivers, you will need to narrow the search down to the one or few you think best meet your needs and goals for your baby's care and development. You have the right and the responsibility to ask questions about the person's training, background, experience, physical condition or limitations, attitudes towards breastfeeding (if that is your choice), discipline, and other issues of importance to you.

Things to consider when talking with potential caregivers include:

- You should ask for and check out references from each person you are seriously considering. Previous employers can give you an idea of problems you may not have considered.
- Do you feel comfortable that the provider(s) will accept ideas and respect your wishes in the event that you don't agree on some issues about childcare?
- Are there limitations on when you can call or come by?
- What are the caregiver's expectations of you?

- Does the caregiver understand and agree with the need to put the baby to sleep on his back, with periods of supervised play on his tummy?
- Is the caregiver aware of the importance of never shaking a baby, either in anger or as part of playtime?
- Is the environment clean and safe? Even if your baby isn't moving around now, he will be before too long.
- Is the caregiver first aid and CPR trained? What will the caregiver do in an emergency?
- What care arrangements are available, if any, for those times when your baby is sick?

Once you have selected a caregiver, arrange for her/him to spend some time with you and the baby. This will give you a chance to see how the caregiver responds to the baby, and gives the caregiver a chance to learn your routine if she/he is going to be in your home. If you are taking the child to someone else's home, try to spend some time there so you can see how the caregiver reacts to the other children being cared for. Make sure the caregiver understands this will be a trial period so that either or both of you can change your minds if the situation isn't working out.

Type of Childcare	Advantages	Disadvantages
Care in your home – (nanny, sitter, or au pair may be part-time or fulltime)	<ul style="list-style-type: none"> Convenient Greater control over activities Less exposure of baby to illness Security of familiar surroundings 	<ul style="list-style-type: none"> Expensive No back up care if provider is sick, on vacation, or has an appointment. Loss of privacy in home Strong attachment between child and caregiver may threaten parent(s)
Care in someone else's home – (a licensed daycare provider)	<ul style="list-style-type: none"> Usually least expensive option Family setting less intimidating than day care center Small number of children but enough for interaction Less formal, more flexible about schedules, rules 	<ul style="list-style-type: none"> No back-up if provider sick, vacation, or appt. Less individual attention Additional safety concerns in home setting than in daycare center
Group Childcare Center –	<ul style="list-style-type: none"> Often offer extended hours for shift work, etc. Backup staff in case of illness Often have educational activities for toddlers, etc. Have more staff available to supervise/assist Usually monitor health of staff Grouped with children own age 	<ul style="list-style-type: none"> More expensive than home daycare Less flexibility in routine Often have high turnover in staff so less stability Higher rate of exposure and illness among children May be intimidating to some children

Regardless of what type of childcare you choose, remember that you have the right to remain involved in your child's care. Don't be afraid to ask for reports on how your baby did during the day and don't hesitate to drop by unannounced for a look at how things are going. If your child seems unhappy or fearful about his child care provider, look into the situation and see if a change is necessary.

Whether your baby is in childcare all day or only occasionally, there are benefits to it for both of you. The baby is likely to have other children and adults to learn from, and you are given the opportunity to interact with adults rather than being tied to the house with a small baby all day. If you must be away from your baby, use the time to refresh yourself emotionally, so that when you are with the baby, you can both enjoy the time.

Family Planning and Birth Control

Babies are special and wonderful. There are also frustrating and frightening and time-consuming. Pregnancy and delivery take a toll on the physical and emotional strength of both parents, and the first few years of raising a child are exhausting to everyone involved. Even if you personally came through the entire experience without a problem or loss of sleep, every baby deserves to have some undivided attention for a while (unless he is a twin, triplet, etc., and then he is special in a different way).

Whether you planned your first pregnancy or not, you owe it to yourself, your partner, and your baby to plan your next pregnancy. Breastfeeding does not prevent a woman from getting pregnant. The only sure way to avoid getting pregnant is to avoid having sex. Since that idea is not likely to last, even if you do believe it right now, it is essential that you know the choices available to you and your partner when choosing to avoid conception. The table on the following page provides basic information on the different methods of birth control. Talk to your healthcare provider about questions or concerns you have about your choice so that you find the best method for your situation.

