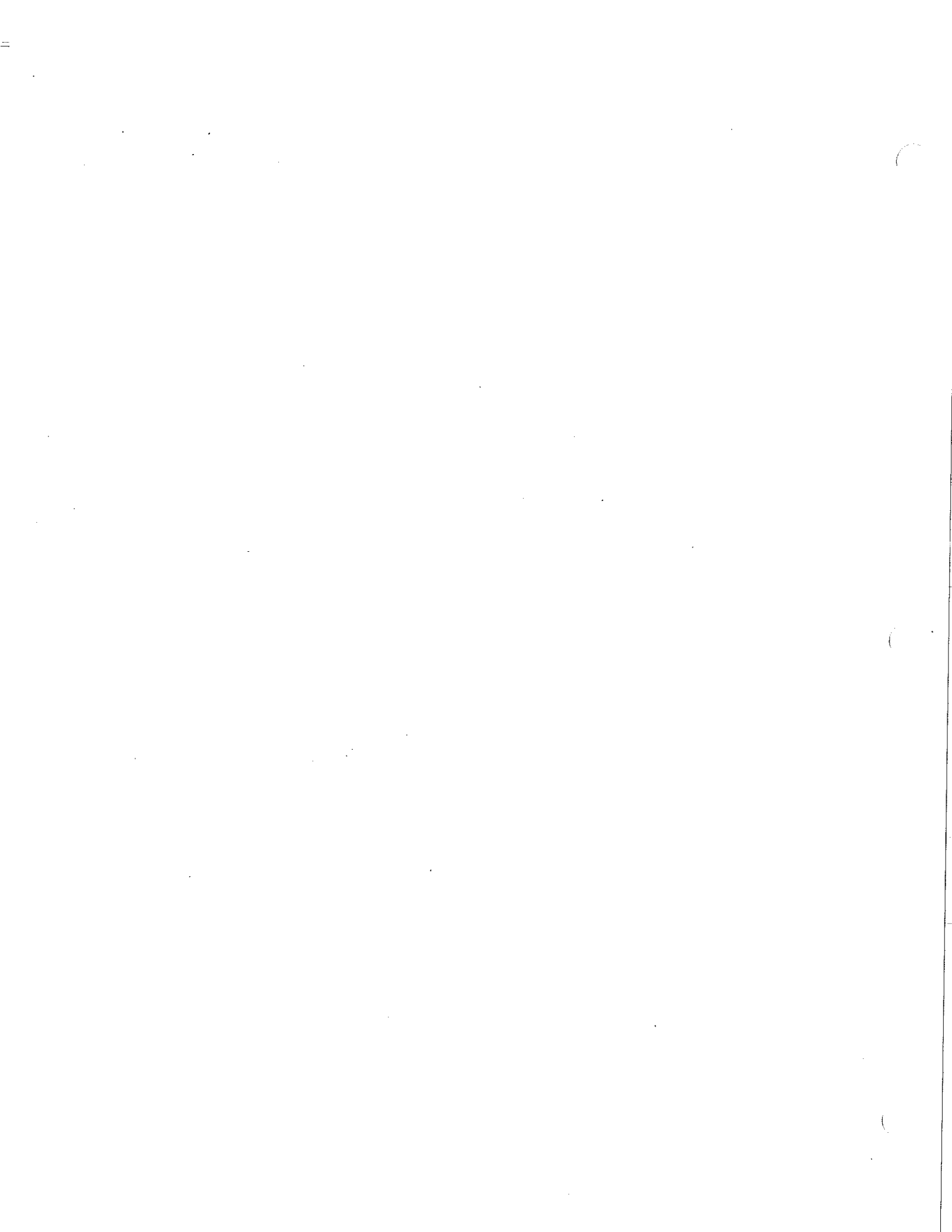
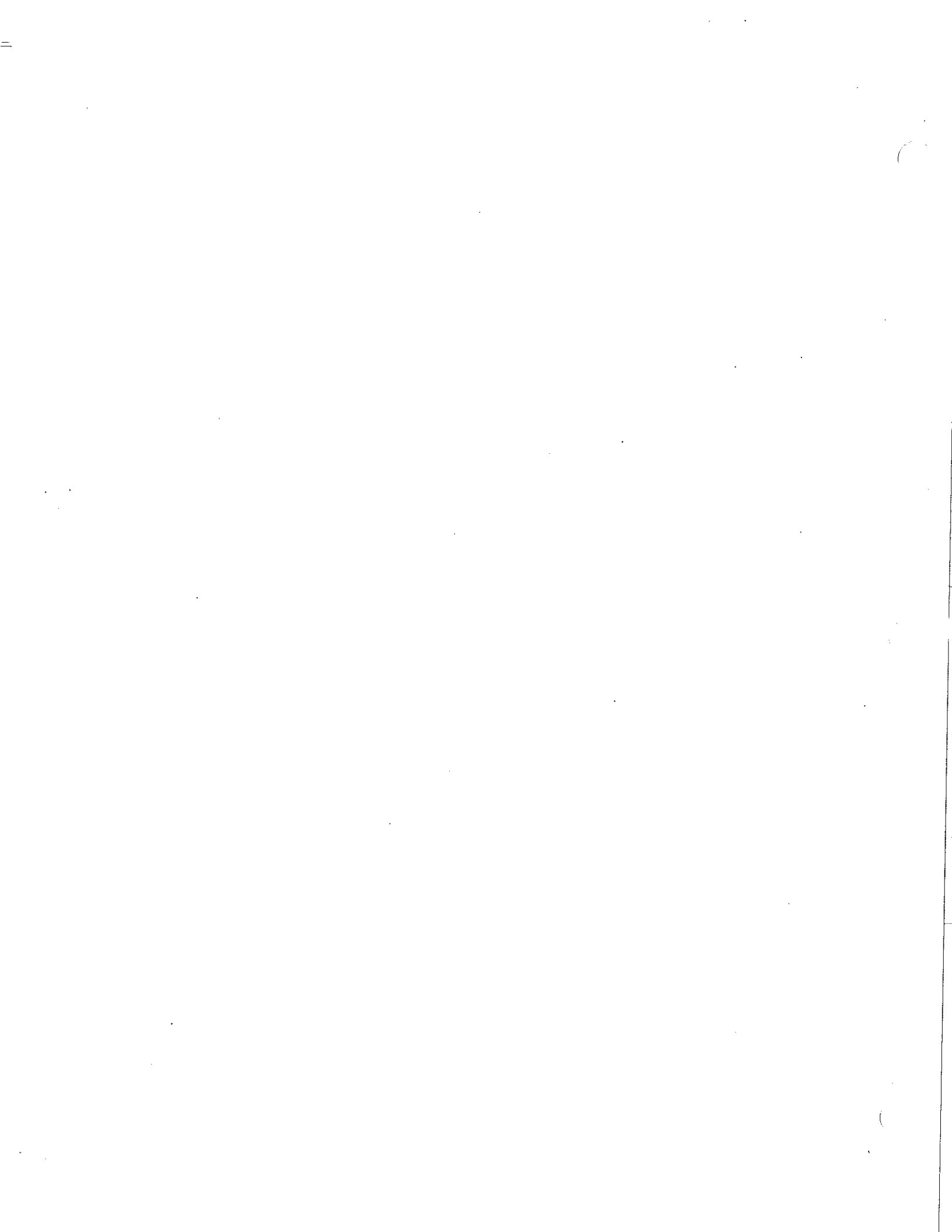


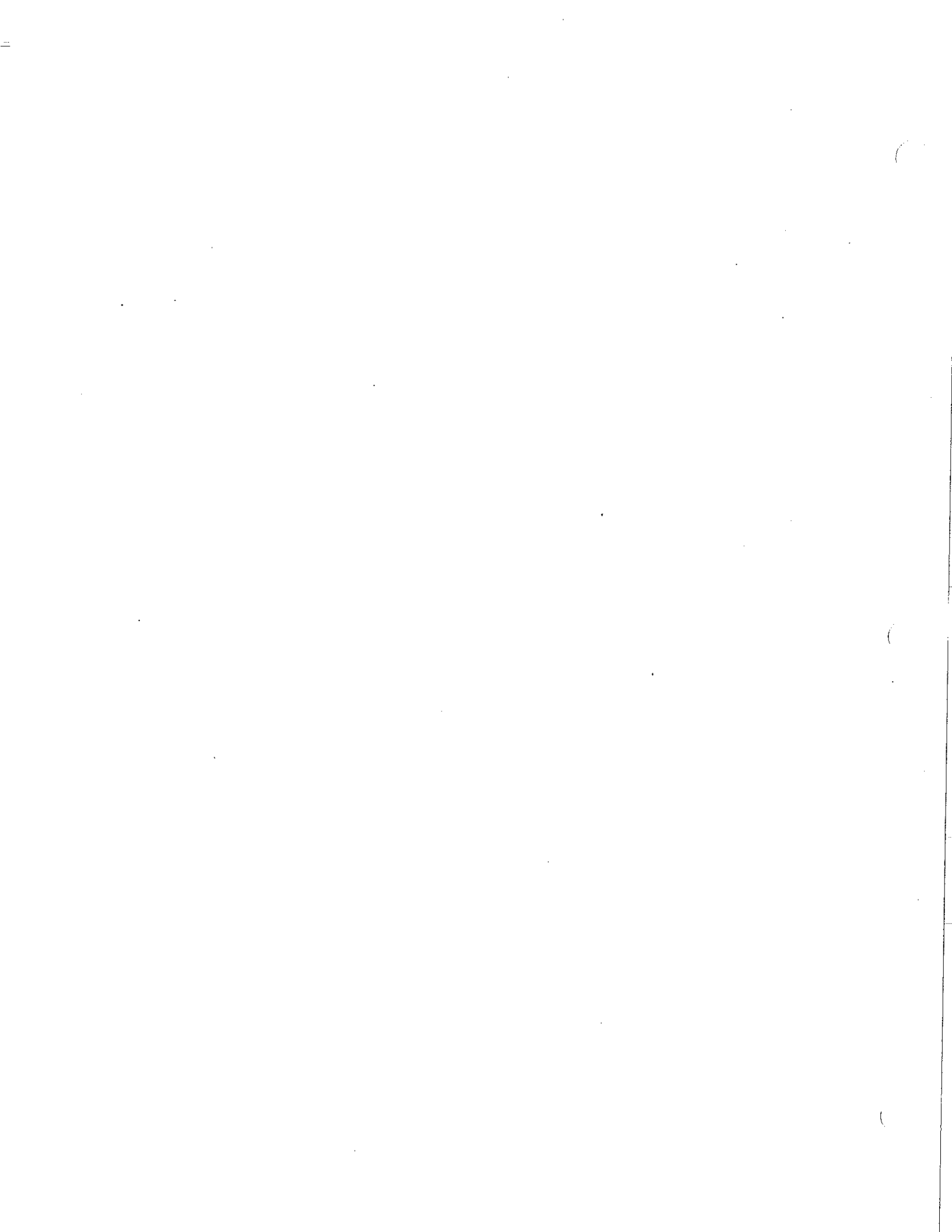
**PREGNANCY  
PREVENTION/  
PARENTING  
AND  
CHILD CARE**



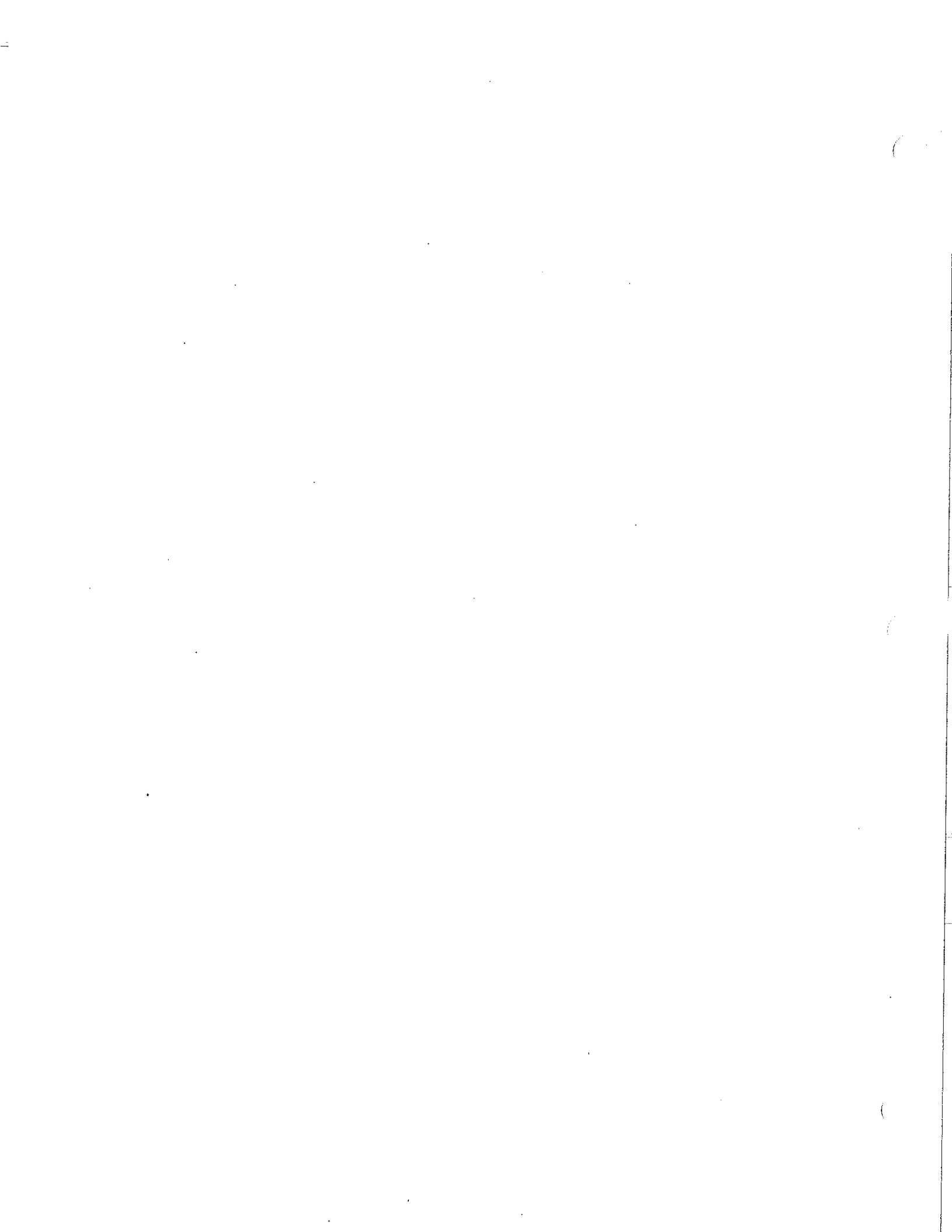




Can provide appropriate supervision for child.	PPCC-7	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A
	PPCC-8						
	PPCC-9						
	PPCC-10						
	PPCC-11						
	PPCC-12						
	PPCC-14						
	PPCC-35						
	PPCC-12	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A
	PPCC-14	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A
	PPCC-7	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A
	PPCC-16						
	NP-129						
	NP-119						
Knows how to access community resources (WIC, PHN).	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	
Knows how to engage child in appropriate play (reading, singing, drawing, building things, etc.).	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	
Knows the available options for regular childcare.	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	
Selects appropriate people to periodically baby-sit with child.	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	Max Mod Min	Stdby Indep N/A	

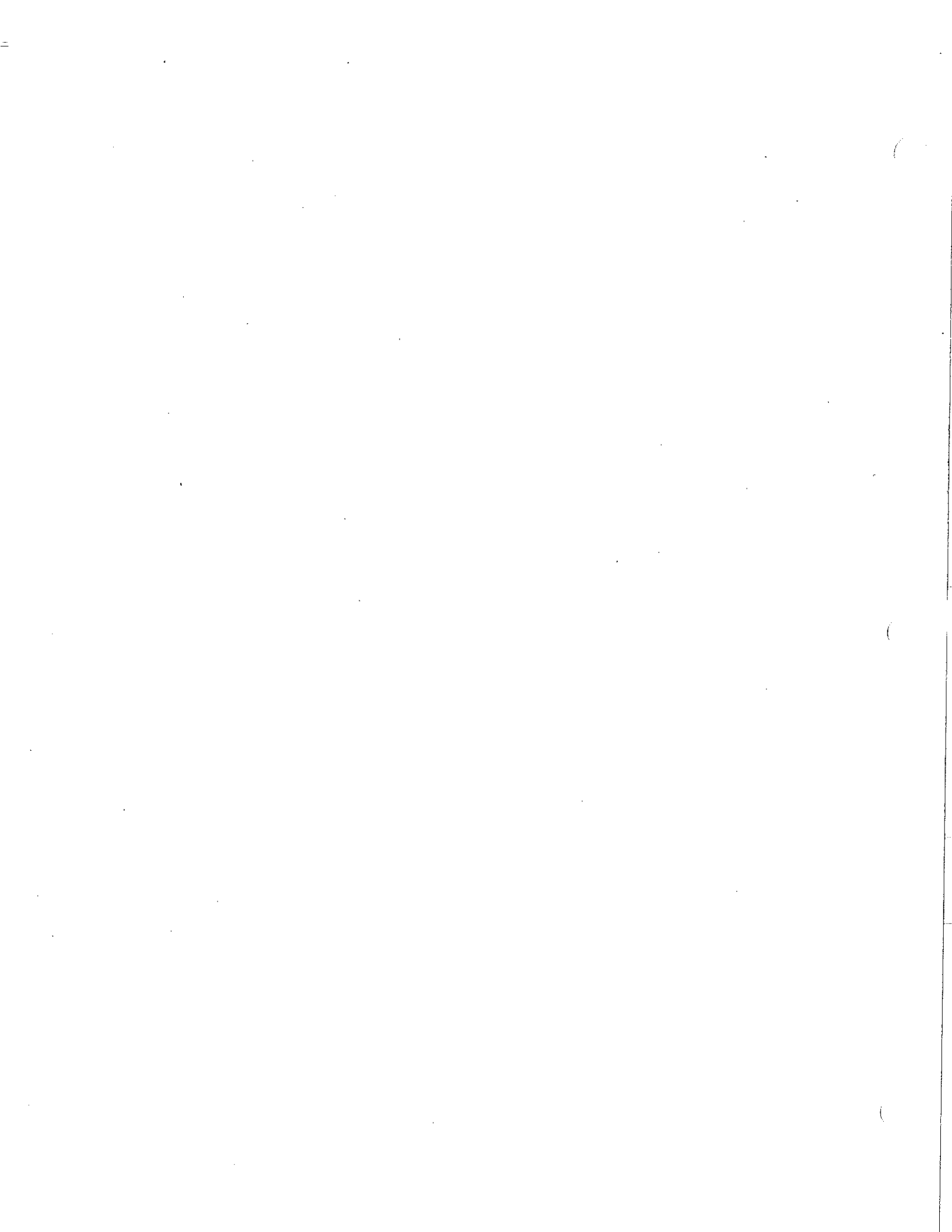








Spends "quality" time with child each day (talking, playing together, listening to the child, etc.).	PPCC-45	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
	PPCC-46	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
	PPCC-47	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
	PPCC-48	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
	NP-1	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
Knows where to go for help with parenting.	NP-2	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
	NP-3	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
	NP-4	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
	NP-115	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
	PPCC-55	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A	Max Mod Min	Stdb Indep N/A
	LOOK ONLINE!!!						



## BIRTH CONTROL METHODS

The following is a list of birth control methods that may be used by women and/or men. These methods – or information about them - are available at Planned Parenthood of Southern New England's 19 health centers. If you see a method you are interested in using, ask us for more information!

**ABSTINENCE**...is not having any sexual intercourse that can result in pregnancy. This method avoids the use of medications or hormones and there is no financial cost.

**THE BIRTH CONTROL PILL**...contains hormones that prevent pregnancy by preventing the ovary from releasing an egg. They help to keep periods regular and decrease the cramps that some women have with their periods.. Pills must be taken each day at as close to the same time as possible to be effective. They do not provide protection from sexually transmitted infections.

**THE MALE CONDOM**...is a sheath made of latex, polyurethane or animal skin that covers the penis before intercourse to keep sperm from joining an egg. The latex condom provides the most protection from many sexually transmitted infections but the polyurethane condom can be used if you have a latex allergy. Planned Parenthood has free latex condoms in all of our health centers.

**THE FEMALE CONDOM**...is a latex lining inserted into a woman's vagina before vaginal intercourse. It prevents sperm from joining an egg. The method may be used by women whose partner is unwilling to use male condoms. It provides protection against most sexually transmitted infections.

**DepoProvera; The shot** ...is an injection (shot) of hormone given to a woman every 12 weeks. This hormone prevents the release of an egg from the ovary. Side effects may include weight gain and irregular bleeding. Contraception may last as long as six months after the last shot although women should consider themselves at risk for pregnancy once they miss one injection. It does not protect against sexually transmitted infections.

**THE DIAPHRAGM OR FemCap**...is a shallow cup shaped cap. This cap is placed in the vagina to cover the cervix each time the woman has intercourse to prevent sperm from meeting an egg. These methods are used along with spermicidal cream or jelly and must be left in place after intercourse. These methods may provide some protection from sexually transmitted infections.

**EMERGENCY CONTRACEPTION (EC)** ... is medication taken by a woman up to 120 hours after unprotected vaginal intercourse. It is more effective if taken within 72 hours. EC prevents a fertilized egg from implanting in the uterus. Planned Parenthood sells EC to have available at home in case you need to use it. It does not protect from sexually transmitted infections.

**IMPLANON**... is a flexible plastic rod the size of a matchstick that is put under the skin of your arm. It provides contraception for three years. Implanon contains the hormone progesterone and works by stopping the release of an egg from your ovary. It also thickens the mucus in your cervix to keep sperm from reaching the egg and changes the lining of your uterus to prevent a pregnancy from growing there. Possible side effects include irregular bleeding and weight gain. It does not protect from sexually transmitted infections.

**THE IUD (INTRAUTERINE DEVICE)** ...is a small plastic device placed in the uterus. The IUD contains copper or hormones that keep sperm from joining an egg. IUDs may be kept in place for 5-12 years depending on the type of IUD. It does not protect from sexually transmitted infections.

OVER

**NATURAL FAMILY PLANNING**... involves monitoring a woman's physical signs to predict times of fertility and avoiding intercourse or using another method of birth control during "unsafe" times. Planned Parenthood can teach you about Natural Family Planning. It does not protect against sexually transmitted infections.

**NUVARING**...is a flexible ring containing hormones. It is placed in the vagina and left in place for three weeks. It is then removed for a week during which time a woman will have a period. It does not protect against sexually transmitted infections.

**ORTHO EVRA**... is a contraceptive patch that is placed on the woman's body. The patch is changed once a week for three weeks followed by a period of one week when the patch is not worn and the woman will have a period. It does not protect from sexually transmitted infections.

**OUTER COURSE**...is having sexual activity without vaginal intercourse. It can be effective at preventing sexually transmitted infections if no bodily fluids are exchanged through oral or anal intercourse.

**SPERMICIDE**...is a cream, film, jelly, foam or suppository that is inserted into a woman's vagina before having vaginal intercourse. Spermicide contains medications that kill sperm, preventing them from joining an egg. Spermicides are used with diaphragms and may be used in combination with condoms for better birth control.

**STERILIZATION**...is an operation to prevent the sperm from joining an egg. This includes-


- Tubal sterilization — intended to permanently block the woman's fallopian tubes that carry an egg from the ovary to the uterus
- Vasectomy — intended to permanently block the man's tubes that carry sperm

It does not protect from sexually transmitted infections. Planned Parenthood can provide referrals for sterilization.

**WITHDRAWAL**...is when the man pulls his penis out of the vagina before he "comes" to keep sperm from joining an egg. It does not protect from sexually transmitted infections.

### Why think about birth control?

It is possible to become pregnant as soon as you become sexually active, so it is a good idea to begin using a method of birth control as soon as possible. You can get a birth control method from Planned Parenthood without a gynecological exam. Some methods are effective right away. Others must be used for a week or so before they will protect you from pregnancy. Our staff will talk with you about these birth control methods and can help you choose the best one for you.

 <b>Planned Parenthood</b> of Southern New England, Inc.	76 Palomba Dr. Box 656 Enfield, CT 06082 (860) 741-2197	100 Grand Street New Britain, CT. 06050 (203) 238-8097	263 Main Street Old Saybrook, CT 06475 (860) 388-4459	969 West Main Street Waterbury, CT 06708 (203) 753-2119
211 State Street Bridgeport, CT 06604 (203) 366-0664	1229 Albany Ave. Hartford, CT 06112 (860) 728-0203	345 Whitney Ave. New Haven, CT 06511 (203) 503-0450	415 Howe Ave Shelton, CT 06484 (203) 924-7756	1030 New Britain Ave W. Hartford, CT 06110 (860) 953-6201
44 Main Street Danbury, CT 06810 (203) 743-2446	419 W.Middle Tpke Manchester, 06040 (860) 643-1607	45 Franklin Street New London, CT 06320 (860) 443-5820	1039 East Main Street Stamford, CT 06902 (203) 327-2722	1548 Main Street Willimantic, CT 06226 (860) 423-8426
87 Westcott Road Danielson, CT 06239 (860) 774-0533	26 Women's Way Meriden, CT 06451 (203) 238-0542	12 Case Street Norwich, CT 06360 (860) 889-5211	249 Winsted Road Torrington, CT 06790 (203) 489-5500	111 Point Street Providence, RI 02940 (401) 421-9620

**Client Information for Informed Consent**  
**EMERGENCY CONTRACEPTION PILLS (ECPs)**  
**(MORNING-AFTER PILLS)**

ECPs help prevent pregnancy after unprotected vaginal intercourse. It may be that the condom broke. Or you didn't use birth control. Or you were forced to have sex.

A woman's body makes two hormones — estrogens and progestins. ECPs contain a progestin like the one made by your body. Certain birth control pills are also prescribed for emergency contraception. Some are progestin-only. Some combine both estrogen and progestin. Make sure you follow your clinician's instructions for taking them.

The hormone progestin helps to keep you from getting pregnant. It keeps eggs from leaving the ovaries. It makes cervical mucus thicker. This keeps sperm from getting to the eggs. In theory, ECPs could prevent a fertilized egg from attaching to the lining of the uterus. But that has not been proven.

Start your ECPs as soon as possible. The sooner you start, the better. Use them every time you have unprotected sex. ECPs reduce the risk of pregnancy by 75-89 percent if started within the first 72 hours after intercourse. They reduce the risk of pregnancy if started up to 120 hours — five days — after unprotected intercourse. You may ask for ECPs when you need them, or you may get them in advance. Getting them in advance will let you take them as soon as possible if you ever need to.

ECPs will not end a pregnancy. Don't use them if you are already pregnant. If you're not sure, you may want to have a pregnancy test. If you are pregnant, or if you become pregnant after taking ECPs, there is no evidence that they will harm the pregnancy.

Women who take ECPs do not seem to have the risks associated with combined hormone birth control pills. These rare but serious risks include blood clots, heart attack, and stroke. In fact, many experts believe that ECPs are so safe they should be available over the counter for all women no matter their age.

Possible side effects clear up quickly. They include

- dizziness, headaches, breast tenderness
- nausea
- vomiting — rare for progestin-only ECPs
- bleeding between periods — rare for progestin-only ECPs

Taking ECPs can affect your next period. It could be early or late, lighter or heavier, or shorter or longer. Or it could be the same as usual. You're more likely to have problems with your next period if you use ECPs more than once during your cycle.

There are two other options. The copper IUD (intrauterine device) can also be used for emergency contraception. It reduces the risk of pregnancy if inserted within five days of unprotected intercourse. It may also be left in place for ongoing contraception. Or you can choose to "wait and see." We are happy to discuss all your options with you.

OVER

## CIIC Emergency Contraception Pills

If you see another clinician for any reason before you get your next period, you should say that you have taken ECPs.

If you do not want to become pregnant, it is important to use a reliable form of ongoing birth control. Ask us about the different options.

Having unprotected sex may have put you at risk for sexually transmitted infections (STIs). If you think you could be at risk for STIs, talk with your clinician about getting tested.

If you decide to take ECPs — Read the package insert that comes with your pill(s). The information may be different than ours. Let us know if you have questions.

### Instructions for Using ECPs


1. You have been given pills called \_\_\_\_\_.
2. Swallow all the pills at one time as soon as possible within 120 hours (5 days) of unprotected sex. The sooner you take them, the better.

To prevent feeling sick to your stomach or throwing up

- Do not take the pills on an empty stomach.
- Take over-the-counter nausea medicine (like Dramamine® or Bonine®) about an hour before the ECPs.

Call the health center if you

- have questions
- think you have a problem or that you might be pregnant
- miss your period

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## Steps To Choosing Care

Child Care Aware

based on *Child Care Aware* (<http://childcareaware.org>)

[Home](#) > 5 Steps To Choosing Care

## 5 Steps To Choosing Care

### Start Early

Start looking as far in advance as you can. No matter what type of care you are considering - a child care center or care in someone else's home - finding the right child care option can take some time.

### Make a Call

Begin your search by calling your local experts - your Child Care Resource and Referral (CCR&R) agency. CCR&Rs can give you the facts about child care, and a list of child care options in your area that may meet your needs. In addition to what is in this brochure, make sure to ask your CCR&R:

- What are the licensing requirements in my area?
- How can I get information about complaints and licensing violations?
- Does my family qualify for any child care financial assistance programs?

### Visit and Ask Questions

Visit the child care options you are considering. Find out about these key indicators of quality:

- **Adult to Child Ratio.** Ask how many children there are for each adult. The fewer the children for each adult, the better for your child. You want your child to get plenty of attention. The younger your child, the more important this is. Babies need an adult to child ratio of no more than 1:4 (one adult for four infants), while four-year-olds can do well with a ratio of 1:10 (one adult for 10 children).
- **Group Size.** Find out how many children are in the group. The smaller the group, the better. Imagine a group of 25 two-year olds with five adults, compared to a group of 10 with two adults. Both groups have the same adult to child ratio. Which would be calmer and safer? Which would be more like a family?
- **Caregiver Qualifications.** Ask about the caregivers' training and education. Caregivers with degrees and/or special training in working with children will be better able to help your child learn. Are the caregivers involved in activities to improve their skills? Do they attend classes and workshops?
- **Turnover.** Check how long caregivers have been at the center or providing care in their homes. It's best if children stay with the same caregiver at least a year. Caregivers who come and go make it hard on your child. Getting used to new caregivers takes time and energy that could be spent learning new things.
- **Accreditation.** Find out if the child care provider has been accredited by a national organization. Providers that are accredited have met voluntary standards for child care that are higher than most state licensing requirements. The National Association for the Education of Young Children (NAEYC) and The National Association for Family Child Care (NAFCC) are the two largest organizations that accredit child care programs.

### Make a Choice

Think about what you saw at each visit, and make the best choice for your child and family.

### Stay Involved

The work isn't over when you find good care for your child. You and your child's caregiver are partners now.

Here are some ways to be involved:

- Have parent-caregiver meetings regularly, and ask questions.
- Offer to volunteer time when needed, like participating in clean up days, fixing broken toys.
- Be there for your child's birthday party.
- Visit your child at child care and read a book aloud.

- Join in special events, like field trips, Career Day, Black History Month, or other holidays.

Even if you can't get time off from work during the day, you can still check in at drop-off and pick-up times. Ask the caregiver how things are going, and how your child is doing.

Visiting and participating in events at your child's provider sends a strong message. It tells your child and your child's caregiver that you think what your child is doing and learning is important.

Find out more about efforts in your community to improve the quality of child care. Is your caregiver involved in these activities? How can you get involved? For more information, contact your local Child Care Resource and Referral agency, or call Child Care Aware toll-free at 800-424-2246.

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Learn more on *Child Care Aware* (<http://childcareaware.org>)[Home](#) > Choosing Child Care

## Choosing Child Care

More and more, research tells us that our children's healthy development depends on safe and positive experiences during the first few years of life. If you are a parent who works during these early years, choosing good child care is one of the most important decisions you will ever make for your child.

To help you make the right choice for your child, researchers have identified 13 research-based guidelines to think about when choosing a child care program.

You might want to visit several different child care programs, either centers or family child care homes, before you decide which one is best for your family. Call each child care program and schedule an appointment for your visit. Once you are there, stay for at least an hour to watch activities, check the surroundings, and ask questions. The checklist below provides a place for you to note which guidelines are met. Research shows that if a program follows guidelines, it is more likely to be a safe and healthy place for your child. Your state or county may have other guidelines to help ensure health and safety in child care programs.

Considering these guidelines can help you find a place where you feel comfortable leaving your child.

### Supervision

- Are children supervised at all times, even when they are sleeping?
- How do the caregivers discipline children? (Hint: Discipline should be positive, clear, consistent, and fair.)

### Handwashing and Diapering

- Do all caregivers and children wash their hands often, especially before eating and after using the bathroom or changing diapers?
- Is the place where diapers are changed clean?
- Do caregivers always keep a hand on the child while diapering?
- Do caregivers remove the soiled diaper without dirtying any surface not already in contact with stool or urine?
- Do caregivers clean and sanitize the surface after finishing the changing process? (Hands should be scrubbed with soap and warm running water for at least 20 seconds and then rinsed and dried. The water faucet should be turned off with a paper towel.)

### Director Qualifications

- Does the director of a child care center have a bachelor's degree in a child-related field?
- Has the director worked in child care for at least two years?
- Does the director understand what children need to grow and learn?

### Lead Teacher Qualifications

- Does the lead teacher in a child care center have a bachelor's degree in a child-related field?
- Has the teacher worked in child care for at least one year?
- Does the teacher give children lessons and toys that are right for their ages?

**Child:Staff Ratio and Group Size**

- How many children are being cared for in the child care program?
- How many caregivers are there? (Your child will get more attention if each caregiver has fewer children to care for. The younger the children are, the more caregivers there should be. For example, one family home caregiver should only take care of two infants.)

**Immunizations**

- Is your child up-to-date on all of the required immunizations?
- Does the child care program have records proving that the other children in care are up-to-date on all their required immunizations?

**Toxic Substances**

- Are toxic substances like cleaning supplies and pest killers kept away from children?
- Has the building been checked for dangerous substances like radon, lead and asbestos?
- Is poison control information posted?

**Emergency Plan**

- Does the child care program have an emergency plan if a child is injured, sick, or lost?
- Does the child care program have first-aid kits?
- Does the child care program have information about who to contact in an emergency?

**Fire/Emergency Drills**

- Does the child care program have a plan in case of a disaster like a fire, tornado, flood, blizzard, or earthquake?
- Does the child care program do practice drills once every month?

**Child Abuse**

- Can caregivers be seen by others at all times, so a child is never alone with one caregiver?
- Have all caregivers undergone background check?
- Have the caregivers been trained on how to prevent child abuse, how to recognize signs of child abuse, and how to report suspected child abuse?

**Medications**

- Does the child care program keep medication out of reach from children?
- Are the caregivers trained and the medications labeled to make sure the right child gets the right amount of the right medication at the right time?

**Staff Training/First Aid**

- Have caregivers been trained how to keep children healthy and safe from injury and illness?
- Do they know how to do first aid and rescue breathing?
- Have they been trained to understand and meet the needs of children of different ages?
- Are all child care staff, volunteers, and substitutes trained on and implementing infant back sleeping and safe sleep policies to reduce the risk of SIDS (Sudden Infant Death Syndrome, crib death)? (When infants are sleeping, are they on their backs with no pillows, quilts, stuffed toys, or other soft bedding in the crib with them?)

**Playgrounds**

Choosing Child Care

- Is the playground regularly inspected for safety?
- Is the playground surrounded by a fence?
- If there is a sandbox, is it clean?
- Are the soil and playground surfaces checked often for dangerous substances and hazards?
- Is equipment the right size and type for the age of children who use it?

**Produced by:**

National Resource Center for Health and Safety in Child Care (1-800-598-5437)  
University Of Colorado Health Sciences Center at Fitzsimons  
Campus Mail Stop F541, PO Box 6508, Aurora, CO 80045 - 0508

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Child Care Aware

Learn more on *Child Care Aware* (<http://childcareaware.org>)[Home](#) > Evaluating Providers

## Evaluating Providers

The following points are good ways to measure the quality of a child care home or center.

### Caregivers/Teachers

- Do the caregivers/teachers seem to really like children?
  - Do the caregivers/teachers get down on each child's level to speak with the child?
  - Are children greeted when they arrive?
  - Are children's needs quickly met even when things get busy?
  - Are the caregivers/teachers trained in CPR, first aid, and early childhood education?
  - Are the caregivers/teachers involved in continuing education programs?
  - Does the program keep up with children's changing interests?
  - Will the caregivers/teachers always be ready to answer your questions?
  - Will the caregivers/teachers tell you what your child is doing every day?
  - Are parents' ideas welcomed? Are there ways for you to get involved?
  - Do the caregivers/teachers and children enjoy being together?
- Is there enough staff to serve the children? (Ask local experts about the best staff/child ratios for different age groups.)
- Are caregivers/teachers trained and experienced?
- Have they participated in early childhood development classes?

### Setting

- Is the atmosphere bright and pleasant?
- Is there a fenced-in outdoor play area with a variety of safe equipment? Can the caregivers/teachers see the entire playground at all times?
- Are there different areas for resting, quiet play and active play? Is there enough space for the children in all of these areas?

### Activities

- Is there a daily balance of play time, story time, activity time and nap time?
- Are the activities right for each age group?
- Are there enough toys and learning materials for the number of children?
- Are toys clean, safe and within reach of the children?

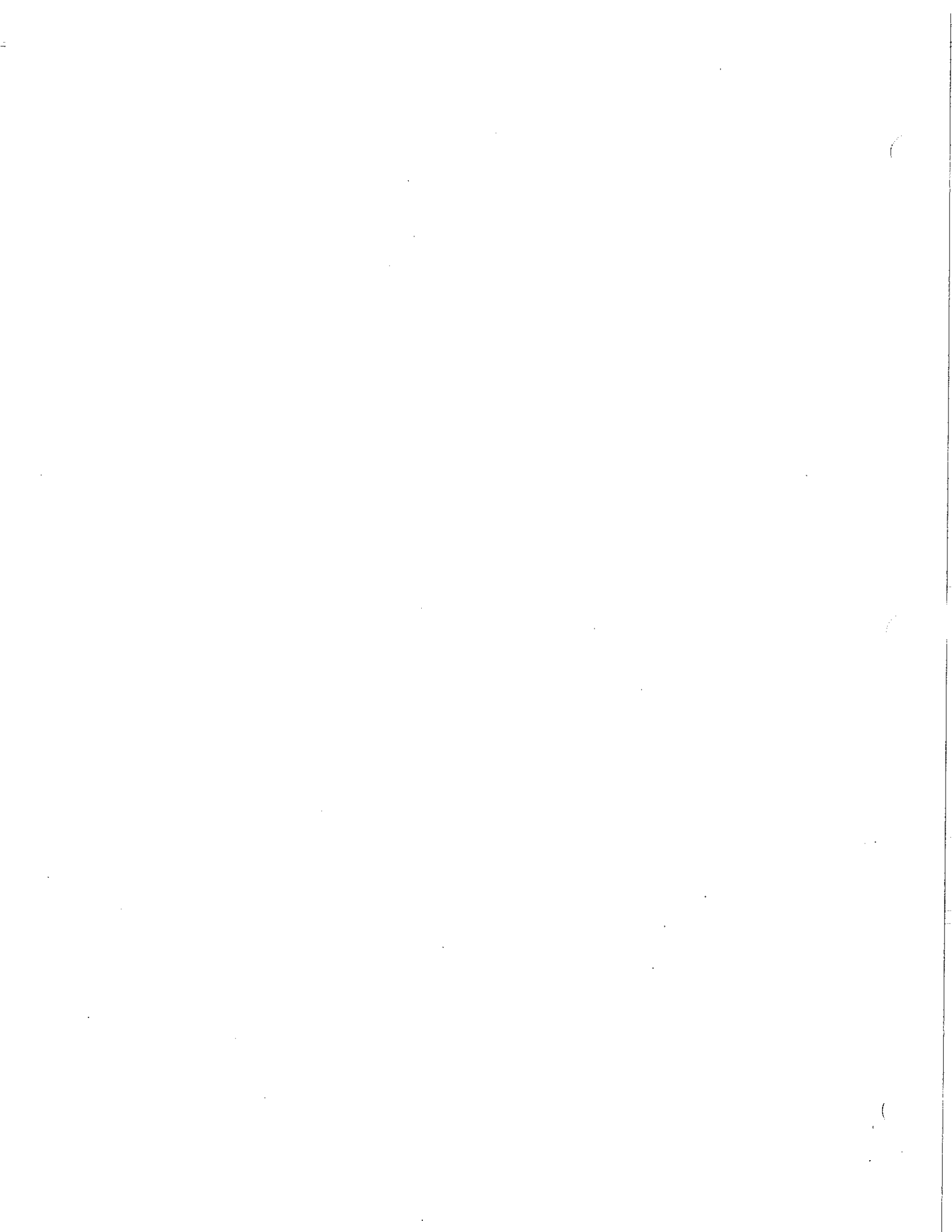
### In General

- Do you agree with the discipline practices?
- Do you hear the sounds of happy children?
- Are children comforted when needed?
- Is the program licensed or regulated?
- Are surprise visits by parents encouraged?
- Will your child be happy there?

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PPCC-5



## Child Care Centers

Child Care Centers care for children in groups. All states require centers to be licensed. The definition of licensed child care varies by state or territory.

Licensing does not insure quality but it does set minimum health, safety and caregiver training standards which centers must maintain. All states inspect centers at least once a year.

Parents choose centers because they believe that larger groups, multiple caregivers and state inspections make programs safer for their children and make the arrangement more dependable. They respect the reputation of the child care program or the institution sponsoring the program.

PPCC-6

## Family Child Care

Family child care providers offer care for children in the provider's home. Although requirements vary from state to state, most states require family child care providers be regulated if they care for more than four children. Many states have a voluntary regulation process for providers caring for four or fewer children.

All states set minimum health, safety and nutrition standards for providers. Most states require family child care providers to have a criminal records check and/or child abuse and neglect clearance. Many states require providers to have pre-service and/or on-going training. Most states inspect family child care homes annually or on a random sample basis.

### *Why Do Parents Choose Family Child Care Providers?*

Parents choose family child care because they want to keep their children in a home



## In-home Caregivers

In-home caregivers provide care for children in the child's home. They include live-in and live-out nannies and housekeepers. Most states do not regulate in-home caregivers, but some states regulate nanny-placement agencies. Many states do, however, require in-home caregivers receiving child care subsidy payments to be screened through a criminal history check and/or child abuse and neglect clearance. A few require minimal training in health and safety.

### *Why Do Parents Choose In-home Caregivers?*

Parents choose in-home care because they believe their children will be safer and more secure in their own home. They believe that if they employ the caregiver to work in their home, they have more control over the care their children will receive.

Some parents find in-home care is a more convenient arrangement for the family and it may provide more flexibility. If there are several children involved, they may find that in-home care is not significantly more expensive than other forms of care.

PPCC-6

## Care Provided by Relatives, Friends and Neighbors

Sometimes parents choose relatives, friends or neighbors to care for their child. This type of care is often called "Kith and Kin" care and can take place in the caregiver's home or in the child's home. Sometimes parents arrange to work different shifts, so that one parent is always available to care for the children.

Many states do not regulate care provided by relatives, friends and neighbors. A few states require these informal providers to be screened through a criminal history check and/or child abuse and neglect clearance. Several states require minimal training in health and safety.

### *Why Do Parents Choose Care by Relatives, Friends and Neighbors?*

Parents who use this kind of care consider themselves lucky to have a relative, friend or neighbor care for their children. They believe that these caregivers will provide warmer, more loving care for the child and that the child will be more secure.

Many parents believe that relatives, friends and neighbors will be more likely to share their values and they feel more comfortable entrusting their children to them. Sometimes parents use this type of care because their schedules, budgets or transportation issues limit their other child care options.

Your Child's Age: **Baby**

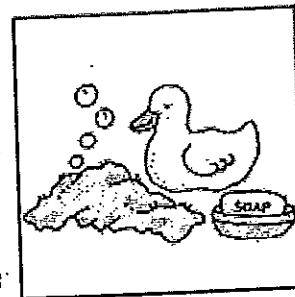
All About Babies - Newborn - Bathtime

**Newborn**   **3-6 Months**   **6-12 Months**

**Bathtime ~ Newborn**

Check with your pediatrician about how often your baby should be bathed. Most new babies do not need a bath everyday. Instead of a bath you can "top and tail" her by gently washing her scalp with a washcloth and thoroughly cleaning her diaper area.

Plan when you give your baby a bath. Have everything you will need close at hand. Decide where you will place your baby for drying and dressing. Have everything ready before you begin, because first baths make many new parents nervous. Some parents are more confident, so find your own comfort level. Getting used to the feel of your baby takes a little time. Wait until you feel ready to hold her, when she's slippery with soap and water.



Babies are bathed in different settings--bathroom or kitchen sinks, baby bathtubs on the floor, a large pan of water on a table, or the family bathtub. Find the place that is most comfortable for you.

Always, always, always keep your hands on your baby during your bathtime. Let the phone and doorbell ring!

Be sure to check the water temperature carefully. Test the temperature by dipping your elbow into the water. If it's OK for you, then it's OK for your baby. New babies have sensitive skin and can't tolerate water that is too warm. Water that is too cold is shocking and uncomfortable for them as well.

Many babies love bathtime from the beginning. Don't be discouraged if your baby doesn't. It may take some time for her to get used to this new experience. She'll be unwrapped and exposed, and water is a new sensation. Be patient and help her grow into the experience.

New babies don't need bath toys; there is time ahead for rubber ducks and boats. A warm, loving, comfortable introduction to the pleasures of water and bathtime is all they need. Your loving smile, supportive hands, and gentle voice are the "bath toys" for now.

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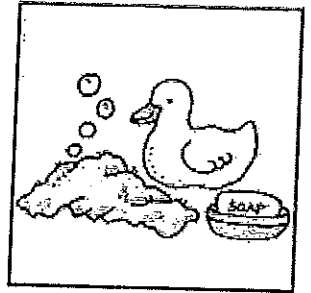
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### Bathtime ~ 3-6 Months

For your baby, bathtime is more than just getting clean. It can be great fun for some babies. They love the water, some bathtime play, gentle splashing, and your enthusiastic pleasure.

After a busy day, a warm bath can be a relaxing beginning to a bedtime routine. Your baby will know that day is drawing to a close when bathtime comes at the same time of the day.

Your baby may enjoy a few toys at bathtime now. Ducks and boats are a great way to begin. Pour water for her to "catch" and show her how to splash! Some babies still don't like bathtime and are uneasy in the water. Respect your baby's feelings and continue to make bathing as comfortable, pleasant, and short as possible. She may need more experience before she likes bathtime.



Continue to keep bathtime safe by having everything ready before you begin. Always stay with your hands by your baby. Ignore the phone and doorbell and any other household distractions. Rubber bath mats and infant bath seats add safety and security to bathtime. Use what works best for your situation to reduce slips and slides.

Keep your bath toys in an open container or mesh bag and dry them after each use to prevent mold and mildew. Bath toys do need to be replaced from time to time.

Some parents enjoy taking a bath with their baby, some do not. When both of you feel so inclined, give it a try!

Your Child's Age: **Baby**

All About Babies - 6-12 Month Old - Bathtime

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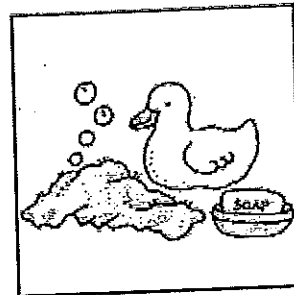
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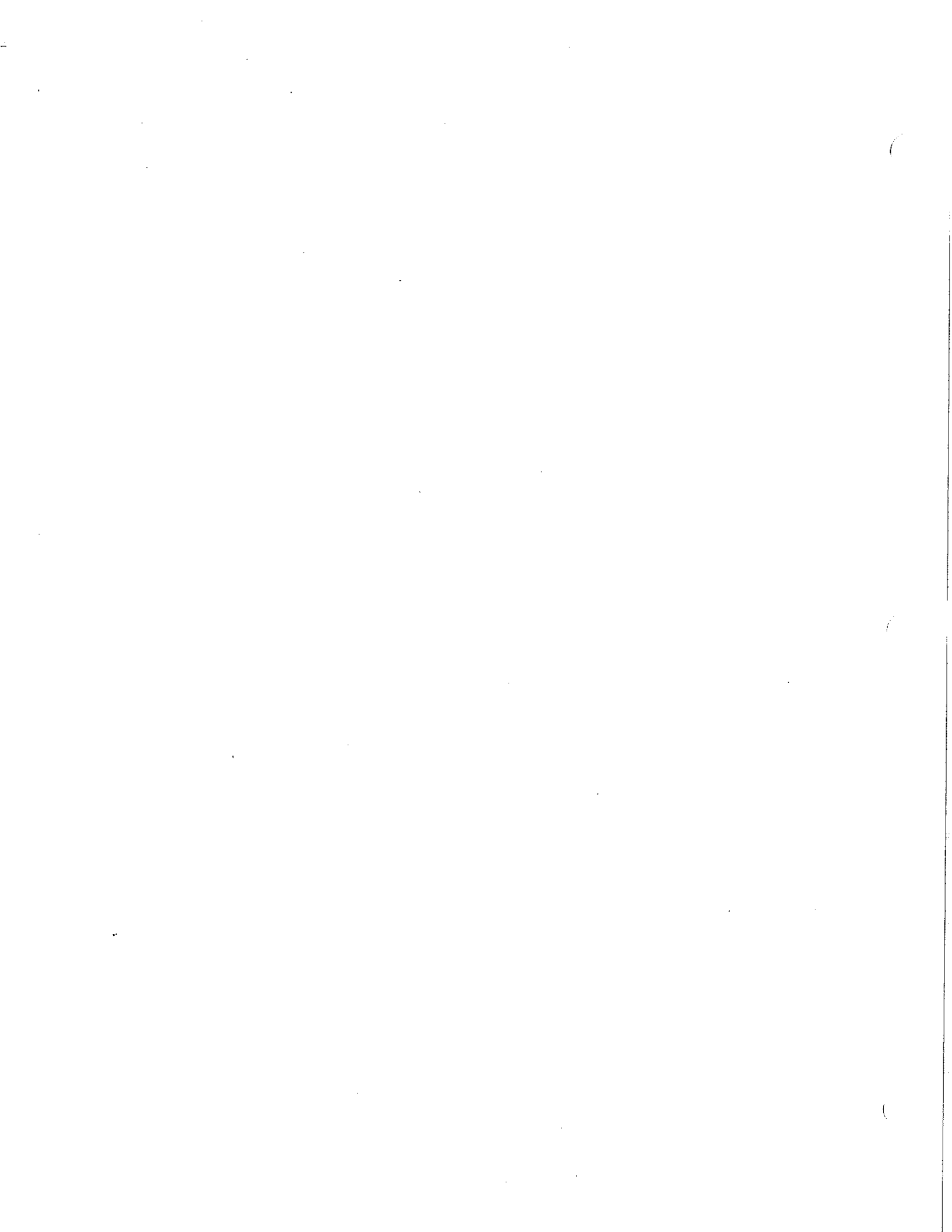
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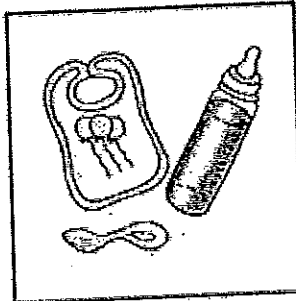
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All About Babies - Newborn - Mealtime

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**Mealtime ~ Newborn**

You will spend a time and energy feeding your new baby. Whether you bottle or breast feed, your baby needs to eat frequently to sustain her rapid growth during these early months.

You and your baby are new partners, and it will take a little time to learn your baby's style--how much, how fast, how often to burp, and how to have a comfortable feeding position for both of you. You'll learn this fairly quickly. A hungry new baby gives you lots of practice! The decision to bottle or breast feed is personal. Whatever you decide, try to involve both parents in this part of your baby's life. For nursing babies, a relief or water bottle can be given by Dad or other family member.

Most babies don't have solid food during this time. Rely on your pediatrician to keep track of your baby's growth and help you plan when to introduce solids. Some days babies are more hungry than usual and some days less. They may be having a growth spurt or simply want less food. Food needs tend to vary during this time. Respond to your baby as needed.