In Conclusion

Congratulations on your new family member! We hope you have found the information in this booklet helpful. Our goal was to touch on some of the more common questions and issues. You will undoubtedly have questions that we have not answered, so please don't hesitate to call any of us when you have a problem or a concern. We are here to help you become the best parent you can be. Good luck in the months and years ahead. We look forward to hearing from and working with you.

Comparison of Birth Control Methods

Type & Effectiveness	Risks	Sexually Transmitted Disease Protection	Convenience
Male Condom (about 85%)	Rarely, irritation and allergic reactions	Latex condoms (male only) help protect against sexually transmitted diseases (STDs) including AIDS and herpes	Apply immediately before intercourse
Female Condom (est. 74-79%)			Offers protection against infections
Spermicides alone (70 – 80%)	Rarely, irritation and allergic reactions	Unknown	Applied no more than 1 hour before intercourse
Diaphragm with spermicide (82 – 94%)	Rarely, irritation and allergic reactions; bladder infection; very rarely, toxic shock syndrome	None	Inserted before intercourse; can be left in place 24 hours; additional spermicide must be inserted if intercourse repeated
Cervical Cap with spermicide (at least 82%)	Abnormal Pap test; genital infections; very rarely, toxic shock syndrome	None	Can remain in place for 48 hours; may be difficult to insert.
Oral Contraceptives (combination pill or mini-pill) (97 – 99%)	All risks are low. Blood clots, heart attacks and strokes, gallbladder disease, liver tumors, water retention, hypertension, mood swing, dizziness and nausea, not for smokers	None	Pill must be taken on daily schedule, regardless of frequency of intercourse; May decrease milk supply and fat content of breast milk
Injection (Depo-Provera, Lunelle, etc.) (99%)	Lack of menstrual periods, weight gain, and other side effects similar to those with Norplant	None	One injection (per month or every three months - depending on drug used) Breastfeeding is recommended
Intrauterine Device (IUD) (95 – 96%)	Cramps, bleeding, pelvic inflammatory disease, infertility; rarely, perforation of the uterus	None	After insertion, stays in place until physician removes it
Periodic Abstinence (Natural Family Planning) (varies greatly, 53 – 86%)	To be effective it must be done daily and accurately. Difficult to learn after delivery because your cycles may be irregular.	None	Requires frequent monitoring of body functions and periods of abstinence
Lactation Amenorrhea Method (LAM)	Only effective if not giving baby supplements, and feeding every 4 hours during the day and 6 hours at night.	None	Nothing to take so no risks to you or the baby
Surgical Sterilization (over 99%)	Pain, infection, and for female tubal ligation, possible surgical complications	None	Vasectomy is a one-time procedure usually performed in a doctor's office; tubal ligation is a one-time procedure performed in an operating room

Additional Resources

Books

If you want to read more about childcare, there are many excellent books available. Some that we have found useful are:

- *Baby And Childcare* - Dr. James Dobson
- *Becoming Parents: How to Strengthen Your Marriage as Your Family Grows* – Jordan, Stanley, and Markman
- *Between Parent And Child* - Dr. Haim G. Ginott (behavior and discipline)
- *Birth to Age 5* – American Academy of Pediatrics
- *Bright Futures* – Available on the web – covers infant through 21 years of age
- *Caring For Your Baby and Young Child: Birth to Age 5* – Steven P. Shelov, editor. Purchased through the American Academy of Pediatrics.
- *Discipline Without Shouting or Spanking* – Jerry Wycoff and Barbara C. Unell
- *Doctor Mom* - Dr. Marianne Neifert (infant and child handbook)
- *The Expectant Father* – Armin A. Brott and Jennifer Ash
- *How To Get Your Kid To Eat But Not Too Much* - Ellyn Satter
- *Infants And Mothers* - Dr. T. Berry Brazelton (differences in Normal behavior and growth in the first year)
- *The Magic Years* - Dr. Selma Frailberg (development and growth)
- *Solve Your Child's Sleep Problems* – Richard Ferber, MD
- *Toilet Training In Less Than A Day* - Nathan H. Azrin PH.D and Richard M. Foxx Ph.D.
- *Touch Points* - Dr. T. Berry Brazelton
- *Your Baby's First* – American Academy of Pediatrics