Regular and gentle burping helps your baby expel air that can make her uncomfortable after feeding. Be sure to help her!

A baby's digestive system is new and needs some time to get going smoothly. Be prepared for gastric upsets that may make your baby uncomfortable. Help her through the discomfort. Gradually she will settle into a mealtime routine, schedule, and position that works for her. As she gets older and her digestive system matures, these upsets will diminish.

As your baby grows she will be able to go longer between feedings. This process takes awhile, but eventually that tiny tummy will be able to hold enough nourishment to enable her to sleep a longer time at night.



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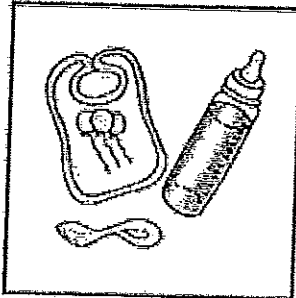
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Mealttime ~ 3-6 Months

You and your baby are both experienced at mealtimes by now, and your pediatrician is monitoring your baby's growth. Babies grow at a rapid rate and are often genuinely hungry.

Take your cues from your baby as her needs for nourishment may change. You may see a more predictable mealtime schedule begin to emerge during these months. Look forward to a more settled time with

your new baby!

Many babies will begin to eat solid food during this time. Your pediatrician should be your guide as to when, what kind, and how much.

Babies begin to eat solid foods one at a time. Most begin with cereal and then fruit. Introduce one food and wait several days before introducing another so that any reactions can be noted. Eating a cereal or pureed fruit is different from having formula or breast milk. Your baby has to learn how to learn the "art of eating." At first, more food will be on her than in her, as she rolls it on her tongue and maybe even spits it out. Be patient and have a sponge and camera ready! Babies eating their first solids enjoy a time to explore as well as eat. Your baby will need to touch her food and spread it around a bit. Eventually she will get used to swallowing and will what she likes and what she doesn't. With a little practice mealtimes will be enjoyable for t. of you.



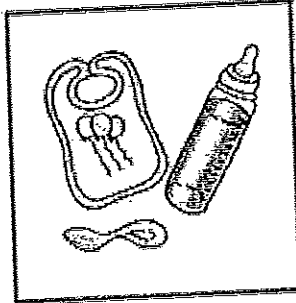


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All About Babies - 6-12 Month Old - Mealtime

Newborn 3-6 Months 6-12 Months

### Mealtime ~ 6-12 Months



By now your baby is eating solid food and is learning what to do with food and how to actually swallow it. Pureed foods will be followed by chunkier ones and small pieces of finger food. Eventually your baby will be sharing most items in your family's diet. Your pediatrician will supervise the introduction of each type and amount of food depending on your baby's growth and nutritional needs.

Your baby will begin to feed himself. Have two spoons ready at mealtime--one for your baby to enjoy eating with and one for you to actually get the food to his mouth. A large supply of sponges and a sense of humor also come in handy!

As soon your pediatrician gives you the go ahead, feel free to introduce finger foods--small pieces of food that he can pick up and get into his mouth on his own. This gives him a wonderful experience developing his coordination and a great triumph of independence and success. Your baby has his own appetite and stomach. It's impossible to know how hungry another person is. Respect his decision to stop eating, when he is ready. If you have concerns about the amount he eats, talk with your pediatrician.

Continue to introduce foods one at a time to assess any allergic reactions and to give your baby an opportunity to get used to a new flavor and texture. Wait a while and then try foods your baby rejected another time. He may come to like them the second time around.

As your baby becomes stable sitting up and can sustain an upright position, you will be ready to move him to a high chair. Always, always, always use the seat belt provided on your high chair to keep him safe.

Your baby's high chair can help him gradually become part of the family dinner hour. You might feed him first and then give him some finger foods on his tray to occupy him while you have your dinner.

Don't forget to include your baby in the dinnertime conversation! Mealtimes are wonderful for talking about what's happening, and helping your baby learn the names of his food and utensils. Your time in the kitchen together helps his language development.

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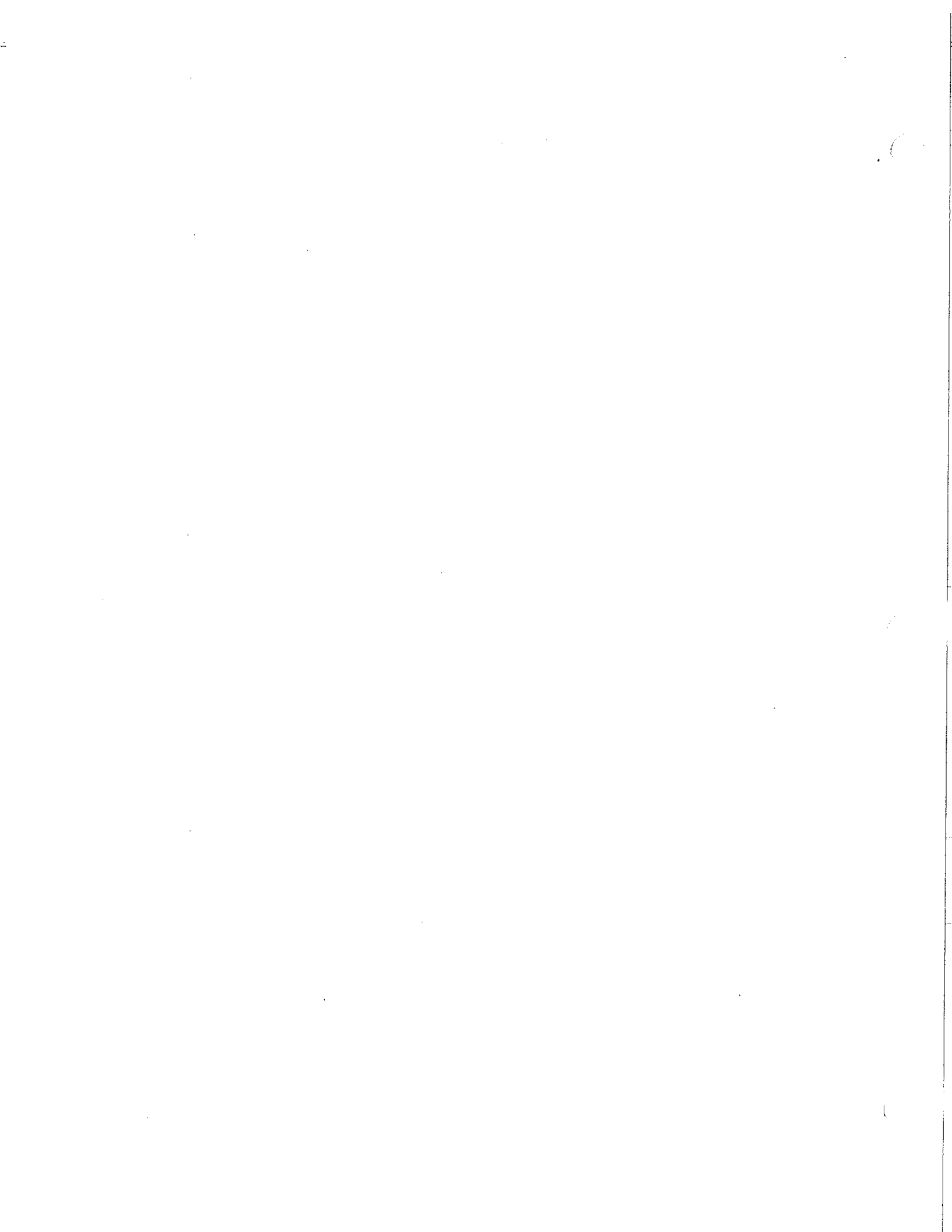
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All About Babies - Newborn - Playtime

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**Playtime ~ Newborn**

You are your baby's first and best "toy". Being with you is pleasurable-- looking at your face, feeling your warmth and comfort, hearing your voice, and recognizing your scent are all opportunities for your baby to get to know you. So play lots together and enjoy getting acquainted.

A few simple toys are all you need during these first months as your baby begins to focus and notice the world around her. A rattle, some plastic rings, a hanging mobile--all begin to attract her attention.

After a few months, you'll be able to play more actively with your baby. Try dancing in a circle to your favorite music. Or move her gently through the air like an airplane. Find ways of moving together that you both enjoy.



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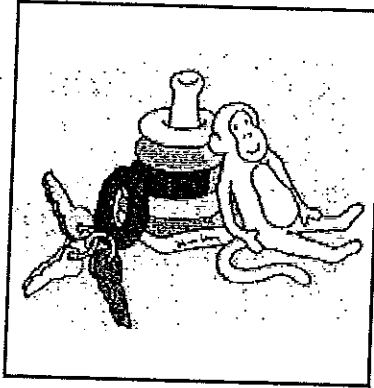
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**Playtime ~ 3-6 Months**

Your baby becomes more playful now and enjoys looking around and taking in the scene. You are still your baby's favorite "toy" to touch and explore. Enjoy many playtimes together; sing and chat with your baby in you lap and on the floor.

Toys are used more now as your baby notices and is attracted to what you offer. Rattles, teething toys, items to swat, pull, and push, simple pop-up toys and a few soft, small stuffed animals all come in handy when spending time with your baby. Let the manufacturers' age guidelines help you choose safe,

appropriate items for your baby. Resist the temptation to rush ahead to the next age range which may not be right for her.

Buy or make some simple mobiles to hang where your baby can see them and reach for them without pulling them down. This may engage her quite awhile.

As your baby is more responsive, try your first rounds of peek-a-boo. Use your hands to cover your face for a brief second. "Peek-a-boo, I see you!" It's an all time favorite!

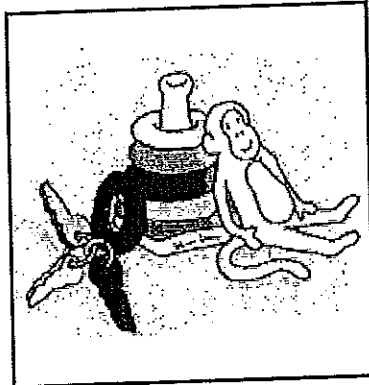


Bubbles are an easy item to have on hand. Blow a few bubbles where your baby can reach out to grasp them. Keep an extra bottle of bubbles in your stroller bag for when it may come in handy! Holding your baby goes a long way. Have some fun with it. Walk in a circle at different speeds. Add music. Add singing. Try stopping at the same places along the way to make a game of it. When you baby is on her back, gently move her legs and arms back and forth for a "bicycle ride". Chat and sing with her to add to the fun.

Walk your baby around the house to visit the baby in the mirror. Babies love to see themselves and you. Talk to the baby in the mirror together. Watch and enjoy your baby's reaction!

Your Child's Age: **Baby**

All About Babies - 6-12 Month Old - Playtime

**Newborn** **3-6 Months** **6-12 Months****Playtime ~ 6-12 Months**

It's true that play is baby's work. Playtime is everyday, all day, everywhere, and anywhere! Your baby is ready, full of energy, and acquiring new skills all the time. Play helps him learn about the world and make sense of what's going on around him. At the same time, your baby is developing his motor and language skills.

Your baby can now play on his own with you close by. Place a few toys he enjoys within easy reach and watch him go! Your presence and encouragement will go a long way!

Your baby also needs you to play with him to show him how things work, to describe what is happening, and to deepen his involvement with the activity. When you play together with your baby, he will get more involved and play longer. So join in the fun!

Your baby's eagerness to play can be a part of your everyday care of him. Be playful with him. Your repertoire of songs, nursery rhymes, finger plays, silly faces and noises, as well as a few toys in your diaper bag come in handy when he is upset and in need of distraction.

Your baby is fascinated that objects disappear and reappear. After all, he is trying to figure out where you are when you are not with him and whether or not you will be back! This is prime time for peek-a-boo games of all sorts. Use your hands, a scarf, a stuffed toy. Cover your face. Cover your baby's face if he's comfortable. You'll have a great time playing peek-a-boo wherever you are!

Your baby needs toys that he can hold on his own, toys that demonstrate cause and effect, and toys that he can begin to stack and manipulate. Soft cuddly toys are wonderful to hold and play with as well.

A few toys at one time are all your baby needs. If he seems to lose interest in a toy, put it in the closet, and let some time go by. When you bring it out again, your baby may find it exciting to explore with his new skills.

Look around you for wonderful everyday items for your baby to play with. Pots, pans, plastic containers, wooden spoons, or an old pocketbook make great playthings. Also check for rough or sharp edges. Show him how to put things in the purse or bang on pots and he is on his way! Keep a few different-sized, colorful balls in your toy collection. Roll one to your baby and encourage him to "catch" it. At first, this might be simply touching the ball. Eventually his hands will find it. Before long he will even roll it back! Encourage your crawling baby by rolling the ball slightly beyond him. He'll be on the move to get it!

A large inflatable beach ball offers lots of fun. Roll it to your baby, and he will reach out to its bright colors and appealing shape and size. Use it as a drum to tap on. Toss it up and watch him crawl to get it! Place your baby, tummy down, on the ball and roll him gently back and forth. Be

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sure he enjoys this activity before you continue. Your baby loves imitating you. Give him lots of opportunities when you play together. Clap your hands. Shake your head. Stamp your feet. Bang two small blocks together. Stack two blocks top of each other. Take all the blocks out of a plastic container one by one. Show him how and, eventually he will imitate your actions.

Older babies might enjoy crawling through a hula hoop or large carton. Try creating a baby-sized "obstacle course" by adding a large cushion to crawl over or around. Bubbles are great fun for babies! They reach out to grab them and crawl over to chase them. Keep a bottle of bubbles in your diaper bag--they are wonderful to have when you need a little something special to do.

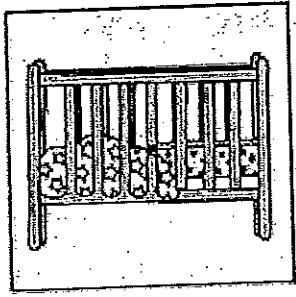
Grab a few lightweight, bright scarves from your drawer. Toss them in the air. Your baby will love watching them float to the floor. He'll quickly crawl over to touch one!

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All About Babies - Newborn - Sleepytime

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**Sleepytime ~ Newborn**

New babies sleep many hours every day although the number of hours varies for each baby. Get to know your baby and begin to pay attention to when and how long he sleeps. Gradually a pattern emerges and life becomes more predictable.

Babies should be put on their backs with no pillows or bedding around them. Some like to be swaddled when they are very young to feel more safe and secure. New babies don't know the difference between night and day. You will be helping your baby learn the difference. Begin now by keeping nights dark and quiet. Very slowly and gradually babies learn this important distinction. Meanwhile, expect to be up frequently with your days and nights merged together.

Pick up or let cry? Always pick up a new baby who is distressed, so you can comfort her and figure out what she needs. You want her to know that you are there for her!



**JUST FOR YOU!** Parents need sleep, too! If you are worn out and exhausted, it will be harder to care for your baby during your many hours together. If you can, sleep or nap when she does. Have other family members or a friend care for her so you can rest. Find ways to relax--a hot bath, a magazine, a cup of tea, or your favorite TV show. Although you can expect to be tired as you adjust to parenthood, try to stay as rested and relaxed as you can.

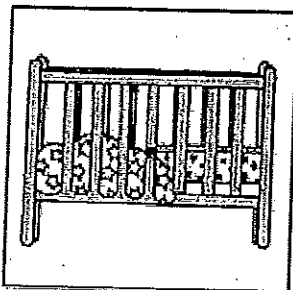
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#### Sleepytime ~ 3-6 Months

Some babies, but not all, begin to settle into a more predictable routine during these months. Some, but not all, will sleep longer stretches at night. Little by little, your baby will get to this stage as well.

Keeping a sleep log may help you see when your baby is actually sleeping. Try it for a few days and be sure to include little naps and dozing off during the day as well.

Your baby is gradually learning the difference between day and night. Do what you can to help her, but you can still expect to be up during the night. Respect your baby's sleep patterns and help her develop a routine that works well for both of you. This may take some time and patience.

Your baby is still very little. Comfort and soothe her when she wakes up at night. She needs to know that you are there when she needs you.

Now is the time to begin having a nighttime routine that helps your baby know it is time to sleep. Bathtime, a calm diaper change, quiet holding, dimmed lights, soft singing, a last feeding--all signal your baby that sleep comes next. Try to put your baby in her crib when she is still slightly awake. Sometimes she may fall asleep while eating or being rocked. But, if you do frequently put her to bed when she is still slightly awake, she will gradually learn to go to sleep on her own.

Put your baby to sleep on her back or side. But don't be surprised if she wakes up on her stomach in another part of her crib!

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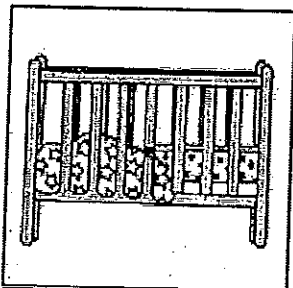
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### Sleepytime ~ 6-12 Months

Some babies sleep through the night now and some do not. Do the best you can to help your baby get the sleep she needs by establishing a routine. Good sleep habits are worth reaching for.

Your baby needs your help learning what bedtime is and how to go to sleep. Good sleep habits are worth reaching for. Babies love you dearly and often prefer your company to saying good night and going into their cribs. But all of you need a good night's sleep to have the energy to begin another busy day together.

If you haven't already started a nighttime routine, now is a good time to begin. Help your baby make the transition from the busy, active part of her day to a quiet, restful bedtime. Pay attention to your child's level of activity and fatigue and try to time bedtime for when she is really tired. Dinner, bath, pajamas, quiet play, dim lights, a bedtime story, saying good night to the world--all communicate that sleep is next.

Help your baby learn to go to sleep by putting her down just when she is ready to doze off. She may pop awake on being put down, but keep trying. Rub her back gently to let her know you are there. You may help her if you stay quietly in the room rather than leaving her immediately. The process often takes awhile and doesn't happen all at once.

When your baby wakes at night, make sure she is OK. Then help her back to sleep by doing as little as possible--rub her back or sit quietly. Keep the room dark and quiet, settle her down and gently communicate that nighttime is for everyone to sleep.

Try to keep your child's crib as her place for sleeping. Use other parts of your home for play areas.

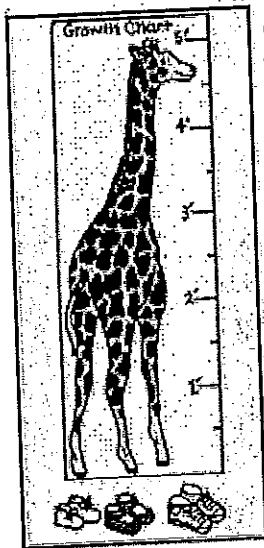


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### Changing and Growing ~ Newborn

Your new baby is here, and it is time to get to know each other. Babies differ greatly in temperament, and you learn who your baby is as the days go on. Your baby's temperament will influence your first days as a parent. An easy-going baby who sleeps a lot is different from a sensitive, hard-to-settle baby who seems to hardly sleep at all. Enjoy the baby you have!

Your baby grows and changes dramatically during these first months. Your pediatrician, who knows your baby's physical development best, will monitor weight gain and feeding schedules. Before you know it, you baby will be eating larger amounts and become a more filled out, rounded version of his newborn self!

Some babies begin to sleep for longer periods of time by the end of these first few months. Others need more time and help from you. Your baby's potential for longer periods of sleep at one stretch is increasing, and a more predictable routine is on its way.



Your baby begins to know you and to respond to faces, voices, and outside stimulation. However, he will still be able to sleep through almost anything and can nap wherever he is. It takes time for your new baby's digestive system to settle in. Discomfort diminishes, and mealtimes will become easier and more pleasurable for both of you.

Your baby's first smile! Here's the best change of all, and it happens in these early months. One day he will look at you and smile. You will know that you are well on your way as a new parent.

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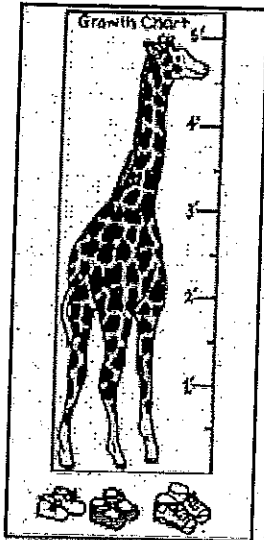
Your Child's Age:

## All About Babies - 3-6 Month Old- Growing and Changing

**Newborn**   **3-6 Months**   **6-12 Months**

### Articles About Your Baby

- [atthtime](#)
- [lealtime](#)
- [aytime](#)
- [leepytime](#)
- [rowing and Changing](#)
- [ut in the World](#)
- [sep It Safe](#)
- [rying and Comforting](#)
- [n the Changing Table](#)



### Growing and Changing ~ 3-6 Months

Your newborn baby becomes a more settled baby before you know it. As you and your baby get to know each other, you will begin to see eating and sleeping patterns emerge. You now know how to comfort her, what her temperament and moods are, and she will respond to your love and comfort.

Your baby will hold her head up and be able to take a good look at the world around her. This helps her to be part of what's going on. She is able to entertain herself by watching the passing scene.

Although she is mostly stationary, she will begin to roll over. It may be a while before she can roll back. She needs your help to "flip" her!

Your baby may begin to push up on her arms when you place her on her stomach. It's hard work for her at first. But as she gets stronger, this new skill will help her look around and to be part of the world around her. Encourage her efforts with lots of praise, smiles, and cheers.

Your baby knows and loves you. That smile for you is special. She will begin to recognize the other important people in her world.

Your baby is still cooperative for diapering and dressing. You can accomplish these tasks with relative ease.

Your baby begins to recognize cues and rituals and to anticipate routines. She can be comforted with the sound of your voice when you are on your way with what she needs.

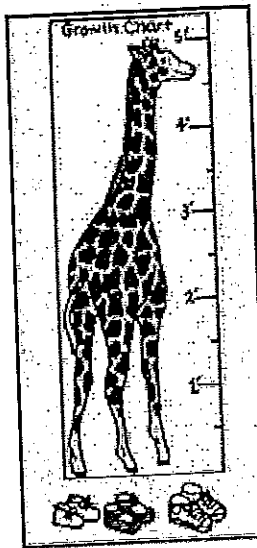


Our Child's Age: **Baby**

### All About Babies - 6-12 Month Old - Growing and Changing

**Newborns**   **3-6 Months**   **6-12 Months**

- Articles About Your Baby**
- [Naptime](#)
  - [Mealtime](#)
  - [Playtime](#)
  - [Sleepytime](#)
  - [Growing and Changing](#)
  - [Out in the World](#)
  - [Keep It Safe](#)
  - [Crying and Comforting](#)
  - [In the Changing Table](#)



### Growing and Changing ~ 6-12 Months

Your baby is in love with the world! Everything is new and exciting, and there is so much to explore and discover. As part of your daily routine, enjoy going out every day for fresh air, a change of scene, and an introduction to all the world has to offer.

Babies don't need fancy places. The "everyday" is fascinating! Look at the bright colors of fruit in the supermarket. Stop by a local garden or park. Watch children playing. Visit the pet store. Rediscover what's around you by sharing it with your baby.

Your baby feels safe and secure, if he's with you. However, he may be uneasy if a stranger, even a well-meaning one, approaches. Talk with your baby to let him know you are there. Be a buffer between him and anyone new.

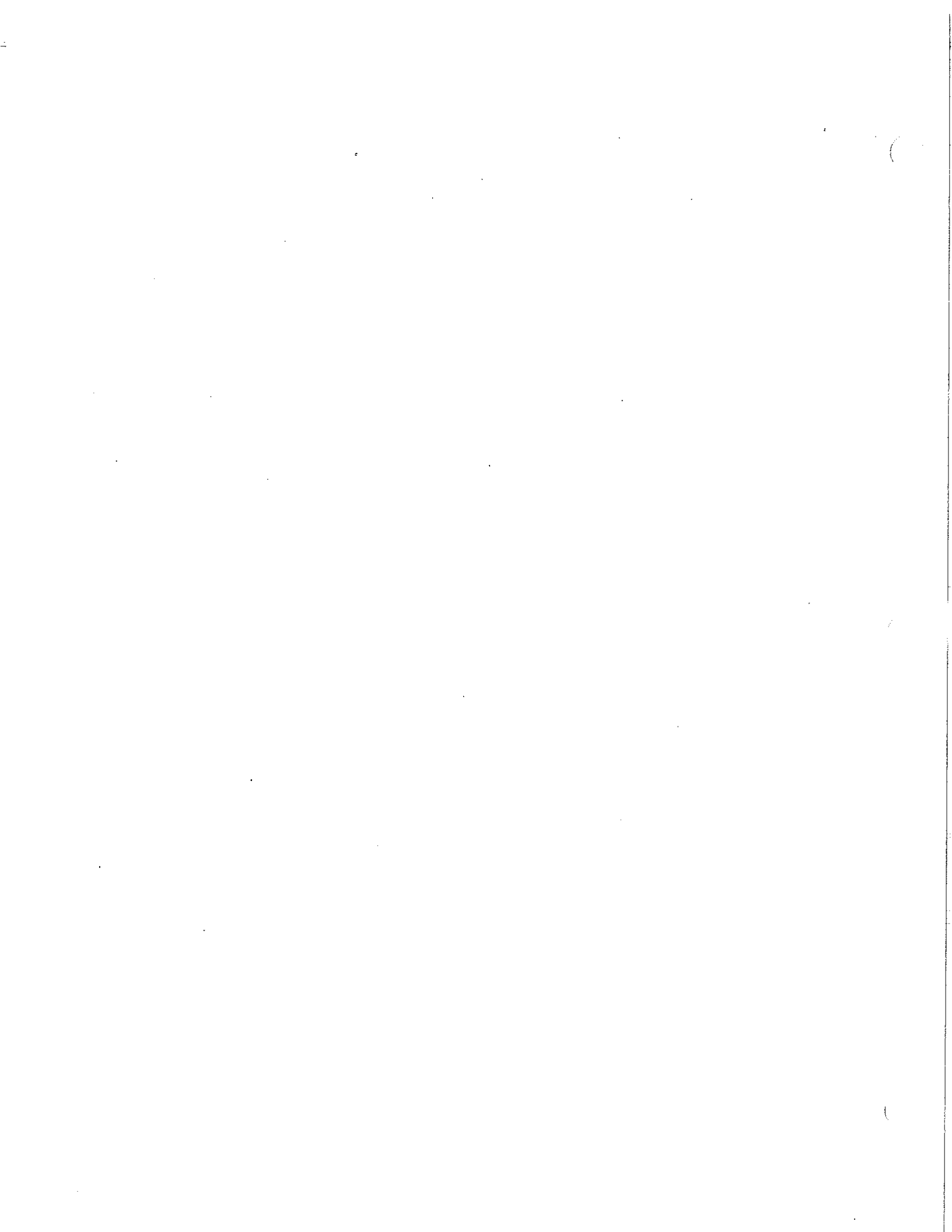
Find a balance between time at home and time outside. Babies need both. Too much time away from home can be more stimulating than your baby can handle. Time in his comfortable, familiar surroundings may be what he needs.



Keep your equipment--stroller, carrier, or car seat--in good repair and packed with what you need for your day's excursion. Be prepared for a spontaneous decision to stay out longer, visit a friend, or stop for a "picnic."

When your baby wakes at night, make sure she is OK. Then help her back to sleep by doing as little as possible--rub her back or sit quietly. Keep the room dark and quiet, settle her down and gently communicate that nighttime is for everyone to sleep.

Try to keep your child's crib as her place for sleeping. Use other parts of your home for play areas.

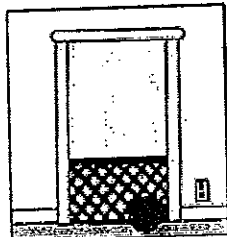


Our Child's Age:

All About Babies - Newborn - Keep it Safe

**Newborn** | **3-6 Months** | **6-12 Months**

- Articles About Your Baby**
- [Napping Time](#)
  - [Mealtime](#)
  - [Playtime](#)
  - [Tummy Time](#)
  - [Crawling and Changing](#)
  - [Life in the World](#)
  - [Keep It Safe](#)
  - [Crying and Comforting](#)
  - [Life on the Changing Table](#)



### Keep it Safe ~ Newborn

Think safety from the beginning! Keeping your baby healthy and safe is a major part of being a parent. Check with your pediatrician for what warrants a call to the doctor. Find out what your doctor wants you to have in your home for medical emergencies and learn which emergency room you would use in case you need one.

Now is a good time to prepare emergency information for anyone who stays with your baby-- even if it's a family member. Include your pediatrician's name, address, phone number, and all other emergency locations. Leave money and directions for someone to get there.

Always, always, always--use a car seat for your baby when you travel. Be sure it is the correct type for a young infant and that it is properly installed. Be an educated consumer when buying or renting a car seat.

Even though your baby is not yet moving, get into the habit of always having a hand on her when she is on the changing table. Be especially careful around water including her bath. Your baby's skin should not be overexposed to the sun. Use carriage hoods, hats, stroller umbrellas and whatever you need to keep your baby protected. Check with your pediatrician for other suggestions.

Keep your baby away from the edge of the bed. If you bring your baby into your bed, be cautious about blankets, quilts, and pillows. Never leave her unattended.

Consider taking an Infant-Toddler CPR course to be prepared for emergencies. You will be spending a lot of time during the coming years with young children. It may give you peace of mind to know that you are prepared.!



PPCC - 12

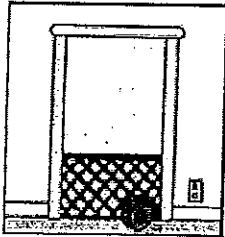
Your Child's Age:

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**Newborn** | **3-6 Months** | **6-12 Months**

**Articles About Your Baby**

- [naptime](#)
- [lealtime](#)
- [laytime](#)
- [leepytime](#)
- [rowing and Changing out in the World](#)
- [Keep It Safe](#)
- [Crying and Comforting in the Changing Table](#)



### Keep It Safe ~ 3-6 Months

Your baby needs you to keep him safe and sound. Some babies start to move around at this age and that changes things considerably. Begin to look at the world from your baby's point of view and keep ahead of his rapidly changing abilities and make your home a safe place.

As your baby wiggles more, begins to turn over, or extends his grasp, check out your changing area. Is everything out of reach? Do you have everything you need close at hand?

Never, never, never - leave your baby unattended on a bed or other high surface. He will begin to roll over one day soon and to squirm around to the edge before long.

Always protect your baby from the sun. Keep him shaded. In the hot weather make sure he has enough water.

Remove any bedding or toys that may get in your baby's way from his crib while he is sleeping. As you bring more toys or equipment into your baby's life, check all manufacturer's guidelines carefully. Check any items given to you for safety - make sure there are no rough edges or missing parts making them unsafe.



You'll be spending more time on the floor as your baby rolls over and begins to push up. Prepare a safe area and have a few blankets or quilts ready to have a baby safe play area when you need it.

Your baby's bath can be fun, and you can keep it safe by always having your hands on him in case he slips or slides.

You will be spending more time with other families with children, too. Check with your pediatrician for guidelines about cleanliness and information about illness. Be cautious when you need to be, and don't worry when you don't have to.



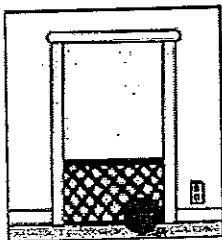
Your Child's Age: **Baby**

All About Babies - 6-12 Month Old - Keep It Safe

**Newborn**   **3-6 Months**   **6-12 Months**

**Articles About Your Baby**

- [nathtime](#)
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- [leepytime](#)
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- [out in the World](#)
- [Keep It Safe](#)
- [rying and Comforting](#)
- [In the Changing Table](#)



**Keep It Safe ~ 6-12 Months**

Your baby is on the move and needs you to watch her at all times. Now is the time to child-proof your home totally! Look at the world from your baby's point of view. Remove anything within her reach that could become a problem. Remember that many things will end up in her mouth. Be especially vigilant of tiny items on the floor. As she pulls herself up, remove anything not strong enough to support her. Check with your pediatrician's

office for a full baby-proof guide.

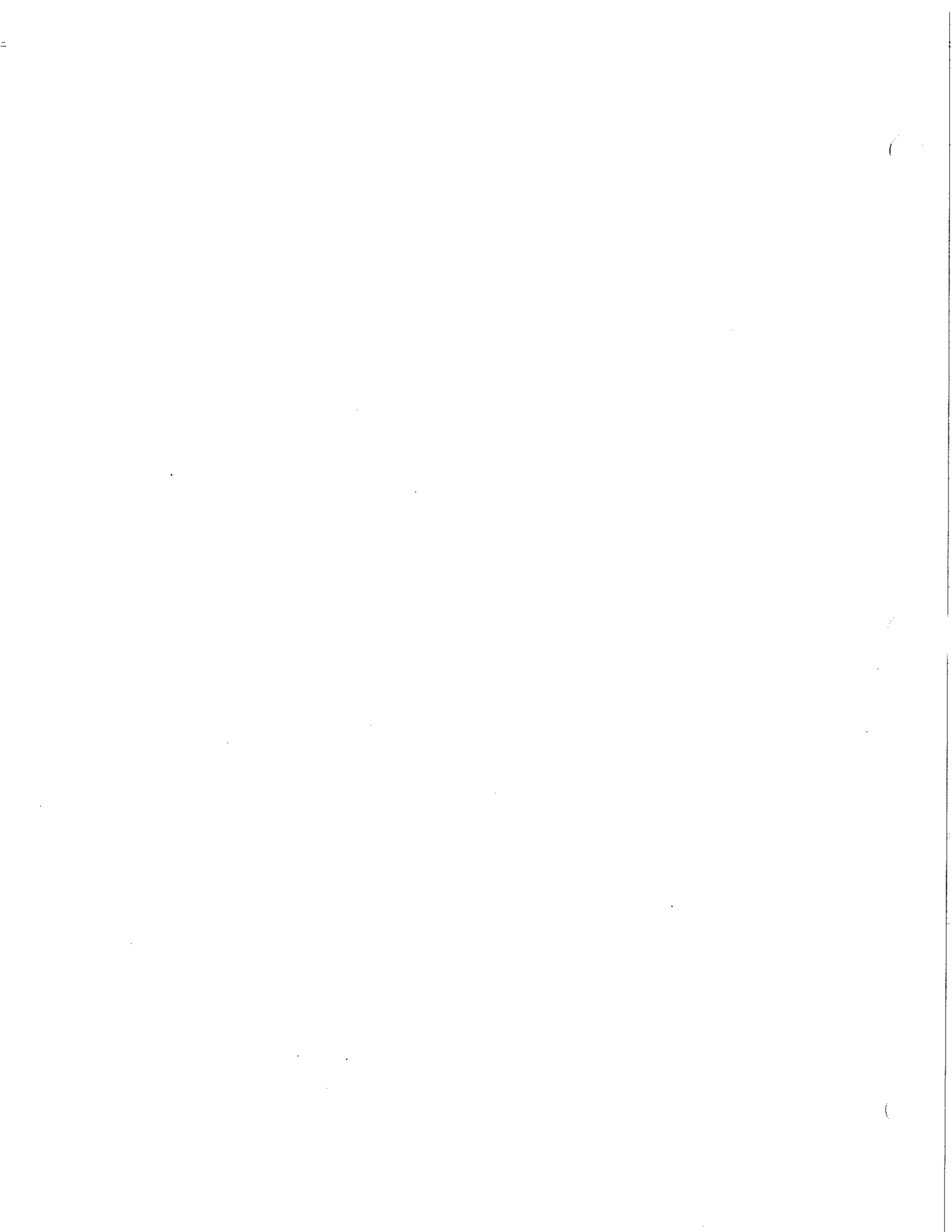
Your baby will be learning to stand during this time. Be sure to lower her crib mattress as far as it goes!

If the doorbell rings, or you must do something that takes you away from your baby, you will need a safe spot to put her down. A playpen or gates to keep her in a safe room will help. In a pinch, you can always use her crib.

Always, always, always use a car seat, protection from the sun, and seat belts in strollers and high chairs. No matter how much she protests, safety can never be compromised. Use blanket sleepers rather than pillows and covers.

Babies put many things in their mouths including their toys. Wash their toys regularly without becoming too worried about dirt and germs. Again, your pediatrician can guide you. Update your emergency information regularly so that anyone who cares for your child has it available.





## Independent Living Skills Module V

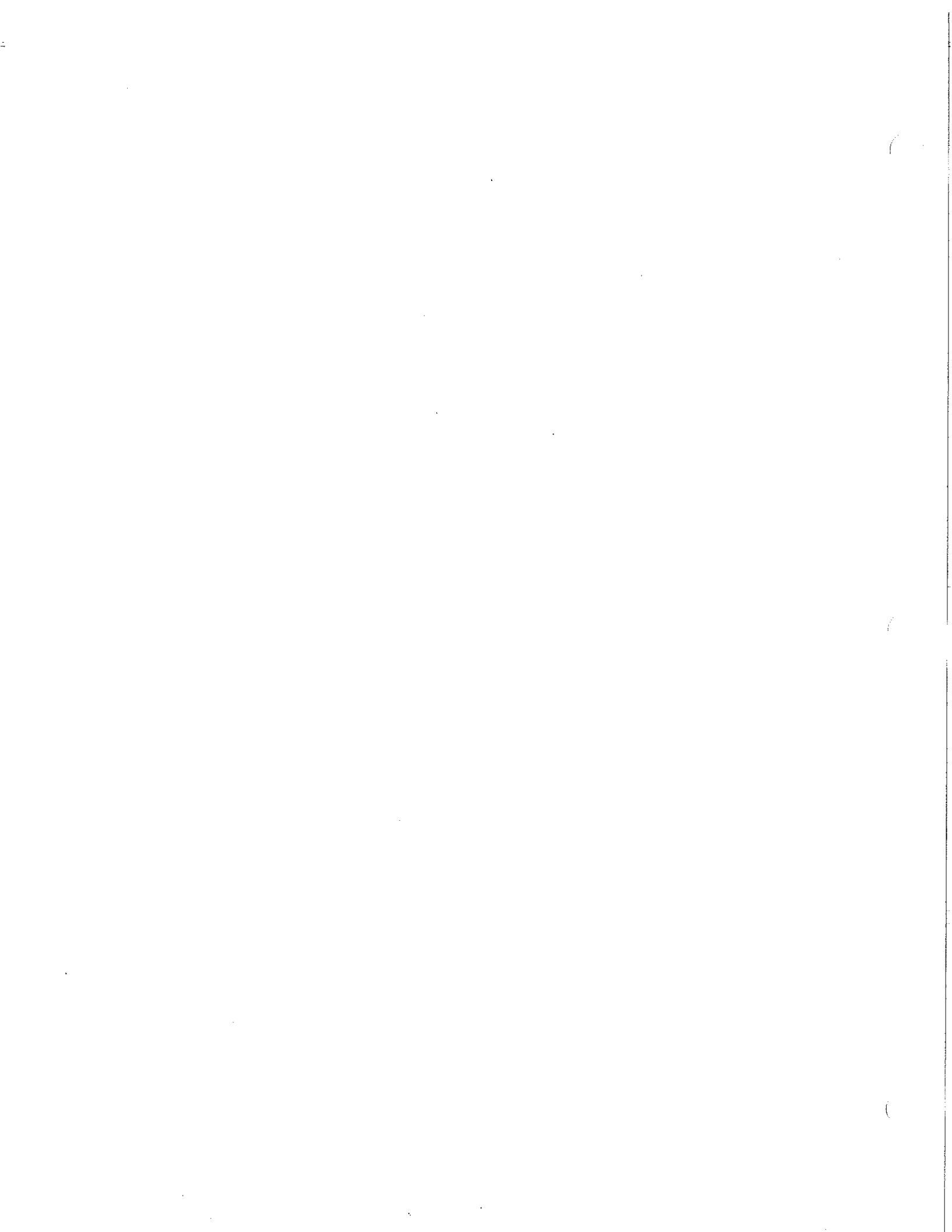
### PREGNANCY AND HEALTH SKILLS

#### SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know about this</i>	<i>I need to know more about this</i>	<i>I know about this</i>
1. Understand why early and regular pre-natal care (going to the doctor is important for a healthy normal baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understand that on the first visit to the obstetrician, he/she will ask for the mother's complete medical history and father's history, if known.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understand why the doctor will ask the patient questions about herself and father, if they smoke, drink, take any medications/drugs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understand why the obstetrician will monitor a woman's weight during pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Understand how the doctor can estimate when the baby will be born.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Understand why it is so important for the mother-to-be to go to the doctor/clinic for regularly scheduled check-ups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Understand why a woman must immediately report to the doctor any unusual pain, bleeding, or swelling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understand what physical changes will occur in a woman's body during pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Understand why it is normal for a woman to experience many different emotions (joy, fear, pride, sadness, guilt, etc.) during pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Understand why it's important for a woman to talk about these feelings with someone she trusts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Understand why some exercise is good for a mother-to-be and her baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Know that schools have special programs for pregnant teens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know where to go to get free or low-cost pregnancy testing and pre-natal care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PPCC-13



## Independent Living Skills Module V

### PHYSICAL AND HEALTH CARE

#### SKILL ASSESMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

	<i>I do not know about this</i>	<i>I need to know more about this</i>	<i>I know about this</i>
1. Know why babies look blue for the first few days of live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Know why a baby will have a soft spot on top of his/her head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Know that newborn babies have an inch or more of umbilical cord still attached after birth and that it will turn black and fall off by itself in the first 2 weeks of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Know that it is normal for both boy & girl babies to have swollen breasts & genitals for a few days after birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know why a newborn human being is very helpless and depends completely on his/her parents or other caregivers for survival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Know what happens to a baby's weight during the first 2 or 3 days after birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Know why newborn babies, even when not crying will hiccup, shake and startle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Know why parents should keep track of their babies' bowel movements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Know what babies are able to do at birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Know when babies can see clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Know what foods newborn babies can digest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Know how to dress babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Know when parents can put their babies in bath water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Know why babies look blue for the first few days of live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Know why a baby will have a soft spot on top of his/her head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Independent Living Skills Module V

16. Know that newborn babies have an inch or more of umbilical cord still attached after birth and that it will turn black and fall off by itself in the first 2 weeks of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Know that it is normal for both boy & girl babies to have swollen breasts & genitals for a few days after birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Know why a newborn human being is very helpless and depends completely on his/her parents or other caregivers for survival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Know what colic is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Know which sounds are comforting to babies and which are disturbing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Know approximately how many times each day a baby's diaper should be changed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Know the difference between a baby spitting up and vomiting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Know how to take a baby's temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Know that infants should drink only breast milk or infant formula for the first 12 months of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Know why babies need to be on a feeding schedule and why it's important for parents to follow it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Know what is required to prepare formula.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Know why cow's milk is not recommended for infants during the first 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Know what baby formula is and that a variety of formulas are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Know why breast milk is the natural food for infants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Know why nutrition is so essential during the first year of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Know which solid food is the best one to offer baby first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Know why babies who are just beginning to eat solid foods should be given only one new food each week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Know why babies might enjoy their food better if parents mix their fruit and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Know why parents should provide their babies with a varied and nutritious diet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Know why it is so important for parents to follow the immunization schedule for their babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Independent Living Skills Module V

36. Know the names and schedule of vaccinations given to babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Know how to determine if a baby is sick and when a call or visit to the doctor is necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Know how and when to burp a baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Now that we have established that a baby will depend completely on his/her parents at all times, let's learn about what is involved in caring for a newborn.*

### CARING FOR YOUR NEWBORN

In this section we will focus on skills necessary to care for your newborn, such as feeding and burping. The "Responding to Your Child's Needs" section in this module focuses on parenting and child development of infants, toddlers and children.

#### Section I: Feeding

##### Breast-Feeding

As we discussed previously, while bottle-feeding will be fine, breast-feeding has certain advantages.

- Breast milk is the most natural food for babies
- It is easier for babies to digest.
- It has all the nutrients needed by an infant.
- It may protect against the development of allergies.
- It provides temporary protection against many diseases an infant might contract.

If you have made the decision to breast-feed, take a look at the following information.

- Talk to your doctor or nurse about how to best prepare yourself for nursing.
- Once the baby is born, you should wear nursing bras that provide you with sufficient support as nursing mothers have large and engorged breasts. Nursing bras make breast-feeding easier because of the design of the bra.
- It will take an average of three to six days after the baby is born until the milk comes in. During this time babies will feed on Colostrum liquid that is released from the breasts prior to the mother's beginning to produce milk. Colostrum has wonderful nutrients for the baby.

## Independent Living Skills Module V

- Mothers who breast-feed should try to relax and find a position they are comfortable with. Most choose a sitting up position while supporting the baby.
- Don't get discouraged if it doesn't work on the first, second or third try. Ask the nurses in the hospital to help you and try again.
- Women who are breast-feeding have to eat healthy food and make sure that they include calcium rich foods (milk, cheese, yogurt, etc.) in their diets. Nursing mothers also have to eat more calories than women who are not breast-feeding and drink plenty of fluids.
- Remember that if you are breast-feeding, you will pass on whatever is in your body to your baby. Therefore, you must stay away from harmful substances such as alcohol, cigarettes, drugs, certain medications, etc. You cannot breast feed if you are infected with HIV.
- Every baby (and mother) is different. Some babies nurse every four hours for a big feeding. Other babies nurse every two hours for a smaller meal.
- Mothers should breast-feed as often as their baby is hungry. If you feel overwhelmed by your baby's demand, your nipples are sore, or you wish to implement a feeding schedule, talk to your doctor or nurse for advice.
- Breast-feeding will not necessarily interfere with your work/school schedule. Breast milk can be pumped and stored in the refrigerator or freezer and fed by bottle later on. Also, if mothers need a good night's sleep, dads can feed breast milk from a bottle during regular feeding times.
- Remember, your baby should be drinking only breast milk or formula until the pediatrician tells you to begin feeding his/her first food, usually rice cereal.
- It is difficult to know whether or not the baby is getting enough breast milk. Therefore, it is important to check the baby's weight regularly. However, during the first 2-3 days of a baby's life, he/she will lose weight.

Note to fathers: You can be very much involved in feeding your baby, even if the baby is breast-fed. You can be present while the mother is nursing.

Help her and the baby to feel comfortable.

Bottle-feed with breast milk.

Burp the baby after nursing.

Hold the baby while the mother is switching from one breast to the other.

### ACTIVITY



## Independent Living Skills Module V

### PHYSICAL AND HEALTH CARE

#### SKILL ASSESMENT

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4. Know that it is normal for both boy & girl babies to have swollen breasts & genitals for a few days after birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know why a newborn human being is very helpless and depends completely on his/her parents or other caregivers for survival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Independent Living Skills Module V

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30. Know why nutrition is so essential during the first year of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Know which solid food is the best one to offer baby first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Know why babies who are just beginning to eat solid foods should be given only one new food each week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Know why babies might enjoy their food better if parents mix their fruit and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Know why parents should provide their babies with a varied and nutritious diet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Know why it is so important for parents to follow the immunization schedule for their babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Independent Living Skills Module V

36. Know the names and schedule of vaccinations given to babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Know how to determine if a baby is sick and when a call or visit to the doctor is necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Know how and when to burp a baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Now that we have established that a baby will depend completely on his/her parents at all times, let's learn about what is involved in caring for a newborn.*

### CARING FOR YOUR NEWBORN

In this section we will focus on skills necessary to care for your newborn, such as feeding and burping. The "Responding to Your Child's Needs" section in this module focuses on parenting and child development of infants, toddlers and children.

#### Section I: Feeding

##### Breast-Feeding

As we discussed previously, while bottle-feeding will be fine, breast-feeding has certain advantages.

- Breast milk is the most natural food for babies
- It is easier for babies to digest.
- It has all the nutrients needed by an infant.
- It may protect against the development of allergies.
- It provides temporary protection against many diseases an infant might contract.

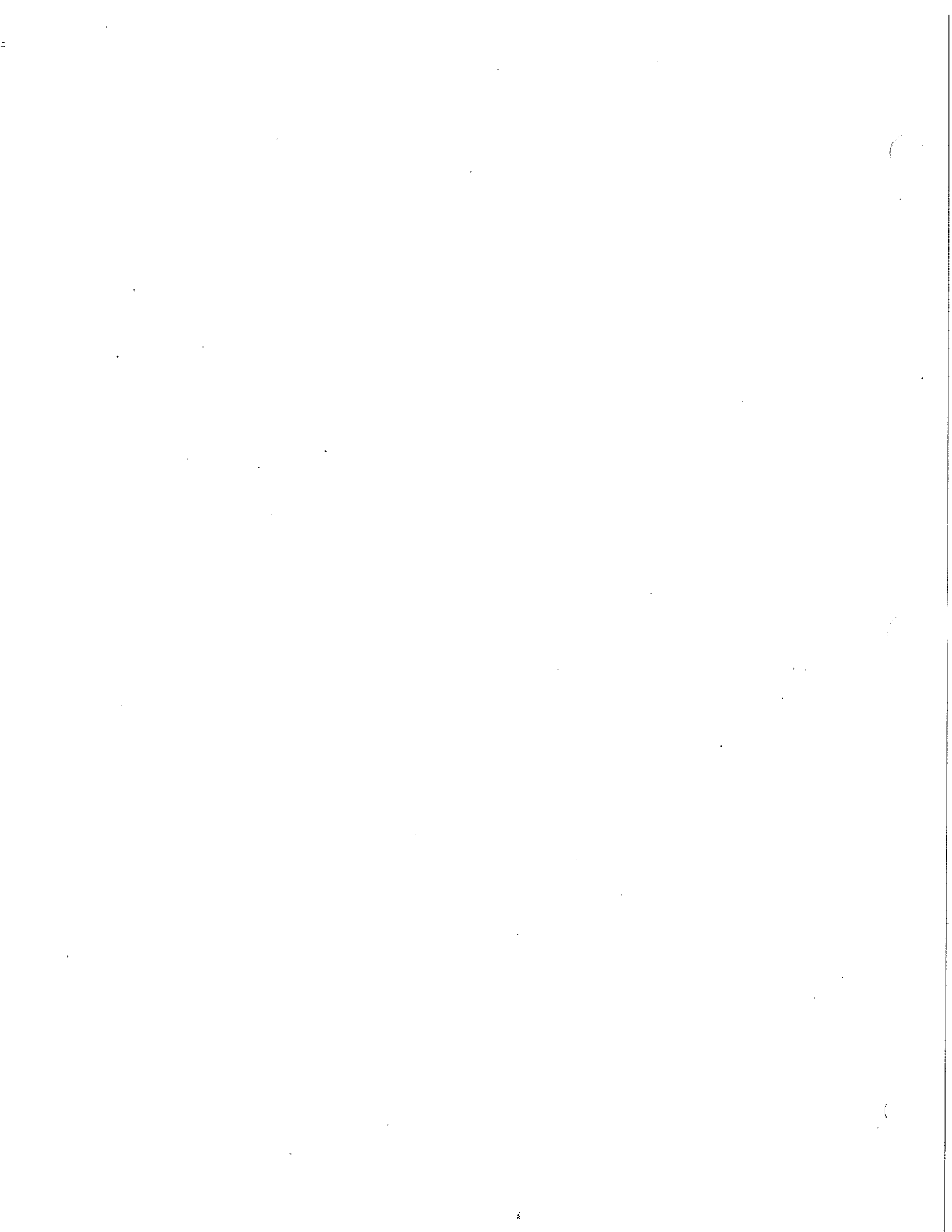
If you have made the decision to breast-feed, take a look at the following information.

- Talk to your doctor or nurse about how to best prepare yourself for nursing.
- Once the baby is born, you should wear nursing bras that provide you with sufficient support as nursing mothers have large and engorged breasts. Nursing bras make breast-feeding easier because of the design of the bra.
- It will take an average of three to six days after the baby is born until the milk comes in. During this time babies will feed on Cholestum liquid that is released from the breasts prior to the mother's beginning to produce milk. Cholestum has wonderful nutrients for the baby.



## **FAMILY PLANNING CLINICS – CONNECTICUT**

Planned Parenthood of Connecticut is the grantee for State of Connecticut family planning funds. The family planning clinics provide reproductive health care services for males and females, including clinical exams, contraception information and prescriptions, emergency contraception, pregnancy testing and counseling, STD and HIV testing and counseling, and other reproductive health services. Some sites provide pregnancy termination services. To find your closest clinic, call (800)230-7526, (800-230-PLAN) and your call will be routed to the closest Planned Parenthood health center. Or go to the Planned Parenthood website.



In addition to addressing medical needs, you also have to learn how to take care of your baby's physical needs.

**Changing Diapers**

It is important to change a baby regularly for his/her comfort, health, and to avoid diaper rash. A baby's skin is very delicate and needs to be clean and dry. Therefore, you should change your baby as soon as he/she wets or soils the diaper. A newborn baby needs to be changed approximately 10 to 12 times a day. After the baby is born, his/her first bowel movement will consist of a black-green substance called Meconium. After that it will change to regular bowel movements that are yellow/brown. Most caregivers use wipes to clean the baby and ointment, such as Desitin or Balmex, to prevent diaper rash.

Note to fathers: Changing a baby's diaper is as much your responsibility as it is the mother's. By helping to change the baby, you contribute to your child's health and well being. It is a misconception that changing a baby is a woman's task. Most fathers these days share that responsibility.

**Choosing the Right Kind of Diaper**

There are two kinds of diapers available: cloth and disposable. Let's look at the pros and cons of both so you can decide which kind best meets your preferences and needs.

	<b>Cloth</b>	<b>Disposable</b>
+	They are reusable, therefore, cheaper and good for the environment.	They are easy to use, practical, and great for travel.
-	They need to be washed and are not as practical, particularly when you travel.	They are expensive and not good for the environment.

**ACTIVITY**

Evaluate the information above and choose which kind of diaper will best meet your needs.

My choice is \_\_\_\_\_ diapers because \_\_\_\_\_

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**ACTIVITY**

Visit your local drug/department store and research the prices and brands for wipes, ointment, and diapers. Then fill out the chart below:

MY CHOICE	BRAND	PRICE PER UNIT	PRICE PER MONTH
DIAPERS			
OINTMENT			
WIPES			
<b>TOTAL</b>			

Include the total expense in your budget.

### BATHING YOUR BABY

Most parents bathe their babies daily by either giving them a sponge bath or a bath in a small baby tub. It is important for the baby to be clean, particularly in the diaper area, to avoid health problems and rashes.

### THE SPONGE BATH

Most parents bathe their newborn babies by giving them a sponge bath because the umbilical cord is still healing. It will take about 2-3 weeks after your baby is born for it to fall off and the navel to heal. To avoid infection it is best to give the baby a sponge bath and keep the navel dry. (You may clean the navel with rubbing alcohol and/or put antiseptic on it. If the navel gets infected, you must call your doctor right away.)

You give a baby a sponge bath by placing him/her on a padded surface. Make sure that it is safe and that the baby cannot slip, roll, or fall. Then use a soft wash cloth to wipe the baby with clean, warm water before adding gentle baby soap (also called "baby bath") to the water. Rinse the baby by using clean, warm water and a wash cloth. You usually have to wipe the soap off at least twice to make sure there are no residues.

Many people do not wash the baby's scalp more than 2-3 times a week. When you wash the baby's head, it is important to wash thoroughly to prevent cradle cap. Cradle cap is similar to heavy dandruff. Shampoo your baby's head by massaging it gently with your fingertips. Just be careful of the soft spot!

*\*Remember, never leave your baby alone. Be sure you have all the items you'll need for the bath before you begin!*

### ACTIVITY



Practice giving a sponge bath to a doll. Also, make sure to ask the nurses in the hospital to show you how to wash your baby.

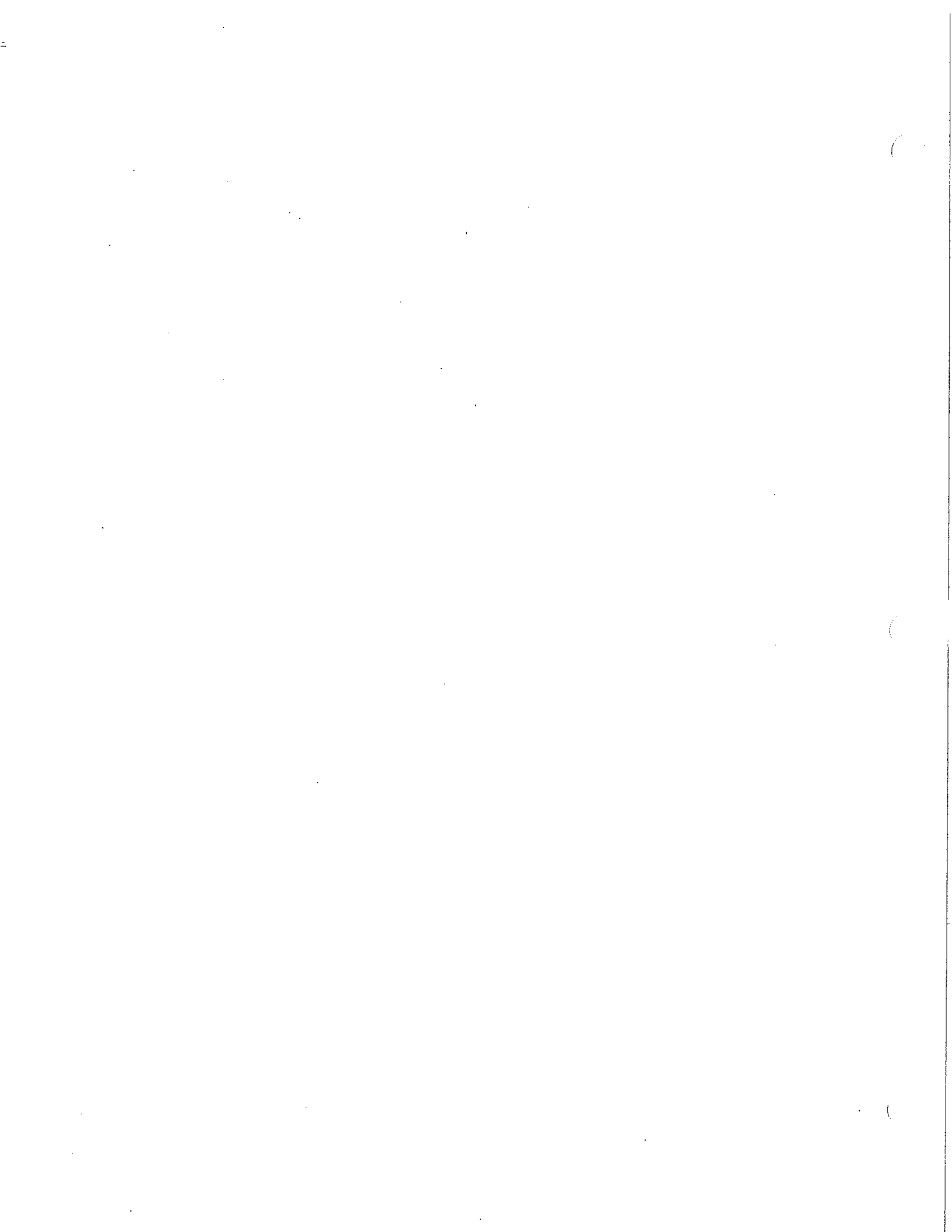
### THE TUB BATH

You can give your older baby a bath in a regular tub, a baby tub or the kitchen sink. Parents usually prefer a smaller tub because it is easier. Whatever type of bath, remember to be prepared ahead of time.

You will need:

- Towel
- Washcloth
- Soap
- Shampoo
- Pajamas
- Diaper
- Ointment

**Never leave your baby unattended in any kind of tub, not even for a few seconds!**



The symptoms of <b>POLIO</b> are:	Fever, headache, upset stomach, sore throat, muscle pain and stiffness
The symptoms of <b>HIB</b> are:	Fever, headache, stiff neck, convulsions, and severe sore throat.
The symptoms of <b>MEASLES</b> are:	Fever, red spots, chills; can lead to pneumonia and brain damage.
The symptoms of <b>RUBELLA</b> are: (German Measles)	Slight fever and rash.
The symptoms of <b>PERTUSSIS</b> are: (Whooping Cough)	Coughing fits; can lead to pneumonia.
The symptoms of <b>TETANUS</b> are: (Lockjaw)	Muscle aches, headaches, breathing and heart problems.
The symptoms of <b>DIPHTHERIA</b> are:	Sore throat, fever, chills and blocked windpipe.
The symptoms of <b>HEPATITIS B</b> are:	Acute fever, loss of appetite, nausea, and malaise (feeling awful), muscle aches, sometimes a rash in young children.
The symptoms of <b>VARICELLA</b> are: (Chicken Pox)	Generalized rash and mild fever.
*Ask your doctor for advice regarding the need for immunizations for flu, typhoid, yellow fever and other diseases.	

### HEALTH CARE SCHEDULE

Regular medical appointments are very important to a child's health. Most doctors follow the Project Good Health Medical Protocol and Periodicity Schedule for regular check-ups.

### DOCTOR'S VISITS

Preparing yourself and your child for a visit to the doctor can make the appointment more pleasant and productive. Consider the following preparations for regularly scheduled medical appointments.

- Explain to your child what the visit is for and what will happen so the child won't be frightened.
- Prepare questions for the doctor ahead of time.
- Provide information on the child's past illnesses, family history and behavior.

- Request or ask about tests for lead, cholesterol or other potential health problems.
- Never use the threat of a visit to the doctor as a punishment.

**When to call the doctor.**

**ACTIVITY**

Do you know when parents should call the doctor?

Alexis' four-month-old son, Cameron, has a rash on his arms and legs and has a temperature of 101°. What would you do?

Jim's 2-½ year old daughter, Allison, has had diarrhea since yesterday. She does not have a fever and feels okay otherwise. What should Jim do?

Rene's one-year-old son wakes up at midnight screaming. He feels very hot and sweaty. When Rene takes his temperature, he has a fever of 104.5°. What would you do?

Samuel's son, Jeremy, age 3, seems to have difficulty running. It almost looks like he is limping with his left leg. When Sam asks him if his leg hurts, he says "no". however, he continues to run funny. What should Sam do?

Wenel's daughter, 7-month-old Augusta, is teething. She is cranky and irritable. She is running a slight temperature and seems to be in pain. Her gums look slightly inflamed. What would you do?

What symptoms or conditions would prompt you to call the doctor?

You and your doctor will have a better relationship if you can talk things over and understand each other's concerns.

When you notice any of the following symptoms, you must call your doctor:

- Any severe fall
- Head injury
- Prolonged vomiting and/or diarrhea
- Rash in or around diaper area that doesn't clear up
- Blood in urine or stool
- Cold or flu symptoms (cough, runny nose, fever, rash)
- Fever
- Unexplained swelling of joints, glands, or in any other body areas
- Noticeable changes in eating or sleeping habits, skin color, body temperature or bowel/bladder routines
- Continual pulling on ears or rubbing eyes
- Rashes
- Sores in mouth or white coating on tongue
- Sudden or repeated episodes of crying, crankiness or moodiness.

**Remember to be extra alert for these symptoms until a child is able to talk and tell you where it hurts!**

### **YOUR MEDICINE CABINET**

You must also have certain medical supplies in a safe place (a place that is out of reach by a child) to respond to first aid needs or to take care of a minor illness.

#### **FEVER THERMOMETER**

You need a thermometer to take your child's temperature. The normal temperature of a child should be around 98.6 degrees. If a child has a higher temperature, he/she has a fever which is always a sign of illness. There are different kinds of thermometers. The most common and cheapest is a mercury/glass thermometer that can be difficult to read. It is numbered in degrees and many are marked to differentiate between the normal and elevated temperatures.

**ACTIVITY**

Practice reading a glass/mercury thermometer by placing it in a glass with warm, lukewarm and cold water. Record each temperature:

<u>Warm</u>	<u>Luke Warm</u>	<u>Cold</u>

Now take your own temperature. What is the reading? \_\_\_\_\_

Note:

When using this type of thermometer, always make sure that you shake it down before taking the baby's temperature.

Place the tip of the thermometer under the baby's armpit. Make sure that there are no clothes between the thermometer and baby's armpit. Hold the baby's arm against his/her chest. It will take up to 4 minutes to get the most accurate reading, but you can get an idea as to whether or not the baby has a low, moderate or high fever after approximately 2 minutes.

You can also buy digital thermometers that are used in the same way. They are, however, more expensive and often not very reliable.

Note: Taking the baby's temperature in the rectum is disturbing to the baby and often uncomfortable for the parent. Taking a baby's temperature in the mouth is not an option because the baby is too young and not able to cooperate.

The newest kind of thermometer available is a digital ear thermometer that is used by placing it into the baby's ear for a very brief period of time. While this kind of thermometer is probably the most practical, it is also the most expensive.

**ACTIVITY**

Go to the pharmacy and research the various kinds of thermometers available and get the one that best meets your needs.

**INFANTS/CHILDREN'S FEVER MEDICATION**

If your child has a temperature, you should always contact your doctor as it is an indication of illness and/or infection. Doctors often recommend that you give the child medication to lower the child's temperature. If you cannot reach your doctor, you still may want to give your child medication, carefully following the directions on the label to bring down his/her temperature. For babies under age two, your pediatrician will have to decide how much medication is appropriate.

Particularly high fevers can be very dangerous to babies and children as they can cause convulsions. If your child has a high fever, over 104 degrees, you must contact your doctor or hospital immediately. Also don't over dress your baby if he/she has a high temperature. Since the goal is to reduce his/her body temperature to normal, too many clothes will do the opposite and add warmth.

***DO NOT PUT A BABY/CHILD WITH A FEVER IN A COLD/LUKE WARM BATHTUB AS HE/SHE MAY GO INTO SHOCK!***

**ACTIVITY**

Visit your drugstore and obtain children's fever medication. Read the directions carefully and fill out the chart below.

AGE	Dosage	How Often
0-6 months		
6 months-12 months		
12 months-24 months		
2-3 years		
3-4 years		

**SYRUP OF IPECAC**

Syrup of Ipecac is used in case of poisoning or accidental indigestion of harmful substances. It causes the child to vomit. (For more information refer to the poisoning/safety section). But, do not use Syrup of Ipecac unless you have contacted your pediatrician or the Poison Information Center and they instructed you to do so!

**ACTIVITY**

Visit your drugstore and obtain Syrup of Ipecac. Read the label and directions carefully and record your findings in the box below:

**BANDAIDS-TWEEZERS-GAUZE PADS-TAPE-ANTISEPTIC LOTION OR CREAM**

Minor cuts and scratches must be washed with soap and water. You may want to use an antiseptic cream prior to covering the cut/scratch with a Band-Aid. You must contact your doctor for larger cuts and wounds, or cuts on the face or close to the eyes.

In case of a burn, put cold water on the affected area as quickly as possible. Do not use Vaseline on a burn. Contact the doctor if the burn blisters.

**ACTIVITY**

Visit the drugstore and obtain all items listed above.

**TWEEZERS**

You will need tweezers to remove splinters from the surface of your baby's skin. For impacted splinters, it will be necessary to contact your doctor.

**VASELINE/Q-TIPS**

You will need Vaseline and Q-Tips for skin care purposes.

**ACTIVITY**

Obtain Vaseline and Q-Tips

Can you think of additional items you may need for your medicine cabinet? If so, list them below:


**ACTIVITY**

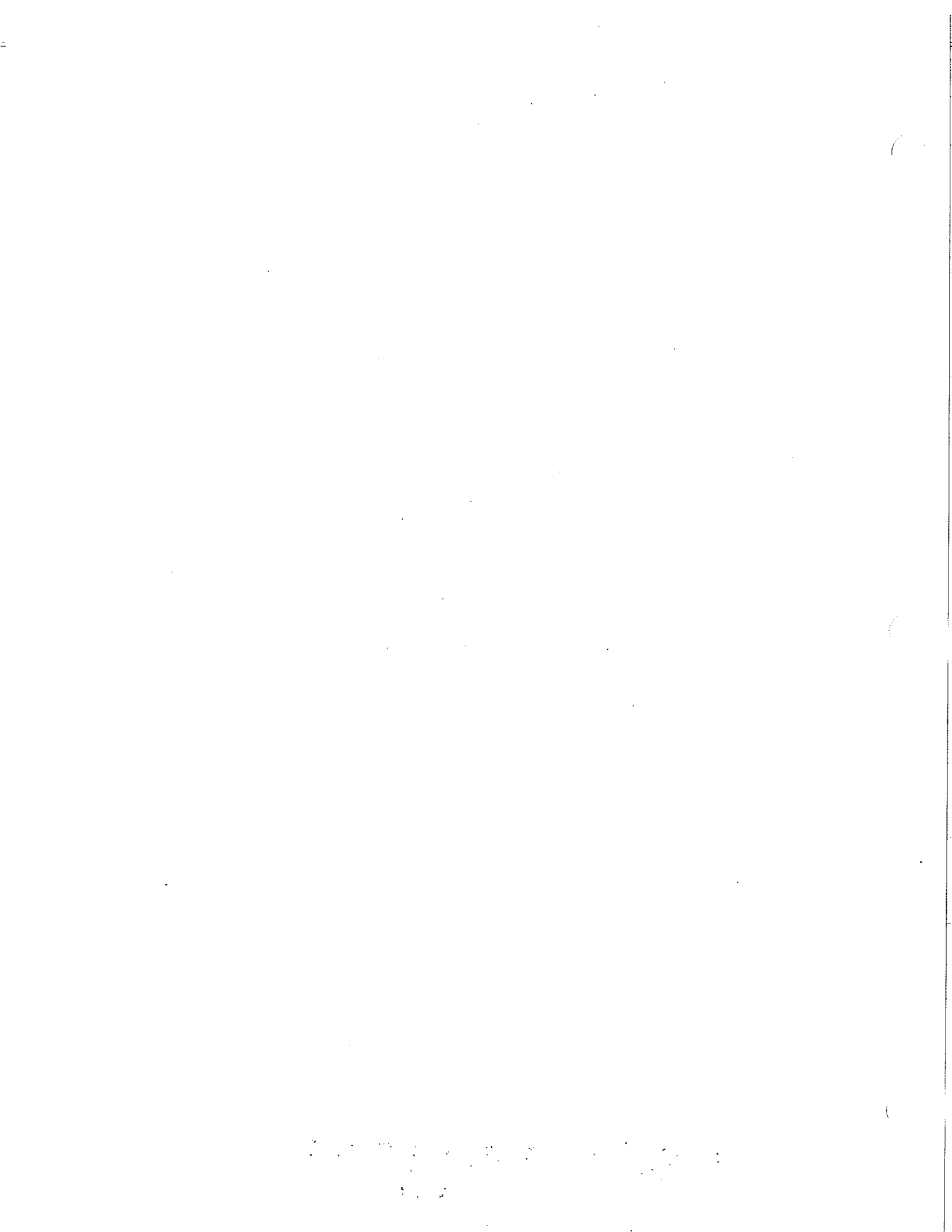
It is important to know what kind of over-the counter medication parents may use to treat certain symptoms. Go to your local drugstore and obtain information necessary to fill out the chart below:

*Read the labels and warnings carefully!*

Symptoms	Medication	6 mo.	12 mo.	2 yrs
Diarrhea/Stomach cramps				
Fever				
Cold				
Allergies				
Teething				



Rash				
------	--	--	--	--



- Most toys are labeled for ages of children. Before buying a toy, check to see if it is age appropriate.
- Do not allow your child to play with electrical toys that have frayed or loose wires. These toys should be thrown away if repairs would cost too much. Check to make sure that all electrical wiring states **UL Approved**.
- Toys with sharp points, jagged edges and rough surfaces are extremely dangerous. Don't buy them!
- If your child is on a riding toy, keep him or her away from stairs, porches, cars and pools.
- Check all toys to make certain that they do not have small detachable parts that could be swallowed or get stuck in your child's throat, nose or ears.

*Check All Toys for These Hazards*

- Sharp spikes or pins that have become exposed if your child has pulled the toy apart.
- Long cords or strings on toys. If the cord is longer than 12 inches, cut it shorter.
- Squeakers or other noise makers that are not attached to the toy and that could be removed and swallowed.
- Caps, guns and other toys that produce a very loud noise and could damage your child's hearing.
- Buttons, nuts, bolts and clamps that are loose.



### STIMULATING YOUR CHILD'S DEVELOPMENT

As stated previously any kind of interaction that promotes the development of trust for your baby is very important. As your child grows, it's also essential to continue giving your child love and attention; this is how a happy, solid parent-child relationship builds. As your baby becomes more aware of the world around him, it is important to provide him with the opportunities to explore his world safely. For babies, this begins with his looking around. Once babies can hold up their own heads, it is important to provide them with an opportunity to see their world. Babies who were born prematurely, however often cannot lift up their head as early as full term infants. To assure that these babies will meet their developmental needs you may want to use early intervention services to learn how to help your child meet that need.

Use the chart below to keep track of activities and interactions that promote these kind of developmental milestones.

Type of interaction/activity	Frequency	Meets developmental need of:

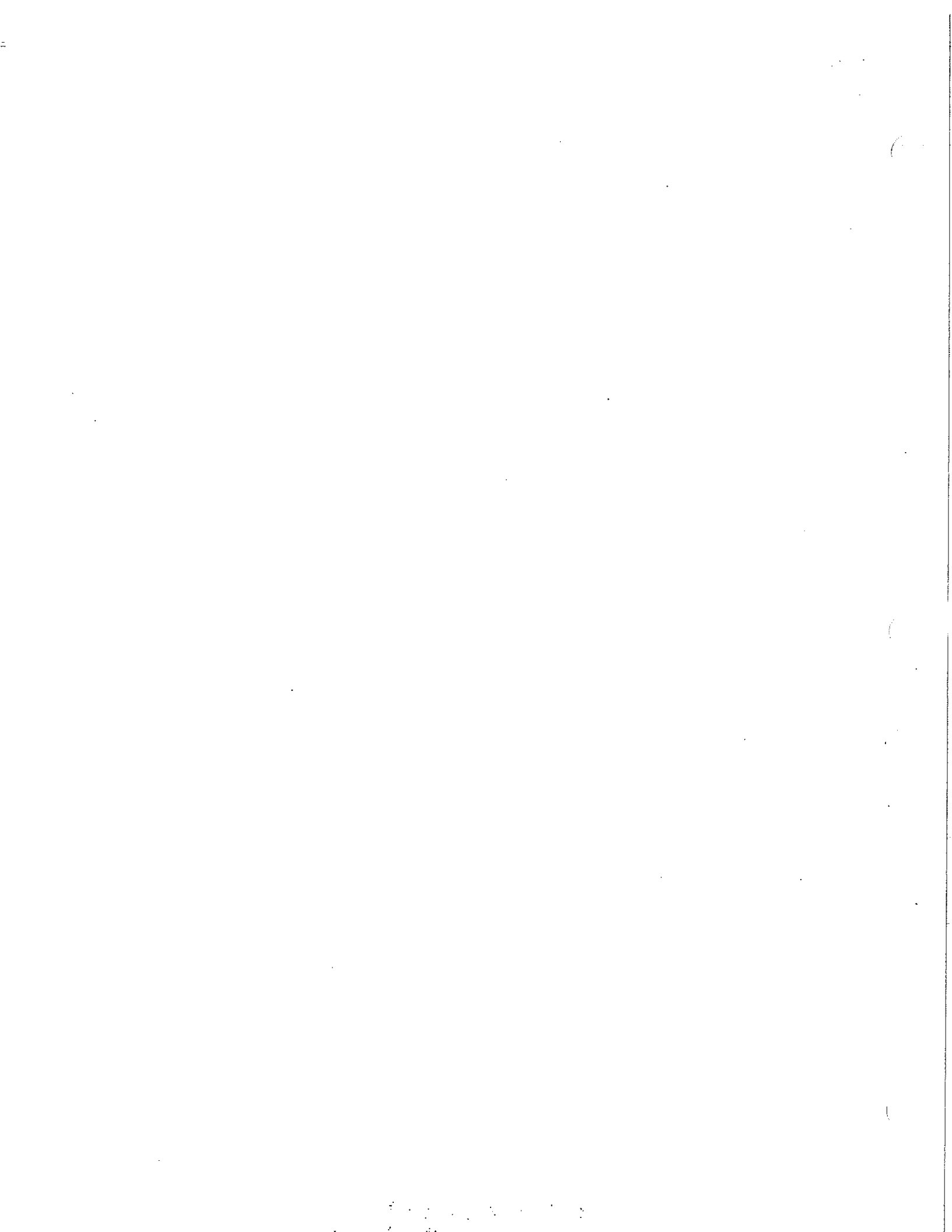
#### TOYS/PLAY

Another important element of a child's development is toys and play. Too often, however, parents/relatives/friends go overboard in buying toys for infants and very young babies. Many of these toys will not contribute to a baby's development.

Young babies are stimulated by and interested in contrasts, such as black and white. Young babies also like mirrors and different textures. They like soft music. (Actually some psychologists believe that listening to classical music will positively impact a baby's intelligence and ability to learn.)

But most of all babies like *you!* They like to be held and study your face. They like to hear your voice when you speak to them, read to them and sing to them. These kinds of things are much more important than all the toys in the world!

DDCC-20



# DISCIPLINE

Infants and babies do not have any need for discipline. As stated earlier in this section, some people may think that it is important to put their children on a rigid schedule for eating and sleeping so that it will make life easier. Some believe that immediately responding to a baby's needs will spoil him. However, most people believe that children must develop their own schedules and that responding to your child's needs rather than spoiling them will provide them with a sense of security while creating a parent/child bond that will have positive effects for a life time.

## CHILDREN LEARN WHAT THEY LIVE

They learn to feel guilty.

If children live with tolerance,  
They learn to be patient.

If children live with encouragement,  
They learn confidence.

If children live with praise,  
They learn to appreciate.

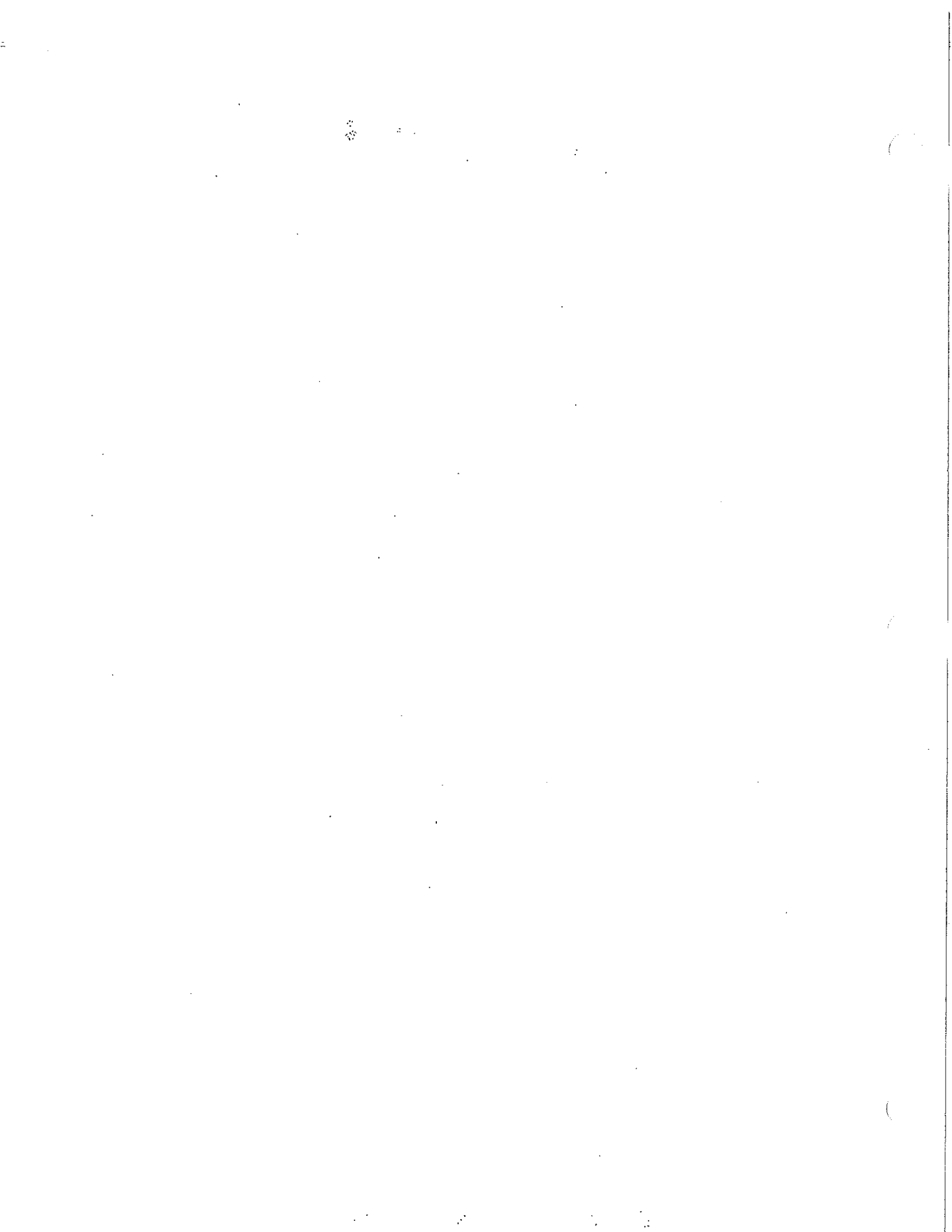
If children live with fairness,  
They learn justice.

If children live with security,  
They learn to have faith.

If children live with approval,  
They learn to like themselves.

If children live with acceptance and friendship,  
They learn to find love in the world.

Dorothy Law Nolte





### **Learning and Exploration**

Older babies and toddlers have to learn many new skills to become more independent. They will have to be confident enough to explore new things and try to accomplish new tasks. It is important for parents to allow children to explore while always accommodating safety needs. It is equally important to provide an opportunity for your toddler to get reassurance and security in between his explorations. He will respond to smiles, praise and positive reinforcement which will give him the confidence to venture out again. If parents do not provide an opportunity for this kind of learning, their children may develop skills at a slower rate and have less self-confidence than those children who receive positive support for their learning explorations. Continued lack of this support and encouragement for children may lead to low self-esteem and learning anxiety.

*Evaluate what kind of a learning environment you create for your child to meet his/her developmental need. Do you let your child explore while keeping him/her safe? What do you do to provide reassurance to your child?*

Sometimes it may be difficult to allow your child to explore. However, keep in mind that your child will have to learn in order to be able to function and adjust to his or her environment. *Consider the following:*

Maggie has a 22-month-old daughter, Juliette. Maggie does not feel well and her daughter wants to try to pick up a glass with juice to take a sip. The last time she tried to drink out of a glass instead of her sippy cup, she spilled all the juice over herself and the carpet. Despite the mess, Juliette was very proud that she was able to get a sip before she spilled the rest. Maggie is not sure what to do.

*What advice would you give to Maggie? Should she let her daughter try again?*

Bill is at the playground with his son, Lucas, who is 23 months old. The last time they went to the playground Lucas bumped his head when he went down the slide. He cried a little but was fine. Today the first thing Lucas wants to do is go down that same slide again. Bill does not know what to do. He wants to be responsible and does not want Lucas to get hurt again. But he also does not want to spoil his fun and thinks that he will probably learn to go down the slide without hurting himself. *What advice would you give to Bill? How would you handle a situation like this?*

### Setting Limits

As we stated previously, during the toddler stage, as a child becomes more independent and develops his or her own personality, s/he will also begin to test limits. Toddlers test

limits to learn. Therefore, the responsibility of parents is to teach and to allow their child to learn in the best possible ways. Consistent limits help a child learn and feel safe while exploring because someone is watching and caring. It is important for parents to understand that toddlers who test limits, have temper tantrums and do not follow their parents instructions are not "bad" or "naughty". They simply do what they have to in order to accomplish the developmental task of becoming more independent. So, once your child is capable of moving around and exploring his or her world, you will have to think about how you want to set limits.

In other words, you need to think about how you want to teach your child. A child's way to learn and a parent's way to teach must be adjusted to the child's age and ability. For example, an 18-month-old child is probably too young to be disciplined through "time-out" (to sit a child in a chair for designated time out space in the same room with a parent for a short period of time, usually not longer than 1 or two minutes for a toddler). However, a two-year-old may benefit from this kind of limit setting.

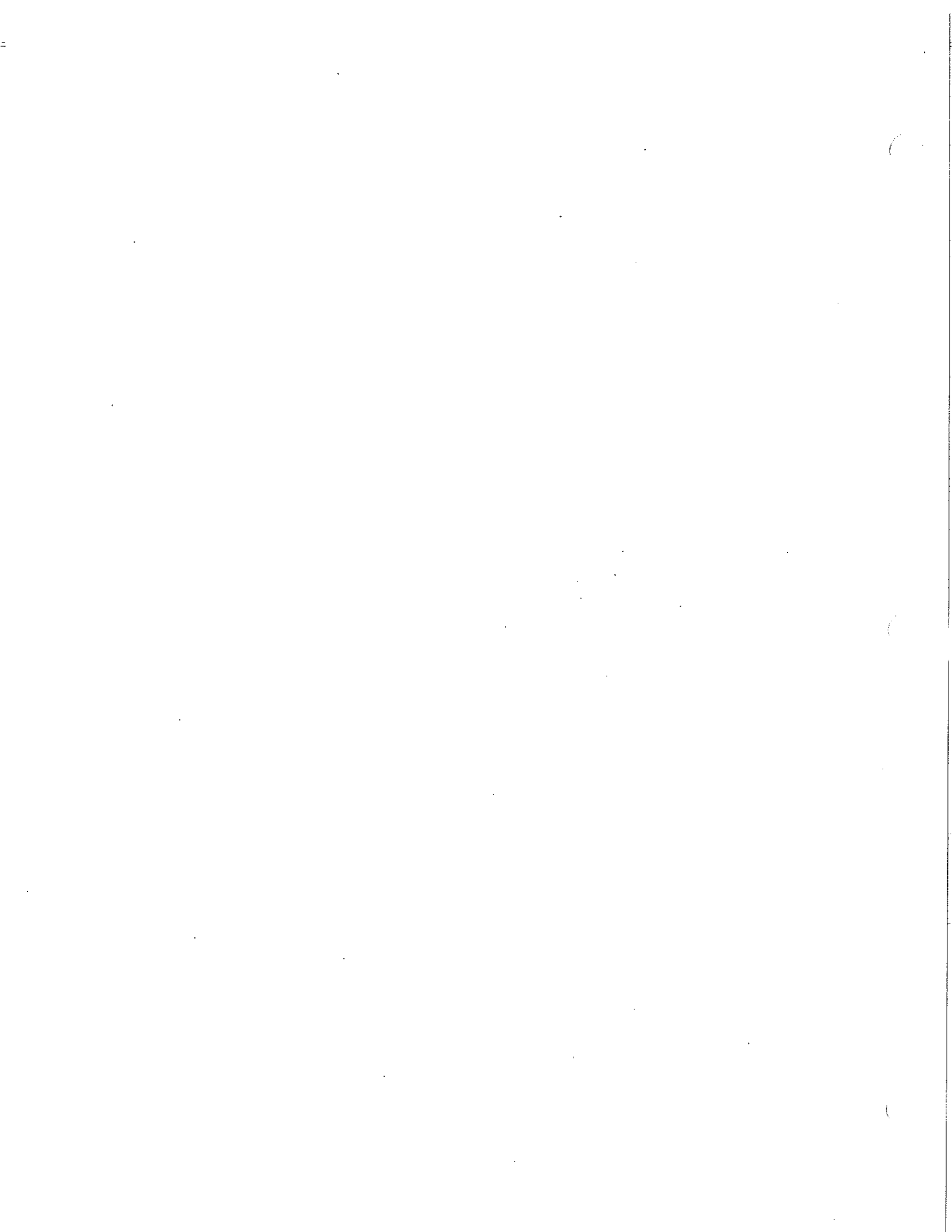
Another part of this thought process must include what it is you would like to teach your child, such as "the stove is hot" and simple social interactions, or "hitting other children is not good." Regardless of what you would like to teach your child, it is important that he/she know that even if she misbehaves you always love him/her without conditions.

*Use the following chart to establish what you would like your child to learn and how you would teach him/her through limit setting and positive reinforcement.*

<ul style="list-style-type: none"><li>• <i>Essential things I would like my toddler to learn (safety issues):</i></li> <li>• <i>Other things I would like my toddler to learn (social skills):</i></li> <li>• <i>How I would set limits/discipline my child:</i></li> <li>• <i>How I would provide positive reinforcement to my toddler:</i></li></ul>
--

**Consistency is Key**

When children begin to learn right from wrong and what they should and should not do, it is vital that parents are consistent and clear in their messages. Inconsistency will confuse children and make it very difficult to get your point across without major frustrations for you and your child.



Try to avoid a battle of wills or power struggles. They will only result in lots of frustration for both of you.

Use the space below to list all the things you could teach your child by using your creativity, i.e. playing a game.

Teaching goal	Game/Creative Strategy

*Remember, while parenting a toddler can be challenging at times, it is also very rewarding! It is important for parents to allow themselves to enjoy their toddlers and to have fun together.*

### STIMULATION/TOYS

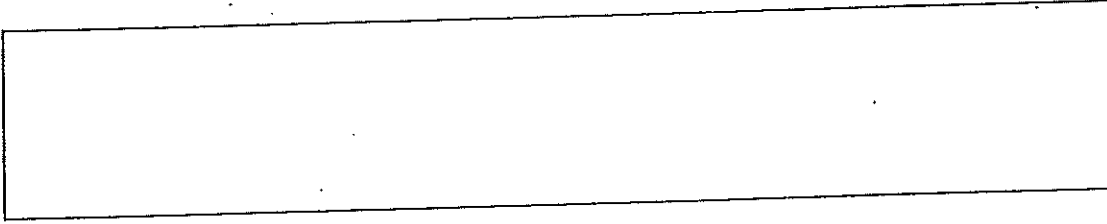
Older babies and toddlers need appropriate stimuli to continue to develop their mental capacities and skills. As children this age are very curious, they are usually very easy to engage in play and activities. They love to explore through hands on activities and using their senses of touch and smell. They are interested in the cause and effect of things; for example, they can spend long periods of time filling and emptying containers. They enjoy playing in the sand and throwing a ball. Expensive toys are not necessary. As a matter of fact, many children are more interested in the wrapping paper and box that a gift comes in rather than the gift itself. Simple household items, such as Tupperware containers and spoons can provide entertainment and learning opportunities for children. Also, inexpensive but long lasting items like building blocks are great. Blocks promote a lot of skill development, particularly in the areas of fine motor development. Children this age will learn through play. Therefore, the more options we give toddlers to play in stimulating ways, the more they will learn.

They will begin to use crayons at this age; the large, easy to grip ones are very popular with toddlers, as are finger paints. Another great educational toy is the shape sorter, which helps toddlers develop fine motor skills and learn shapes.

*Always remember, however, that while toddlers occasionally can play by themselves, no toy will be as important and valuable as the time you spend playing with your child.*

Reading is also a wonderful activity to engage in with your child at any time of day. Teaching your child to enjoy reading books will be an investment you and she/he will benefit from for life. Children also enjoy listening to stories, learning nursery rhymes





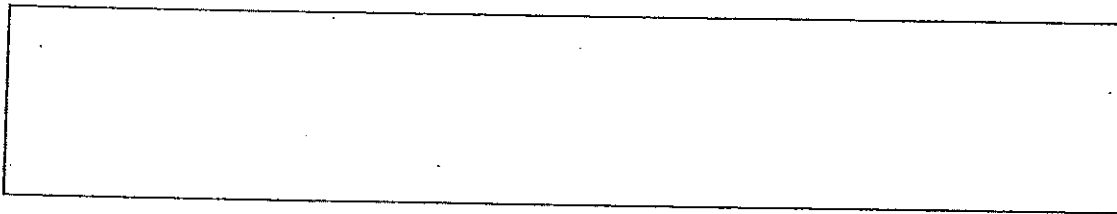
### STIMULATION/TOYS

Children in this age group enjoy many different kinds of games, play, field trips, toys and arts and crafts. As their skills and language become more sophisticated, they can enjoy a much broader range of activities. Children in this age group continue to be very curious and need to have many different opportunities to learn how the world works. They also need plenty of options to develop their motor skills through activities such as running, playing ball games, drawing, and playing with blocks. Expensive toys are not necessary and, just as with younger children, play and interaction with parents and caregivers is essential. Also any kind of play that involves fantasy and "make believe" is great for children's intellectual development. Many children this age use imaginary things in their play; some may even have imaginary friends. Some children may tell fantastic stories while others may pretend to be a certain character or personality that often centers on heroes and figures from television. Unless such behaviors become excessive, there is nothing to worry about; it is all part of normal child development.

Again, expensive toys are not necessary and simple items, such as cardboard boxes, blocks and construction paper and crayons will provide hours of fun. You also can make toys yourself like paper airplanes. Many household items make great toys and cereal boxes, empty paper towel rolls, etc. make great art supplies. Simple outdoor games, such as hopscotch and jump rope, can be very entertaining as well. You can make your own bubbles and buy sidewalk chalk very reasonably. You can also invent your own games for your child. Simple word games are fun and educational. You can invent scavenger hunts and convert your living room into a pirate ship. You can make puppets with your child and put on performances using those puppets. You can cook gourmet meals in the sandbox and a great big ocean in your sink. Actually, all these activities are very healthy for your child's development and often much better than any kind of an action figure or store bought toy.

### ACTIVITY

*What kind of games are you going to play with your child? What kind of supplies/toys will you use? What kind of toys could you make yourself and what kind of games could you invent?*



**The Importance of Reading**

At this age it becomes very important that parents read with their children. Often parents create routines around reading, such as reading before bedtime. If parents can teach their children to enjoy books at this age, they will enjoy reading books for the rest of their lives. There are many wonderful and educational books available for children of all ages. Many younger children enjoy picture books with a few short sentences; while four and five-year-olds can begin to follow short stories. All libraries have a children's section and carry hundreds of books even for young children. Some libraries also offer video rentals free or for a small fee.

Go and visit the children's section in your local library. If you do not already have one, obtain a library card. Also establish a reading routine and/or schedule for your child and mark it on the calendar below.

	TIME	BOK/STORY/CHAPTER
MO		
TUES		
WED		
THUR		
FRI		
SAT		
SUN		

Books are also great tools for teaching your children positive values and morals. Many fairy tales, for example, contain valuable life lessons and morals. Videos can never make up for the messages and stimuli a child receives from a book.

Remember that television and movie time must be limited for children of all ages. Too much television can be harmful for a child's social, emotional and intellectual development. Television cannot replace play, friends and parents and must not be used as a constant babysitter. Also, parents must carefully evaluate what kind of messages their children get from movies and television. Even children's movies can contain elements that may not be suitable for younger ones.

*How much time do you think a 2, 3, 4 and 5-year-old child should spend in front of the television in a day or in one week?*



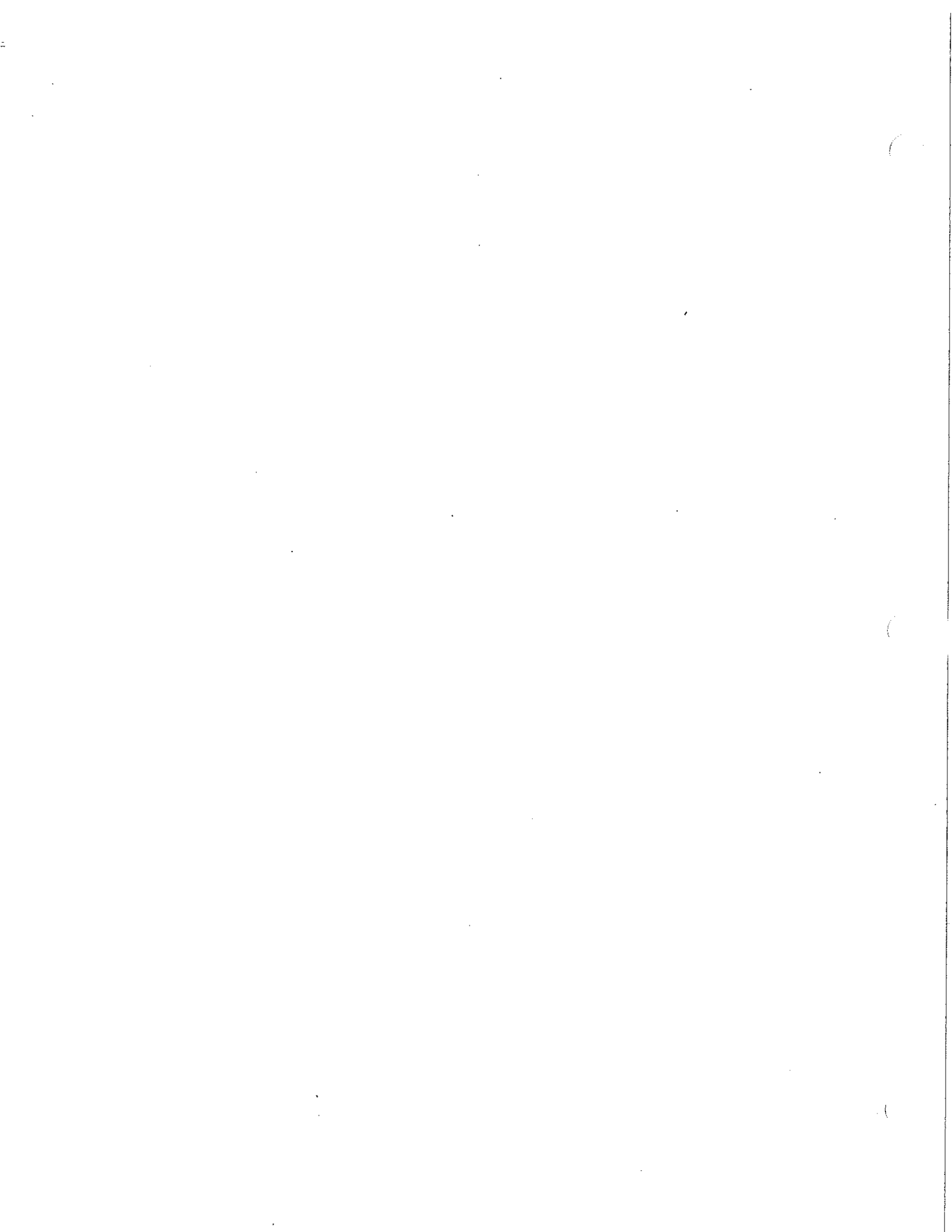
*Why do you think parents let their children watch too much TV?*

*What can you do as a parent to limit your child's time watching TV?*

### **Outings**

Children in this age group love to go on outings and field trips, such as to the museum and playground. *Using the information from the previous chapter and information from your local park and recreation committee, establish a list of outings and field trips you would take your child age 2, 3, 4, or 5 on in the summer, fall, winter and spring.*

Also, there are many inexpensive and free programs offered through your local YMCA, library, and the playground commission. For example, your local library may offer story hours or invite popular book characters to sign autographs. Check out your neighborhood options.



## CHOOSING A CARETAKER FOR YOUR CHILD

Every parent needs some help and an occasional break from parenting. Many times parents will turn to family, friends and professionals for assistance with babysitting and

childcare. Regardless of whom you choose, every parent always has to make sure that caretakers will keep her or his children safe. To leave your child with an irresponsible or abusive caretaker is dangerous and may impact your child's life forever. While it may be difficult to evaluate whether or not someone is a good caretaker of your child, there are certain steps and precautions every parent must take prior to leaving their children with someone. Parents also have to consider that not all friends or relatives are good babysitters just because of the fact that they are familiar to the parent and possibly the child. Choosing appropriate caretakers for your child requires thorough consideration and sound decision making.

**Consider the following:**

Jeremy has his son Ray, age two, for the weekend. It is the middle of January and it is freezing cold outside. Jeremy is about to cook dinner when he discovers that he forgot to pick up the medication Ray's pediatrician prescribed for his ear infection. Jeremy does not want to take Ray outside in the cold. Just then the doorbell rings and a couple of Jeremy's friends come to visit. Jeremy has known these two guys for five months and has been playing football with them. Neither of them is a father or has experience with kids. As a matter of fact, Jeremy does not know a lot about them but thinks about asking them to take care of Ray while he goes to the pharmacy. He tells himself that it only would take about half an hour, but he is not sure if he can trust the guys.;

*What would you do in Jeremy's situation? Why?*

Paula, 19, lives with her 11 month old daughter, Eliza, in a large apartment complex. She has been really busy and quite stressed out lately because she had to put in a lot of hours at work. Paula is a waitress in a restaurant that is always very busy during the summer months. Right after work she rushes to pick up her daughter from daycare and then does all the household chores. Tonight, however, Paula is looking forward to going to the movies and to dinner with her friends. She has been looking forward to this evening for two weeks. Half an hour before her friends are supposed to arrive to pick her up, her babysitter cancels. Paula is very disappointed. But her neighbor, who is over for a visit, offers to take care of Eliza. Paula does not know what to do. She has known her neighbor for two years and also knows that she baby-sits every Thursday for another woman from upstairs who has two little boys. The problem is, however, that she often hears her neighbor and her boyfriend fighting. Also, there are a lot of people going in and out of that apartment. On the other hand, she feels that she really needs a break and would very much like to go out with her friends.

*What advice would you give to Paula? Why?*

Wilma, 18, has to take an entrance exam for college. The day before the exam, her daycare provider lets her know that she will be closed for the rest of the week because of a death in her family and will not be able to take care of Wilam's daughter Emily, age three. When her Aunt Isabel calls, Wilma tells her about the problem with daycare. Aunt Isabel offers to baby-sit for her while she is taking the exam. Wilma is not sure what to do. Aunt Isabel has a history of substance abuse and often passed out when she drank too much. She went to a treatment program but relapsed. She is a good person when she is sober, but one never knows when she will start to drink.

*What advice would you give to Wilma? Why?*

Emma, 18, thinks she is in love. She met this great guy at a school dance two weeks ago and they have been dating ever since. He called her today and asked if he could come over. Emma agreed thinking that this would also be a great opportunity for Charles to meet her daughter, Brianna, who is two-and-a-half years old. When he comes over, he is great with Brianna and plays with her. At five o'clock Emma tells him that she will have to leave soon to bring Brianna to the sitter and then go to her night GED program. But Charles replies that she doesn't need to do that because he could stay and take care of her. Emma is somewhat surprised at that offer and not sure what to do.

*What advice would you give to Emma?*

*Do you think that being attracted or "in love" with someone may affect your judgment about choosing appropriate caregivers for your child(ren)? Why? Why not?*

Harry, 21, and his four-year-old son, Leif, live in a large inner city neighborhood. Harry often takes his son along when he goes to hang out with friends or when a bunch of guys play ball on the court. So, most of his friends know Leif well, and Harry tries to tell his friends that they cannot swear or do any kind of stupid stuff when his son is around. Today everybody, including Harry and Leif, are at the court when Harry's best friend, Jack, shows up in his new sports car. He invites Harry to come for a test drive but tells him that Leif can't come along because it's a two-seater and he doesn't have a car seat. Harry really wants to go for the ride because the car is so cool. He debates whether or not to leave Leif with the guys and tells himself that it would only be 10 minutes or so until he would return.

*What advice would you give to Harry?*

*Use the following space and think about dangerous and harmful things that could happen to children who are left with inappropriate caretakers.*

In order to avoid these kinds of devastating consequences related to inappropriate caretakers, you always must consider the following questions when thinking about leaving your child with someone. These considerations still apply even if you have difficulty finding a babysitter and/or in emergency situations.