Web Sites

- <http://www.aap.org> - American Academy of Pediatrics
- <http://www.aapcc.org> – American Association of Poison Control Centers
- <http://www.babycenter.com> - variety of topics on baby care
- <http://www.brightfutures.org> - Excellent source of information for parents - covers all aspects and ages of child care from infancy to 21 years of age
- <http://www.naccrra.org> – National Association of Child Care Resource and Referral agencies
- <http://www.cpsc.gov> - Consumer Product Safety Commission provides info on safety recalls, advice, etc. for baby and family products
- <http://www.fathers.com> –information & ideas on becoming a better father
- <http://www.fns.usda.gov/wic> – information on the WIC (Women, Infants, and Children) supplemental food program
- <http://www.kidshealth.org> - information about a variety of topics
- <http://www.parenting.com> - articles and resource information on pregnancy, newborn issues, and toddlers
- <http://www.sids.org> - information on Sudden Infant Death Syndrome
- <http://www.sidsalliance.org> – info on Sudden Infant Death Syndrome

Parenting Magazines

There are many parenting and baby care magazines. You may see them in your healthcare provider's office, in stores, and on the web. The following list is not complete and we are not recommending any particular magazine. If you have access to the Internet, you can find many different titles and prices on www.magazines.com.

- "Parents Magazine"
- "Twins: The Magazine for Parents of Twins"
- "Working Mother"
- "American Baby"
- "At Home Dad"
- "At-Home Mothers"
- "Family Digest Baby: The Guide to Pregnancy, Birth, and Baby for the African-American Woman"

Index

A

AAP	7, 26, 28, 37, 69
Active Duty Issues	1, 2, 17, 18, 19
Breastfeeding	17
Convalescent Leave	17
DEERS	19
Dual Military	17, 18
Paternity	17
Single Parents	17, 18, 22
Social Security Number	19
American Academy Of Pediatrics	<i>See</i> AAP
Anemia	51
Anger	12, 16, 20, 21, 25, 26, 44, 46, 52, 53, 66
Anxiety	15, 65
Appointments	<i>See</i> Check Ups
Aspirin	
Not Recommended	26, 57
Automobile Safety	32, 33, 41

B

Baby Food	
Homemade	30
Junior Foods	47
Preparing	30
Balancing Work And Family	63
Bath	9, 10, 21, 25, 33, 46, 47, 49, 57, 62
Bedtime	21, 47, 48, 56, 57
Feeding Amount	43
Belly Button	<i>See</i> Navel
Bikes	50
Birth Control	63, 67
Methods	68
While Breastfeeding	67
Birthmarks	6
Bleeding, Postpartum	12
Excessive	12
Normal Menstrual Flow	13
Bonding	20
Bottle-Feeding	4, 5, 28, 38
At 2 Weeks	38

At 2 Months	40
At 4 Months	42
At 6 Months	45
At 9 Months	31
At Bedtime	45
Bedtime Bottle	50
Father's Role	21
Maximum Amount	5
Precautions	27
Propping	45
Spitting Up	31, 36
Sterilization	5
Supplements	28
Warming	5
Weaning	31
Bowel Movements	39, 58
Normal	4
Breast Engorgement	13
Breast Lumps In Newborns	7
Breastfeeding	
And Childcare	65
As Birth Control	63
At 2 Weeks	38
At 2 Months	40
At 4 Months	42
At 6 Months	44, 45
At 9 Months	31
Early Days	2, 4, 5
Engorgement	13
Expressing Milk	28
First Steps	3
Getting Enough Milk	3
Getting Out	20
Hints For Success	4
Latch On	3, 13, 14
Pumping	2, 17
Rotation Of Positions	14
Sore Nipples	14
Supplementing	28
Supply And Demand	13
Thrush	35