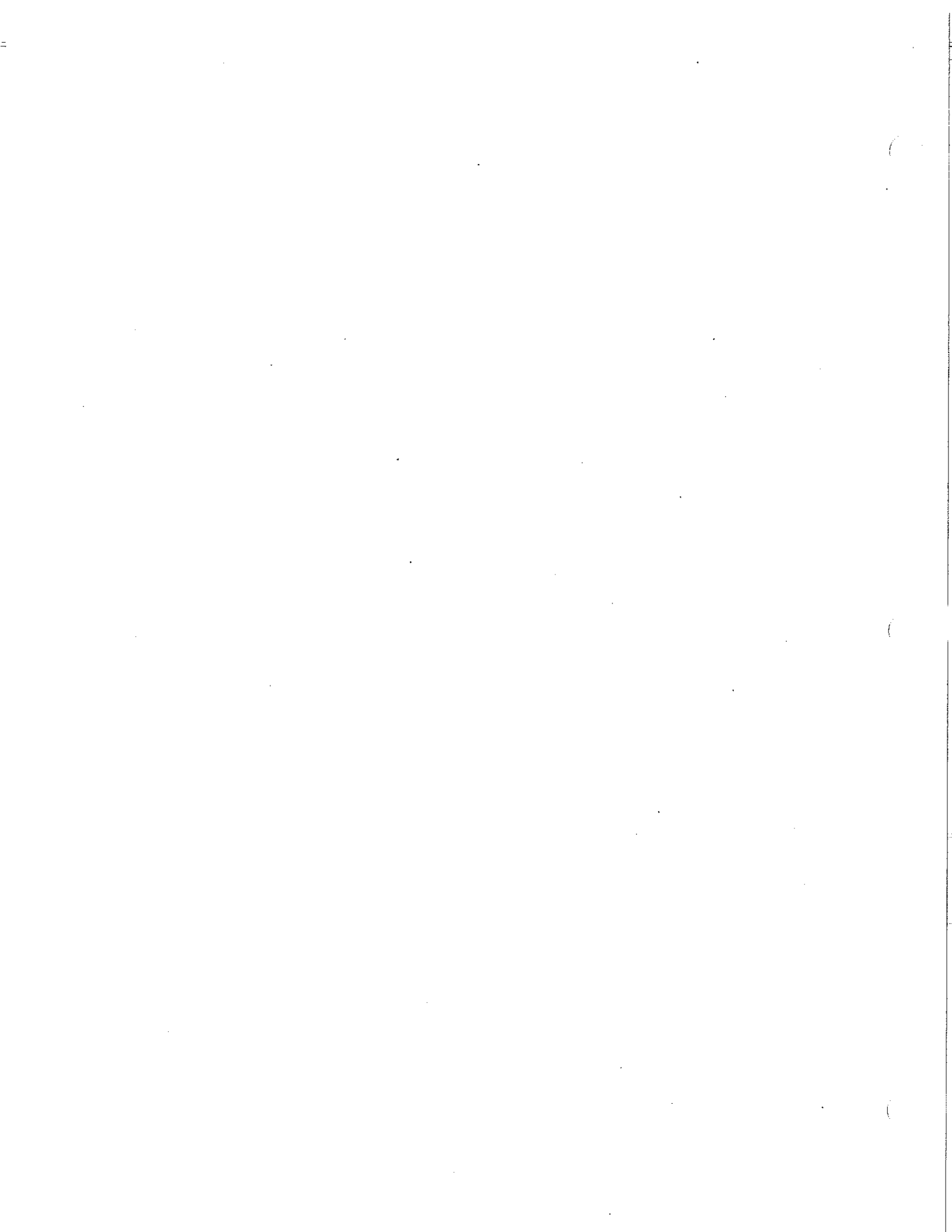
### CHILD CARE/BABY SITTER CHECKLIST

QUESTIONS TO ASK YOURSELF	YES	NO	UNKNOWN
Is he/she a responsible person?			
Is the person nurturing?			

Will he/she be able to provide a safe environment?			
Does the person understand safety needs of children?			
Is the person even-tempered?			
Does he/she have any history of impulsive/violent behaviors?			
Does the person have any history of sexually inappropriate or offending behaviors?			
Does he/she have any history of substance abuse?			
Will the person have no more than six children in the home?			
Have you known this person for a period of time?			
Does he/she have good references?			
Will the person be able to offer age-appropriate interactions?			
Does he/she have experience with children?			
Does the person have a telephone in the home?			
Is the person of a mature age?			
Is the home free of guns?			
Does the person usually make good and reasonable decisions?			

*Use this check list to evaluate who may and may not be an appropriate caretaker for your child. If you're not entirely sure about someone, you should not let him/her take care of your child.*

Appropriate Caretaker	Inappropriate Caretaker	Questionable Caretaker





## BIRTH CONTROL/STD PREVENTION

METHOD	PROS	CONS	COST	EFFECTIVENESS	STD PROTECTION
Continuous Abstinence	Only 100% safe & effective method of birth control & STD protection No side effects.	May be affected by peer pressure	NONE	100%	YES
<b>Condoms</b>					
Unlubricated	Easy availability. Effective STD prevention.	Might tear. Ineffective if used incorrectly or with oil-based lubricant (Vaseline).	\$.50/ea	90%	YES
Lubricated	Easy availability. Effective STD prevention.	Might not stay in place. Ineffective if used incorrectly or with oil-based lubricant	\$.50/ea	90%	YES
Sheepskin	Easy availability.	No STD prevention	\$2.50/ea	90%	NO
<b>Female Condom</b>	STD protection. Easy Availability. Effective in STD prevention. Gives females more control	Possible difficulty with insertion. Might not stay in place	\$2.50/ea	72-97%	YES
<b>Spermicidal Cream, Jelly, Foam</b>	Easy availability.	Possible irritations. Ineffective STD Prevention. Should be used with a condom	\$8.00	72-97%	NO

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METHOD	PROS	CONS	COST	EFFECTIVENESS	STD PROTECTION
Norplant	6 Capsules inserted in a female's arm that protects against pregnancy for 5 years.	Does not protect against STDs. Medical procedure is needed for insertion. Possible hormonal side effects include headaches, depression, weight gain.	\$500-\$600	99.9%	NO
Depo Provera	Hormone shot which protects against pregnancy for 12 weeks.	No STD prevention. Possible side effects include weight gain, headaches, and depression.	\$30 - \$75	99.7%	NO
Pill	Can help protect against certain cancers, pelvic inflammatory disease and ovarian cysts. Can help menstrual cramps & acne.	No STD prevention. Must be taken daily to be effective. Rare health risks like heart attack & stroke.	\$8 - \$25 per month	99.9 %	NO
Diaphragm or Cervical Cap	Can last for several years.	No STD prevention. Needs to be fitted to a Women's body. Needs to be used with spermicidal jelly or cream to be an effective form of birth control. Might cause irritations. Might be difficult to use.	\$20 plus \$8 for spermicidal jelly or cream	82 - 94%	NO

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METHOD	PROS	CONS	COST	EFFECTIVENESS	STD PROTECTION
IUD (Intrauterine Device)	Can protect against pregnancy for up to eight years after physician inserts device in the uterus.	No STD prevention Chance of tubal infection and puncture of uterus wall. Might increase cramps. Medical procedure needed for insertion and removal.	\$150.00	98%	NO
Sterilization (Women)	Operation which blocks the tubes for permanent pregnancy prevention.	No STD prevention. Permanent procedure which should not be considered by anyone who might want to have children in the future Chance of medical complications.	\$1,200 Usually at least partially covered by Medicaid or insurance	99.7%	NO
Vasectomy (Men)	Operation which blocks the tubes which carry sperm for permanent pregnancy prevention	No STD prevention. Permanent procedure which should not be considered by anyone who might want to have children in the future Chance of medical complications	\$300 Usually at least partially covered by Medicaid or insurance	99.7%	NO

## **METHODS THAT DO NOT WORK**

### **Occasional Abstinence**

If abstinence is not practiced continually, it loses its effectiveness in preventing pregnancy and STD's. Be realistic about yourself and your behaviors. If you think you are not able to abstain 100% for any reason, you should consider other birth control/STD prevention methods.

### **Withdrawal**

Withdrawal is not an effective method of birth control or STD protection.

### **Douching**

Douching immediately after sex is not a method which prevents STD's or pregnancy.

### **Natural Family Planning**

This highly complex system of monthly calendars and body temperature has a very high likelihood of failure and does not protect against STD's.

### **Chances, Wishing, and Hope**

Relying on chances, wishes, or hopes will not prevent pregnancy or STD's. If you are sexually active and use no means of birth control or STD prevention, you must be prepared for pregnancy and disease. It can happen to you!

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**Pregnancy**—If a woman's choice is to carry the baby through the nine months of pregnancy, she must realize that during this time the fetus (baby) will be totally dependent upon her for good care. Pregnancy is the beginning of the mother/child relationship. How well everything goes throughout the pregnancy, birth and afterwards depends upon the mother's actions during pregnancy. She must eat nourishing foods and have lots of rest.

Using cigarettes, alcohol or drugs can seriously harm the baby by increasing his/her risk of physical or mental handicaps. It is important that she get medical attention as soon as she suspects pregnancy and keep all follow-up doctor appointments. Teenagers must take special care during pregnancy because babies of young mothers are more likely to be born prematurely and at a low birth weight.

It is important to take folic acid **before and during** pregnancy. Lack of folic acid can cause birth defects. You can get folic acid in orange juice and one-a-day vitamins. Ask your doctor for more information.

Since a variety of health problems can occur as a result of poor nutrition, lack of prenatal care or simply due to the physical immaturity of the young mother, it is essential that she take special care of herself and her baby during pregnancy.

A father-to-be can fulfill a very important role during his partner's pregnancy—beginning with participation in the decision making. Parenthood is a lifetime responsibility—one that must be taken seriously.

### *For Females*

Evaluate Your Habits. Do you think that your lifestyle supports a healthy pregnancy and therefore, a better chance for a healthy baby? Why? Why not?

It is important to eat right during pregnancy. Do you think you eat healthy foods?

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Pregnancy can put much physical and emotional strain on you. Do you think you can deal with the possible stress factors accompanying pregnancy?

STD's and HIV/AIDS can put a child at significant risk for birth defects and serious disease. If you think you may have contracted an STD, it is vital to get tested. If you think you may be HIV positive, you should find out as soon as possible. If an HIV+ pregnant woman takes certain medications (AZT) during pregnancy, she will greatly reduce the risk of her baby becoming infected during pregnancy and birth! Evaluate your risks for STD's and HIV.

*For Males*

Although females carry a child, pregnancy is a shared responsibility. Guys who think they can just walk away or ignore issues related to pregnancy are irresponsible and wrong. Just like birth control and STD prevention, pregnancy is NOT just a female issue but the responsibility of both partners. So, if you have had unprotected sex, you have to deal with the consequences and think about the following questions:

Have you talked to your partner about expectations and decisions regarding pregnancy?

Yes

No

What are or would be your expectations? And, what kind of decisions would you have to consider?

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Do you think you can support your partner in maintaining and developing a healthy life style?  
Why or why not?

STD's and HIV/AIDS can put a baby at serious risk for birth defects and disease. If you think you have contracted an STD and/or HIV, you need to get tested as soon as possible. If you test positive, you need to let your partner know as soon as possible so that she can obtain the appropriate medical care. Also, if you test positive for an STD, do not continue sexual activity as you will be putting your partner and child at risk.

Do you have the financial and emotional resources to support your partner and meet her needs while preparing for the birth of your child? Why or why not?

Are you prepared to accompany your partner to prenatal appointments and participate in birthing classes?

Yes  No

Are you prepared for the changes pregnancy will bring to your relationship and your life? Why or why not?



## Independent Living Skills Module V

### PARENTHOOD

Parenting a child can be both a very rewarding and a challenging experience. It is certainly possible for a young mother/father to do a fine job of parenting. Many young people are successful parents. They give their children the love they need, sometimes at great sacrifice to themselves. They love their children deeply. But it is difficult to know who will be a good parent. Age, in and of itself, is not the determining factor of being a good parent. Some thirty-year-old parents neglect their children while some 18-year-old mothers and fathers do a fine job of parenting. However, teen parents are often not prepared for the extent of responsibility involved in childcare. New parents must learn how to feed, bathe, diaper and nurture and keep their new baby healthy.

While loving a baby is essential, having enough money to feed and clothe him or her, pay the rent for an apartment, pay for medical care, etc. are also very basic needs. Along with parental responsibilities come home management duties: meal planning, grocery shopping, cooking, paying the bills, balancing the budget, etc. A new parent must also learn about the social service system and the available resources, e.g. WIC, food stamps, TLP programs, support groups.

However, the most important of all, parents must know that the baby is totally dependent upon them for love, care and sustenance. The child's needs must come first, before all else. For many young parents that involves a complete change of life style that they have to be prepared to make. Most often, young parents' time is completely consumed by school, childcare and work. Recreational activities like movies, dances or simply hanging out with friends are rarely possible due to the demands of parenthood. Parenting is also quite stressful at times and many young parents may not have the coping skills necessary to deal with difficult situations. The choice of parenthood, nevertheless, is a personal one and the following questions will help you to evaluate whether or not it may be right for you.

What are your thoughts about becoming a mother/father at this time?

Do you believe you are ready at this time in your life to parent a child? Why or why not?

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How do you think having a baby to care for every day would impact your life? What things would be different?

Do you think having a baby would interfere with your education and future plans? Why or why not?

Pretend for a moment that you are a baby about to be born. Would you choose yourself as a parent?

If you were to become a parent at this time in your life, would you need the support of your family and friends? Who would help you? How?

u think

your and your child's lives would be like in 5, 10, 15 years from now:

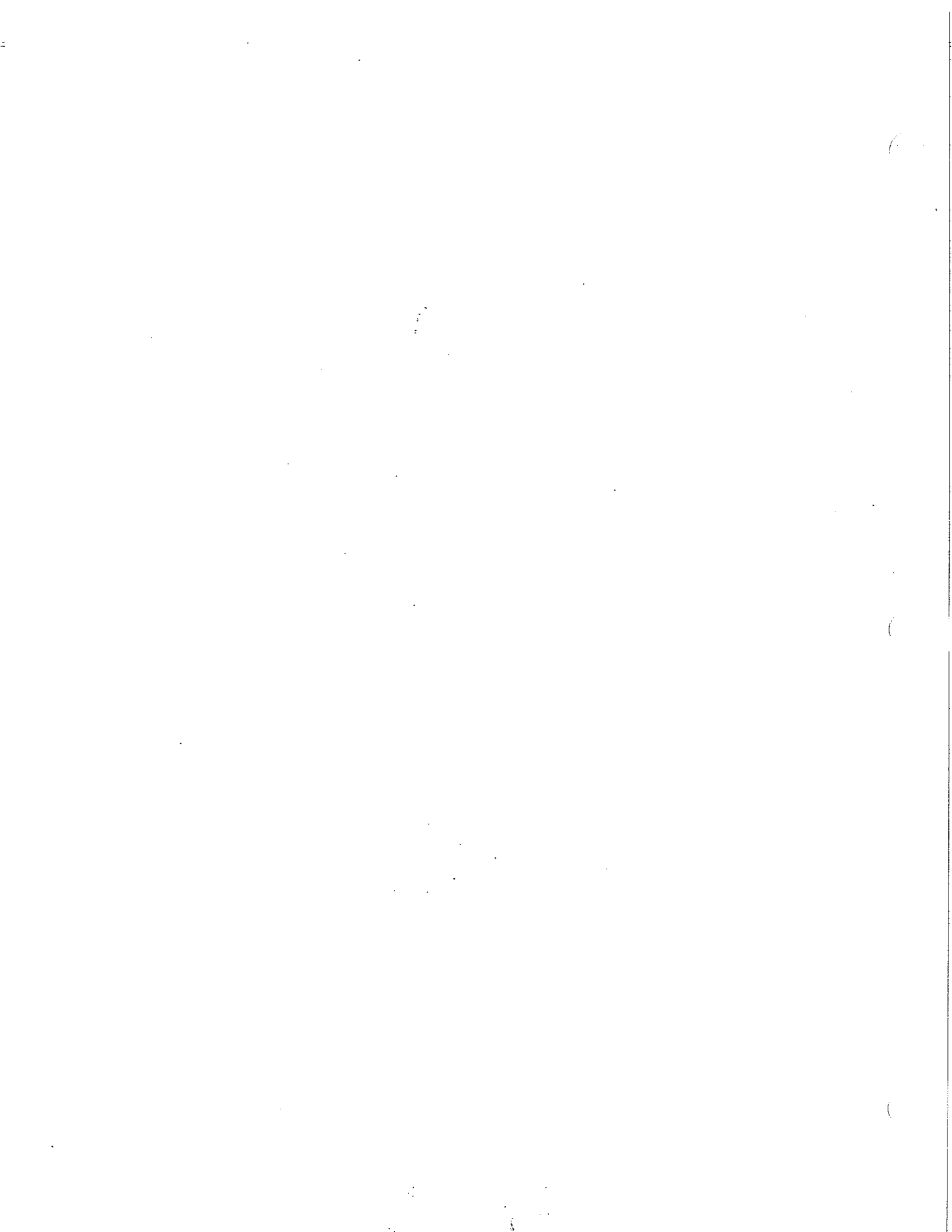
*What do we need to do to promote a healthy pregnancy during this trimester?*

### **1. HAVE A REGULAR PRENATAL CARE**

To assure a healthy start for the mother as well as the baby, it is very important that you set up an appointment with your gynecologist or clinic as soon as you find out that you are pregnant. The doctor will perform tests to rule out any early complications. He/she will most likely prescribe vitamins and talk to you about all issues related to pregnancy.

It is also very important to have your doctor's name, address, and telephone number with you at all times in case of complication or later on, when labor begins. You may also want to give his/her name to the father-to-be.

**Note to fathers:** While the mother carries the baby, fathers assume responsibility during pregnancy as well. Every doctor will be happy to answer any questions you may have. Most mothers-to-be welcome fathers to accompany them to prenatal appointments and to be part of the decision-making process regarding labor and birth. Fathers can also assist mothers by reminding them to take their vitamins and helping with transportation to appointments, etc.



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Doctor's/Clinic's Name

Street

City/Town

Telephone #

Emergency

### ACTIVITY

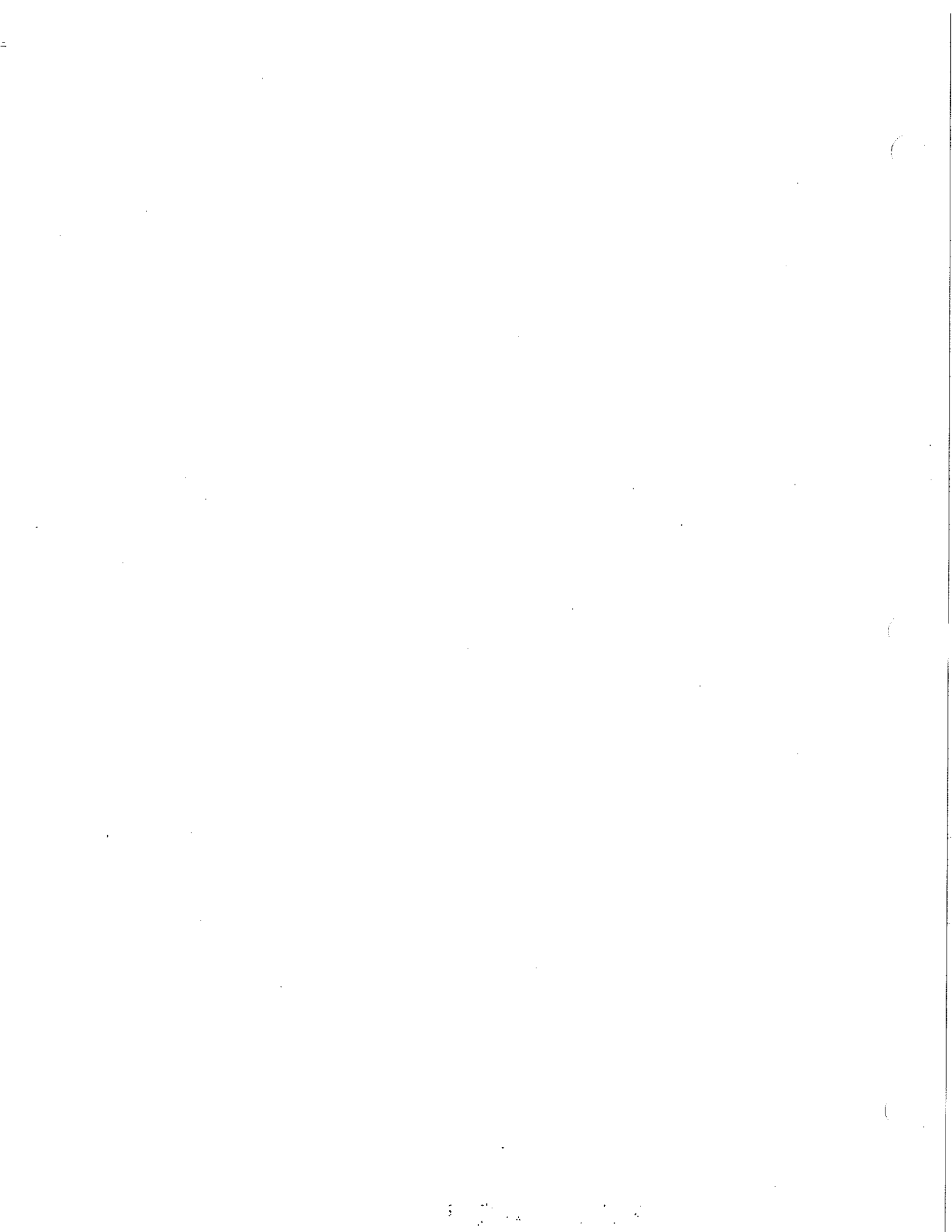
If you haven't already done so, set up an appointment with your doctor or clinic.

My appointment is on:

Date \_\_\_\_\_

Time \_\_\_\_\_

Your doctor will schedule regular appointments. It is important that you post them and keep track of them.



## 2. EAT WELL DURING PREGNANCY

The food you eat supplies your growing baby with all the things s/he needs to build the whole body. Bones, organs, muscles, and the brain are formed from the food you eat while you are pregnant. It's also good for you to remember that you, too, as a teenager are still growing. When you become pregnant, you are eating for your own health as well as the baby's. So it is especially important for you to eat well.

How do you eat a well-balanced diet? The best way to make sure you are getting the right nutrients is to eat a variety of foods every day. To help you choose the foods you and your baby need, we have provided two charts which give you information about the different food categories and examples of foods in each of these groups, including their nutrients and recommended daily portions. We have also provided a fact sheet, which explains nutrients.

Before you turn to the charts and fact sheet, consider the following:

### Mother Who Eat Well

- Are stronger for delivery
- Have a normal weight gain
- Have a better chance of being able to nurse their babies
- Are better able to deal with their emotions
- Get their figures back more easily

### Babies With Mothers Who Eat Well Have a Better Chance of

- Developing needed brain cells

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- Having a well-formed and healthy body
- Attaining normal weight

In order to be sure to eat right, mothers- and fathers-to-be have to be familiar with basic nutritional information. So to learn about a healthy diet, let's start with a closer look at the four food groups.

### THE FOUR FOOD GROUPS

<b>Milk and Milk Products:</b>	Whole, skim, powdered, buttermilk, cottage cheese, ice cream, ice milk, yogurt, and other foods made with milk.
<b>Benefits for you and your baby:</b>	
<b>Calcium:</b>	Needed to build strong bones and teeth; helps nerves and muscles work well.
<b>Protein:</b>	The building block of the body, brain, and blood; needed to build a strong body and mind and keep them healthy;
<b>Vitamin D:</b>	Helps the body use calcium; prevents rickets
<b>Vitamin A:</b>	"Good Looks Vitamin" needed for eyes, skin, hair, and normal body growth.

<b>Meat and Other Protein Foods:</b>	Meat, fish, chicken, eggs, menudo, liver, pinto beans (all beans), dried peas, nuts, soybeans, chitlins, and peanut butter.
<b>Benefits for you and your baby:</b>	
<b>Protein:</b>	The building block of the body, brain, and blood; needed to build a strong body and mind and keep them healthy;
<b>Folic acid:</b>	B Vitamin needed to help the body use iron.
<b>Iron:</b>	Needed for red blood cells, which carry oxygen through the body; prevents anemia. The baby's body stores iron during pregnancy for use after birth.
<b>B Vitamins:</b>	Needed for healthy nerves, good appetite; helps body use other nutrients.

<b>Fruits and Vegetables</b>	
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Vitamin C:	Oranges, lemons, grapefruit, strawberries, green chilies, tomatoes, brussel sprouts, broccoli.  *Choose at least one serving of Vitamin C each day.
Vitamin A:	Green or red chilies, carrots, spinach, greens, cantaloupe, pumpkin, any dark yellow or green fruits or vegetables.  *Choose at least one serving of Vitamin A each day.
Benefits for you and your baby:	
Vitamin C:	Helps keep body healthy; needed for teeth, gums, bones, body cells, and blood vessels.
Vitamin A:	"Good Looks Vitamin" needed for eyes, skin, hair, and normal body growth.

Breads and Cereals:	Whole grain or "enriched" bread, cereal, muffins, tortillas, rye bread, buns, rice, pasta.
Benefits for you and your baby:	
B Vitamins:	Needed for healthy nerves, good appetite; helps body use other nutrients
Iron:	Needed for red blood cells, which carry oxygen through the body; prevents anemia. The baby's body stores iron during pregnancy for use after birth.

Water:	Alone or in other fluids
Benefits for you and your baby:	Helps the body use the food you eat and carries wastes out of the body.

**Note to fathers:** This section is also important for you. While it is true that mothers carry the children, it is a father's responsibility to help mothers eat healthy! Fathers should adjust their diets and habits, too, to support their partners.

In addition, it is important to know the following basic facts about nutrients:

### Facts About Nutrients

## Independent Living Skills Module V

### Protein

Protein is needed for growth of new tissues of mother and baby and for repair of body cells. Extra amounts are needed during pregnancy. Proteins come from animal sources, such as meat, fish, chicken, turkey, eggs, milk, and cheese, or vegetable sources, such as cooked dried beans, peas, nuts, and peanut butter.

### Fats

Foods that contain fats are high in calories. Fats supply energy and make food taste good. In addition, some fats provide Vitamins A, B, E, and K and other essentials for good health.

Fats from vegetable sources include cooking and salad oils, margarine, and vegetable shortenings, butter, bacon and lard are major sources of animal fats. Meats, poultry, fish, whole milk, and cheese contain smaller amounts of fat.

### Carbohydrates

Carbohydrates include both sugars and starches, which the body changes into energy. Some starches contain minerals, vitamins, and small amounts of protein. Carbohydrates are found in breads and cereals, dried beans and peas, rice, flour, sugars and fruits and vegetables.

### Minerals

Many minerals are needed to maintain good health. Here are some of them:

**Iron** is used for building blood. Foods that are good sources of iron and other minerals include lean meat, liver, dried peas, dried beans, dark green leafy vegetables, enriched bread and cereals, dried fruits such as prunes and raisins.

**Calcium and Phosphorus** are needed for the development of bones and teeth. Milk and milk products such as cheese are major sources of calcium and phosphorous and some other minerals.

### Vitamins

Vitamins are nutrients that are needed by the body in very small amounts to help the body cells work. Each vitamin plays a different role. When daily meals do not contain enough vitamins, body cells do not develop and work properly.

**Vitamin A** must be present in the foods you eat for normal growth and normal vision. It is mainly found in dark green leafy and yellow vegetables.

**Vitamin C** is needed for healthy gums, bones, and teeth. It is found in oranges, tangerines, grapefruit, tomatoes, and dark green leafy vegetables.

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**Vitamin D** works with calcium and phosphorus to develop bones and teeth and keep them healthy.

**Thiamin, riboflavin, and niacin** are B complex vitamins needed for healthy cells. Thiamin is found in whole-grain and enriched breads and cereals, meat, poultry, and eggs. Milk and cheese are particularly rich sources of riboflavin. Meat, poultry and cooked dried beans are good sources of niacin.

**Folic acid**, which helps protect the body against anemia, is especially important before and during pregnancy. It is found in dark green leafy vegetables, liver, and many other foods.

For good health your body needs small amounts of other vitamins and minerals. These are supplied by the foods that make up balanced meals.

### Food Products/Ingredients to Avoid

You should avoid chocolate, coffee and all foods and beverages containing caffeine. It is strongly recommended that you not ingest any artificial sweeteners. That means no diet sodas! MSG (Monosodium Glutamate), which is often used in Chinese cooking, should also be avoided during pregnancy.

### ACTIVITY

Find someone to quiz you on the information about the food groups and nutrition. How did you do?

Now that you know about general information related to nutrition, let's take a closer look at daily requirements.

### DAILY FOOD GUIDE\*

#### FOOD GROUP

Milk and milk products:	Size of Serving	Foods
(4-5 servings per day)	1 cup	Milk
	2 slices	Cheese
	2 cups	Cottage Cheese
	1 ½ cups	Ice cream
	1 cup	Yogurt

## Independent Living Skills Module V

	1 cup	Pudding
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Meat and other protein foods:	Size of Serving	Foods
(3 or more servings per day)	2	Eggs
	1	Patty
	2 thin slices	Beef, pork, or lamb
	1 leg or ½ breast	Chicken
	½ cup	Tuna salad
	1 cup	Cooked beans
	¼ cup	Peanut butter
	½ cup	Nuts or seeds

Fruits and vegetables:	Size of Serving	Foods
(4 or more servings per day)	1 cup	Raw vegetables
	¾ cup	Cooked vegetables
	½ cup	Fruit juice
	1 medium	Fruit

Breads and Cereals	Size of Serving	Foods
(5-6 servings per day)	1 slice	Bread
	½	Hotdog or hamburger bun
	1	Dinner roll or biscuit
	1	Tortilla or taco shell
	½ cup	Hot, cooked cereal
	¾ cup	Ready-to-eat cereal
	½ cup	Cooked rice, noodles, or spaghetti
	1 cup	Popped popcorn

Other Foods:	Vary amount eaten based on caloric (energy) needs.	Margarine, butter, cooking oil, salad dressing, mayonnaise, jams/jellies
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Water: (6-8 glasses per day)	8 oz. glasses	Alone or in other fluids
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# Independent Living Skills Module V

## YOUR DAILY MENU

### ACTIVITY

Plan your own menu.

If you are pregnant, remember that you will need 300 more calories a day than women who are not pregnant.

BREAKFAST

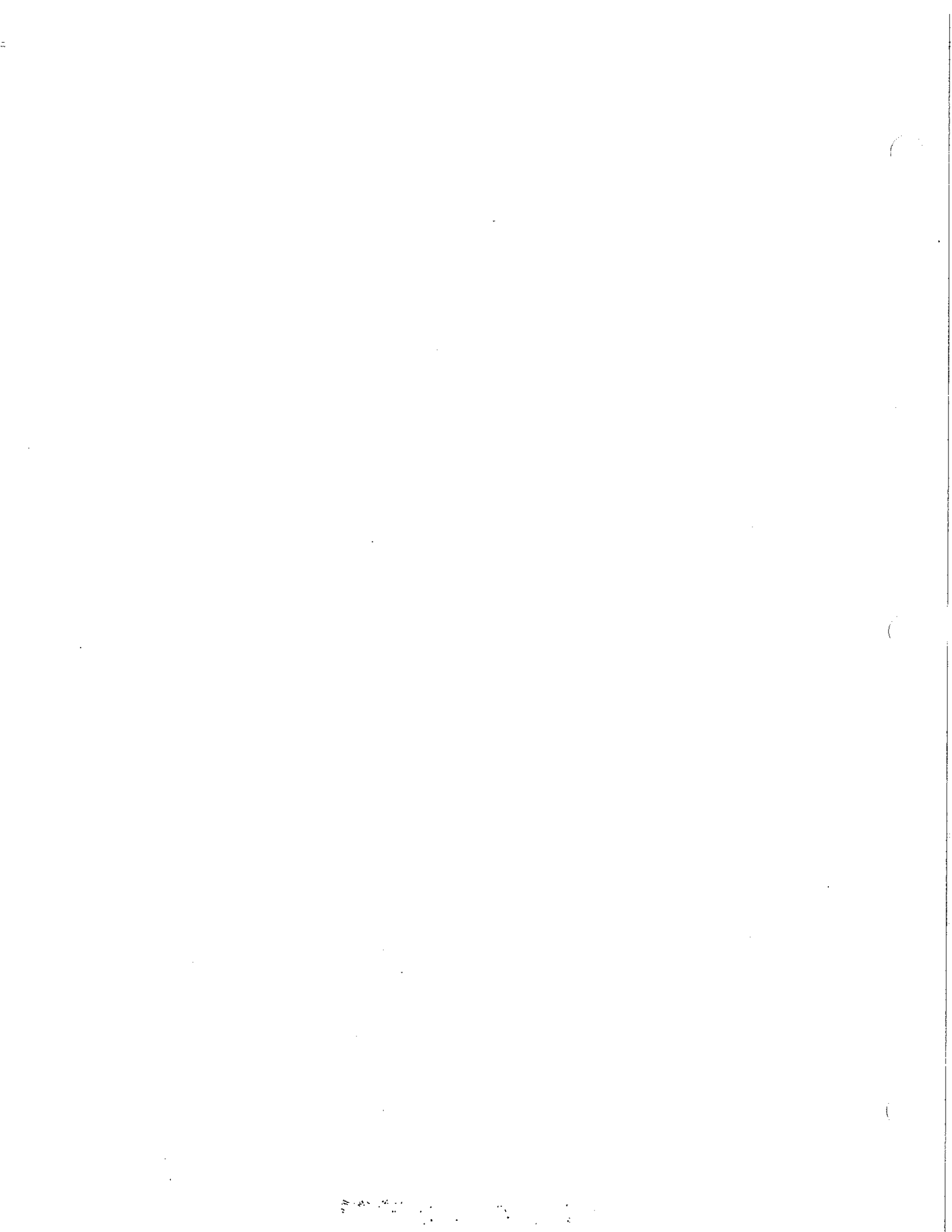
SNACK

LUNCH

SNACK

DINNER

SNACK



### 3. AVOID SMOKING AND USING ANY SUBSTANCES

Pregnant women must refrain from smoking, using alcohol and drugs. Smoking and use of alcohol and drugs, (including prescription pills, inhalants, etc.) can cause serious birth defects (i.e. blindness, deformation, mental retardation) and other complications like premature delivery, low birth weight, etc. In some cases, use of substances can lead to miscarriage, still born babies, or death of an infant. It is, therefore, vital to refrain from use of any harmful substances throughout pregnancy.

During the first month as a baby develops, the use of alcohol or drugs can be devastating. It therefore, is crucial that you refrain from use of substance as soon as you think you might be pregnant.

**Smoking**

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## Independent Living Skills Module V

Smoking can cause birth defects, low birth weight and premature birth. If you are pregnant, you owe it to your child and yourself to give up smoking as soon as possible. Quitting smoking takes a lot of commitment and you have to believe you can do it for the sake of yourself and your child. The physical symptoms of withdrawal disappear relatively quickly (3 days to 2 weeks) and then you will have to work on habits and coping skills. Smoking, like most other addictions, has to be tackled one day at a time. Fathers/partners of pregnant women must be supportive of their effort to quit. If fathers smoke, they should quit as well—to help encourage mothers-to-be and because **second-hand smoke is harmful to babies and children.**

If you do want to stop smoking, the following organizations provide information and assistance:

Smoking Hotline 800-952-7644

American Lung Association of Boston, 1015 Commonwealth Avenue, Brighton, MA (617) 787-4501

Department of Public Health, 150 Tremont Street, Boston, MA 727-2700

### ACTIVITY

If you do smoke, develop reasons and strategies to quit smoking.

My reasons and strategies to quit smoking are:

People who will support me:

### **ALL DRUGS ARE HARMFUL TO YOU AND YOUR CHILD!**

Alcohol and all drugs are harmful and can often have devastating or even deadly consequences for you and your child. Children born to drug addicted mothers most often have serious birth defects and delays. Some babies are very premature and thus subject to serious complications and others may die from complications of their mother's drug use. Mothers who abuse alcohol often give birth to children who have fetal alcohol syndrome and other problems. Unfortunately,



## Independent Living Skills Module V

alcohol and drugs are available in too many places. Some people may try persuading you to take drugs, or circumstances in your own life might make you more vulnerable to the temptation of alcohol and drugs. Therefore, it is essential for you to think about how you can resist and avoid drugs.

Note to fathers: Avoiding and resisting drugs is vital for fathers as well. Besides supporting the mother, fathers will be role models to their children and will have to provide for their needs. Alcohol and drugs will very much interfere with those responsibilities.

### ACTIVITY

Fill out the chart below:

I will say no to drugs by:	
My strategies to avoid drugs are:	

If you need more information or if you think you may have an alcohol or drug problem, call:

Alcoholics Anonymous

617-426-9444

Call to find the nearest youth group

Cocaine Hotline: 800-262-2463

Narcotics Anonymous: 800-884-7709

Alateen and Alanon Family Groups: 800-356-9996

For referral to groups for partners and teenagers in families of substance abusers.

### AVOID POTENTIALLY HARMFUL SUBSTANCES AND CHEMICALS

- Pregnant women should avoid handling cat litter, which may contain infectious parasites.
- Doctors also warn pregnant women to avoid touching the mucous membranes of their mouth and eyes after handling raw meat or vegetables. They should wash their hands thoroughly after touching raw meat and vegetables.

## Independent Living Skills Module V

- Some chemicals in household cleaners, bug sprays and other products like hair dye may be harmful. Always read the labels for special warnings.
- Some over-the-counter medications should be avoided during pregnancy. Again always read the labels and let all medical personnel know that you are pregnant, particularly when you need x-rays or medication of any kind (including psychotropic medications for depression, bipolar disorder, anxiety, hyperactivity, etc.)
- Don't take any medication without first asking your obstetrician.

Fathers: Help you partner in finding out which substances may be dangerous for the baby.

### ACTIVITY

Establish a list with medications and household cleaners you use that may be harmful.

--

### Emergency Choking Aid for Infants

The following emergency procedures, as recommended by the American Red Cross and the American Heart Association, should be implemented if an infant suddenly cannot breathe, cough or make any sounds. Rapid transport to a medical facility is urgent if these emergency procedures fail.

1. Lay baby face down, straddling your arm, with the head lower than the chest. Support baby's head with your hand around the jaw and under the chest. Rest your arm on your thigh. Give 4 back blows rapidly between the shoulder blades with the heel of your hand.

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## Independent Living Skills Module V

2. (A) If the foreign object is not relieved, carefully turn baby over. Place your free hand on the baby's back and sandwich the baby between your hands and arms. One hand supports the chest, neck, and jaw, and the other hand supports the back, neck, and head. (B) Holding the baby between your hands and arms, turn it face up. Rest your arm on your thigh, so the head is lower than the chest.
3. Push on the chest 4 times with your fingertips—one finger width—below an imaginary line between the nipples. Your hand should come in from the side so that your fingertips run up and down the sternum, not across it.
4. If the baby is conscious, keep repeating 4 back blows and 4 chest thrusts until the object is expelled or the baby becomes unconscious.
5. If the infant loses consciousness, immediately call for emergency medical assistance (ambulance, paramedics, etc.). Place the infant back down, straddling your arm. Tilt the infant's head back gently, open your mouth wide and make a tight seal around the infant's mouth and nose, then give two slow breaths (1-1 ½ seconds each). The proper amount of air to give is just enough to make the infant's chest rise. A puff of air held in the cheeks should be sufficient. If the infant's chest does not rise, try repositioning the head to attempt to rescue breathing a second time. If the infant's chest still does not rise, maneuvers outlined above to remove any obstruction should be repeated until an open airway is achieved or emergency assistance arrives. Check after each series of back blows and chest thrusts for an expelled object in the infant's mouth. If you see an object, remove it with a finger. Don't poke straight in—sweep in from the side. Do not sweep unless you see an object. Repeat until you obtain an open airway.
6. If an open airway is obtained, put your ear close to the infant's mouth and nose. "Look" at the chest and abdomen for movement, "listen" for exhaled air, and "feel" for exhaled air flow. If there is no sign of breathing, open your mouth wide and make a tight seal around the mouth and nose of the infant. Give 1 slow breath every 3 seconds. Continue giving breaths until the baby begins breathing on his/her own, or emergency medical assistance arrives.

### WHAT TO DO IF SOMEONE IS CHOKING

Heimlich Maneuver (to be used for adults and older children—approximately age 9 and up).

Method 1: Victim standing or sitting, rescuer standing.

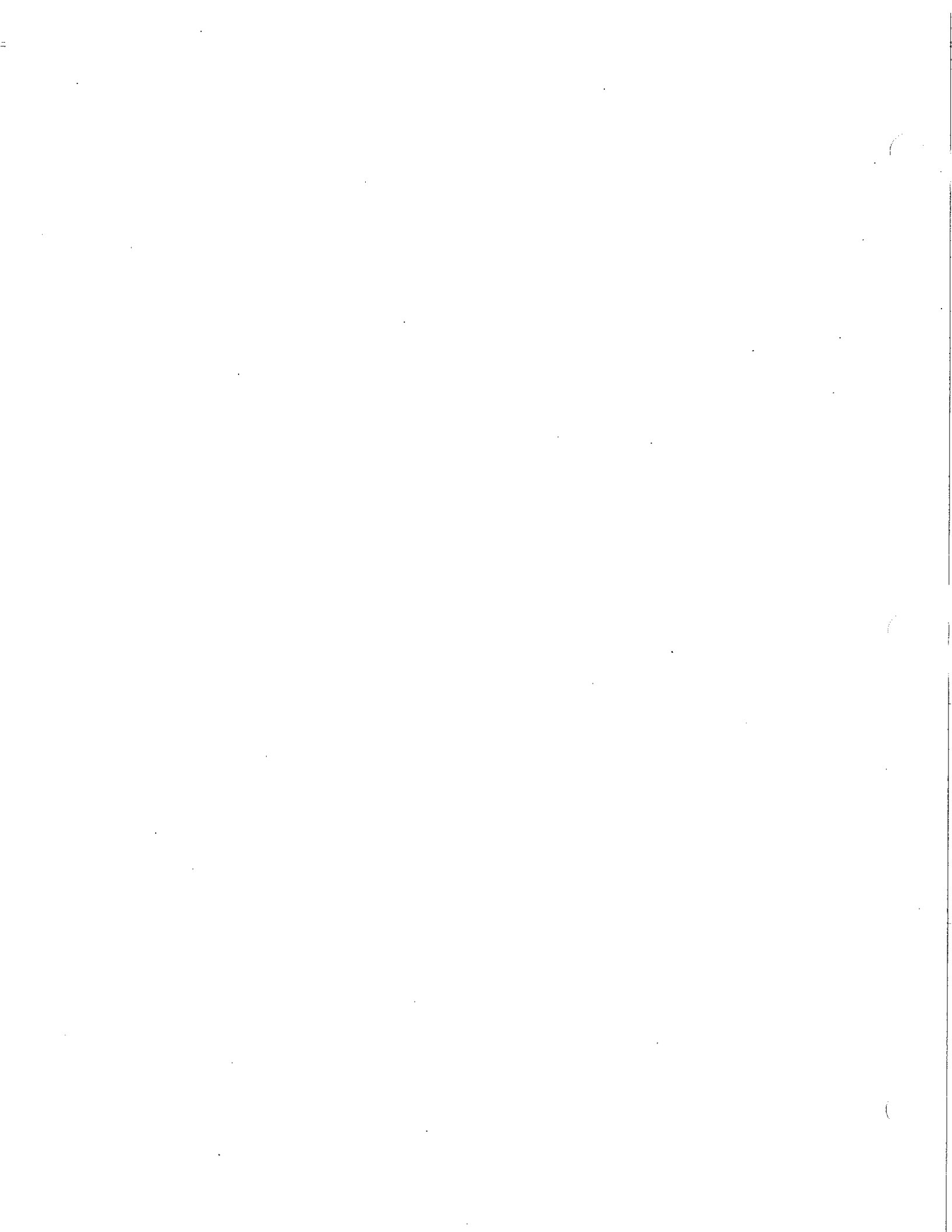
- I. The rescuer stands directly behind the victim and wraps his arms around the victim's waist.
- II. The rescuer makes a fist with one hand and places his fist thumb side against the victim's navel and rib cage.

## Independent Living Skills Module V

- III. With one hand on top of the other, the rescuer places the heel of the bottom hand on the victim's abdomen, slightly above the navel and below the rib cage.
- IV. With a sharp upward thrust, the rescuer presses his hand into the victim's abdomen.
- V. The rescuer should repeat the maneuver several times until the victim stops choking.

### Method 2: Victim lying face-up, rescuer kneeling.

1. The rescuer should position the victim on his back.
2. The rescuer kneels, facing the victim and straddling him with one knee on either side of the victim's hips.
3. With one hand on top of the other, the rescuer places the heel of the bottom hand on the victim's abdomen, slightly above the navel and below the rib cage.
4. With a sharp upward thrust, the rescuer presses his hand into the victim's abdomen.
5. The rescuer should repeat the maneuver several times until the victim stops choking.



# WIC Program

Please call the closest WIC Office serving your area for an appointment: WIC Program Local Agency Listing

Click on the following link for the Connecticut WIC Approved Food list effective April 1, 2010 WIC Program Food List/Participant ID Booklet.pdf

WIC Program ADDENDUM to Food List Booklet-Additional Product January 1, 2011

Click on the following link for the Spanish version of the Connecticut WIC Approved Food list effective April 1, 2010 SPANISH WIC Program Food List/Participant ID Booklet.pdf

SPANISH WIC Program ADDENDUM to Food List Booklet-Additional Product January 1, 2011

For information on the Connecticut Department of Public Health American Recovery and Reinvestment Act (ARRA) program for Women, Infants and Children click here: <http://www.ct.gov/dph/cwp/view.asp?a=3115&q=436370>

The Special Supplemental Nutrition Program for **W**omen, **I**nfants, and **C**hildren – better known as the WIC Program – serves to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk by providing nutritional assessment and education, referrals to health care and nutritious foods to supplement diets.

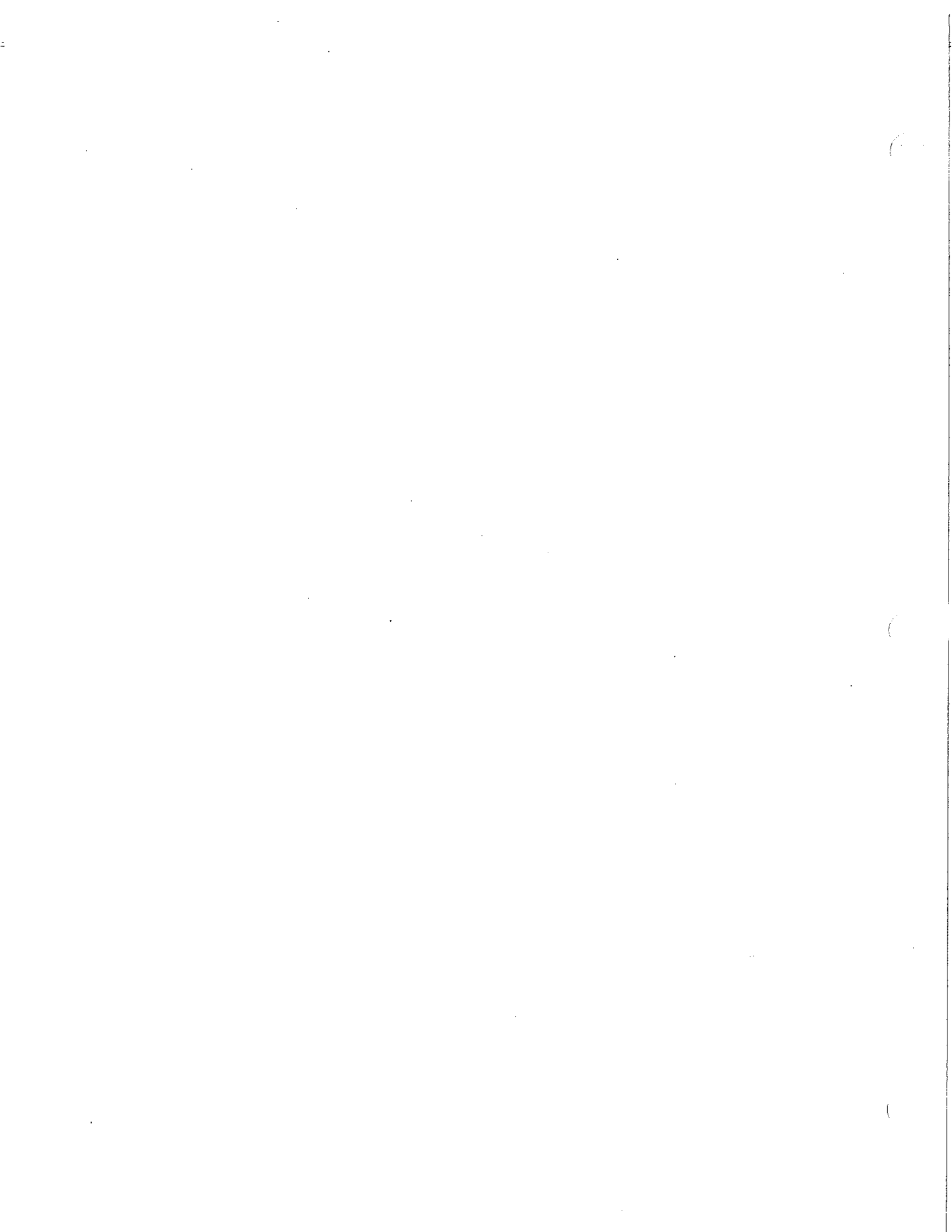
## Who is eligible?

- Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends).
- Breastfeeding women (up to infant's 1<sup>st</sup> birthday).
- Nonbreastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends).
- Infants (up to 1<sup>st</sup> birthday). WIC serves 45 percent of all infants born in the United States.
- Children up to their 5<sup>th</sup> birthday (fathers, grandparents, foster parents or other guardians may apply for WIC for their children).

## What are the eligibility requirements?

- Must meet the income guidelines, which are set at or below 185% of the federal poverty income limit (WIC counts an unborn infant as a household member).
- Be at nutritional risk; WIC uses 2 broad categories of risk: medically based such as low birth weight and diet based, such as poor eating habits.
- Must live in Connecticut (WIC does not require proof of citizenship or alien status and participation in WIC will not affect your immigration or naturalization status).

\*\*Recipients of the food stamp program, assistance under the temporary family assistance (TFA) program or the Husky A/Medicaid program are automatically





income-eligible for the WIC program. A person who documents that he/she is a member of a family that contains a TFA recipient or that contains a pregnant woman or an infant who receives Husky A/Medicaid shall also be determined adjunctively income eligible for WIC.

### **What does WIC offer?**

#### **Nutrition Assessment and Education :**

WIC participants are offered individual nutrition counseling and nutrition classes. The nutrition contacts may involve:

- Talking with a nutritionist
- Watching and discussing a video
- Playing a game
- Learning a recipe

#### **Breastfeeding Promotion and Support :**

Encouragement, advice and instructions on nursing babies are available to all participants. Breastfeeding women get a special food package and breast pumps may also be available. WIC's role is to educate participants as to why breast milk is the best for babies, how to juggle work and nursing, how to involve fathers and to link participants with sources of breastfeeding counselors such as La Leche League.

#### **Nutritious foods:**

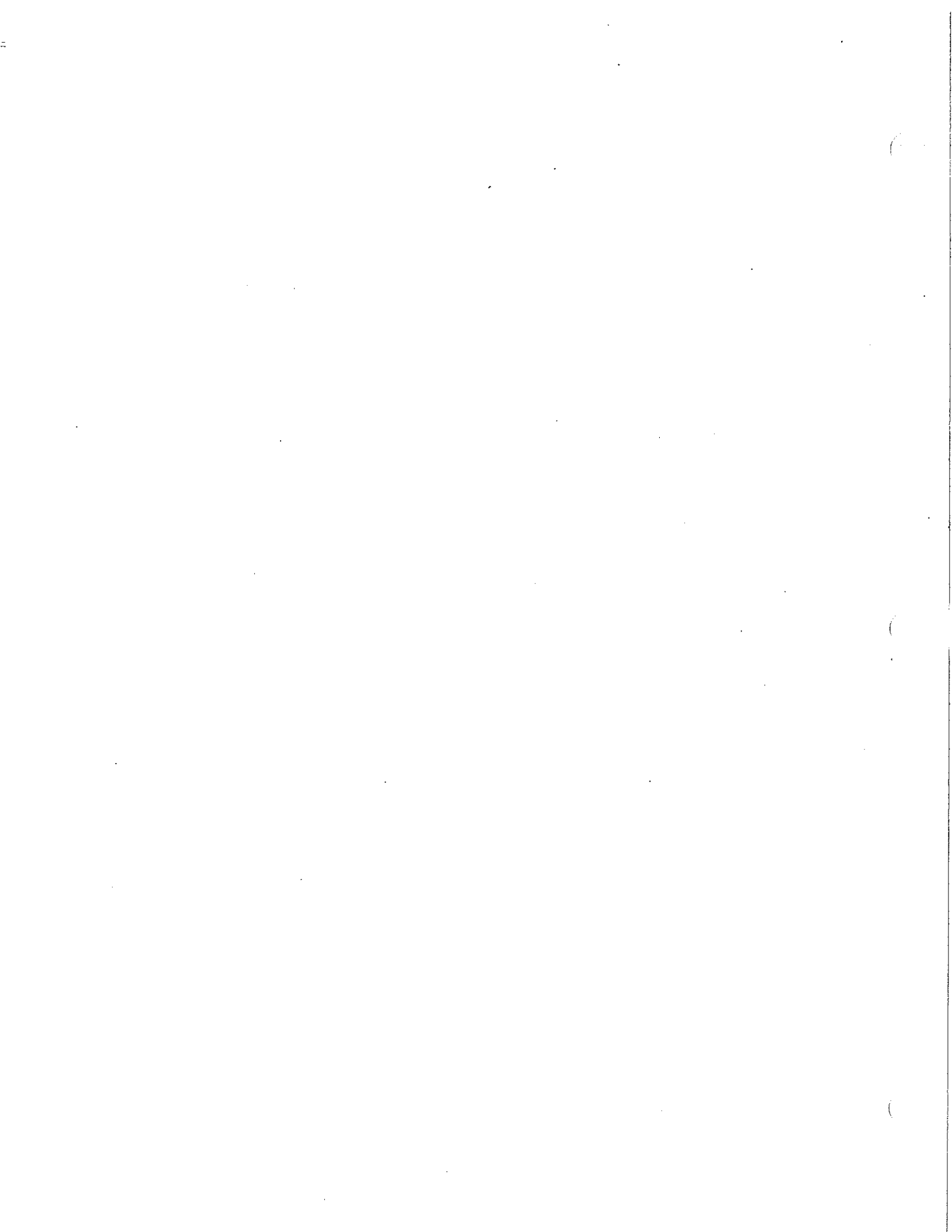
A nutrition professional prescribes food checks to participants. Food packages vary according to the participant. For example, tuna fish and carrots are given to exclusively breastfeeding mothers. Families on WIC take the checks to an authorized store to buy the food. WIC foods are selected because they provide certain nutrients such as iron, protein, and calcium that are critical in periods of growth and development.

#### **Referrals to Health and other Social Services:**

As a gateway to health care, WIC prides itself in giving appropriate referrals to a variety of services such as SNAP, Head Start, medical and dental services, substance abuse programs, child care and much more.

#### **Other Nutrition Services:**

WIC also educates clients on the importance of immunizations, on preventing lead poisoning and the harmful effects of tobacco and substance use on health and growth. Between July and October, WIC participants receive coupons to buy fruits and vegetables at local farmers markets; this is a joint initiative between the Connecticut Department of Agriculture, Farmers Market Nutrition Program and WIC.





## School & Child Care - Out of School Time

# SELECTING A BABYSITTER FOR YOUR CHILD

### How to pick a babysitter that will take good care of your child

Leaving your child at home with a babysitter, particularly for the first time, can be difficult for both you and your child, but sometimes you simply need to go out whether it be to run errands, for a social occasion, or just to have some alone time to take care of yourself. Pick a babysitter that you have confidence in, and with whose child care approach you are comfortable. Start looking before you need a babysitter if you can so that you have time to find out all the information you need to make the right choice--you do not want to be rushed in this important decision!

### Tips for Finding and Hiring A Babysitter

- **Check out bulletin boards** at neighborhood middle and high schools, colleges, community centers or libraries. You may be able to post a notice in these locations or even find existing notices for people looking to babysit. Your place of worship is another place you may be able to find a babysitter.
- **Look locally.** Advertise in a local newspaper or community newsletter. Check in your community or on-line for babysitting agencies
- **Ask your friends.** Talk to other parents that you trust about their babysitters. Ask if they've had any problems or if they've used babysitting services.
- **Do reference checks.** Screen a potential babysitter and ask for several references. Check each reference carefully.
- **Interview the babysitter.** Invite a potential babysitter to your home to interview him or her about their skills and experience. Create time for the candidate to interact with your child while you are in the room. Ask lots of questions!
- **Lay out the rules.** Tell your babysitter your expectations for conduct. Explain the family rules and the ways to enforce them. Leave emergency phone numbers handy so your babysitter can reach you if there are any problems.
- **Stay in contact.** Once you leave your child with a babysitter, plan to come home a little earlier than expected, just to see how things are going in your house. It is also a good idea to call while you are out and check-in. Always tell the babysitter that he or she can call you if they are feeling overwhelmed or need help.
- **Suggest activities.** Plan out one or two of your child's favorite activities with the babysitter. Leave easy to prepare meals for them to eat together.
- **Provide specific guidelines** for bedtime if you are going out in the evening, or for other activities they may do while you are gone.
- **If possible, talk to your child.** Be sure to ask if your child liked the babysitter and regardless of the answer, ask why your child feels that way.

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## Positive Parenting - Behavior & Discipline

### EFFECTIVE DISCIPLINE

#### How You Say It Is Key

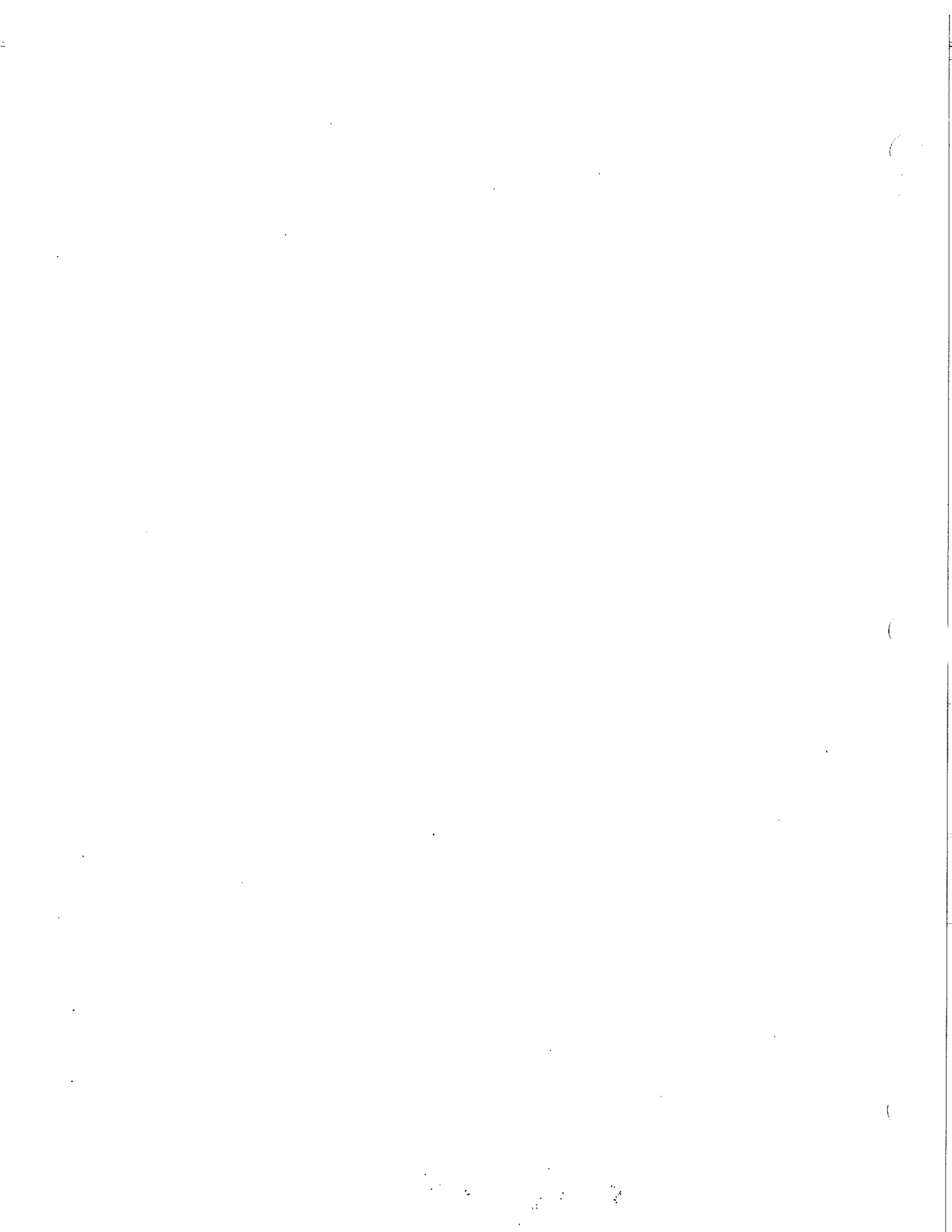
All parents get tired of yelling and repeating themselves trying to teach their children the same lessons and the appropriate way to behave. When it comes to disciplining your child effectively, how you communicate -- what you say and how you say it -- are key. Discipline your child with words that are instructive, not destructive, and that are caring, not callous. If your child feels that you respect him or her, your child is more likely to comply.

#### How to effectively discipline and guide your child

- **Be calm.** Your neutral tone shows your child you are standing your ground. Your calmness is contagious and will help your child calm down.
- **Be confident.** If you want your child to have a two-cookie or one-hour TV limit, then establish that those are the rules in your home by enforcing them consistently and with confidence.
- **Focus on your child.** Say his or her name when you give a directive and look directly at the child.
- **Praise good behavior.** Use specific praise that reiterates the good thing your child did and what it meant. "Thank you for sitting quietly and reading while I dressed your sister. It made us all happy and able to get things done. You are becoming a good reader."
- **Gentle reminders.** Time these appropriately. As your child leaves the bathroom, remind him or her to hang the towel up.
- **Present choices.** Instead of always telling your child not to do something, give your child choices such as, "do you want to put your socks on first or your shirt?" Just make sure you only give choices that if your child chooses, you will be comfortable with.
- **Don't ask, tell.** Asking "Are you ready for bed?" leaves the decision up to your child and the likely answer will be "no!" Try "Time for bed!" instead.
- **When...then .** Tell your child when he completes an act of good behavior (puts away a toy, finishes homework, brushes teeth), then something desirable for your child will happen (you can have a cookie, watch TV, call your friend on the phone.)
- **Tell your child you will count to ten** and explain what needs to happen during the countdown. Kids actually like the 'beat-the-clock' challenge and the countdown also allows you to keep your cool.
- **Invite input.** Work out a situation together by asking your child how he or she would solve the problem. Then listen and work together to solve the issue at hand.
- **Say please and thank you .** This helps your child use these important terms in his or her own language, but also provides an air of civility and kindness
- **Focus your message and be specific.** Direct your child specifically, saying, "Dinner's almost ready. Please turn off the TV, wash your hands, and come to the table."
- **Brief is best.** One or two sentences will work better than a lecture in most cases. "Put your coat on or you'll be late for school."
- **Use "I" phrases, instead of "you" phrases.** Shift your criticism from the child to the child's behavior. Rather than, "You really make me sad when you do not put away your toys" try "I really like it when you put away your toys when you are finished playing."
- **Don't give too many orders at once.** As your child completes a task, then direct him or her to the next one to avoid

overwhelming your child

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## Positive Parenting - Behavior & Discipline

### DISCIPLINING YOUR PRESCHOOLER

Preschoolers are able to learn rules and follow directions. With clear rules and consistent enforcement, your preschooler will learn *self-discipline* and *self-control*. Hitting and/or yelling at your preschooler are not effective discipline techniques. These actions teach your preschooler that violence and yelling are an appropriate response to anger or frustration.

#### How to effectively discipline your preschooler

- **Have a routine.** Have consistent routines for those times of day or activities that always seem to result in a battle (bedtime, mealtime, getting ready for school). Your preschooler will know what to expect and become used to the process, leaving less room for power struggles.
- **Establish rules together.** Sometimes a child may be acting out because she feels she does not have any control—allowing your child to help set the rules and decide on the consequences for breaking those rules may help her feel more control. When a child is involved in setting the rules, she may be more likely to follow them.
- **Be sure that “NO” is not the word your child hears most often.** Praise your little one for good behavior so he does not see misbehavior as the only way to get your attention. Remember, he is constantly seeking your approval so rather than placing blame, which will only make your child feel badly, ask questions about what happened, and what he could do differently next time.
- **Avoid power struggles.** Instead of engaging in the battle, acknowledge what your child is feeling. Say something like, “I know you are upset that we have to leave the playground because you are having fun playing on the slide.” Also give your child limited choices, and make sure you can be happy with the choices you offer, for instance, “You can put your coat on by yourself, or I can help you with it.”
- **Take timeouts for you and your child.** Tell your child why a particular behavior is inappropriate and remove her from the situation (one minute for each year of age is appropriate). Take this time to re-group and do not talk to your child when she is in a timeout. Remember not to overuse timeouts. Use them only for aggressive behavior that requires removal from the situation (hitting, biting, etc.) and use a place free of distractions for the timeout.

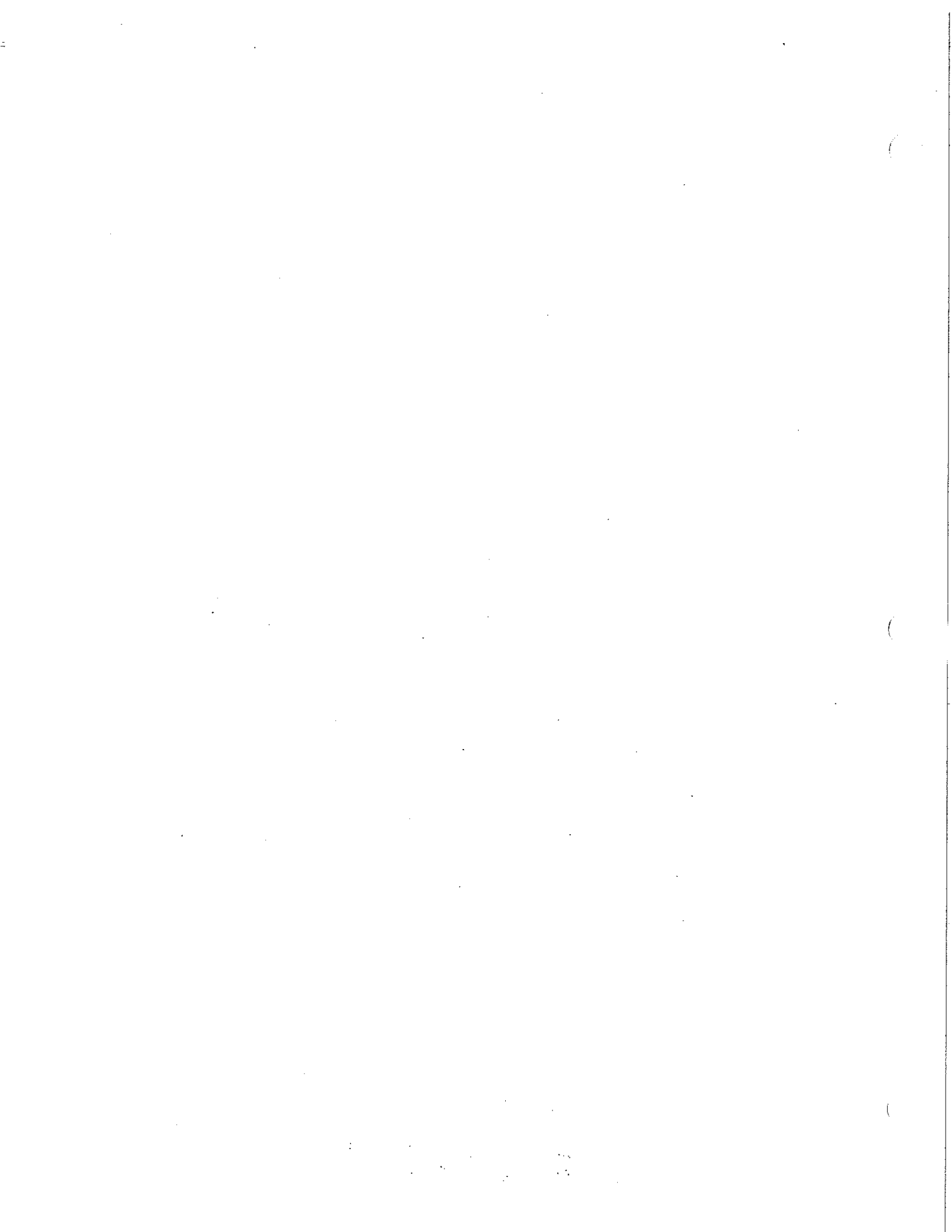
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## Positive Parenting - Behavior & Discipline

### DISCIPLINING CHILDREN AGE 6-8

Your school-age child is capable of taking an active role in setting the rules for your home and family as well as the appropriate consequences for when he breaks those rules. Involving your child in this process will make him more likely to respect the rules. Hitting and/or yelling at your child are not effective discipline techniques. These actions teach him that violence and yelling are an appropriate response to anger or frustration.

#### Tips for effectively disciplining your school-age child

- **Be sure "no" is not the word your child hears most often.** Positive reinforcement is important. Praise your child for good behavior so he does not see misbehavior as the only way to get your attention. Your child can be sensitive to criticism, making this kind of praise a perfect way to bolster his self-esteem.
- **Remember tantrums still happen.** Try to remain calm; if you react to these tantrums your child will see them as a way to get attention. Take a deep breath and calmly tell your child that when he is ready to talk about how he feels, you are ready to listen.
- **Empty threats are dangerous.** It is easy to become angry and make unrealistic threats of punishment, like "If that fighting does not stop we are never going on another car trip!" Threats on which you cannot follow through, especially those with the word "never," will weaken the power of the realistic consequences you may use in the future.
- **Manage discipline.** Your child may feel like he has little control and believes that the way to gain power is to misbehave. Constant discipline will only fuel that belief, instead, focus on giving your child positive attention when they are doing something good. This will show him that he can gain power and your attention this way, too!
- **Involve your child with choices.** Sometimes the way to deal with a child who may feel like he does not have any control is to involve him in the process. Offer him an "either/or" choice so he feels he had some say in the matter. Remember a child should not always have choices. You need to decide when this is appropriate (e.g. battle over what to have for lunch, *not* whether or not a seatbelt needs to be worn), and make sure that you can live with either choice.

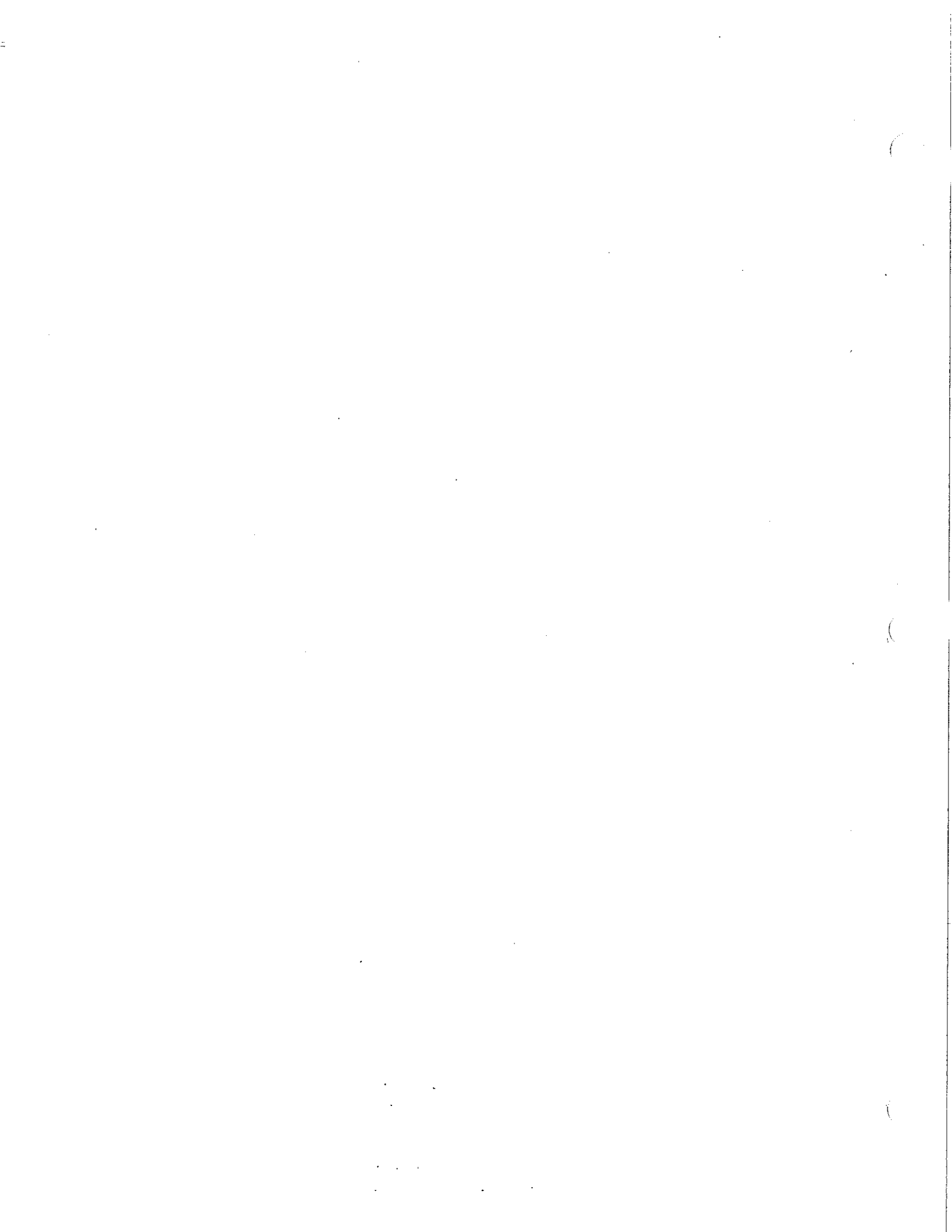
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## Positive Parenting - Behavior & Discipline

### DISCIPLINING TEENAGERS

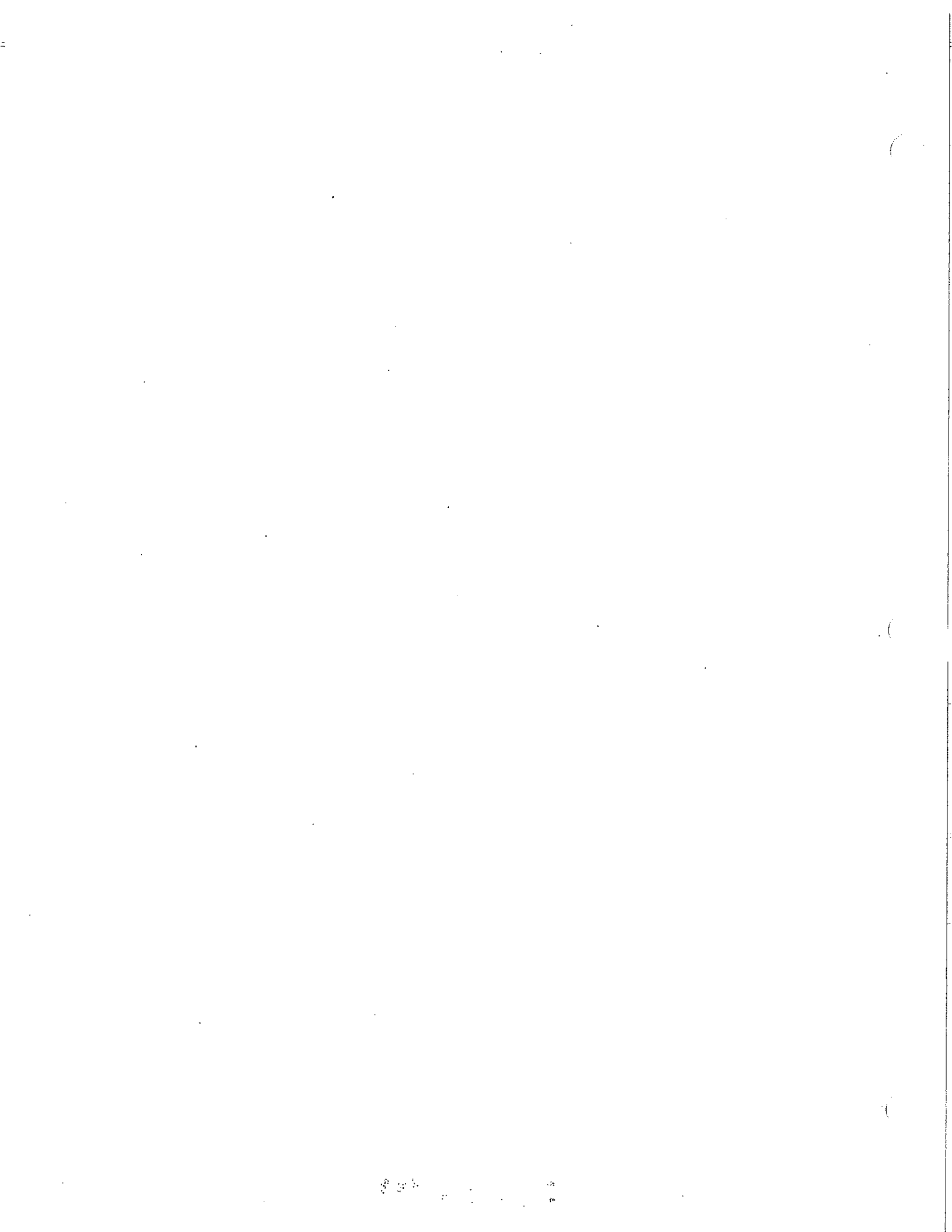
#### Setting and Keeping Rules

The use of rules and consequences becomes critical when you are negotiating your way through the late adolescent and young teenage years. Rules, rewards and consequences may change as your pre-teen's/teen's needs and desires develop. Rewards can be used to encourage your teen to follow the family rules and behave appropriately; consequence should be used for breaking the rules and misbehaving. The reward or consequence should match the misbehavior. Hitting and/or yelling at your pre-teen or teen are not effective forms of discipline or communication. These actions will teach your teen that violence and yelling are appropriate responses to anger or frustration.

#### Disciplining your teenager

- **Loss of Privilege:** A privilege is a right granted by a parent. Privileges for this age group can be a later curfew, use of the TV/video games, or going to events without a chaperone. If your child misuses the privilege, he should lose it for a while. The loss of privilege should correlate with the misbehavior.
- **Grounding:** This action should be similar to the action you would take when taking away a privilege. An example would be when your teenager breaks his curfew and comes home late. The "grounding" action should directly mirror the misbehavior. Therefore, an appropriate consequence would be "grounding" your teenager to a week of earlier curfews, or not going out at all.
- **Restitution:** Restitution means that there is a "pay back" or a logical consequence for a specific behavior. The goal of restitution is to make good of a wrong. It gives your teenager the opportunity to correct his mistake. For example, your child damaged the house while he was home with his friends. Restitution would be requiring your teenager to earn the money to pay for the cost of the damage. This could be through an after-school job, working around the house, babysitting siblings, or doing additional chores until the work would amount to the cost of the damage. This kind of discipline not only gives your teenager the chance to redeem himself, but it is also a direct response to his action. He will be able to see how the consequence fits his action.
- **Overdoing Discipline:** One of the mistakes that you, as a parent, can make is overdoing discipline with your pre-teen or teenager. It is important to "pick the battles" that will matter and that will create an opportunity for learning and structure. Discipline is not necessary for all misbehaving actions. Sometimes it just takes a discussion with your child, rather than an enforced consequence. Whether to punish a young teenager is left entirely to discretion, but remember that too much of one thing can be harmful. The point of a consequence should be to teach your child an important life lesson and recreate structure, but it should not be a constant mode of parenting.
- **Talk to Your Child:** It is important to maintain open communication with a young teenager. Your mode of communication should not be only when you are disciplining your teen. It is necessary to remember that your child is struggling with all kinds of peer pressure, academic stress, extracurricular requirements, and physical changes, among other possible unknowns. Make sure you are regularly checking in with your child to see how he is doing. Just making time to ask him once a day "How are you doing today?" can be an important step in parenting. Your teenager needs to feel supported and comfortable sharing his thoughts and feelings.
- **Respect Your Teenager's Privacy:** At this stage, your child is transforming from child to adult. It is essential to give him enough space to grow and discover things on his own. This will build confidence, independence, and useful skills for

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







adulthood, while still under your protection and guidance. One way to keep you from crossing the line of privacy is to be aware of the common issues that teens are facing today and to look for warning signs.

- **Handling "Back Talk":** This age group is generally when parents begin to hear their children talking back to them or challenging their rules and ideas. This is a tricky issue to handle because you don't want to squelch your child's first steps towards autonomy, nor do you want him to think it is alright to be rude. In a serious tone say, "I don't want you to talk that way to me. If you disagree with me that's okay, but you'll have to do it in a polite way." This sends the message to your child that you've heard what he has to say, that he has a right to his opinion, but that he needs to communicate it in a respectful way. This may allow for better communication in the future.

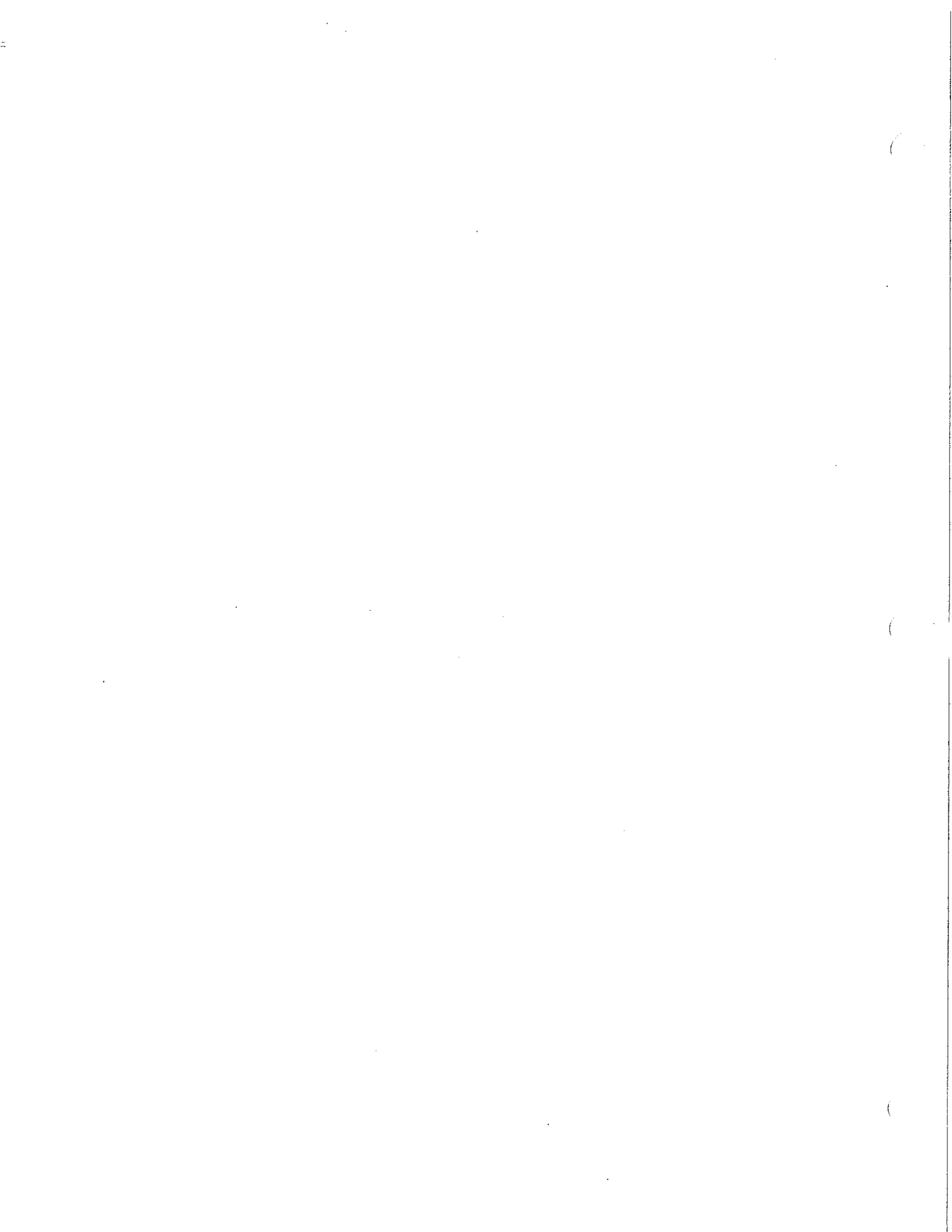
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*Positive Parenting - Behavior & Discipline*

## TEMPER TANTRUMS AND YOUR YOUNG CHILD

### *How to cope with your young child's tantrums*

It is normal for toddlers and preschoolers to throw temper tantrums. This is their way to cope with frustration and overwhelming emotions. Be prepared for temper tantrums. You can help your child manage tantrums by showing love and talking through his frustration.

### *How to cope with temper tantrums*

- **Nip tantrums in the bud.** Address the behavior as soon as it starts without getting angry or giving in to your child. Say to your child, "When you stop crying we'll talk about it and see what can be done." Then walk into the next room.
- **Show love.** It's okay to hold your child if she comes to you during a tantrum and she's too young to be left alone, but don't respond to what she wants until she calms down.
- **Engage in other activities.** Begin going about your normal routine such as leafing through a magazine or opening the mail, to let your child know she won't get your attention until she has calmed down. Tantrums stop much more quickly in the absence of an interested audience in most cases.
- **Get some privacy.** When in public ignore any glares you get, take your child to a private corner to wait for her to calm down. Tell her, "I'll sit down with you until you stop screaming." If she doesn't stop crying or screaming after three or four minutes, take her home.
- **Model emotional coping techniques.** Show your child how adults can find other ways of coping with stress and anger besides yelling and screaming. Use phrases like "I'm upset now, but I'm going to figure out how to fix this."

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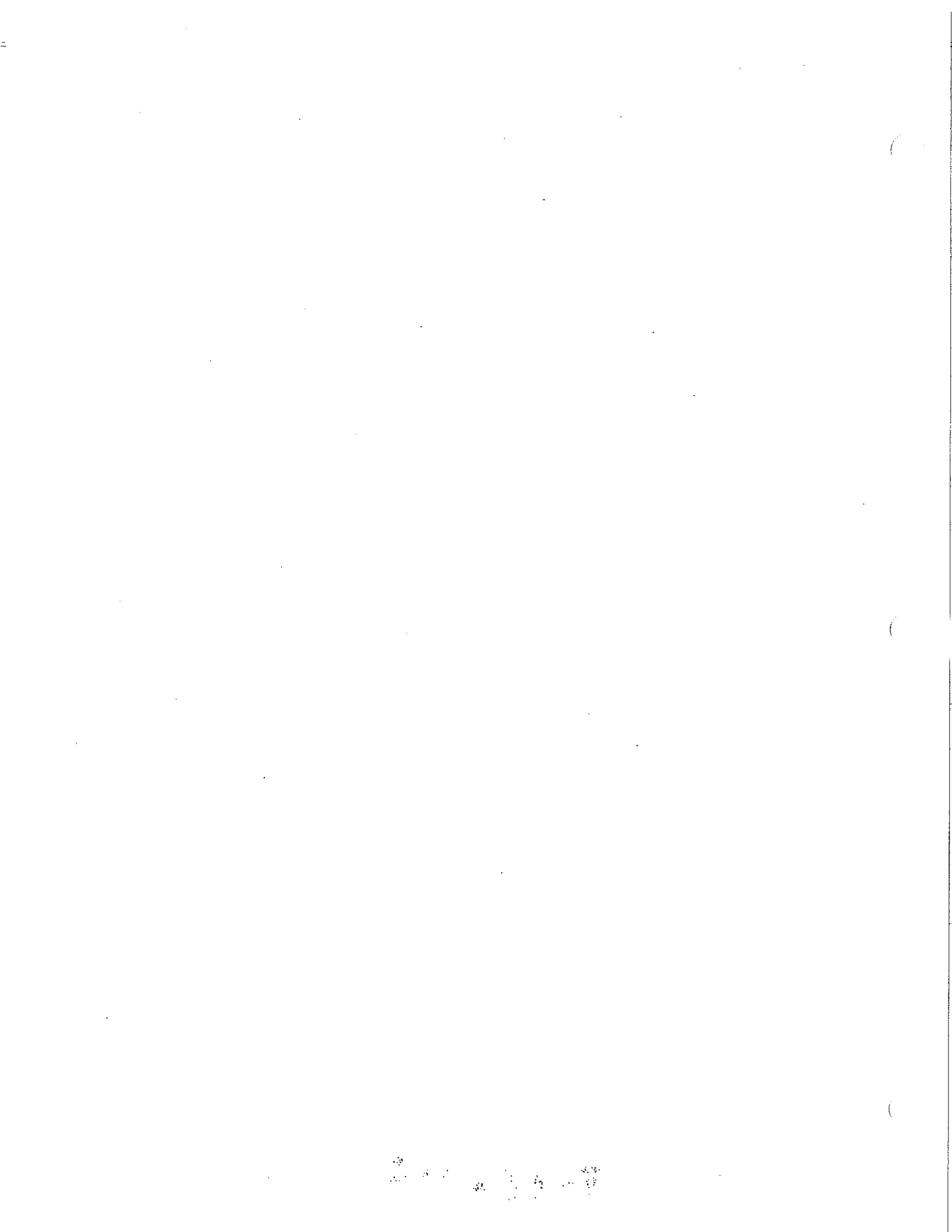
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Parenting Tips Sorted by Age - Babies

## BABIES CRY, HAVE A PLAN TO PREVENT SHAKEN BABY SYNDROME

### About Shaken Baby Syndrome

Shaken Baby Syndrome (SBS) is the name of injury to an infant's brain caused by vigorous shaking by another person, whether a child or adult. An infant's neck muscles are not strong enough to be very supportive of the head. During vigorous shaking, the brain hits the inside of the head, causing swelling, bleeding, and pressure in the brain. These injuries can lead to brain damage, hearing loss, blindness, seizures, speech and learning disabilities, paralysis, or death. A baby who has been shaken hard may experience lethargy, irritability, vomiting, inability to suck or swallow, loss of appetite, seizures, difficulty breathing, unconsciousness, inability to focus, or inability to move.

### Tips for Preventing Shaken Baby Syndrome

- **Be prepared for crying.** It is normal for infants to cry, and they may do so for three hours a day or more. Sometimes your baby will not stop crying, even if you have met all of his needs. You can try different ways of comforting your baby, including walking with him, singing or talking to him, or taking him for a ride in the stroller or car. If nothing seems to work to calm your baby, check for signs of illness or call his doctor.

- **Discuss SBS with your infant's other caregivers.** Talk to all of the adults who care for your baby, including spouses, grandparents, siblings, and child care providers, even if you leave your baby in their care only for a few minutes. Share with them ways that you have found to soothe your baby, including how your baby likes to be held, under what conditions he sleeps best, and how you comfort him. Ask your child care provider how she copes with infants crying. For more tips, see OneToughJob's fact sheet *The Childcare Transition - Preparing Yourself and Your Child*.

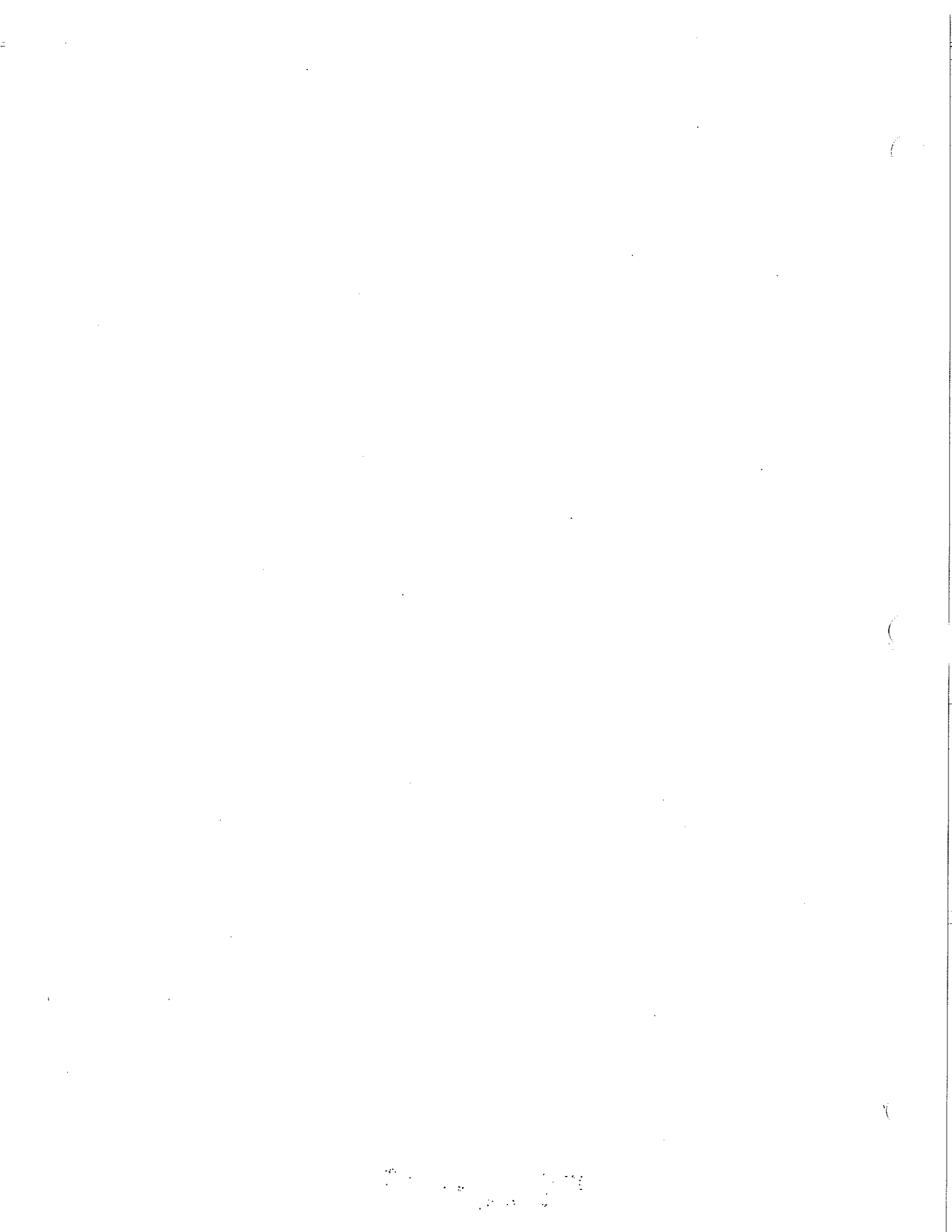
- **Know yourself.** Recognize when you are becoming frustrated, tired, angry, or overwhelmed with the baby's crying. If your baby just won't stop crying and you feel yourself becoming very frustrated, leave him safely in the crib on his back for several minutes while you leave the room to cool down.

- **Call for help.** Sometimes you will need more than just a few minutes away from your crying baby. Make this part of your plan; let family and friends know you may call when you need their help. Call them to come over and watch the baby so that you can get a longer break. Joining a parent support group can help you normalize your feelings of frustration and learn coping techniques from other parents. If you have had thoughts of shaking your baby, contact a counselor or social worker, or call the free, 24-hour **Massachusetts Parental Stress Line at (800) 632-8188**. If you think your baby might have been shaken, call emergency medical services or your doctor immediately.

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## Parenting Tips Sorted by Age - Babies

### CHILDPROOFING YOUR HOME

#### Keep your child safe at home

We can better protect our children, particularly youngsters between the ages of one and four, by effectively childproofing our homes and the homes where our children spend time. Sadly, children between the ages of one and four are more likely to be killed by fire, burns, drowning, choking, poisoning, or falls than by any other means. We have the opportunity to prevent these tragedies by taking steps to create a safe haven for our youngest family members.

#### Tips on how to childproof your home

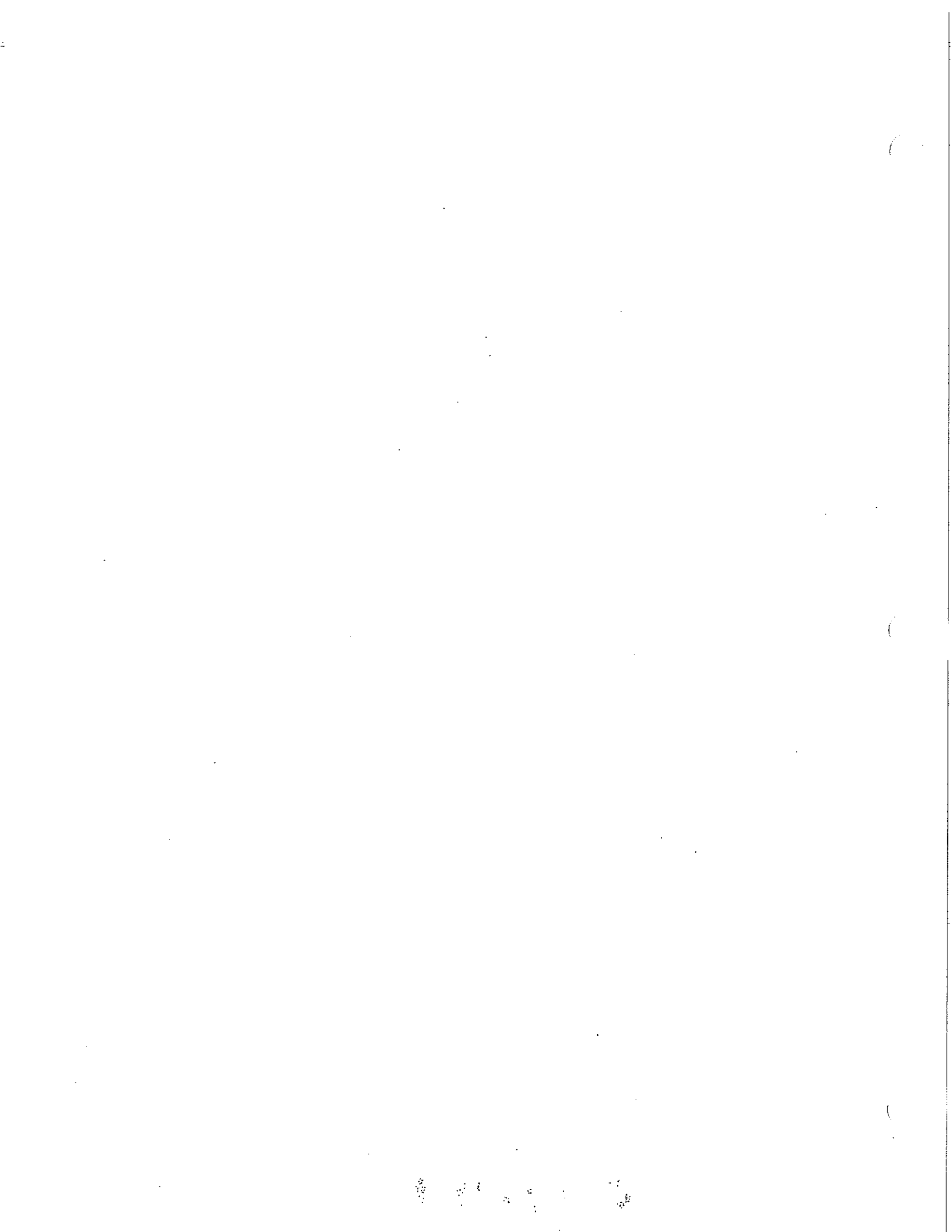
- **Scope out the territory.** Get down on your hands and knees when your child begins crawling, walking and climbing to determine which cupboards or drawers he might pull down, what spaces he might get stuck or injured in, and what furniture or appliances he might be able to pull down.
- **Use caution with furniture and fixtures.** Bookcases, dressers, and appliances can fall on children; bolt furniture to the wall if possible. Cover all sharp corners and edges of furniture with soft material like foam pieces or cloth to soften the impact if your child falls into them.
- **Install gates.** Look for child safety gates that your child can't dislodge, but that you can easily open and close. Install gates that screw to the wall rather than those that stay put by using pressure for added security.
- **Secure your windows.** Window blinds pose a particular hazard because a baby's neck could become trapped in the cords. Tie blind cords so they are out of reach. To prevent falls from windows, install window guards that screw into the side of a window frame, have bars no more than 4 inches apart, and can be adjusted to fit windows of many different sizes.
- **Prevent poisoning.** Keep all poisonous products out of your child's reach. Put safety locks on all cabinets and drawers that hold bug sprays, cleaning products, medications, and other poisons.
- **Prevent drowning.** Most in-home drowning deaths occur in bathtubs. Never leave your baby unattended in the tub for any amount of time.

**Prevent fires.** Experts say having a working smoke alarm can cut the chances of dying in a fire in half. Install smoke alarms in every room of the house. Check them monthly to be sure they're working, and change the batteries every year. You are also required to have at least one carbon monoxide detector in your home.

- **Prepare for an emergency.** Program emergency numbers into your home and cell phone and keep a list of these numbers in a visible area for you and others to easily access. Stock up on first-aid supplies.

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## Positive Parenting - Parent-Child Communication

### ACTIVITIES TO DO WITH YOUR BABY

#### *You are your baby's first teacher*

Babies are usually easy to please. They like to be well rested, fed, and kept clean and dry. However, every minute your baby is awake, he is learning something new from the people and world around him. He is growing and changing every day, and there are many ways you can communicate and play with him. Remember, babies can be lots of fun!

#### *How to spend quality time with your baby*

- **Spend time cuddling.** Babies love to be touched and held. Do not be afraid of spoiling your infant by picking him up too much. Holding your baby actually makes her feel comforted. She is fragile, though, so be sure to support her head and neck and do not shake her hard.
- **Learn your baby's cues.** Sometimes babies do need their time and space because all the sights and sounds can be too much. If your baby moves his eyes away or starts to cry, she may just need some quiet time in her seat or crib. When your baby is ready to play, she will let you know by smiling, reaching out, and moving her eyes towards someone who is talking.
- **Make some tummy time.** When your baby is three months old, it's important to start giving him some time on his stomach to exercise his neck muscles and help him learn to reach for things. Put him on a soft surface on the ground, such as a blanket or carpet, put toys in front of him, and let him try to reach for them. Remember, though, never to put your baby to sleep on his tummy!
- **Your baby likes to see.** Babies can't see all the colors right away, but they do like to follow things with their eyes. Your baby will like contrast and brightly colored things like mobiles, but most of all, she wants to see your face!
- **Your baby likes to hear.** Your baby will get used to your voice pretty soon after he is born, and soon after that, he will love hearing new sounds. Babies love music and singing, especially songs that have clapping and rhyme. You can even make them up as you go along! The best way to introduce your child to new words is to talk to him as you do things, even if he can't talk back. Tell him where you are going and what you are doing. Most importantly, read out loud to your baby. Reading should be part of your child's day from the time he is born. Point to and name the pictures in the book.
- **Your baby likes to touch.** Your baby will start to hold on to you early on – your finger, your hair, watch out for those earrings! But you can also use some simple toys, such as soft books or rattles.