Use Of Medications	4
Breastmilk	28
Leaking During Sex	63
Burns	9, 49, 53

C

Caffeine	30
Car Seat	32, 39, 43, 49, 53
Cereal	29, 44, 45, 51
Check Ups	1, 11, 37
At 2 Weeks	38
At 2 Months	39
At 4 Months	42
At 6 Months	44
At 9 Months	47
At 12 Months	50
Routine	37
Weight Checks	11
Child Care	1, 2, 37, 48, 64, 65, 66, 67, 69
Finding A Provider	65
Options	65
Questions To Ask	65
Child Care Centers	37
Childproof	49, 50
Choking	42, 46
Circumcision	9, 10
Clear Liquids	59
Colds	10, 55, 56, 59
Feedings During	56
Colic	25
Concerns, Common	
Baby's Weight Loss	11
Birthmarks	6
Breast Lumps In Newborns	7
Choking	46
Cradle Cap	35
Crying	25
Diaper Rash	35
Drooling	46
Fever	26, 40
Hiccups	7
Masturbation	62
Pacifier	61
Safety	44

Sneezing	7
Spitting Up	36
Thumb Sucking	62
Vaginal Discharge In Newborns	7

Concerns, Medical

Colds	55
Constipation	58
Diarrhea	55, 58
Ear Infections	59
Fever	26, 40, 56
Identifying Symptoms	55
Insect Bites	59
Sneezing	56
Vomiting	58
Constipation	4, 31, 58
Treatments To Avoid	58
Convalescent Leave	17
Coping	22
Cord	See Navel
CPR	33, 66
Cradle Cap	35
Crawling	48
Crib To Bed	52
Crying	7, 9, 23, 25, 36, 39, 40, 48,
.....	53, 57, 59, 62, 64
C-Section	12, 16

D

DEERS	19
Dehydration	57, 58, 59
Depression	15, 20
Development	47
Normal	7, 37, 38, 69
Physical	38, 39, 41, 43, 46, 48, 53
Premie's	37
Social	39, 40, 43, 46, 48, 52
Speech	46
Diaper Rash	35
Diapers	3, 10, 25, 33, 36, 55
Diarrhea	4, 29, 55, 58
Discipline	54
Drooling	46

E

Ear Infections	33, 45, 50, 59
----------------------	----------------

Ears	9, 34, 53, 55, 59	Fluoride.....	47, 62
Electrical Dangers.....	49, 52, 53	Formula	
Emergency Symptoms		Constipation	31, 58
Baby	10, 26, 34, 40, 55, 56, 58, 59, 60	Dilution.....	4, 5, 28
Mother.....	12, 14, 15	Maximum Amount	29
Engorgement		Precautions	4, 5, 28
Treatment.....	13	Sterilization	5
Exercise	4, 15	Storage Of	6
Eyes.....	39	Switching To Cow's Milk.....	51
F		Vitamin Supplements	40
Falls.....	49	With Solid Foods.....	29
Family Care Plan.....	17, 18	G	
Requirements	18	Growth Spurt.....	27
Who Needs One.....	17	H	
Family Planning.....	67	Help From Others.....	22
Family Service Center	44	Hemorrhoids.....	13
Father's Role	20, 21, 39, 48, 63, 70.	Hernia.....	9
.....	<i>Also See Parent's Issues</i>	Hiccups	7, 39
Fear Of Strangers.....	48, 52	I	
Feeding		Immunizations	27, 38, 40, 43, 45, 48, 52
At 2 Weeks.....	38	Advantages And Risks	26
At 2 Months	40	Infant Walkers	50
At 4 Months	42	Infection	9, 11, 14, 34, 35, 56, 58
At 6 Months	44	Symptoms Of	17
At 9 Months	47	Insect Bites.....	59
At 12 Months.....	50	J	
Baby Self-Feeding.....	52	Jaundice	34
Bowel Movements Associated.....	58	Juices	29
Choices.....	2	K	
During Illness.....	59	Kegel Exercises	15
Father's Role.....	21	L	
Nighttime	43	Lead Hazards.....	32, 33, 41, 49
Routine	45	Letdown	3, 14
Solid Foods	29	Lochia (Postpartum Bleeding)	16
Stimulation During.....	41	M	
Supplements.....	28, 51	Mastitis.....	14
Time For Cuddling.....	28	Masturbation.....	62
Weaning	31	Mongolian Spots	6
Fever	26, 34, 40, 43, 55, 56, 57, 59	Mood Swings.....	15
Sponge Bath.....	57		
Treatment For	57		
Treatments To Avoid	58		
Finger Foods.....	47		

Mother's Issues	
Emotional.....	15, 20
Nutrition.....	4, 16
Physical.....	12, 13, 14, 16
Return To Work.....	64