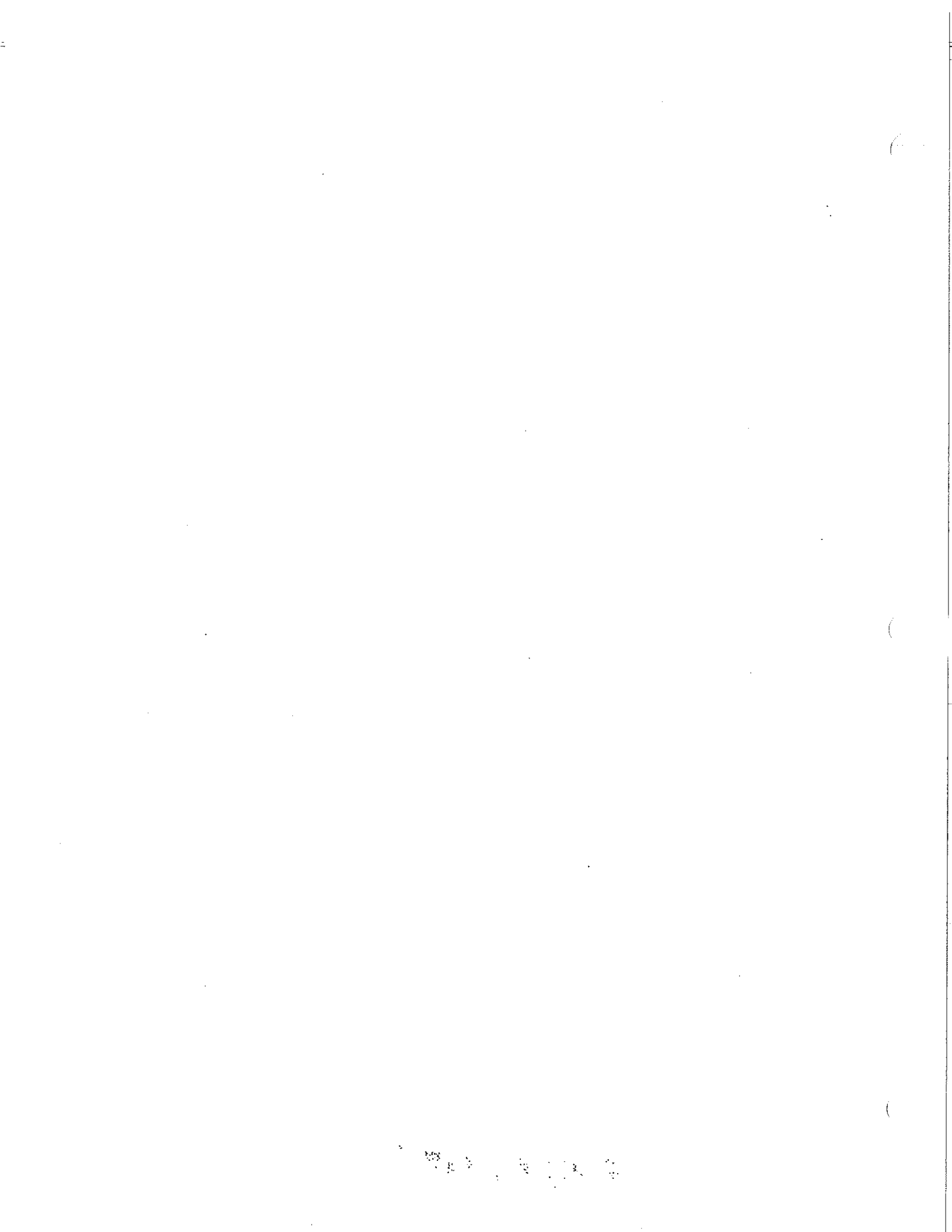
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## Positive Parenting - Parent-Child Communication

### ACTIVITIES TO DO WITH YOUR TODDLER

#### All grown up and ready to go

As your toddler begins to walk and learns new words, she will want to practice all of these things over and over again. Toddlers love repetition and this is how they learn and master new things. Toddlers have lots of energy, are very curious about everything and it can be a challenge trying to keep them busy. Below are a few activities you can try with your toddler that will support his development and maybe even help burn off some of that excess energy!

#### Activities for you and your toddler

- **Encourage fine motor development.** Provide your toddler with fat crayons or non-toxic, washable markers, and let him scribble on paper. This will get him interested in and give him practice drawing, coloring, and writing.
- **Spend time outside.** Your toddler will want to run and climb, and the outdoors is a great place for her to do this. Help her climb and play on an age appropriate playground structure. You can also engage your child outdoors by playing with a ball, or introducing her to a bicycle or riding toy that is safe and appropriate for her age and size.
- **Use rhythm and rhyme.** A great way to stimulate your toddler's language development is with rhythmic rhymes. Sit with him on your knees facing you and recite simple rhymes. Don't worry, if you don't know any, you can make them up as you go along! You can also listen to music and hold his hands and dance.
- **Toys and games.** At this age, there are many things your toddler can play with. She will like blocks and toys that can be stacked. She may also like push, pull, and riding toys, such as a miniature stroller or cars and trains. You can also engage her with simple puzzles. She may also like to 'help' you with what you are doing; for example, if you are cooking, give her some pots and pans to play with.
- **Read to your child.** Reading to your child is one of the best gifts you can give him. Pick simple sturdy books with bright pictures and let him help turn the pages while you read the words on each page. Wordless books are also great at this age, and you can make up your own story.

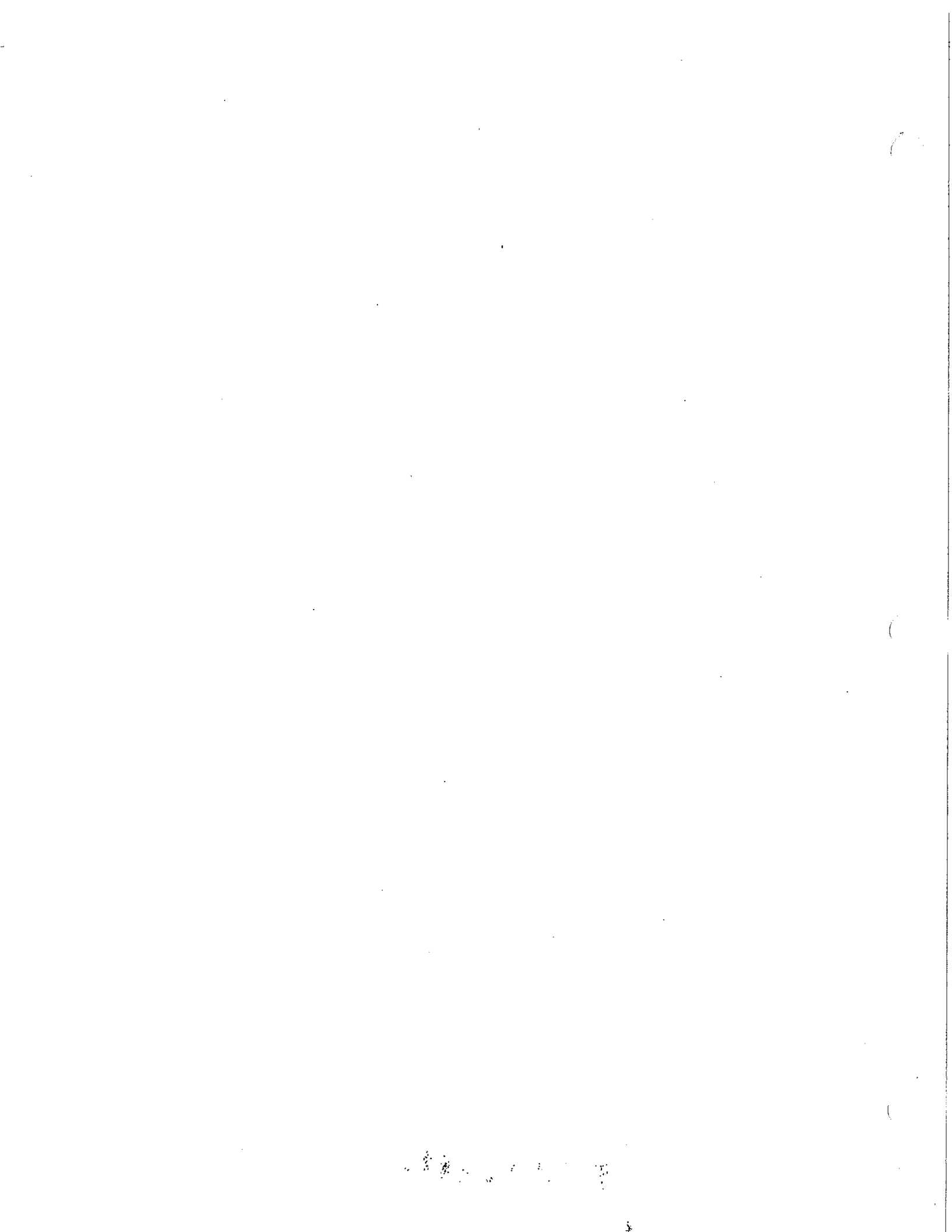
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## Positive Parenting - Parent-Child Communication

# ACTIVITIES TO DO WITH YOUR PRESCHOOLER

### Have Fun With Your Preschooler!

If you are the parent of a preschooler, you are probably hearing a lot of, "No!" and "I can do it myself!" as your child starts to want to be independent. At this age, your child is learning new things every day, and you can support his development by letting him make some small decisions, doing fun activities, and helping him explore new things!

### Tips for spending time with your preschooler

- **Give your child choices.** If you ask your child what she wants to wear that day, you are probably setting yourself up for a morning of tantrums when she picks out a sundress in the middle of winter and you have to say no. Help your child make some small decisions by giving her options, such as choosing between two outfits or between cereal and toast for breakfast.
- **Let your child try.** Be patient with your child, as it may take many tries at tying his shoes before he can finally do it himself. Buy clothes that your child can easily put on and take off by himself. If he becomes frustrated, help talk him through a difficult task, and praise him when he completes it. Most importantly, remember that a sense of humor can turn a stressful moment into a fun one. If your preschooler refuses to put on his coat, put it on the dog - the distraction and laughter may make him put it on right away without a fuss!
- **Say what you mean and mean what you say.** Preschoolers need clear directions. For example, saying "I see you put some toys away, but I'd like it if you put the rest in the toy box" tells her what you want her to do and reinforces good behavior, whereas saying "this room is still messy" is not as specific and is negative. Also, preschoolers need limits. Let your child know what to expect and what is expected of her when it comes to small chores that she can and should do, and consequences for when she doesn't listen.
- **Think outside the box.** Your preschooler is active and always needs to be busy doing something, but you don't have to go far to think of things to do. Preschoolers have good imaginations and like to use them. Play dress-up with your child, get out some paper and crayons and make a book, or just take a walk! All of these things will keep your child busy, help him learn, and be fun for both of you!
- **Help your child transition.** At this age, children still need to know what to expect from their day. Even with a regular routine, your child still needs time to adjust to different things in the day, such as being dropped to school. You can make these times easier by talking him through them. For example, tell him he has ten more minutes to play before it's time to leave for school, and reassure him that you will be there to pick him up after rest time is over at school.
- **Talk and read to your child.** The best way to support your preschooler's learning and spend quality time with her is to have a conversation with her and read to her. Take advantage of things like car or train rides to talk about your child's day and discuss your surroundings. Take your child to the library and help her pick out some books that you can read together. And of course, make reading part of your child's bedtime routine, even if she asks for the same book every night. You'll see that this might even become your favorite part of the day!

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## Positive Parenting - Parent-Child Communication

### HOW TO TALK AND LISTEN TO YOUR CHILD







#### Get your child to open up

Nothing is more important in your relationship with your child than effective, open communication. To be able to talk to your child, listen to your child, and have your child know that you are there for her is really the most important aspect of parenting. By communicating effectively with your child, you will alleviate much of the stress that comes with being a parent. A big part of being a strong communicator is being a good listener. When your child knows that you will listen to her when she talks, she will be more likely to listen to what you have to say.

#### Verbal and nonverbal ways to be a good listener

- **Respond to nonverbal communication.** This will encourage your child to express his emotions verbally. For example, if your child rolls her eyes, you might say, "The way you are rolling your eyes suggests you don't agree. Am I right?"
- **Find a time and place to talk.** When your child approaches you to talk but you cannot right at that moment, let your child know "now is not the right time, but it's important that we talk". Set a time and place to talk later, when you can give your child the full attention she deserves. Set the time and place then, and then make sure you follow through.
- **Give your child your full attention.** When you sit down to talk, make sure there are not any interruptions and give your child your full attention. Don't answer the phone, check your cell phone, or be watching the game or anything on TV.
- **Avoid interrupting.** Letting your child finish what he wants to say shows that you care about what he has to say.
- **Give nonverbal encouragement.** Lean forward and make eye contact, nod occasionally, say "uh-huh" or "mmm", and smile when appropriate to let your child know that you are interested in what she is saying.

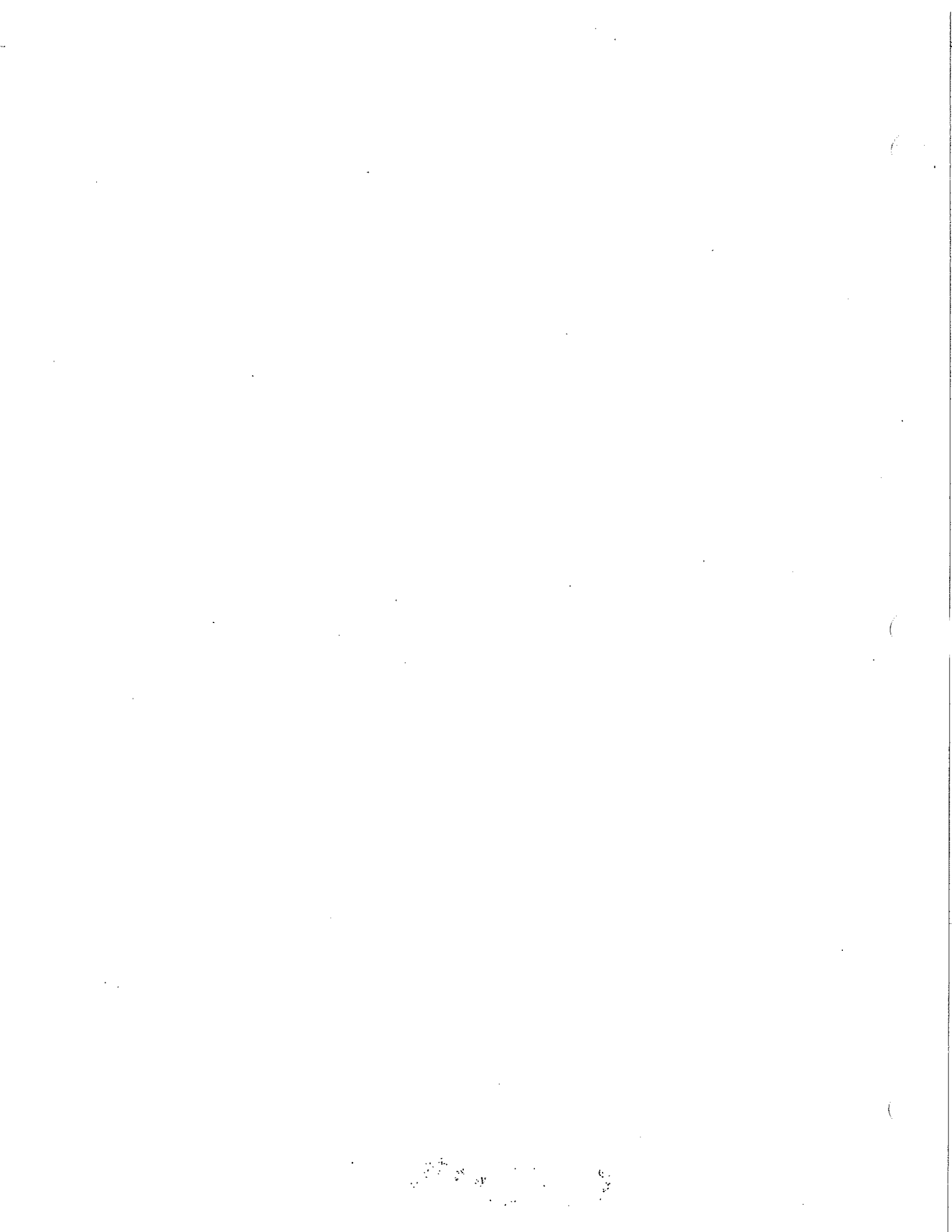
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*Health & Safety - Healthy Kids, Happy Kids*

## MANAGING YOUR CHILD'S EMOTIONAL HEALTH

*What you should know*

### Causes of childhood stress

Although it may be hard to imagine, children can and do get affected by stress. Even infants can become distressed if, for example, they sense a parent's stress or anxiety. The causes of stress in children can be internal or external and range from separation anxiety to hearing about something scary in the news to academic and social pressures.

### Signs of stress in children

It is important to be on the lookout for signs of stress in your child. These can range from behavior changes such as mood swings or clinginess, physical changes such as stomach aches and headaches, academic changes such as changes in performance or trouble concentrating, and many more. It can be hard to determine if your child is stressed, acting out, or just growing up. However, if you are concerned, go with your instinct and try to find out if something is bothering your child.

*What you can do*

### Where to start

If you think your child is acting out of the ordinary, the first step is to talk to him. Sometimes children can easily verbalize what's on their mind. Next, talk to his teachers, coaches, or others he interacts with regularly, even friends if he is older, and find out if anyone else has noticed and changes in your child. Finally, talk to both your child's school counselor and pediatrician about your concerns and what you should do.

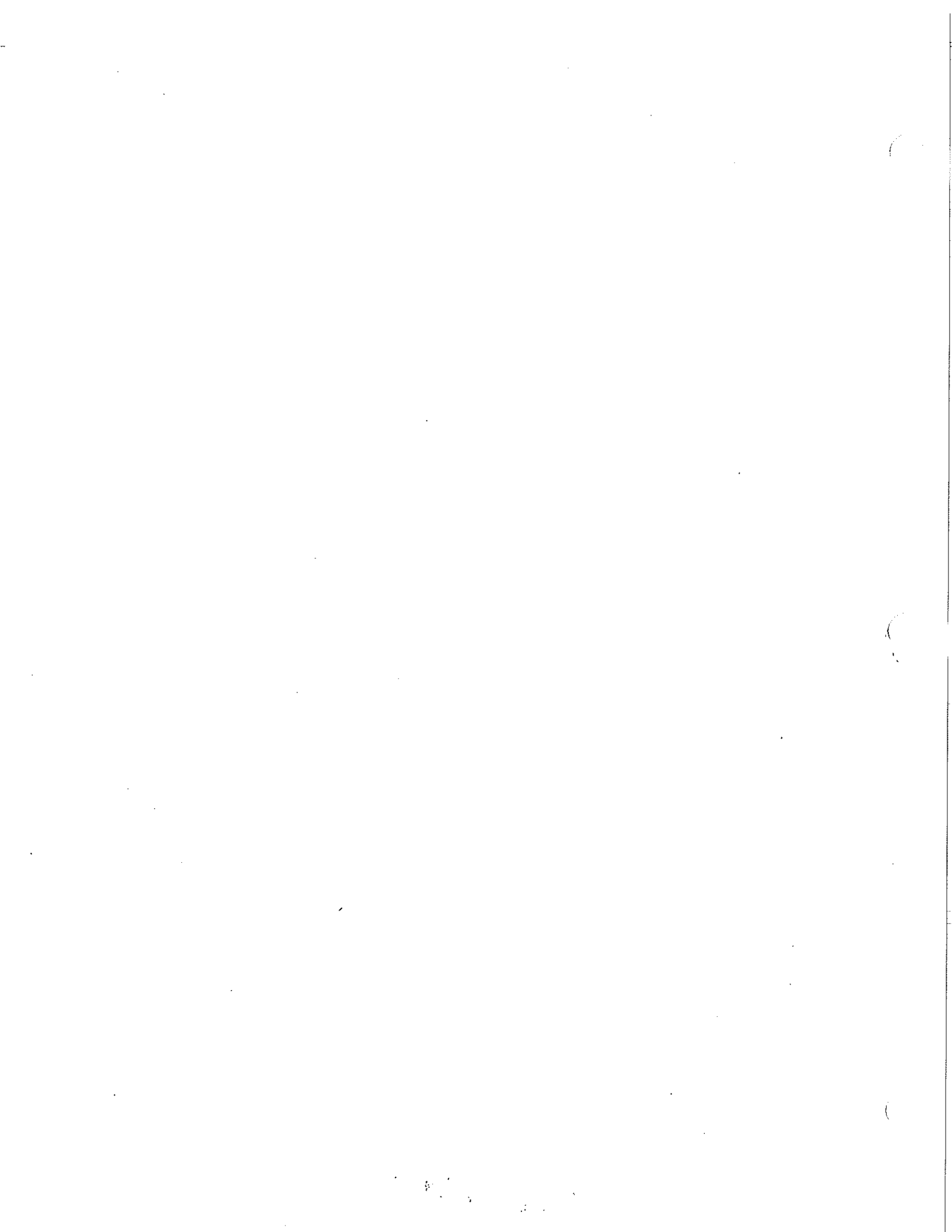
### Tips for minimizing stress in your family

- Look and listen to your child to see if he/she is stressed. If you think something is bothering her, ask her. Also talk to teachers, coaches, and others your child interacts with.
- Learn to set limits for both yourself and your child. There is only so much each of you can be expected to do. Life isn't always easy but try to stay positive. Ask for help if you need it and find ways to deal with your own stress so your child does not pick up on it.
- Spend time together regularly as a family. Try to find activities that all of you enjoy.
- Be realistic about your expectations. Remember that no child is perfect. Understand that winning isn't everything and making mistakes is perfectly normal.
- Look for well-organized activities for your child as well as coaches and teachers who will boost his self-confidence. If you or your child does not feel comfortable with a person or a situation, explore that feeling and talk to whoever is in charge.

### Finding a therapist for your child

- Sometimes even children just need someone else to talk to. 10-20% of children and adolescents have an emotional or psychological disorder warranting professional help.
- When searching for a therapist, ask for referrals from pediatricians, guidance counselors, and even other parents. Many therapists are specifically trained to work with children.

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## Managing Your Child's Emotional Health

Personal chemistry between therapist and patient is very important. Meet with the therapist in person and bring your child along. Kids need to feel that they are in a safe, protected place. Take your child's feelings into account and make sure she is comfortable with the therapist.







- Judge a therapist by how thorough her evaluations are and how respectful and emotionally sensitive she is. If at any time you or your child feel uncomfortable, listen to your instinct.
- Trust is the most important aspect of your child's relationship with the therapist. In order for things to work, try to respect your child's private relationship with the therapist and trust that the therapist will tell you what you need to know.

### Using the school counselor

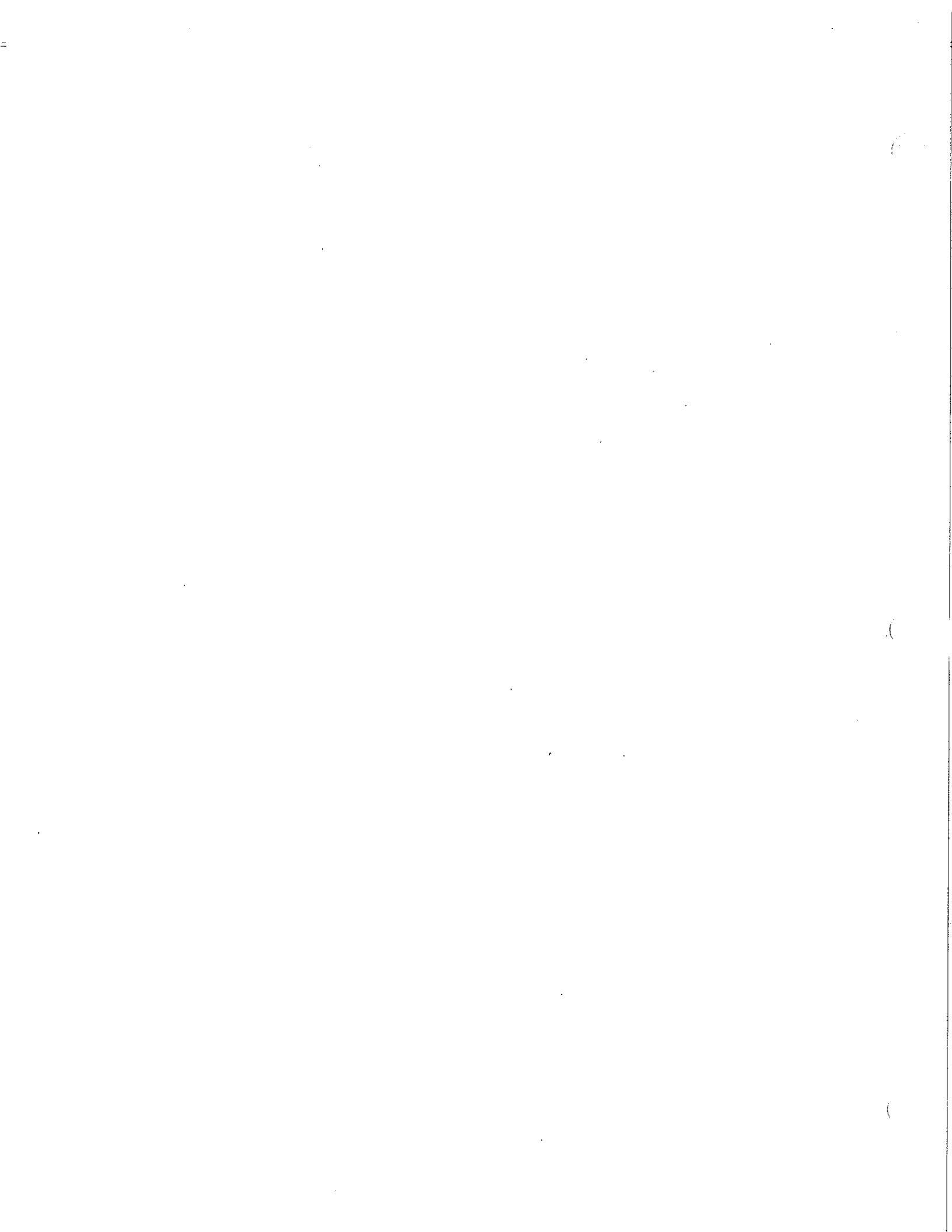
- Often times, children find themselves dealing with problems that they have trouble facing alone. School counselors can be a great resource to help children cope with the difficulties of their everyday lives.
- School counselors are specially trained but are also able to help with things that are not school-related. They know about all of the current issues affecting students, ranging from study skills to substance abuse to planning for life after graduation. School counselors are present at the elementary, middle, and high school level. They can refer students to outside resources if they need additional help.
- Schools have different policies on how to go about meeting with the counselor, but they are there for all students. Students can meet with the counselor even if the issue is not school-related. Private meetings are the most common, but often times group meetings can be helpful for students dealing with similar issues.
- Students and parents don't need to know exactly what's wrong – the school counselor can help them figure things out. Conversations will most likely remain confidential; however, if the counselor thinks the student or someone else is at risk of being harmed, he or she is required by law to tell those who need to know.

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Health & Safety - Healthy Kids, Happy Kids

## MANAGING YOUR CHILD'S PHYSICAL HEALTH

What You Should Know and What You Can Do

### Finding a doctor for your child

- **Should be done well before your baby is born.** Start looking about three months before you are due. Find out the limits of your health plan. Take recommendations from your own doctor's office, community health center, and/or other parents. Meet the doctor before your baby is born and make sure you feel comfortable with him or her.
- **Pediatricians** focus on the physical, emotional, and social health of children from birth through adolescence and are familiar with their preventative health care needs.
- **Family physicians** are trained in pediatrics and other areas and are qualified to care for patients of all ages. They can see your entire family and will know the medical history of the whole family as well as any social or emotional issues.
- **Pediatric nurse practitioners** are specially trained in obtaining medical histories, performing physical examinations on children, making medical diagnoses, and providing counseling and treatment. They may specialize in a particular area and work closely with doctors in hospitals, clinics, and private practices.

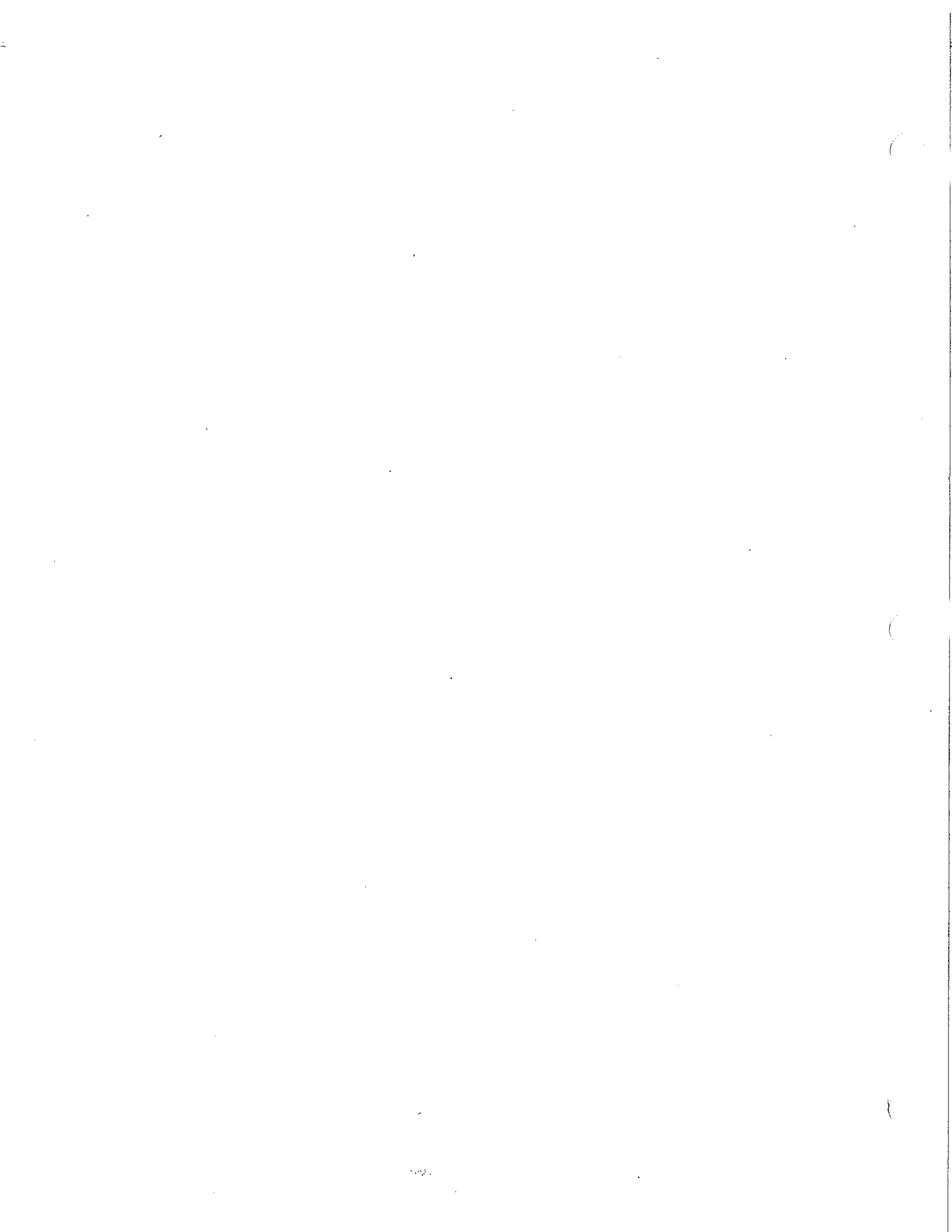
### How to talk to your child's doctor

- **Make the most of your time together.** Keep in mind that doctors have a limited amount of time to spend with each patient, so be as specific about your concerns or your child's symptoms as possible.
- **Don't be afraid to ask.** In addition to performing routine check-ups and managing illnesses, your child's doctor is also someone you can consult on a variety of other issues, such as behavioral and emotional problems, learning disabilities, or problems at school. Often times the doctor might refer you to another specialist or tell you who to contact and how to go about addressing a problem.
- **Follow the doctor's orders.** Make sure your child follows through on the doctor's orders. If this means taking medication for a short term illness like an ear infection, stopping the prescribed medicine might make it come back. If this means following a treatment plan for a chronic condition such as asthma or ADHD, missing doses of medication can alter your child's health and make it difficult for both you, your child, and the doctor to manage your child's illness. If you feel that something is not working, talk to your doctor.
- **It's ok to take a second opinion.** You know your child best, and if you feel uncomfortable with the doctor's advice, it is ok to take a second opinion. Although your child's doctor is one of the best people to go to when you have a concern, there are many people concerned about and involved in the care of your child, including family, friends, teachers, counselors, and possibly others. You can draw upon each of their expertise in addressing your child's needs and keeping your child happy and healthy.

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## Growth & Development - Pregnancy & Childbirth

### YOUR PREGNANCY & YOUR BODY

Along with the growth and development of your baby, your body will go through some remarkable changes, as well. So that you aren't surprised by all the changes that arise, learn what to expect in the coming months. As you read about the changes, remember that every pregnancy is different and what you experience may differ from what people tell you to expect.

#### First Trimester

During the first trimester your body begins to prepare to nourish your baby.

**Breasts.** Because of an increase in hormone production, you may feel your breasts becoming unusually sensitive. To ease the tenderness you might want to go up a bra size or wear a sport bra.

**Nausea.** Around the second month of your pregnancy, you may experience nausea or vomiting due to hormonal changes – also known as morning sickness. To get relief from morning sickness, eat small, frequent meals (low in fat & high in protein snacks) throughout the day, and drink plenty of fluids (water, clear fruit juice, or ginger ale).

**Fatigue.** As your body prepares for the pregnancy, you may feel more tired than usual. In order to feel more energized, try to get 8 hours of sleep, rest as much as you can throughout the day, and make sure your diet includes iron and protein enriched foods (including red meat, shellfish, beans, tofu, raisins, apricots, potatoes (skin on), broccoli, beets, leafy green vegetables, nuts & seeds, along with whole grain breads) and take a prenatal vitamin filled with iron.

**Frequent Urination.** During your pregnancy your uterus enlarges, thus putting pressure on your bladder perhaps making you need to urinate more often. To avoid urinary tract infections, do not avoid the urge to use the restroom!

**Heartburn & Constipation.** Your body is beginning to provide nutrients for your growing baby, which may in effect relax your muscles and slow down your digestive system. Unfortunately by slowing down the digestive system, you may experience heart burn & constipation. To reduce constipation, increase your fiber intake, drink extra fluids, and partake in regular, mild physical activity. The muscle that normally keeps food and acids down may relax and cause heart burn. To decrease heart burn, eat smaller meals, more frequently.

**Mood Swings.** The hormone changes occurring in your body may lead you to feel a range of feelings that change minute by minute. You may even find yourself crying for little to no reason! If your mood swings are overwhelming it may be helpful to share your feelings with your partner, a friend or family member and maybe a therapist.

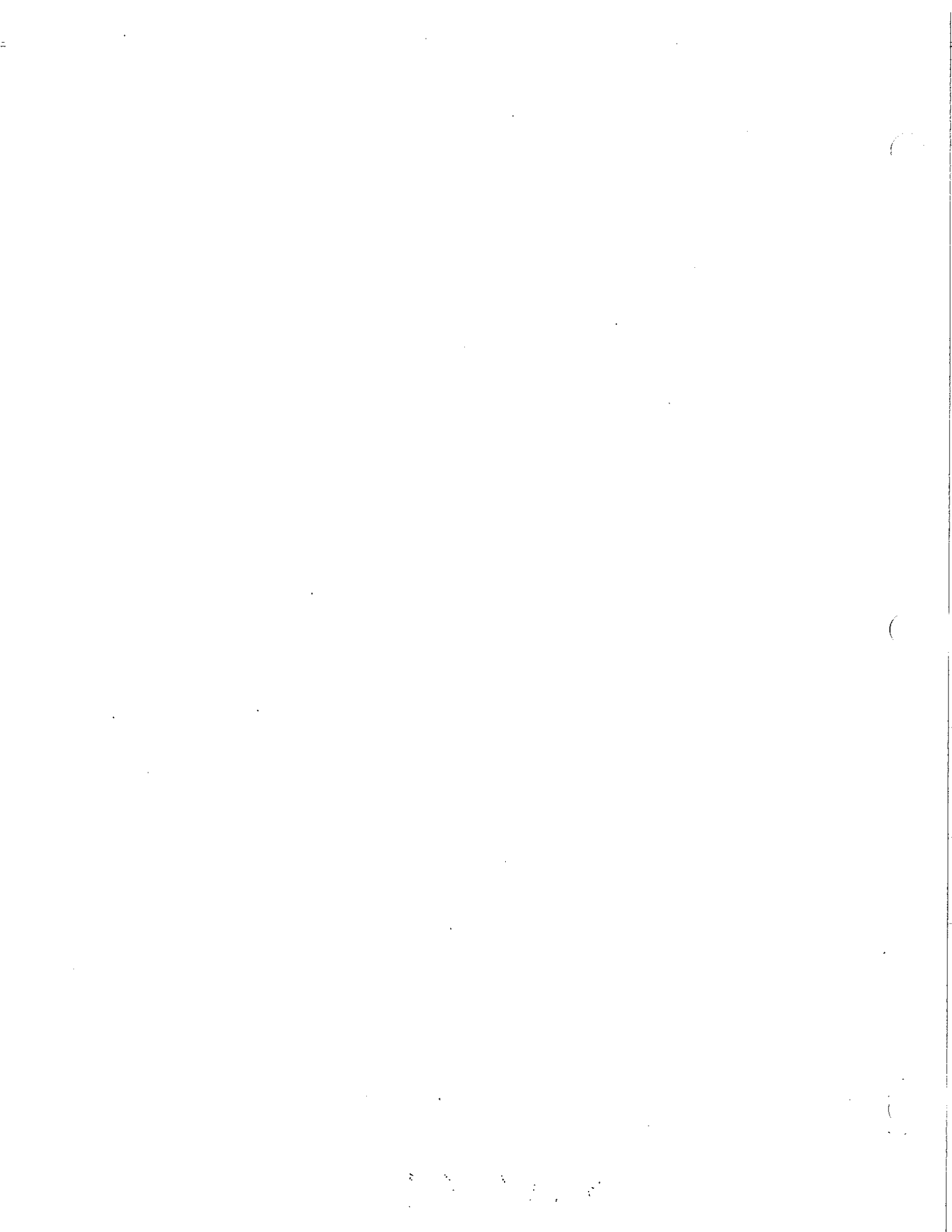
**Weight Gain.** During the first trimester, it is normal to gain about 3-6 pounds; your doctor will be able to provide you with more information regarding your weight.

#### Second Trimester

Many women say that the second trimester is the easiest three months of pregnancy. Your expanding belly will become more noticeable, morning sickness usually passes and you will be given a relief from frequent urination. Even though you will be feeling much better, you may still experience many changes.

**Breasts.** Breast tenderness may decrease, but continue around your nipples. Your breasts will continue to grow because milk-producing glands inside your breasts growing to prepare for feeding your baby.

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**Heartburn and constipation.** Unpleasant heartburn and constipation, which started in your first trimester, will likely continue into your second trimester.

**Stretch Marks.** You may develop stretch marks caused by your skin having to support extra weight of your growing abdomen and breasts. The stretch marks may be pink, red or purple streaks, don't be distressed, stretch marks can't be prevented and will eventually fade.

**Backache.** As you start to gain weight more rapidly, you will probably begin to feel more pain in your back. Backache is often due to your growing uterus along with your lower back curving more than usual. In order to ease the pressure sit in a chair with good back support, wear comfortable shoes with good arch support, get a pregnancy massage, and sleep on your side with a pillow between your legs.

**Dizziness.** Instead of feeling nauseous, you may rather experience occasional dizziness. There are multiple causes of dizziness; one cause is your uterus putting pressure on blood vessels another cause is low blood pressure. Also, you may be more prone to dizziness if you are anemic or have varicose veins. If you feel dizzy, rise slowly after lying or sitting down, eat regularly and drink lots of fluids.

**Leg Cramps.** Starting your second trimester you may have painful leg cramps. Though reasons for leg cramps are unclear, some say the pain may stem from staying in the same position for a long period of time, changes in blood circulation during pregnancy, stress on your leg muscles of carrying the extra weight of pregnancy, or pressure of the growing baby on the nerves and blood vessels that go to your legs. For relief, stretch the affected muscle or walk your way through the cramps.

**Quickening.** Around the fourth month, you will begin to feel your baby subtly move, these flutter-like movements are called "quickening". Keep in mind pregnancies are different, and some women don't experience quickening until their sixth month of pregnancy!

**Varicose Veins.** Found on your legs, varicose veins are swollen veins that are dark purple and dark blue. Varicose veins are caused by increases in blood flow which may slow down blood flow to the lower body causing the veins in your legs to swell. To ease the swelling, move around throughout the day and elevate your legs whenever you have to sit for long periods of time.

**Weight Gain.** At this point your abdomen will start to grow in order to make room for the baby. From the second trimester until the end of your pregnancy you should expect to gain about 1 pound per week.

### *Third Trimester*

You're nearing the end of your pregnancy! Unfortunately, this part of your pregnancy may be the toughest, you will be feeling very uncomfortable, tired, and experience several unpleasant symptoms. Try to remain positive, soon you will be holding your baby in your arms.

**Breasts.** At this point you will have gained 2 pounds in breast tissue; be sure to wear a supportive bra. Also, as you near your due date your nipples may leak a yellowish fluid (colostrums) which will nourish your baby during the first days after birth.

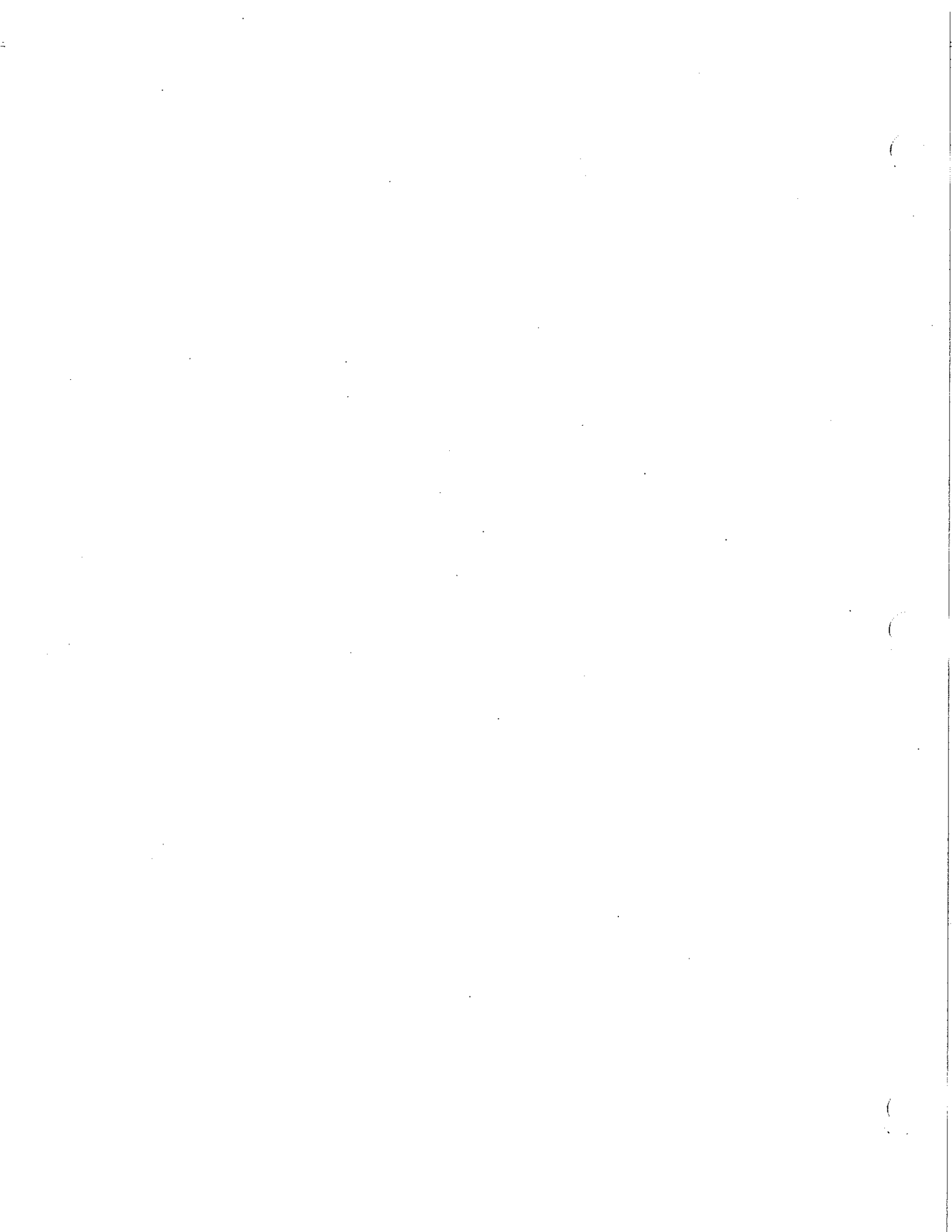
**Fatigue.** During the third trimester fatigue will return. Extra weight combined with anxiety or concern may make it difficult for you to rest easy. In order to increase energy be sure to eat well, rest up, and exercise; you don't want to be tired when the baby comes!

**Frequent Urination.** When your baby assumes the head-down position, he/she will begin to press down on your bladder, which may make you urinate more often.

**Backache.** The backache you experienced during the second trimester will likely continue into the third trimester. Hopefully you have found a way to cope with or relieve the pain.

**Braxton Hicks Contractions.** Don't be surprised if you start to experience mild contractions. Braxton Hicks Contractions, also known as practice contractions, occur when your uterus tightens. Unlike labor contracts that are longer, more intense and usually get closer together, Braxton Hicks Contractions last for approximately 30 to 60 seconds to 2 minutes.

**Hemorrhoids.** Similar to varicose veins, hemorrhoids occur due to an increase of blood volume that cause veins around the rectum to swell. Hemorrhoids are painful and often lead to itching or bleeding to the area. Prolonged standing contributes to



Hemorrhoids and constipation may worsen it. To prevent hemorrhoids, decrease the likelihood of constipation by eating a high fiber diet and drinking prune juice, also do not delay using the restroom.

**Shortness of Breath.** Since the fetus is occupying more space in your abdomen you may have breathing difficulties or shortness in breath. To lessen this symptom breathe deeply several times a day (you can ask your childbirth instructor or OB/GYN to teach you the correct way), sleep propped-up and avoid crowded and smoggy environments.

**Swelling.** You may experience swelling in your hands, feet, ankles, legs, face and eyelids. The swelling is most likely due to pressure on veins or nerves or fluid retention. In order to decrease swelling apply a cold compress to affected areas and be sure to elevate your feet when you sleep.

**Weight Gain.** By your delivery date, you will have gained about 25-35 pounds. Remember this extra weight includes your baby's weight, placenta, amniotic fluid, increased blood and fluid volume, and additional breast tissue!

Remember, everyone experiences pregnancy differently. Some people have little discomfort while others experience quite a bit. Just remember, at the end you'll have a wonderful, new addition to your family to make it all worthwhile!

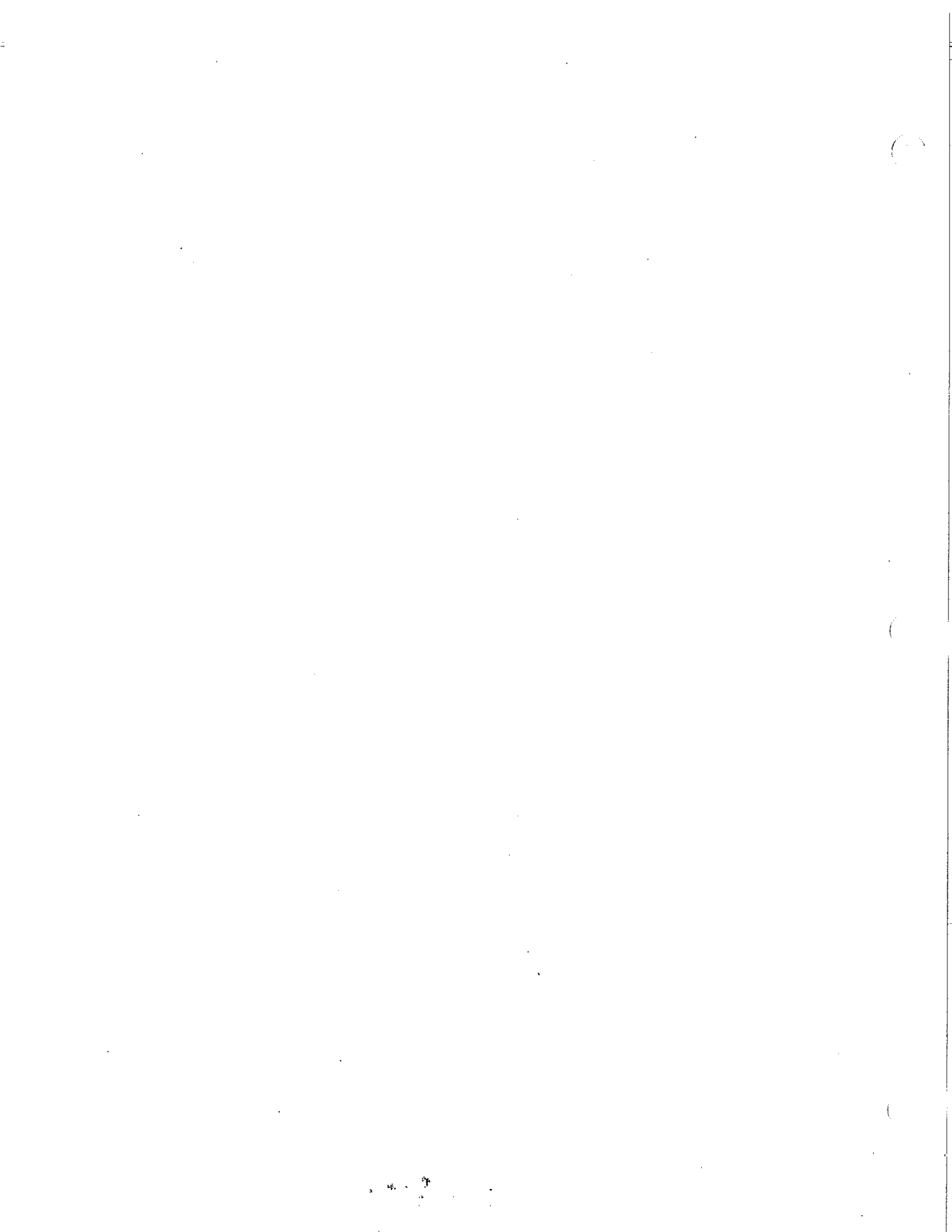
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## Growth & Development - Pregnancy & Childbirth

### PREGNANCY HEALTH & WELLNESS

While pregnant, quitting bad habits and adopting healthier ones will benefit not just you, but your baby too! It's good to be aware of the choices you will face and the actions you might take to give your baby a healthy start!

#### Physical Health

Just because you're pregnant doesn't mean that you can't exercise. In fact the U.S. Department of Health and Human Services suggests pregnant women get at least 2½ hours of moderate-intensity exercise per week! Exercise during pregnancy has many benefits, like improved posture, improved mood, fewer backaches, and it may even make for an easier delivery. However, remember to check with a doctor before you start exercising during pregnancy to make sure it's safe for you and your baby, since everyone is different.

The type and intensity of your workout will change at each trimester. During the first trimester it is important to keep your heart rate under 140 beats per minute. Going for walks is a great exercise for the first trimester. Moving into the second trimester it is helpful to do low-impact exercises designed to strengthen your back. Swimming, riding a stationary bike or low-impact aerobics are good moderate-intensity physical activity workouts. During the last trimester your body is preparing for labor and while you may continue low to moderate-intensity workouts, be sure to use caution. Some things you should not do during workouts in your third trimester are performing exercises that require you to hold your breath for long periods of time, require a lot of bouncing, jumping, or running, or require you to lie on your right side or back for longer than three minutes.

While pregnant, your body is working over-time! You will probably feel more tired than usual; however, getting ample sleep may help boost your energy. As your baby grows, you might have a hard time finding a comfortable position to sleep in. Try lying on your left side with your knees bent. This position optimizes blood flow to the placenta and allows large blood vessels to carry blood to and from your heart and legs.

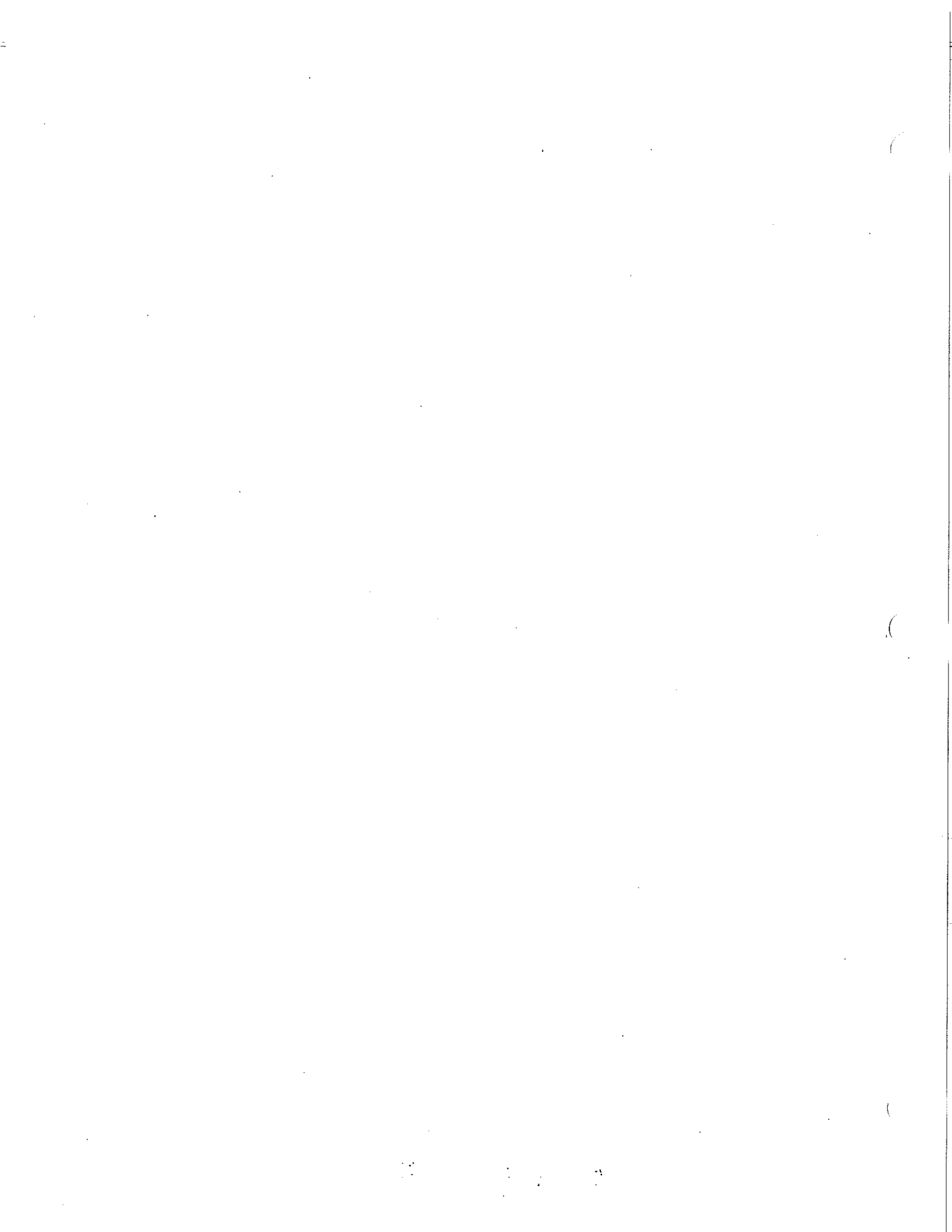
#### Nutritional Health

Maintaining a well-balanced diet is key in supporting your baby's growth and development. Being pregnant does not mean you can eat whatever you want because you are "eating for two". Eat foods that are rich in essential nutrients – calcium, iron and folic acid – that promote growth and development of your baby. Your diet should consist of fruits, vegetables, whole-grain bread, cereal, rice, or pasta, low-fat milk, yogurt or cheese, lean meat, poultry, nuts, and beans. Your healthcare provider will probably provide you with a prenatal vitamin supplement, but remember that it is not a substitute for a healthy diet!

While pregnant there are some foods you should avoid eating. Such foods may cause a miscarriage, brain damage, or developmental delays. Stay away from:

- Raw meat and fish/shellfish (uncooked seafood and rare beef and poultry)
- Deli meat

PRCC-50



- Fish with mercury (shark, swordfish, and king mackerel)
- Smoked seafood (lox, nova style, kippered, or jerky)
- Raw eggs and food containing raw eggs (mousse, tiramisu, raw cookie dough, homemade Caesar dressing)
- Soft cheese
- Unpasteurized milk, cheese (feta, goat, Brie, Camembert), juice, and apple cider
- Pate or meat spread
- Caffeine (limited to fewer than 300 mg per day)
- Unwashed vegetables

### Emotional Health

Due to hormone changes, you may find yourself feeling a little more emotional than usual and you may experience emotions that change from minute to minute. You may even find yourself crying for little to no reason! Remember, these emotional mood swings are temporary.

You may also feel more stressed than usual. You might be filled with thoughts about whether your baby will be healthy, if you'll be a good parent, or how your baby will change your life. Even though it may be difficult, try not to let stress or negative emotions build up.

It's important to make positive choices related to your emotional health. Try to be aware and accepting of changing thoughts, feelings, and behaviors and pay attention to your own needs. It is important to deal with emotional changes during pregnancy in a positive way, like sharing your feelings with your partner, friend, family member or a therapist. You could also relieve your emotions and stress by exercising regularly, finding a hobby you enjoy, or reading about pregnancy and parenting and what to expect.

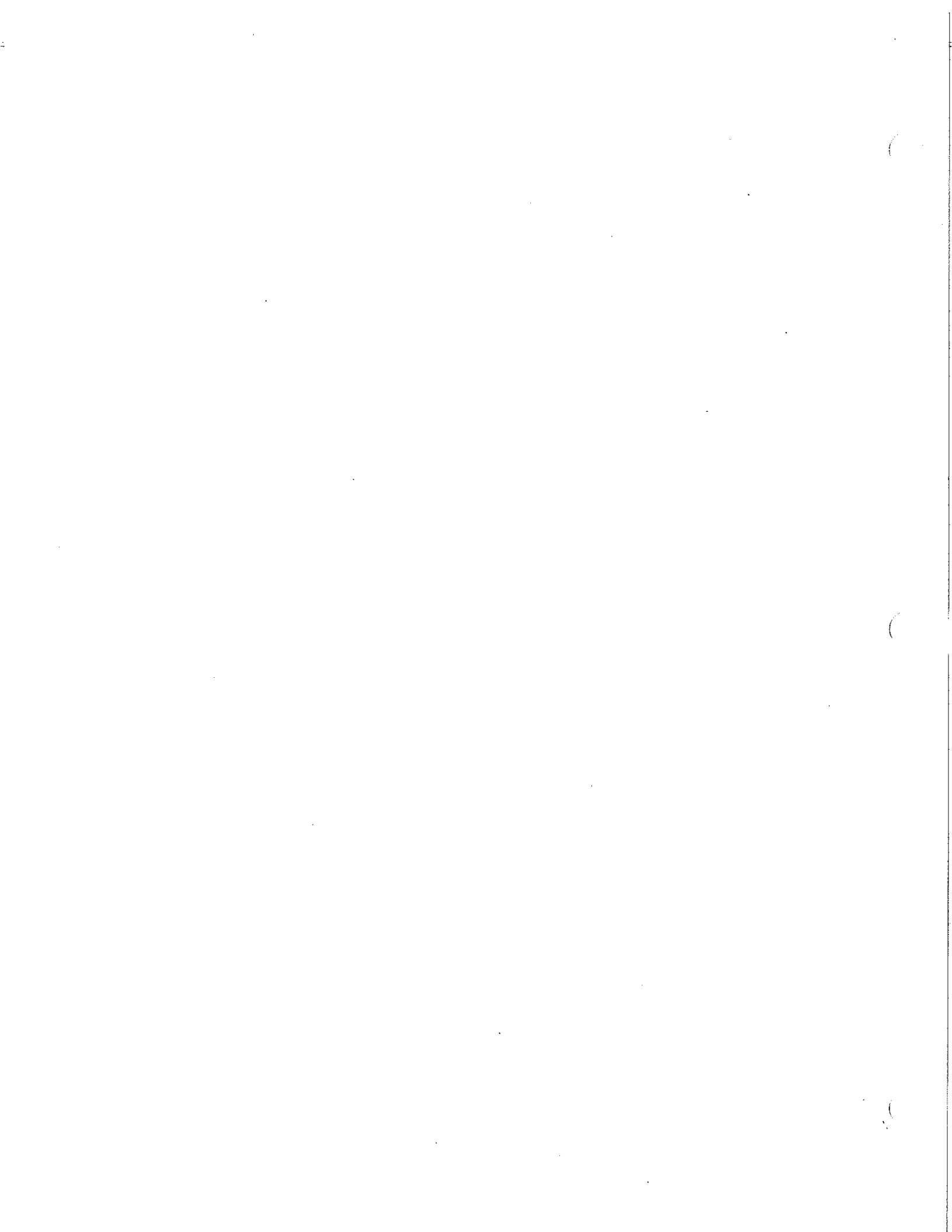
### Lifestyle Health

There are several lifestyle choices that can have harmful effects on your baby's health. It is important to always remember, whatever you put in your body, you are also giving to your baby!

**Alcohol:** There is no determined "safe" amount of alcohol to drink during pregnancy, so it is best to stay away from alcohol. The negative effects of alcohol consumption on a developing baby include mental and birth defects and miscarriage. *Fetal Alcohol Syndrome* (FAS) occurs when a mother consumes large amounts of alcohol during her pregnancy. Babies with FAS can be born underweight and/or have small, widely spaced eyes, flat cheeks, and an upturned nose. Also, a baby with FAS can suffer from heart defects or mental retardation.

**Smoking:** Similar to alcohol consumption, when you smoke your baby also inhales nicotine and carbon monoxide. If you become pregnant and smoke you should try to quit, in doing so you will take the right step toward creating a healthier lifestyle for you and your child! Smoking while pregnant could lead to low birth weight, stillbirth, premature birth, asthma, or sudden infant death syndrome (SIDS). For information and help on quitting, talk to your health care provider about different options.

**Cold or other illnesses:** If you begin to feel the symptoms of a cold, stop and think before grabbing cold medicine. It is crucial that you talk with your doctor before taking both over-the-counter and prescription medications. Your health care provider can suggest alternative ways to help you feel better that are not harmful to you and your baby.



*reine:* High caffeine consumption has been linked to an increased rate of miscarriages, so it's best to avoid it altogether while pregnant. If you can't quit your daily dose of coffee cold-turkey, try, for example, weaning down to 1-2 cups per day, then switching regular for decaffeinated beverages only. Ideally, you will come to a point where you can cut out your daily cups of coffee altogether! And remember, caffeine is also in some soft-drinks/soda and teas.

*Other indulgences:* Other things you may consume that you should talk to your doctor about limiting during pregnancy include: artificial sweeteners, computer monitors, flying, hair dyes, high-impact exercise, household chemicals, bug sprays (insecticides, pesticides, and repellants), lead, high temperatures/overheating (hot tubs; saunas, electric blankets, etc.), self- or sunless-tanners, sex, tap water, teeth whiteners or bleach, vaccinations, and x-rays.

*For more information, visit the American Pregnancy Association at [www.americanpregnancy.org](http://www.americanpregnancy.org)*

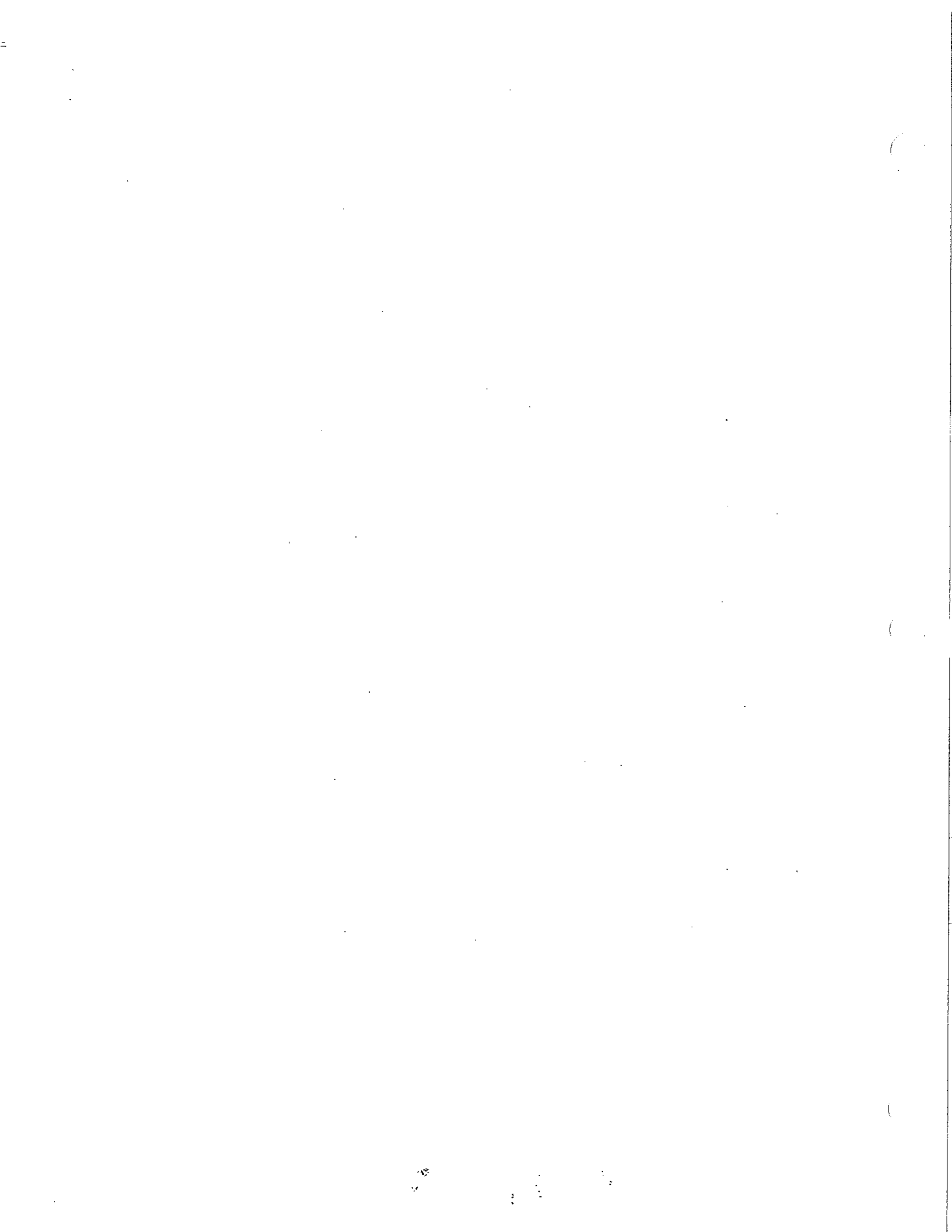
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*Growth & Development - Pregnancy & Childbirth*



**PRENATAL CARE**

Congratulations, you are having a baby! It is important to start your prenatal care as soon as you suspect you are pregnant. Prenatal care monitors the health of both you and the fetus, catches potential health problems before they become serious, and allows you to follow the progress of your baby's development. You can receive prenatal care through a family physician, obstetrician or nurse-midwife. Your prenatal care provider will also be able to present you with information on nutrition, physical activity, labor expectations, counseling and support, and basic skills for caring for your newborn. The importance of prenatal care is significant. Compared to babies of mothers who receive prenatal care, babies of mothers who do *not* receive prenatal care are three times more likely to have low birth weight and five times more likely to die.

**What to Expect**

During routine prenatal care visits, your doctor or mid-wife will run blood tests, take urine samples and check your weight, blood pressure, the position of your fetus, and if you need any vaccinations. During your first visit your provider may be able to calculate your due date and your official countdown can begin! Your provider will perform many other tests as well. The most common ones are ultrasound and amniocentesis.

**Ultrasound:** You have most likely already heard the term "ultrasound" before, well in prenatal care ultrasounds are part of routine care and provide dimensional images of the fetus and its world inside the womb. At around 18-20 weeks into your pregnancy, ultrasounds can provide a detailed look at the fetus, identify multiple pregnancies, detect major birth defects and reveal your baby's gender. The procedure may be done at other times as needed. Your provider will perform the ultrasound by moving a handheld device, called a transducer, across your belly or by inserting a probe into your vagina; the transducer or probe will emit sound waves to show a picture of your baby on a screen.

**Amniocentesis:** The results from an amniocentesis test can identify down syndrome or genetic conditions. This test can also reveal if your baby's lungs are strong enough to breathe normally after birth. An amniocentesis test is usually performed between 15-20 weeks. For this test, your provider will remove cells from your uterus to be examined. The procedure is recommended for women over 35 years old, for those have a family history of genetic disorders, and/or have a previous child with a birth defect. After this test your provider will be more able to decide which method of delivery is best for you and your baby.

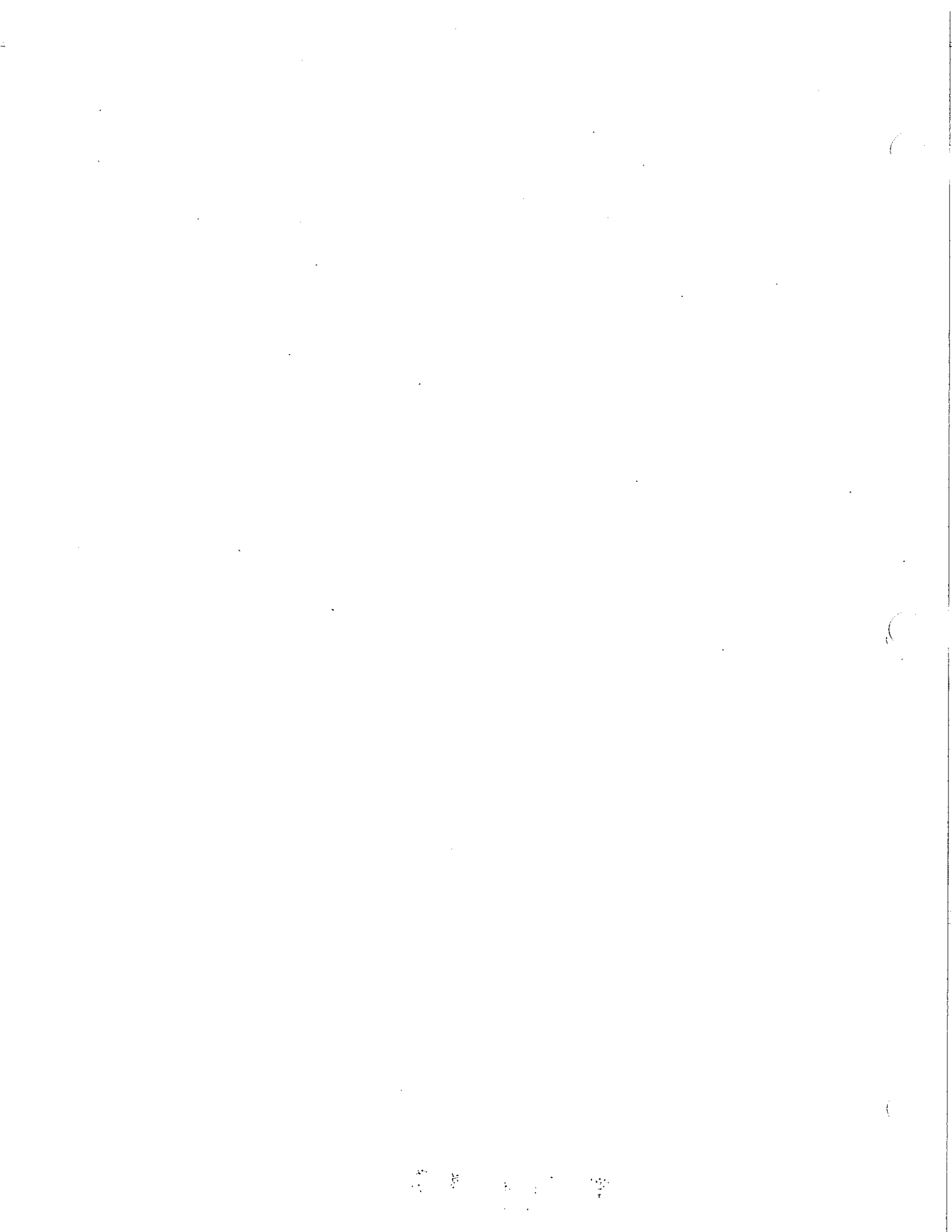
**Other tests include:**

- Chorionic villus sampling (CVS)
- Cystic Fibrosis Carrier Screening
- Glucose Screening
- Maternal Blood Screening
- Cordocentesis (PUBS)

**Prenatal care schedule:** Generally, if your doctor or midwife determines your pregnancy to be high risk, your prenatal care will probably be more frequent. However, it is standard to receive care:

- About once each month during your first six months of pregnancy
- Every two weeks during the seventh and eighth month of pregnancy
- Weekly in the ninth month of pregnancy

**PCC-53**





**Other aspects of prenatal care:** Aside from running tests, your prenatal care provider will help make sure you and your baby stay healthy throughout the pregnancy by providing you with prenatal vitamins. He or she will also talk to you about a birthing plan and help you determine where you will give birth and what preparations you need to do, such as taking birthing classes. It's important that you trust your provider and see him or her as a source of support. You can never ask too many questions! Each practice and provider may have a slightly different way of doing things. It's important to follow whatever schedule and guidelines your provider suggests.

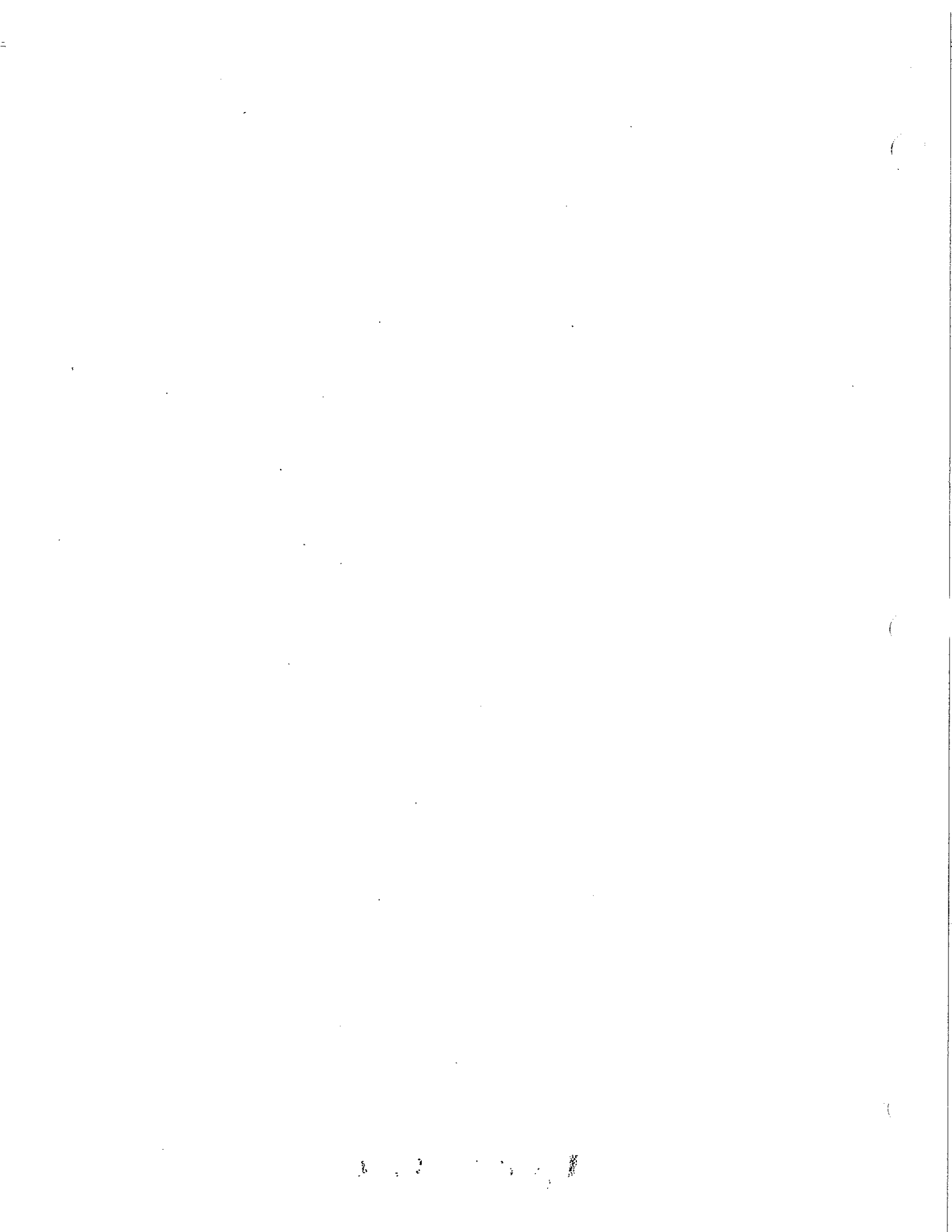
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## Growth & Development - Pregnancy & Childbirth

### YOUR UNBORN BABY'S GROWTH & DEVELOPMENT

Whether you are a first-time expecting mom or mother of three expecting another bundle of joy, it is important to understand how your baby grows and develops over the nine months she spends inside you. Pregnancy can be complicated and even mysterious, but the more you know about your pregnancy week by week, the easier your pregnancy may seem. In general, pregnancy lasts about 40 weeks, counting from the day of your last normal period; the weeks are grouped into three trimesters.

#### 1st Trimester (Weeks 1-13)

Your baby's development begins when a sperm fertilizes an egg in one of your fallopian tubes. The fertilized egg then travels down the fallopian tube to the uterus. In the uterus, the egg quickly divides into cells that become embryo –the prefetal product – and cells that act as an outer group to nourish and protect the embryo.

Around week four, the placenta begins to form, through which your baby will develop and receive nutrients throughout the pregnancy. Moving into week five, your baby has grown to the size of the tip of a pen, yet even at such a small size significant development still occurs – your baby's brain, spinal cord, lungs, and heart will begin to form! Then, in week six, signs of your baby's eyes, nose, and ears appear along with small buds, which will soon become arms and legs. At week 11 your baby can now be described as a fetus – meaning an unborn offspring at the later stages of its development – because all major organs are present. At the end of the first trimester, your baby's face has a human profile, fingernails are developing, and the formation of external genitalia begins.

#### 2nd Trimester (Weeks 14-27)

Fourteen weeks into your pregnancy, your baby's arms are fully developed and more red blood cells form in various organs. Also at this point – or in the near future – your baby's genitalia will be developed and apparent, so much so that you will be able to find out the sex of your baby!

In the following weeks, your baby may look more and more like human, the eyes look forward, the ears reach position, the skeleton transforms to bone and fat is stored under the baby's skin. While you may not notice or feel it, your baby's movement will increase and he/she may be able to make facial expressions! By the 18th week, your baby will begin to hear things, like sounds from your body, your voice and conversations along with loud noises.

Congratulations, you have reached your halfway point, 20 weeks left in your pregnancy! During the last few weeks of the second trimester, your baby's tongue develops taste buds, fingerprints and footprints form, real hair develops on the head, and your baby sleeps and wakes regularly. At the end of the second trimester, your baby will weigh roughly 2 pounds and he/she will be active exploring her "aquatic universe" in your womb.

#### 3rd Trimester (Weeks 28-42)

Hooray! You are nearing the end of your pregnancy, but your baby's development still continues as she prepares for life outside the womb. During the first few weeks of your third trimester, your baby will begin to store the minerals (iron, calcium and phosphorus) needed to be strong and healthy. Your baby will go through rapid brain development, resulting in the ability to regulate body temperature. Also, he/she will start to open and close their eyes and have the visual capability to follow a light source.

By the 32nd week, even though your baby's lungs aren't fully developed, she will practice breathing in order to prepare to breathe on his/her own. Also, your baby may become increasingly more active, you will likely feel forceful kicks and punches as she moves in the womb.

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





By the 36 weeks into your pregnancy, your baby will begin to gain weight at a rapid pace, about ½ pound a week for the next month! With this rapid growth, movement may decrease because there is hardly any room left to move in the womb. People may start asking you if “the baby has dropped,” this simply means that your baby has dropped lower in your abdomen into the birth canal and has assumed the head-down position. Your doctor will certainly be able to tell you if your baby has dropped. Also, small breast buds are present on both sexes and your baby's hair is thicker than before.

At week 37 of your pregnancy your baby is considered full-term – meaning the point at which birth is just a few weeks away. Your baby's skin is getting pinker and losing its wrinkly look. The brain and nervous system is developing more and more each day. Your baby can blink, respond to light, and his/her lungs are nearly fully developed. Since your baby is getting closer and closer to birth she is changing positions to prepare for labor.

Congratulations, you are finally approaching your due date; you will soon be holding your little one! But as you near your due date, don't be worried if your baby arrives a week or two early or late, that certainly is not out of the ordinary.

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# ONLINE RESOURCES

## 1. General Medical Information: **Q & A's ?**

- [www.emedicine.com](http://www.emedicine.com)  
[eMedicine]
- [www.webmd.com](http://www.webmd.com)  
[WebMD]
- [www.medscape.com](http://www.medscape.com)  
[Medscape from WebMD]



## 2. Disability/Medical Specialty Societies:

- [www.favorct.org](http://www.favorct.org)  
[Family Advocacy Organization for Children's Mental Health]
- [www.tracheostomy.com](http://www.tracheostomy.com)  
[Aaron's Tracheostomy Page]
- [www.apria.com](http://www.apria.com)  
[America's leading provider of integrated home healthcare products and services.]
- [www.autism-aspergerinfo4u.com](http://www.autism-aspergerinfo4u.com)

[reference to a new resource and support for families living with Autism Spectrum Disorder].



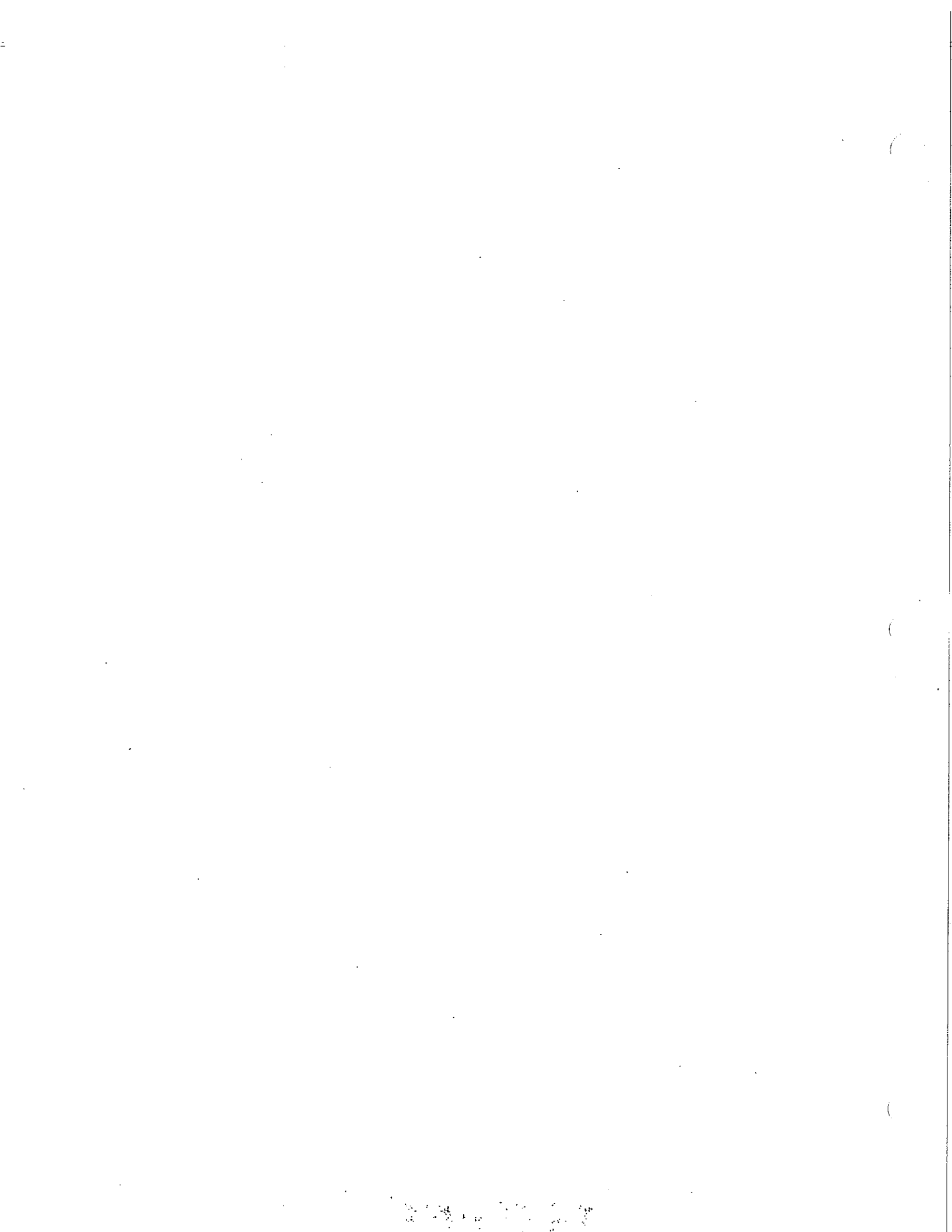
## 3. Medical Library:

- [www.medlineplus.gov](http://www.medlineplus.gov)  
[Medline Plus]
- [health.nih.gov](http://health.nih.gov)[National Institute of Health]



## 4. Medical Centers & Cool Sites for Kids:

- [www.ynhh.org](http://www.ynhh.org)  
[Yale-New Haven Hospital]
- [www.specialkids.yale.edu](http://www.specialkids.yale.edu)  
[Yale Center for Children With Special Needs]



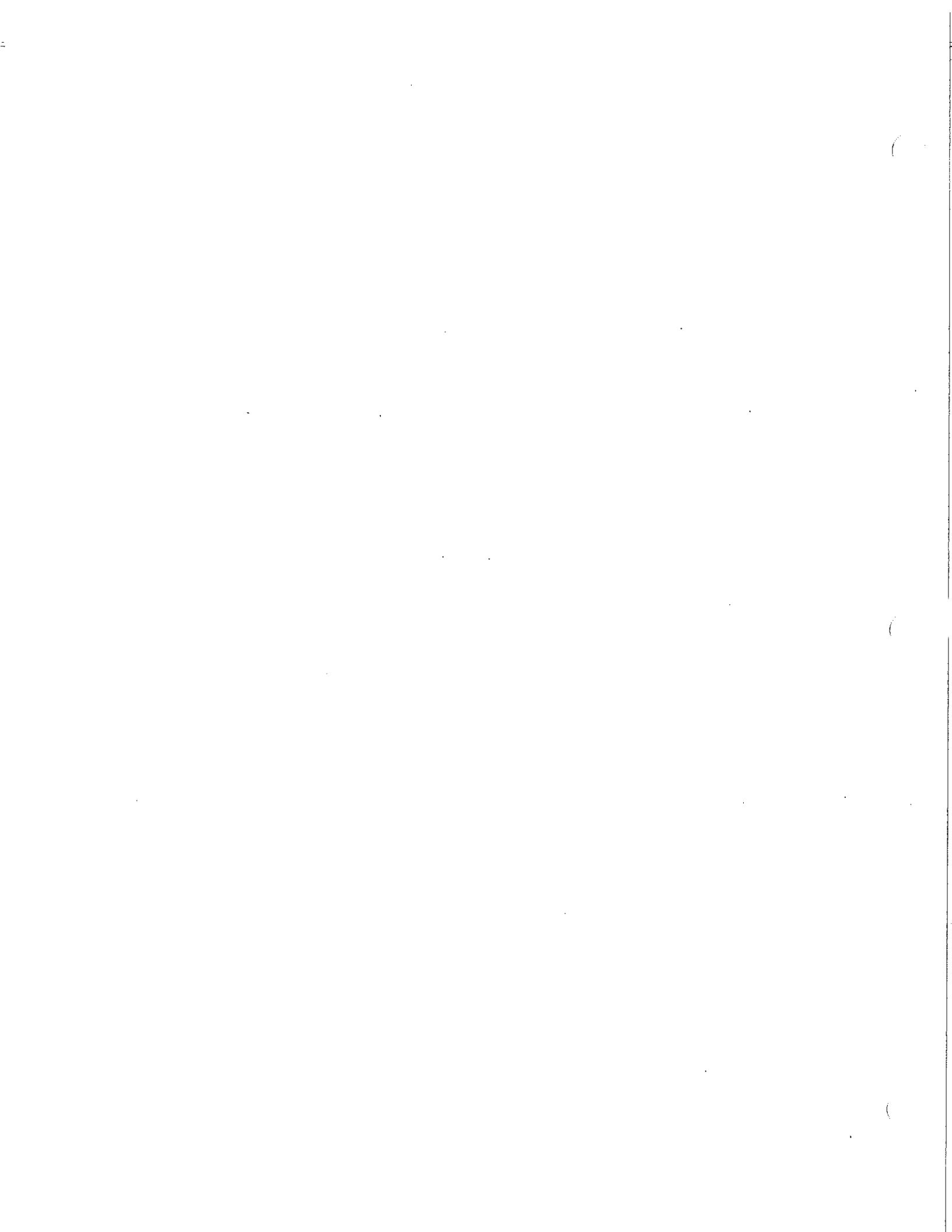


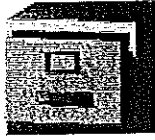
- [www.ccmckids.org](http://www.ccmckids.org)  
[CT Children's Medical Center]
- [www.childrenshospital.org](http://www.childrenshospital.org)  
[Children's Hospital Boston]
- [www.norwalkhosp.org](http://www.norwalkhosp.org)  
[Norwalk Hospital]
- [www.cnmc.org](http://www.cnmc.org)  
[Children's National Medical Center]
- [www.chop.edu/consumer/index.jsp](http://www.chop.edu/consumer/index.jsp)  
[The Children's Hospital of Philadelphia]
- [www.cincinnatichildrens.org](http://www.cincinnatichildrens.org)  
[Cincinnati Children's Hospital Medical Center]
- [www.texaschildrenshospital.org](http://www.texaschildrenshospital.org)  
[Texas Children's Hospital]



5. State Sponsored Organizations:

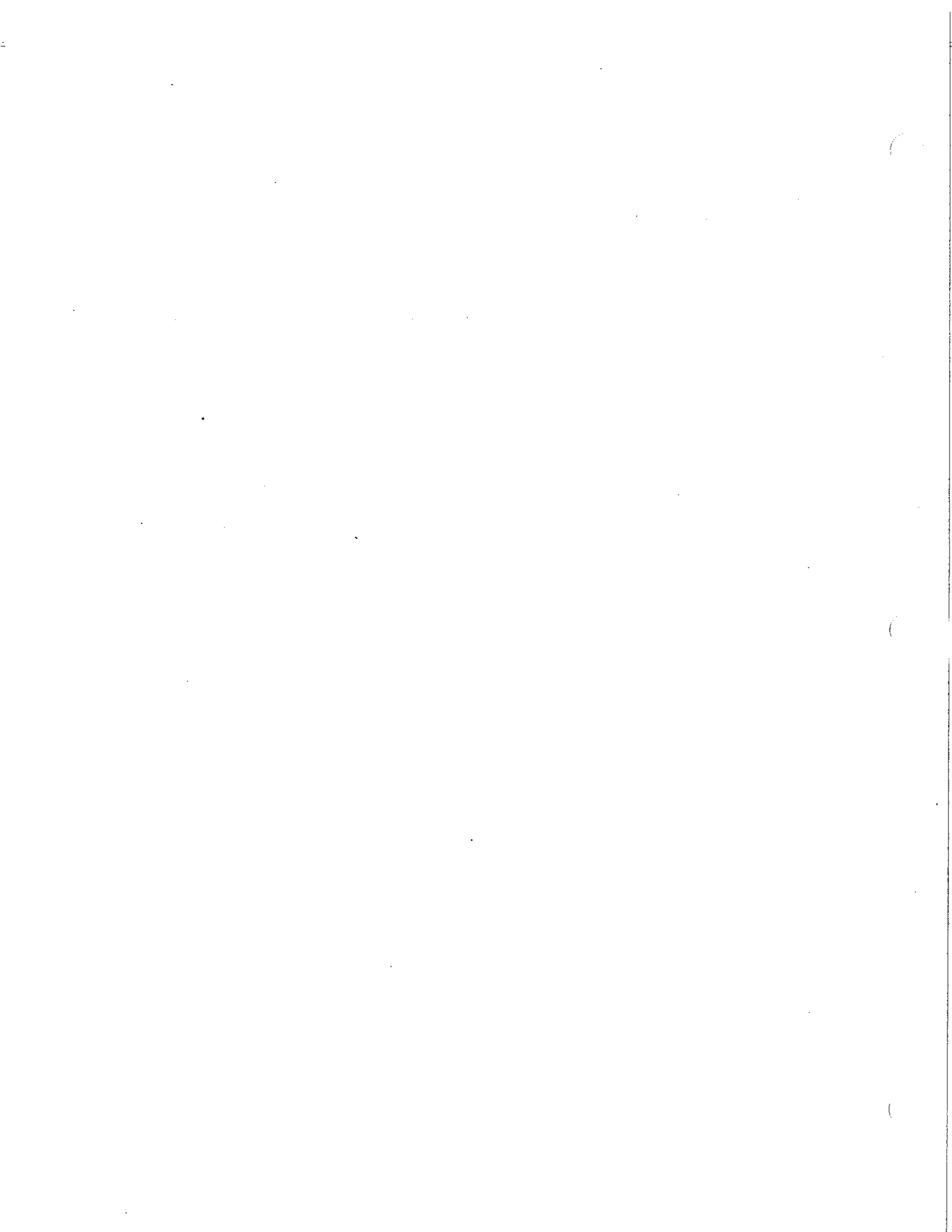
- [www.uconnucedd.org](http://www.uconnucedd.org)  
[A.J. Pappanikou Center for Excellence in Developmental Disabilities ]
- [www.birth23.org](http://www.birth23.org)  
[CT's Early Intervention Program]
- [www.ctserc.org](http://www.ctserc.org)  
[Special Education Resource Center]
- [www.ct-asrc.org](http://www.ct-asrc.org)  
[CT Autism Spectrum Resource Center]
- [www.autismsocietyofct.org](http://www.autismsocietyofct.org)  
[Autism Society of CT]
- [www.cacl.org](http://www.cacl.org)  
[CT Association for Children with Learning Disabilities]
- [www.ct.gov/ctcdd/site/](http://www.ct.gov/ctcdd/site/)  
[CT Council on Developmental Disabilities]
- [www.dmr.state.ct.us](http://www.dmr.state.ct.us)  
[CT Department of Mental Retardation]
- [www.speta-ct.org](http://www.speta-ct.org)  
[SEPTA - Special Education Parent Teacher Association]
- [www.ct.gov/opapd/site/](http://www.ct.gov/opapd/site/)  
[CT Office of Protection and Advocacy for Persons With Disabilities (P&A)]
- [www.state.ct.us/sde/deps/special/](http://www.state.ct.us/sde/deps/special/)  
[CT State Dept of Education. Bureau of Special Education and Pupil Services]
- [www.tsact.org](http://www.tsact.org)  
[CT Tourette Syndrome Association]
- [www.epilepsyfoundation.org/connecticut/](http://www.epilepsyfoundation.org/connecticut/)  
[Epilepsy Foundation of CT]
- [www.ctdownsyndrome.com](http://www.ctdownsyndrome.com)  
[CT Down Syndrome Congress]
- [www.agbellct.org](http://www.agbellct.org)  
[Alexander Graham Bell Association for the Deaf and Hard of Hearing, CT Chapter]





## 6. Other Online Resources:

- [www.iminthenicu.com](http://www.iminthenicu.com)  
[The Christopher Joseph Concha Foundation - Raising awareness to the general public about the growing number of premature births.]
- [www.learningstationmusic.com](http://www.learningstationmusic.com)  
[The Learning Station - A nationally recognized children's recording and performing company.]
- [www.p2pusa.org](http://www.p2pusa.org)  
[Parent to Parent - USA]
- [www.familyvoices.org](http://www.familyvoices.org)  
[Family Voices]
- [www.spednet.org](http://www.spednet.org)  
[Special Education Network of New Canaan, Ltd.]
- [www.wrightslaw.com](http://www.wrightslaw.com)  
[Wrights Law - Information about special education law and advocacy for children with disabilities.]
- [www.infoline.org](http://www.infoline.org)  
[Infoline 211]
- [www.aap.org](http://www.aap.org)  
[American Academy of Pediatrics]
- [www.smiletrain.org](http://www.smiletrain.org)  
[The Smile Train - Cleft Lip & Palate Surgery]
- [www.milfordphoto.com](http://www.milfordphoto.com)  
[ For The PATH Photo Project or contact Jesse Thompson below.]  
[jesse.thompson@milfordphoto.com](mailto:jesse.thompson@milfordphoto.com)

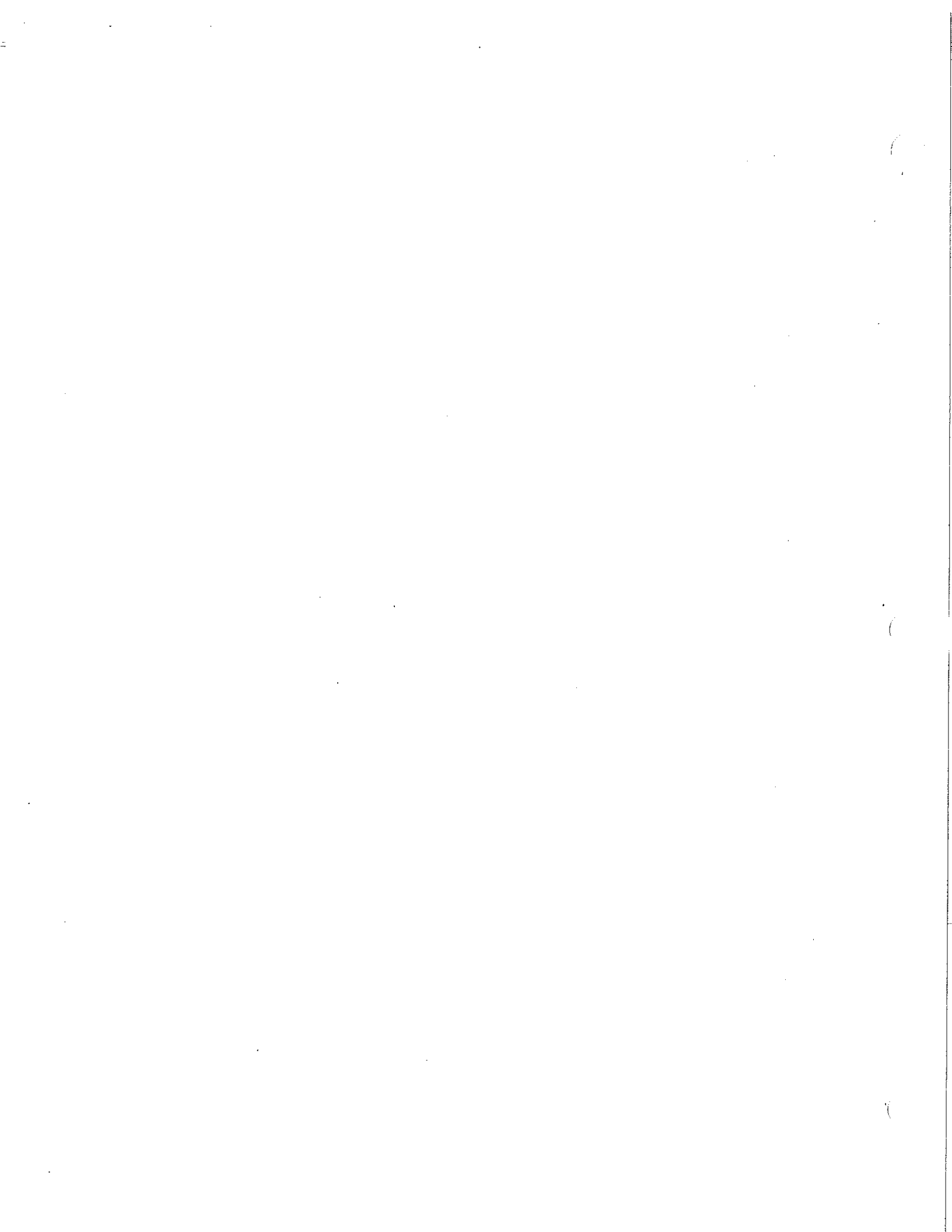


**Fill in the calendar on the following page monthly.  
(Develop a weekly calendar if more appropriate for  
client.)**

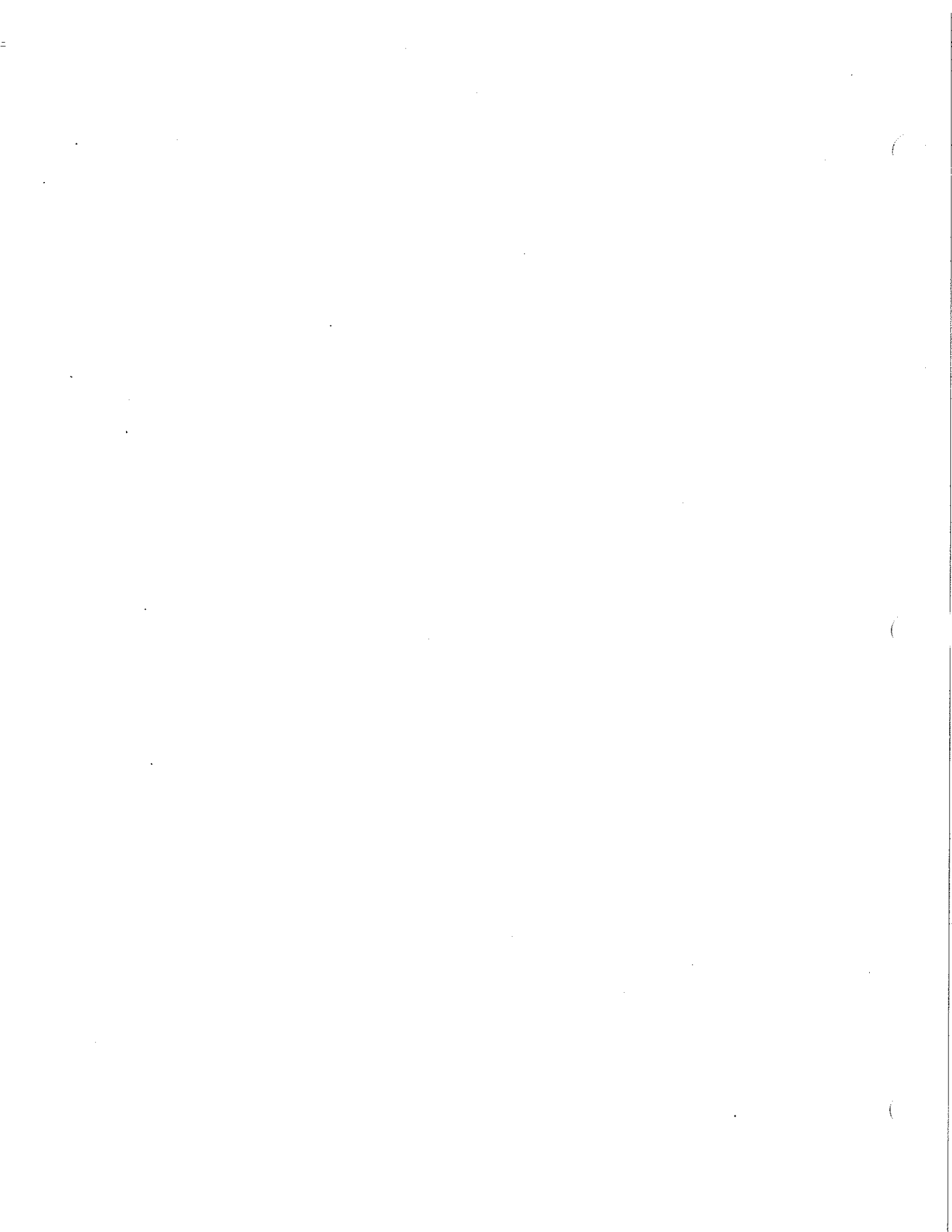
**Use the calendar as a way to keep track of drop off and  
pick up times for the child. Write in as much information  
as possible**

- **Location**
- **Time**
- **Phone number**
- **Address**
- **Etc.**

**Appointment times can also be written into the  
schedule!**









## Chapter 2

# Nurturing as a Lifestyle



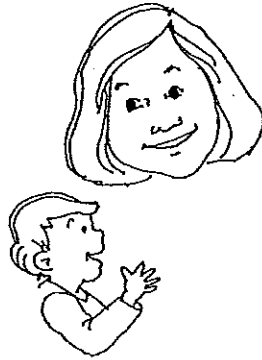
Nurturing is the ability to care. It is a critical skill for all life forms on the planet - especially for humans because they are such complex forms of life. To nurture is to promote the growth and development of all positive traits, qualities and characteristics. To nurture oneself is to treat oneself with caring, kindness, and respect. It is to keep ourselves physically and emotionally healthy, and to make good choices, and to be our own best friend. After all, a best friend can be counted on to be supportive in the bad times and share the good times. Nurturing oneself is a necessary prerequisite to being nurturing parents. How can you care for someone else when you ignore your own needs? It doesn't make sense on paper; it doesn't work in practice.