N

Navel (Umbilical Cord)	8, 9
Navy-Marine Corps Relief Society.....	48
Necessary Paperwork.....	19
New Parent Support Program.....	1, 24, 26, 44
Nose Drops.....	56

P

Pacifier.....	28, 31, 33, 39, 48, 61
Parent's Issues.....	62
Balancing Work And Family	63
Being A Couple.....	44
Bonding.....	20
Changes In Relationships	19
Dual-Military.....	64
Emotional.....	15, 16, 19, 20, 21, 22, 23, 44, 46, 48, 52, 53, 63, 64, 65
Help From Others.....	64
Infant Safety	65
Organization	64
Physical.....	8, 15, 22, 63
Prioritizing.....	20, 22, 64
Realistic Expectations.....	20
Return To Work	64
Sense Of Humor.....	20
Sexual Relations.....	62, 63
Single Military.....	64
Single Parent.....	64
Passport	19, 24
Penis	9, 10
Pets.....	34, 50
To Avoid.....	34
Physical Development	
At 2 Weeks	38, 39
At 2 Months.....	41
At 4 Months.....	43
At 6 Months.....	46
At 9 Months.....	48
At 12 Months.....	53

Play	8, 21, 22, 31, 41, 45, 46, 48, 52, 54, 64, 66
Overstimulation	42
Playpen	33, 38, 44
Poisonous Plants	50
Poisons.....	49, 50, 53
Postpartum Depression.....	15
Premature Baby.....	37
Prioritizing.....	20, 22, 64

R

Realistic Expectations.....	20
Reflexes	7, 29, 37, 38
Resources	
Books.....	69
Parenting Magazines	70
Reyes Syndrome (See Aspirin).....	57

S

Safety	
Accidents.....	49
Automobile	32, 33, 41, 43, 49, 53
Bath	9, 33
Bikes.....	50
Burns	49
Car Seat	32
Choking.....	46
Crib.....	32, 52
Ears	44
Electrical Dangers	49, 53
Falls	49
From A Child's Point Of View	50
From Pets	34
Home	44, 53
Infant Walkers	50
Lead Paint Hazards.....	32
Other Dangers.....	49
Other Safety Factors.....	53
Personal	25, 32, 33, 39, 41, 46, 53, 61, 66
Playpen.....	33, 44
Poisons	49, 50, 53
Smoke Alarms	33
Toys.....	41, 44
Vitamins.....	51
Second Hand Smoke	See Smoking
Security Object.....	47, 48

Separation Anxiety	48, 52	Sponge Bath.....	57
Sexual Relations.....	62	SSN	19
Alternatives.....	63	Sterilization.....	5, 40
Fear Of Pain.....	63	Stimulating The Baby	
Hormones.....	63	At 2 Weeks.....	39
Interest In	63	At 2 Months	41
Resuming.....	62	At 4 Months	44
Shaken Baby Syndrome	23	At 6 Months	46
Shaking The Baby.....	25, 26, 44, 46, 54	At 9 Months	50
Sibling Rivalry	21, 34	At 12 Months	53
SIDS.....	7	Copying Parents.....	54
Sitter.....	48, 52, 53, 66. <i>See Also</i> Child Care	Linked With Safety.....	54
Sitting Up.....	46, 48	Stork Bites	6
Sleep.....	4, 7, 8, 10, 20, 36, 38, 40, 42, 43, 45, 47, 51, 52, 66	Stress	22, 23, 63, 64, 65
Sleeping Position	7, 8	Sucking.....	14, 31, 45, 61
Smoking.....	33, 54	Sunscreen.....	11
Precautions.....	33	Supplements	29, 31
Second Hand Smoke.....	33	Supplements To Nursing.....	28
Sneezing	7, 39, 56	Support System	64
Social Development		T	
At 2 Weeks.....	39	Teeth.....	5, 45, 46, 47, 49, 50, 61, 62
At 2 Months	40	Care Of	61
At 4 Months	43	Fluoride.....	62
At 6 Months	46	Teething	46, 58, 61
At 9 Months	48	Remedies	46
At 12 Months.....	52	Television	54
Social Security Number.....	19	Temperament.....	39
Soft Spot	7, 55	Temperature.....	9, 26, 40, 49, 55, 56, 57
Solid Foods		How To Take	56, 57
Allergies.....	29	Of The Room	10
As Source Of Iron.....	51	Thermometer	56, 57
At 6 Months	36	Thrush	35, 61
At Daycare	45	Thumb Sucking.....	62
During Illness.....	56, 59	Toys.....	38, 39, 41, 43, 44, 47, 50, 52, 53
Indications For.....	28	Travel With Baby.....	11, 23
Introducing.....	29, 30, 45	TRICARE.....	19
Potential Problems.....	29	U	
Precautions.....	29, 30, 47	Umbilical Hernia.....	9
Procedure For Starting	29	V	
When To Start.....	28, 42	Vaporizer	56
Soothing The Baby	25, 42, 43	Visiting Nurse.....	1, 4, 11, 24, 31, 48, 56
Sore Nipples.....	14	Vomiting.....	58
Speech Development.....	46		
Spitting Up	31, 36		

W

Walking 48
Weaning 13, 31
Weight 11, 36, 38, 48, 49, 68
 Baby's Initial Weight Loss 11
Well Baby Clinics *See* Check Ups

The purpose of the page is to make the reader aware of some of the basic steps to take if an infant stops breathing. This page is not a substitute for attending a certified CPR class.

CPR for Infants

(Age less than one year)

If you find your baby lying very still:

- Shout and gently tap him on the shoulder.
- If you don't know if he might have fallen or been injured, do not move him. Call 911 or your local emergency number immediately.
- If he is having trouble breathing, call 911 or your local emergency number immediately.

If he has not been injured but doesn't respond and does not seem to be breathing:

- Turn him on his back.
- Tilt his head back a little bit and lift his chin up.
- Put your ear near his mouth and listen to see if he starts breathing after you have lifted his chin.



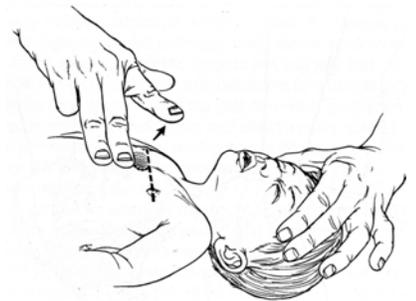
If he is still not breathing:



- Cover his nose and mouth with your mouth.
- Give him two gentle breaths. Each breath should last about 1 second.
- You should see his chest rise with each breath you give him.

- Give 30 chest compressions at the rate of 100 per minute by putting two or three fingers in the center of the chest, just below the nipples, and pressing down.

- Press down about 1/2" to 1 inch each time.
- Repeat with 2 breaths and 30 chest compressions **for two minutes**.
- If he is still not responding, call 911 and then continue the breaths and compressions until help arrives and someone else takes over.



2 breaths



+

30 compressions



Photographs reproduced with permission

BLS for Healthcare Providers

© 1997, American Heart Association

Your Baby's Milestones

<u>Event</u>	<u>Date</u>	<u>Comments</u>
First visitor(s)	_____	_____
First haircut	_____	_____
First toy	_____	_____
First trip / vacation / PCS	_____	_____
First outing	_____	_____
First picture	_____	_____
First tub bath	_____	_____
Focus on a face	_____	_____
First smile	_____	_____
Follows object side-to-side	_____	_____
Sleep all night	_____	_____
Laugh	_____	_____
Smile spontaneously	_____	_____
Make sounds (ah-goo, etc.)	_____	_____
Reach for object	_____	_____
Bring hands together	_____	_____
Lift head while on stomach	_____	_____
Turn over	_____	_____
Hold head up unsupported	_____	_____
Turn in direction of voice	_____	_____
First solid food	_____	_____
Object if you remove toy	_____	_____
Pass object hand to hand	_____	_____
Pull up to standing position	_____	_____
Sit without support	_____	_____
Babbles	_____	_____
Feed self a cracker	_____	_____
Stand up holding on *	_____	_____
Play peek-a-boo	_____	_____
Crawl	_____	_____
Walk while holding on *	_____	_____
Understand "no"	_____	_____
Drink from a cup by self	_____	_____
First solo steps *	_____	_____
First real word	_____	_____
Stand alone *	_____	_____
Wave bye-bye	_____	_____

*** = some children don't show this skill until after 1 year**