**Goal:** *To increase parents' ability to nurture themselves.*

## Why We Don't Nurture Ourselves

Within everyone is the potential to care or to hurt. This potential is fueled, in large-part, by the experiences we've had during our lifetime. Inside everyone are four distinct traits of our personality that define who we are and the way we're capable of treating ourselves and others:

- **The Nurturer:** The part of our personality that is capable of giving care, concern and compassion. The care giver we are with our children is our Nurturer.
- **The Nurtured:** The part of our personality that is capable of receiving care, seeking closeness and attachments, and accepting praise and positive touch.
- **The Perpetrator:** The part of our personality that can be cruel, abusive to self and others, is capable of hurting others, and generally disregards the overall goodness and respect of other living things and objects.
- **The Victim:** The part of our personality that believes the hurt and pain given by others is justified and valid. The victim believes the hurt received is for their own good.



A simple way to understand our abilities nurture or to hurt is to view both abilities on the scale of 1 to 10. A zero (0) represents the complete absence of the behavior. A 10 represents the complete presence of the behavior. Imagine both abilities exist on a range of 0 to 10 in frequency (how often) and in severity (to what degree).

### Nurturing Parenting

Never	Infrequent	Sometimes	Often	All the Time
0	1 2 3	4 5 6	7 8 9	10

\* \* \*

### Hurting Parenting

All the Time	Often	Sometimes	Infrequent	Never
10	9 8 7	6 5 4	3 2 1	0

The presence of Nurturing Parenting to a high degree (8 or 9) means hurting parenting is at a low degree (2 or 1). The more nurturing, the less you're hurting, and vice versa. The goal is to stay nurturing all the time (10) or at the very least, often (9 8 7) and keep hurting out of the picture altogether (0). The reasons are obvious:

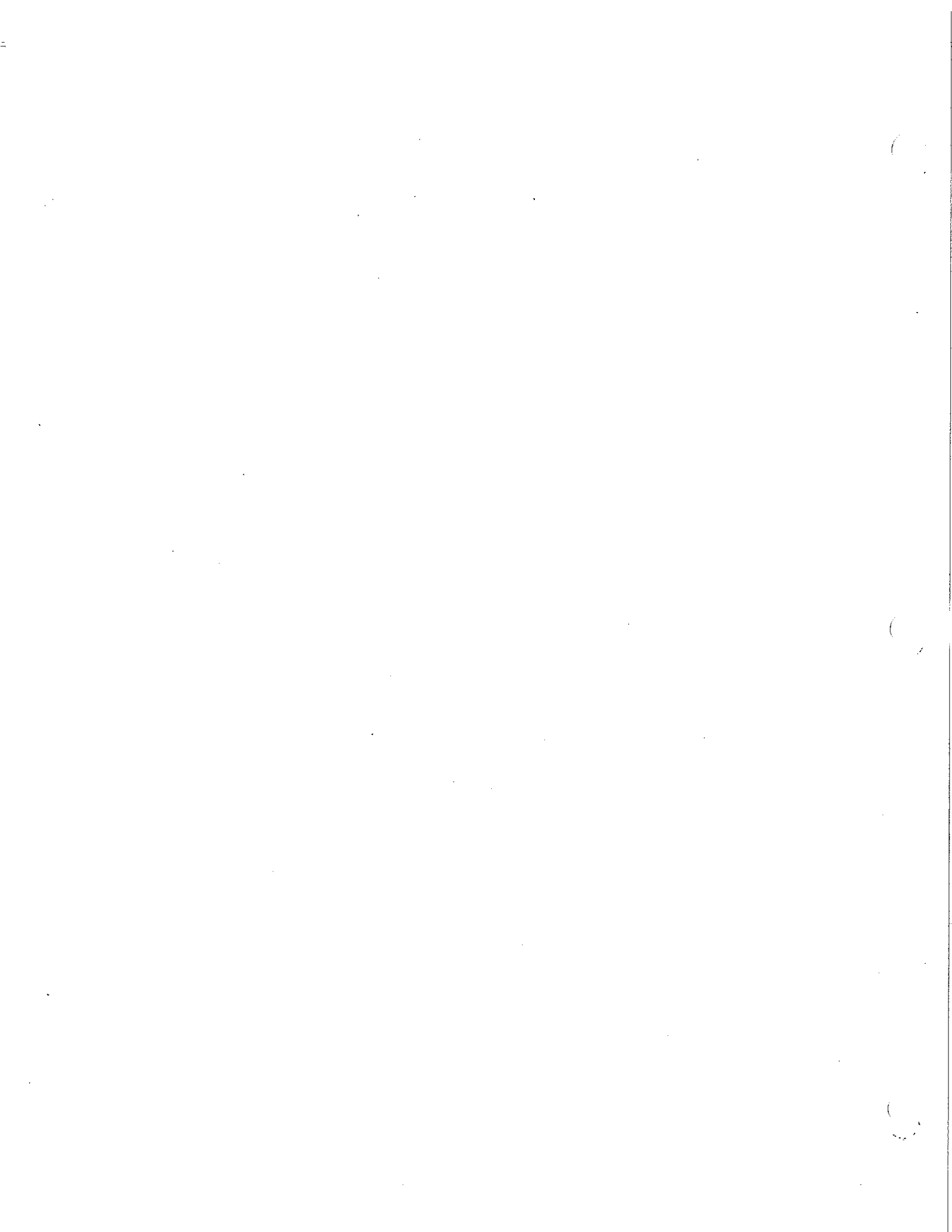
1. If parents practiced nurturing all the time (10) or a high percentage of the time (9 8) children would develop a very "nurtured" part of their personality, and in turn would develop very "nurturing" ways of treating others.
2. If, however, hurting parenting is practiced often, children develop the "victim" part of their personality and come to believe that being "victimized" is a natural and frequent part of life. Life as a victim gives birth to life as a perpetrator. Perpetrators are those who victimize others. The training to be a perpetrator comes from experience as a victim.

The nurturing philosophy of life and of parenting accepts no degree or frequency of abuse and victimization. The inability of adults to take the time and to make the commitment to nurture themselves is housed in the belief that maybe, just maybe, we don't deserve to be treated with respect all of the time, or maybe we can't expect to live a good life all of the time – that a little victimization now and again helps us appreciate the good times even more.

### Notes and Comments:

#### Home Practice Assignment

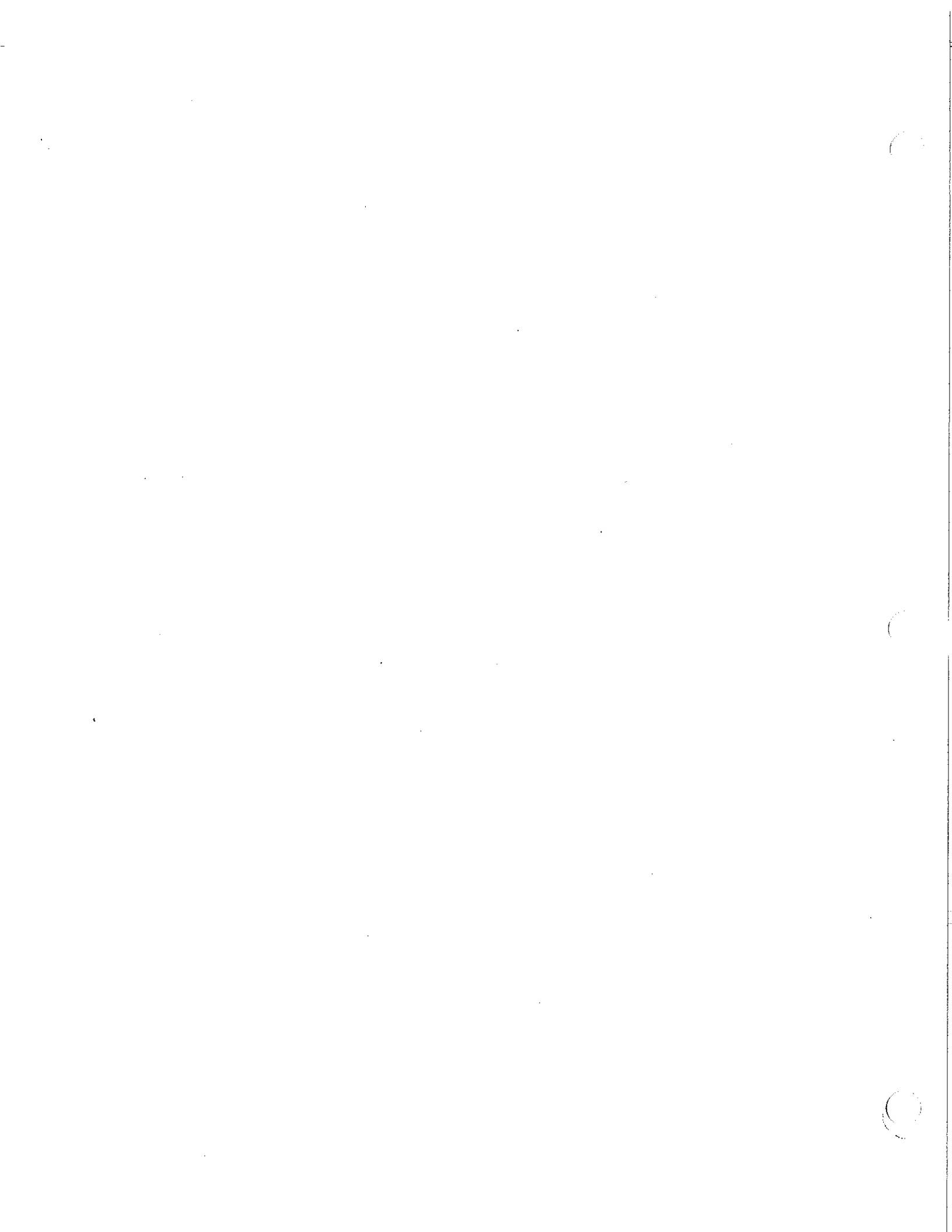
1. Take time to review your Perpetrator (the person inside you that can and does purposefully hurt yourself or others).
  - What do you notice? How do you feel looking at this trait?
  - List times your Perpetrator comes out. Any patterns?
2. Now do the same with your Nurturer (the person inside you who can and does purposefully care for others and for yourself).
  - Review your drawing. Anything come to your attention?
  - Compare your Nurturer and your Perpetrator. What do you notice?
  - Make a list of when you're apt to be the Nurturer. Compare it with the list you made of the times you can act as a Perpetrator.
3. Review the Victim and Nurtured traits of your personality in the same way you did your Perpetrator and Nurturer.
4. Keep the drawings and lists handy. When necessary, add or subtract from the lists. Change your drawings as time goes on and notice how you're changing.
5. If appropriate, ask your children or partner to draw their traits. Share your pictures.
6. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).



## What Every Child Needs

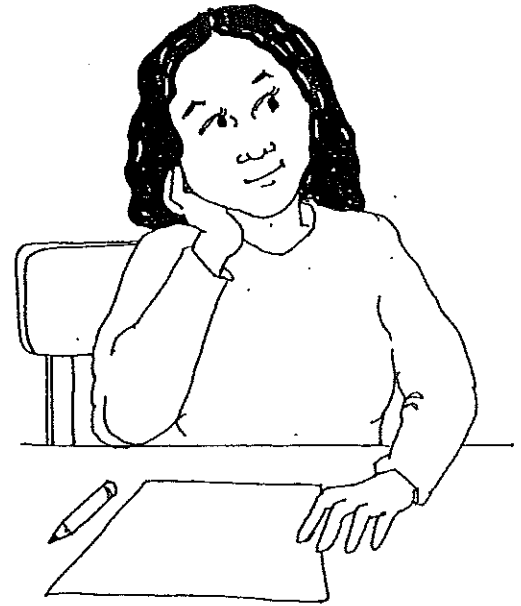
1. **Interaction**  
Consistent, long-term attention from caring adults actually increases your child's capacity to learn.
2. **Touch**  
Holding and cuddling do more than just comfort your baby - they help his/her brain grow.
3. **Stable Relationships**  
Relationships with parents and other care givers buffer stress that can harm your child.
4. **Safe, Healthy Environments**  
Environments should be free of lead, loud noises, sharp objects, and other hazards.
5. **Self-Esteem**  
Self-esteem grows with respect, encouragement and positive role models from the beginning.
6. **Quality Care**  
Quality care from trained professionals can make the difference when you can't be with your child.
7. **Play**  
Play helps your child explore his/her senses and discover how the world works.
8. **Communication**  
Talking with your baby builds verbal skills.
9. **Music**  
Music expands your child's world, teaches new skills, and offers a fun way to interact with your child.
10. **Reading**  
Reading to your child from the earliest days of life shows its importance and creates a lifelong love of books - and helps grow a healthy brain.

*Source: The McCormick Tribune Foundation*



# Chapter 4

## Rating My Nurturing Parenting Skills



Please complete the scale on the following page by rating your nurturing parenting skills in each of the areas presented. Use the following ratings to reflect your skills.

- 1 I need a lot of improvement.
- 2 I need some improvement.
- 3 I seem to have adequate skills.
- 4 I seem to have good skills in this area.
- 5 I seem to have really good skills in this area.

**Goal:** *To increase awareness of your nurturing parenting skills.*

Mark your responses in the columns "Start" when you begin the program. When you complete the program, you will again record your responses in each area in the column marked "End."

## RATING YOUR NURTURING PARENTING SKILLS

Nurturing Parenting Areas	Program Start	Program End
1. <b>Attachment:</b> having unconditional love for your child(ren).		
2. <b>Empathy:</b> helping children meet their basic needs.		
3. <b>Nurturing Oneself:</b> finding time for yourself and taking care of yourself.		
4. <b>Gentle Touch:</b> holding, rocking, touching and massaging your child(ren).		
5. <b>Discipline:</b> using techniques other than spanking to teach and guide children.		
6. <b>Express Feelings:</b> recognizing and expressing feelings in positive ways.		
7. <b>Expectations:</b> having appropriate expectations for yourself and your children.		

### Rating Scale

Please use this scale to indicate your responses on the chart above.

1. I need a lot of improvement.
2. I need some improvement.
3. I seem to have adequate skills.
4. I seem to have good skills in this area.
5. I seem to have really good skills in this area.

### Family Home Practice Assignment

1. Review your ratings with your partner. Where are your strengths? Where are your partner's strengths?
2. List three ways you can work on improving your nurturing skills.
  - a. \_\_\_\_\_
  - \_\_\_\_\_
  - b. \_\_\_\_\_
  - \_\_\_\_\_
  - c. \_\_\_\_\_
  - \_\_\_\_\_
3. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).



# Chapter 21

## Using Rewards and Punishments to Guide and Teach Children

**Goal:** *To increase parents' knowledge and use of nurturing behavior management techniques.*



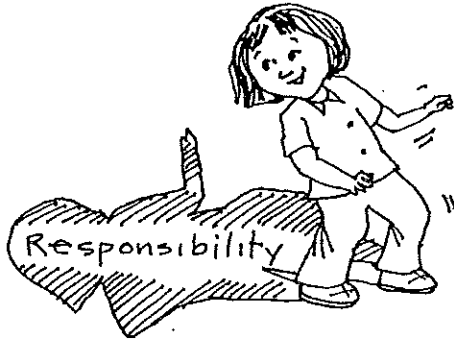
The discipline concepts we have learned so far state the importance of first setting up a list of family rules so parents can begin to guide and teach their young children appropriate behaviors. Also, identifying your family morals and teaching your children right from wrong by modeling those behaviors so children can see the "value" to the behaviors will help establish good strong family values. *Morals, values and rules have to be established before using any of the following techniques.*

### **"If-Then" Philosophy**

Discipline is based on an "If-Then" philosophy. This means: If your child performs an appropriate behavior, then a reward follows. If your child purposefully performs an inappropriate behavior, then a punishment follows.

### What are Consequences?

A consequence is an action that follows behavior. There are two kinds of consequences: logical and natural. Logical consequences you plan, like sending a child to time-out or praising a child's appropriate behavior. Natural consequences happen all by themselves, like walking in the rain without an umbrella and getting wet.



Consequences allow children who are capable of knowing right from wrong the ability to take responsibility for their behavior.

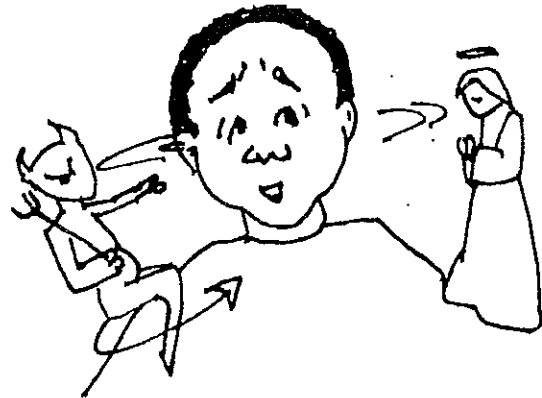
Children will often choose to act a certain way based on the expected consequences. The type of consequence and the way it is administered will strongly influence whether the behavior will return. Positive consequences, like rewards, work to reinforce appropriate behavior. Negative consequences, like punishments, work to eliminate inappropriate behavior.

### What are Rewards?

*A reward is a pleasant consequence for behaving in an appropriate or desirable way.* The purpose of rewards is to reinforce good behavior. Rewards let children know how pleased parents are with their behavior. Rewards are necessary and important in helping children learn right from wrong. Rewards such as praise, nurturing touch and privileges tell children you appreciate their efforts.

### What is Punishment?

*A punishment is an unpleasant consequence for behaving in an inappropriate way.* Punishment is a penalty for purposefully doing something inappropriate. The purpose of punishment is to decrease the likelihood that inappropriate behavior will occur again. It is not the purpose of punishment to hurt children.



Corporal punishment, like spanking, slapping, punching, etc., is an unpleasant consequence that physically hurts children, not their behavior. Punishment is a necessary part of discipline; helping children learn right from wrong, but hitting children's bodies with your hand or an object is never okay, and should never be practiced.

Other techniques such as time-out, loss of privilege, and being grounded are far more effective in helping children learn right from wrong.

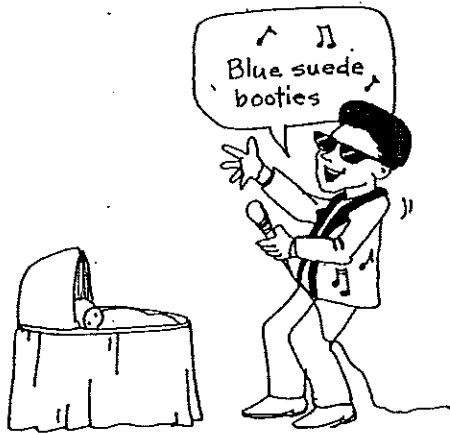
### When Should Discipline Begin?

Discipline, which means guiding and teaching, should begin right from birth.

## How Do Parents Discipline Babies?

Parents teach and guide their babies through the following:

- Playing with your baby
- Reading to your baby
- Singing to your baby
- Talking to your baby
- Modeling a healthy lifestyle
- Massaging and touching your baby
- Establishing nurturing parenting routines described in this handbook
- Having appropriate expectations for your child
- Praising baby for all the wonderful things she did.



However, it is appropriate for parents to use words like "gentle" when baby is touching brother or "owee" when baby pulls daddy's beard. By gently holding the hand and saying, "gentle, little one," parents are teaching baby the value of gentle touch.

### When Should Rewards Begin?

Rewards form the basis of positive discipline. Two of the most powerful rewards a parent can use are praise and gentle touch. These rewards can begin at birth. Touching a baby in a gentle way is important for the baby's brain to develop and for the parent-child bond to grow strong. Children love being touched in a gentle way.

Praising a baby for all the wonderful things baby does and for the beautiful person baby is also can begin at birth or before when mom is pregnant and is carrying baby.



As babies grow into toddlers and preschoolers, praise and touch can continue as rewards along with special privileges and objects such as toys or stars and stickers.

Children love to be recognized and receive recognition. It molds their feelings of self-worth.

### Should Babies be Punished?

Punishments are administered by parents to help children learn the difference between appropriate and inappropriate behaviors. *Babies should never be punished because their brains are not capable of understanding right from wrong*, and the purpose of punishment is to teach children right from wrong. Never punish babies.

Around 7 months of age, most children begin to make associations between two activities. For example, running water means tubby time is near; sitting in the high chair means yummy mashed peas or carrots are coming.

*If parents punish babies, they will become frightened and anxious. They will associate this fear with their parent - not with what they did or didn't do.*



Also, the stress and fear the babies feel when punished cause their brains to release stress hormones. These stress hormones affect the baby's brain in negative ways which can lead to sleep problems, hyperactivity, impulsivity and excessive crying.

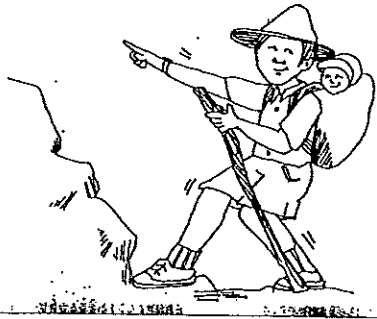
Research has also found that babies who are punished excessively have 20% to 30% smaller areas of their brains that are responsible for controlling emotions.

**Never Punish Babies!**  
**Never Hit Babies!**  
**Never Yell at Babies!**  
**Never Shake Babies!**

### When Should Punishments Begin?

The goal of punishment is to help children replace inappropriate behavior with appropriate behavior. Punishments will only work under the following conditions:

1. If children can understand that what they did was inappropriate;
2. That this inappropriate behavior was a choice and not exploratory;
3. That the great majority of the time parents spend with their children is positive;



4. That the primary purpose is to teach what TO do rather than teach what NOT to do;
5. And that children are always treated with respect.

If these conditions are present, punishments in the form of time-out, or loss of privilege or being grounded can begin around 2 ½ years of age.

### Techniques for Rewarding Children's Behavior

Rewards are very powerful in motivating children. Use the following types of rewards to help children feel good about themselves and learn appropriate behaviors.

1. **Praise.** Praise is the single most powerful reward a child, or anyone can receive. Praise will be discussed in greater detail in Chapter 22.
2. **Nurturing Touch.** There are three types of touch: hurting, scary and nurturing. Each of us has a personal touch history which includes all three types of touch. *Gentle hugs, back rubs, soft strokes of a child's back with gentle rocking, are all nice, positive types of nurturing touch.* Everyone wants recognition. Nurturing touch is a nice way to let children know you value them. Use nurturing touch with praise. Together they make a powerful combination.



3. **Privileges.** Privileges serve as excellent rewards for children. A privilege can be extra TV time, getting to stay up past curfew, getting a few extra stories read at night, or other behaviors your children enjoy. Privileges should never include basic needs the child has such as fun times as a family, security, love or trust.

4. **Objects.** Some parents like to reward their children with various objects in addition to praise and touch. Objects can include almost anything that ranges from stickers to assorted toys. Find out what your child likes and occasionally reward him or her with an object.

### Techniques for Punishing Children's Behavior

There are five types of punishment that are appropriate for children ages 2 ½ and older.

1. **Loss of Privilege.** A privilege is a right granted by the parent. Privileges can be watching TV, playing with a certain toy in the house, etc. If a child misuses an object or misuses the privilege, they lose it for awhile. Take away a toy or a privilege only when the child misuses it (thrown, broken, etc.)
2. **Being Grounded.** When a child repeatedly leaves the yard without permission, an appropriate punishment is being grounded to the yard or house. The child must know it wasn't appropriate to leave the yard. If the child does not understand the behavior was inappropriate, grounding will not work as a punishment. Again, it's important for children to know what is expected of them.
3. **Parental Disappointment.** *Parental disappointment is a simple statement which expresses the disappointment a parent has in a behavior the child has chosen to perform.* The intent is to build some caring and an awareness in the child of the parent's disappointment. An example of the use of parental disappointment is: "Son, I want you to know how disappointed I am that you chose to hit your brother (or whatever the

misdeed). I'm sure the next time you're upset, you won't hit your brother and you will tell him not to take away your toys." If the behavior is recurring, a parent may then also tell the child he either loses a privilege or has to take a time-out.

4. **Restitution.** Restitution means that there is a "payback" or logical consequence for a specific misbehavior. The goal of restitution is to make good of a wrong. If children choose to color on the walls, the payback is to clean the wall. If stealing is the problem, the restitution is to pay back the stolen money.
5. **Time-Out.** Time-out is a temporary isolation of the child from others because they chose to act inappropriately. It is a technique that lets children know that when they choose to behave inappropriately, they have to be by themselves for a while sitting quietly. Time out will be discussed in greater detail in Chapter 23.

### The Dozen Rules of Discipline:

**Rule #1:** Help children learn appropriate behavior by involving them in direct experiences which will teach them the desired behaviors, and have them observe you behaving in the manner you want them to behave.

**Rule #2:** Behaviors need consequences following them to help children learn right from wrong. Consequences following desirable behavior are called Rewards. Consequences following undesirable behaviors are called Penalties or Punishments.



**Rule #3:** What you pay attention to is what you get more of. One of the important goals of parenting is to catch your children behaving.

**Rule #4:** Punishments are used to help children change inappropriate behavior, and only work effectively when used in conjunction with rewards to reinforce appropriate behavior.

**Rule #5:** Punishments are never used to abuse, injure or cause harm, or the threat of harm to children.

**Rule #6:** Time-out will only work when time-in is quality time. If time-in is not quality time, the child is already emotionally in time-out.

**Rule #7:** Time-out should be used sparingly and for teaching young children. Other forms of punishment are more appropriate for older pre-teens and adolescents.

**Rule #8:** The punishment must fit the crime. It must also be reasonable, respectful, and related.

**Rule #9:** The goal of punishment is to be meaningful and quick. Punishments of duration provide little motivation to do better.

**Rule #10:** If you misuse it or abuse it, you lose it for a while, then get another chance to use it. One of the goals of discipline is to teach appropriate behavior. If children never get another chance, how are they going to learn?

**Rule #11:** If you break it, you pay for it. If you mess it up, you clean it up. Restitution is an excellent way to teach children there are consequences for their inappropriate behavior.

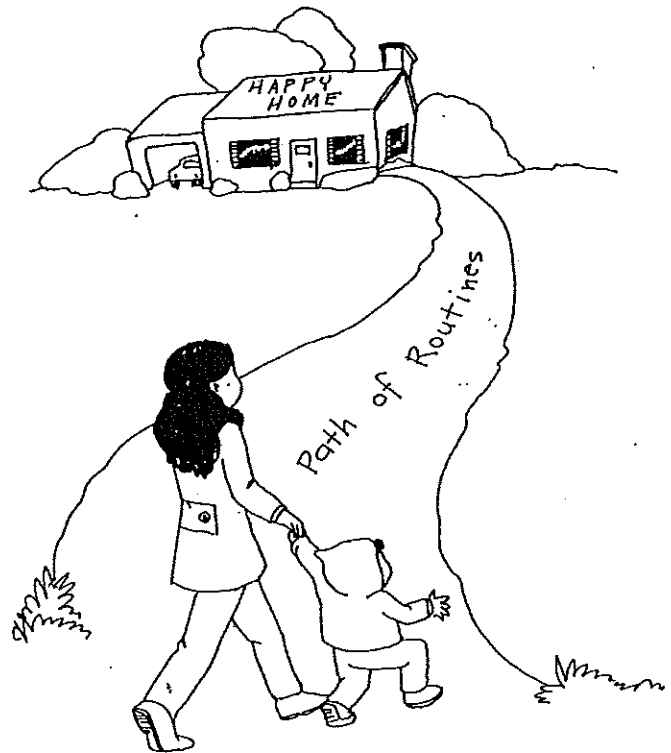
**Rule #12:** Babies should NEVER be punished. They are too young to understand the "If-Then" rule of consequences.

#### Family Home Practice Assignment

1. Discuss rewards and punishments as a family.
2. Practice using the techniques for rewarding behavior. Describe the outcome.
  - a. Praise: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Nurturing Touch: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Privileges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - d. Objects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If appropriate, practice using one of the techniques for punishing behavior.
  - a. Which one did you use and why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  2. What was the outcome: \_\_\_\_\_  
\_\_\_\_\_
4. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).

# Chapter 26

## Establishing Nurturing Parenting Routines



Nurturing parenting routines are very important in creating a warm and caring home. A routine is a certain way of doing something. Everyone incorporates routines into their daily lives from getting dressed to going to bed. Routines put order into our lives and, in turn, make our lives easier and more predictable. Nurturing parenting routines help children by providing them with a consistent, predictable and caring way of life.

Our goal as parents of young children is to establish nurturing parenting routines to make our job as a parent a little easier, and to make their job of being a child more fun and reassuring.

**Goal:** *To increase parents' awareness of the importance of establishing nurturing parenting routines.*

In all the research conducted over the years on child development, four important factors stand out related to the health of young children:

1. Feelings of trust and security;
2. Demonstrating caring for oneself and for others;
3. A strong sense of personal power; and
4. Feelings of positive self worth.

### Feelings of Trust and Security

Nurturing parenting routines help establish feelings of security and trust in children.

Children love to know what is going to happen to them. Questions like, "Are we almost there yet?" and "How much longer?" and "Is it going to hurt?" and the ever present



"Why?" are all requests for information to help children organize their world. Adults like to know what's going on - why shouldn't children?

Children feel secure when they know what to expect and are treated in a respectful manner. Feelings of security help children learn to trust their parents and other caring family members. When children learn to trust others, they learn to trust themselves. As they continue to mature into adolescents and adults, they become secure and trustworthy people in their own right, then pass these traits on to their children. The circle is now complete and the world becomes a little more caring and secure place to live.

### Empathy - The Ability to Care

Empathy is the ability to be aware of the needs and feelings of another person and respond in a caring, respectful manner. Empathy is truly one of the greatest gifts a parent can give their children. To demonstrate empathy is to demonstrate caring. Research clearly shows that empathic children are more popular in school, are more outgoing, more sensitive and better adjusted emotionally than children with low levels of empathy. Nurturing parenting routines used in a consistent manner will clearly help children experience and value the qualities of empathy.



### Personal Power

Nurturing parenting routines encourage children to be active participants in their daily care. Giving children choices, honoring their opinions and feelings, and encouraging their growth and independence all contribute to the ongoing development of a child who feels respected and empowered.

While many parents shudder at the thought of fostering a sense of personal power in young children, it's a well accepted conclusion that children who feel they have a sense of personal power don't engage in ongoing power struggles and tend to be more cooperative, contributing members of their family.

Children with a strong, positive sense of personal power are also less likely to engage in unhealthy and destructive behaviors such as violence towards self and others, drug and alcohol use, and sexual promiscuity.

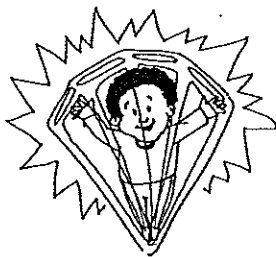


In a child's world of repeated pressures by their peer group, having personal power is the best protection a child can have.



### Feelings of Positive Self Worth

Children who have a positive self worth generally display a positive, healthy outlook on life, treat themselves and others with respect and make good choices.



When any element of life has worth, it has value. When something has value, it is treasured.

A positive self-worth is an emotional insurance program for children which acts as a safety net for the rough times that life has to offer. Positive self-worth promotes a healthy quality of life.

### Establishing Nurturing Parenting Routines

There are several important ingredients that go into establishing nurturing parenting routines.



- **Gentle Touch.** Gentle positive touch such as hugs of comfort and hugs of joy, kisses, tickles and massages communicate love and caring to your child. Gentle touch is such an important part of parenting. Did you know that if a baby is not touched in a positive consistent way their body and brain will stop growing?

After years of studying how babies grow, we now know that physically stroking a baby will help them digest their food better and will also help the premature child gain weight more quickly. Regularly massaging your baby also significantly lowers their stress hormones, not to mention the feelings of closeness both parent and child experience.

It's easy to see why touch is an important ingredient in all your nurturing parenting routines.

- **Praising your Child.** As you are learning in the Nurturing Program, praising your children and the good things they do build their sense of power, their self-worth, and the desire to cooperate. Statements like, "What a sweet boy you are!" tells your son his very being is appreciated by you and "Good job eating your food!" tells him you're pleased with his efforts.
- **Happy Pleasant Facial Expressions.** Young children love to look at a happy, playful face. Actually, given the option, most adults would rather look at a happy, playful face than a grumpy, mean-looking face. Mean faces scare kids and hardly make the experience a "Kodak moment."
- **Having a Sense of Caring.** Caring is the cornerstone to nurturing parenting routines. From extensive studies, we know an infant's brain is a work in progress. Just like talking to and reading

to a child helps develop the part of the brain responsible for language and thinking, caring helps develop the part of the child's brain that is responsible for the emotions children express.

A nurturing, caring environment can strengthen a young child's emotional stability and have a long-lasting effect on them for the rest of their lives.

- **Having Fun and a Sense of Humor.** There is nothing like a sense of humor to help a parent and a child through a day. Humor doesn't mean poking fun at children or saying something embarrassing. A sense of humor is a feeling that happiness and playfulness are important aspects of life.



Parents who are under a lot of stress and who have neglected their own needs will find very little to be happy about. Make a commitment to bring laughter and fun into your relationship with your children.

Nurturing routines can be established for many of the daily tasks you and your young child experience such as:

- Diapering and Dressing Times;
- Feeding times;
- Bath Times; and
- Bedtime

Parents should begin to establish nurturing routines the moment they bring their baby home. Starting early is the best way to establish consistent, caring and loving parent-child interactions. The Nurturing Program helps parents learn to establish nurturing routines with their children, ages birth to five years. The next four chapters provide information on how to establish nurturing parenting routines.

#### Family Home Practice Assignment

1. Meet with your partner and others who are a critical part of raising your child to review the practice of nurturing routines.
2. Praise yourself once a day.
3. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).

**Notes and Comments:**

# Chapter 27

## Nurturing Diapering and Dressing Routines



**Goal:** *To increase parents' ability to implement a nurturing parenting diapering and dressing routine.*

Diapering and dressing children are excellent times to use nurturing routines. During these times, parents can be encouraging enormous growth in the child's sense of independence and cooperation, as well as in positive nurturing touch. Let's take a closer look at how parents can establish nurturing diapering and dressing routines.

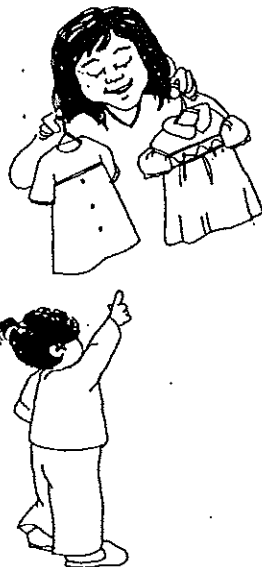
## Autonomy and Cooperation

Children like to do things for themselves as quickly as they can. You can see it very early when infants repeatedly try to stand and walk only to fall flat on their bottoms. You can also see it when they attempt to feed themselves by smearing food all over their faces with the hope that some of it will get in their mouths.

Little successes in these and other tasks result in great joy because children are finally learning to do things for themselves. These accomplishments have great value in that they help foster in children their feelings of personal power and positive self worth. These accomplishments also foster feelings of autonomy and cooperation. After all, in order to smear the food all over your face, someone has to bring it to you.

Cooperation is established very early in the parent-child relationship. Just as in eating, dressing and diapering children is a partnership between the parent and the child. As a partnership, you and your children work together as a team in getting clothes on and off your child. The following steps are offered to foster this partnership.

1. **Let your children have input into what they will wear for the day.** You might do this by selecting two tops and two bottoms and having your child make a choice of which top and bottom to wear. In this way, your child is taking an active role in getting dressed.



Also, in a partnership your child needs to take an active role in getting dressed and undressed rather than the passive role most children experience. Too many parents dress and undress their child without the child's active assistance. The active partnership role builds autonomy and cooperation.

2. **Allow your children to do the things they can do by themselves without any help from you.** If they can put their socks on, fine, let them do it by themselves. If it's pulling up their pants, good, don't do it for them. Let them pull their own pants up. Allow them extra time to complete the task.
3. **Assist your children in getting dressed but when necessary, allow them to still have the lead.** In this step, you're only assisting your children in doing things they can't quite do alone yet. Infants need a lot of assistance; toddlers need some; preschoolers hardly need any help.



4. **Take the lead in assisting your children in getting dressed by doing the things they are incapable of doing.** In the last step, you do the things your children are incapable of doing. It might be putting on and tying shoes, zipping zippers, buttoning buttons, etc. In step four, the child has yet to develop the skills to finish getting dressed that one day he will have. As your child develops more skills, the need for step four is less and less.

To assist you in knowing what steps to use and when to use them, here are some suggestions.

- Observe your child and make it a point to know what your child is capable of doing independently. The younger the child, the more quickly these skills will change on a daily and weekly basis.
- When you are pretty sure of the tasks your child can do by himself, break the tasks he can't do into smaller steps. The smaller steps will allow him to continue to gain further feelings of confidence. Let's take the activity of putting on a pair of pants. First, have him sit in a chair without you placing him there if he can do it by himself. Second, gather the pant legs and make doughnuts and lay them on the floor just in front of his feet. Third, tell him to step into the holes and ease the pants around his ankles. Fourth, have him take hold of one or both sides and "pull up." If he is very young, he probably doesn't have strength to pull the pants up all the way so you will have to help. Fifth, you do the snapping of the pants if it's something he can't do by himself.

Babies participate in the partnership method of getting dressed and many parents aren't even aware of it. When babies are getting their diapers changed, many children participate in the partnership method by lying still while mom or dad is putting a clean diaper on the child. Although this level of partnership may seem slight for the developmental level of the child, it is indeed very active.

Young children also are active participants in getting themselves dressed by holding their

arms and legs up, and by putting their arms through the sleeve openings. If you keep a sharp eye open, you'll notice all the things your young infant can do with a little assistance.

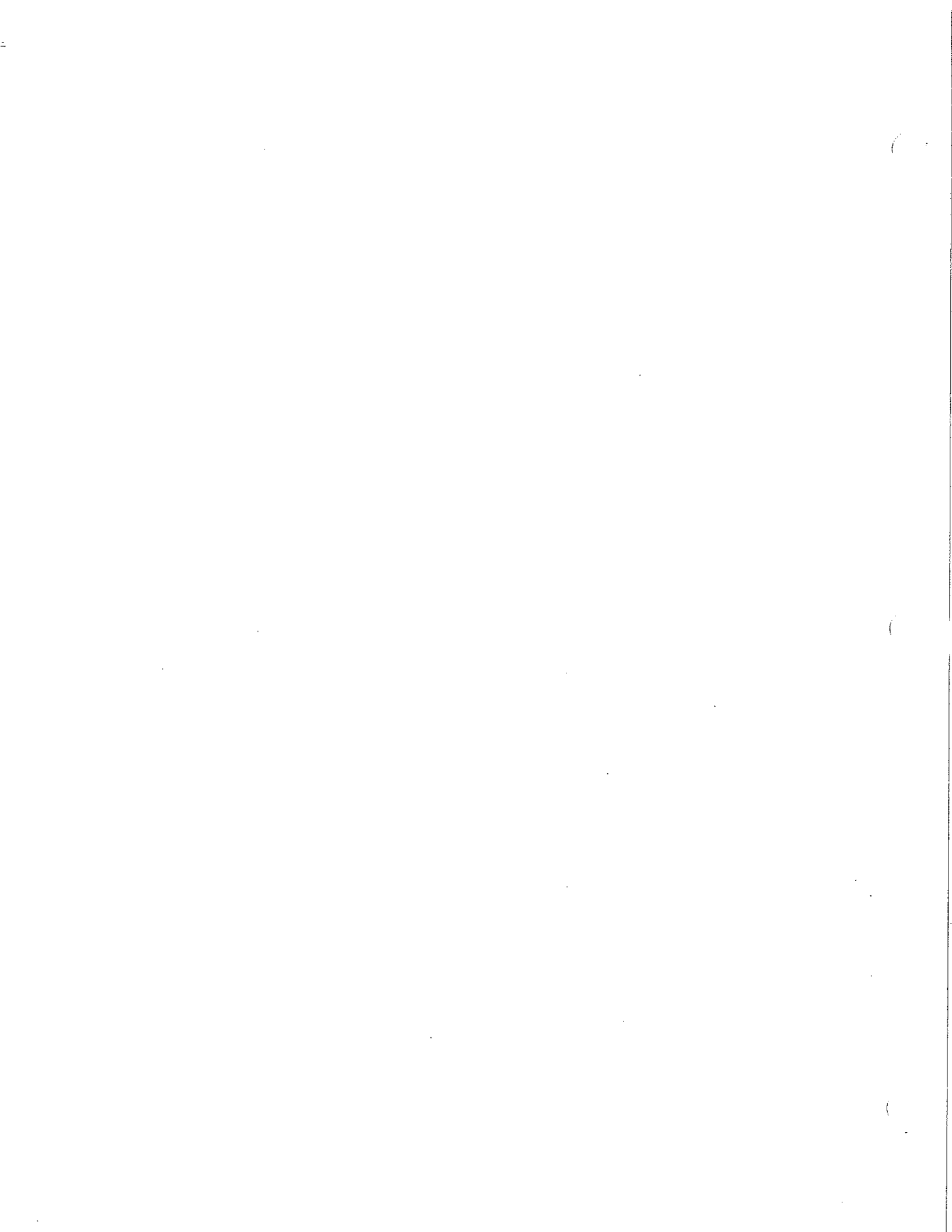


There you have it, the partnership method of helping your child get dressed. It takes a lot more time than getting your child dressed while they stand passively waiting for you to finish. However, the time you spend in establishing a nurturing dressing routine when your child is young will pay off later when your child is more capable, cooperative, and independent.

#### Family Home Practice Assignment

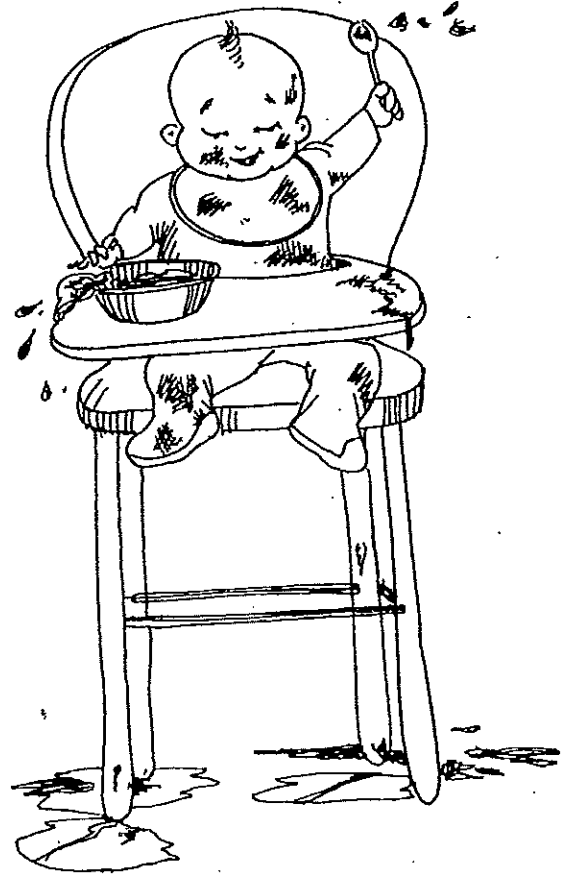
1. Practice implementing the nurturing diapering and dressing routine with your children each day.
2. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).

#### Notes and Comments:



# Chapter 28

## Nurturing Feeding Time Routine



**Goal:** *To increase parents' ability to implement a nurturing feeding time routine.*

Eating is one of the most pleasurable times during infancy and childhood. Babies love to eat. In fact, most babies double their birth weight in the first three to five months of life. That's a lot of eating! If they could talk, babies would probably tell us that nothing in this world is as good as sucking on a nipple and getting milk or juice. Watch them when they are eating: they relax, begin to coo, close their eyes and fall asleep. Just like adults, only we have recliners. Parents are pleased when babies eat because the child quiets down and is more pleasant to be with later when they wake up.

As children begin to grow older, something happens that changes all this pure pleasure into frustration, dissatisfaction, and stress for both the children and the parents.

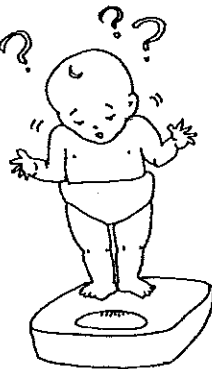
Children refuse to eat certain foods, snack between meals and begin to hate the very foods the parents feel are the best for them.



### The Importance of Feeding Times

To begin to understand how feeding and eating begin to go sour, let's first discuss some common facts about children's eating habits.

- Despite some popular beliefs, babies know how many calories they need and what their stomachs can handle. If babies are not getting enough, they'll want more. If they get too much, they will stop sucking and eating. A child who turns his head away is telling his parents "I'm full!"
- Feeding is one of the earliest experiences babies have. As such, they begin to learn a lot about themselves and the world they live in. Good experiences in feeding lead to good feelings of themselves and their world. Bad experiences lead to bad feelings about themselves and their world.
- Babies will normally lose weight immediately after birth, but gradually begin to gain back lost weight in two or three days. Such losses in weight are to be expected.

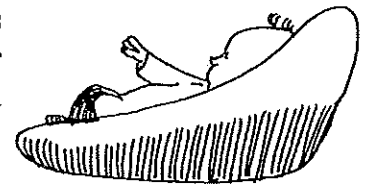


- Somewhere around a year old, babies begin to change their feelings about food. They become more choosy and less hungry. What might look good to eat today won't look good tomorrow. Their choice of certain foods is the beginning of exerting autonomy and control of their lives.
- Teething often takes away children's appetites, especially when the first molars are beginning to come in.
- As children become more mobile (around one year), they may lose interest in eating because they often feel too busy exploring the environment and practicing new motor skills to sit still and eat.

### Establishing a Nurturing Feeding Time Routine

The following steps are offered to make feeding your child a more pleasant experience.

1. **Provide your child with a comfortable eating environment.** Putting young babies in infant seats and older children in high chairs securely stationed on a table or the floor, helps provide the child with feelings of security. Padded cushions and straps to keep your child snug in the seat are essential.
2. **Allow your child the opportunity to reject food.** When you honor their actions, you are reinforcing feelings of personal power. Remember, children know when they are not hungry, or when they don't like something just like you and I do. When you force your child to take



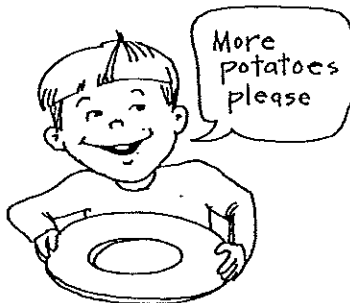


“one more bite” of food he doesn’t want, you’re actually setting up a conflict situation in which the child will end up the loser.

3. **Reinforce personal choice in eating.** Get in the habit of giving small portions. If the child wants more, he’ll let you know. Making children sit at the table until they clean their plates does not build healthy attitudes toward eating.

4. **Try to get children to think of food as something they want, not something they need to reject.** One way to encourage positive attitudes toward food is to allow your child to eat larger than usual amounts of one wholesome food than others. Remember, the older the child gets, the more his attitudes and tastes are changing.

Continue to offer servings of your child’s less preferred foods but don’t expect your child to enjoy these foods as his favorites.



5. **Encourage your child to begin to feed himself around nine to ten months.** Practice with finger foods, bread crusts, and other foods. Children will want to pick up the food with their fingers. Let them. Expect a lot of accidental messes. If you’re worried about the rug, put some plastic under the highchair.

6. **Encourage your child to use a spoon.** Give him reason to use it. At the beginning of the meal when he’s the hungriest, let him try to get food on the spoon and into his mouth.

Assist your child in feeding himself with a spoon. Praise his efforts; tell him how proud you are he is trying to feed himself.



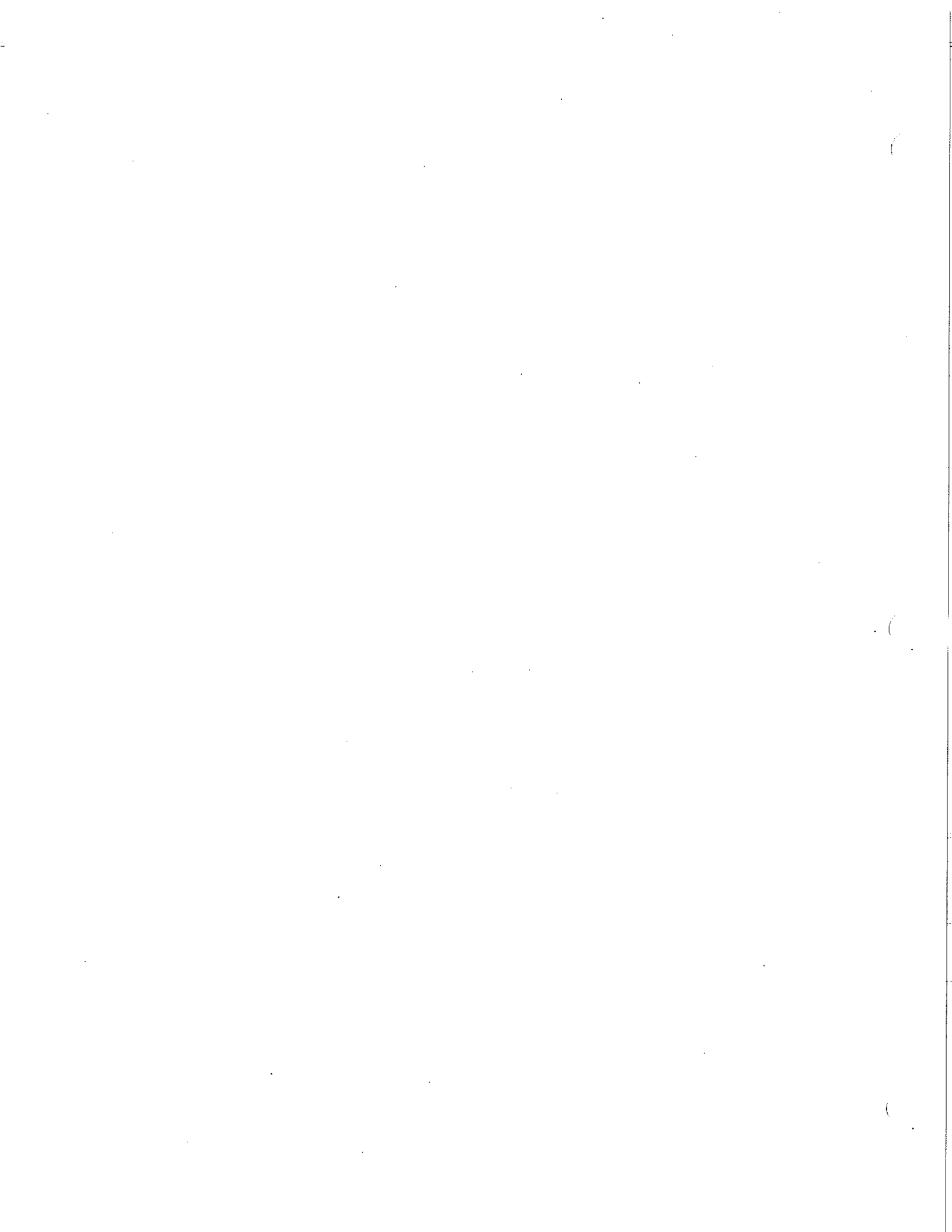
7. **Don’t worry about table manners.** Touching, smashing, squeezing, and smearing food is an early form of child’s play. Don’t punish your child or take his food away. Remember, building positive attitudes toward food and eating is nearly as important as the actual eating of the food.

8. **Praise your child.** There are many behaviors you can praise: feeding himself, eating a wholesome meal, sitting patiently waiting for food, using a fork or spoon, wiping his face, etc. Remember, praise the behavior you want.

Take some time to remember the eating experiences you had as a child. There is a tendency for parents to repeat these practices whether we liked them or not. Developing an nurturing parenting routine around feeding will make the experience of eating a positive one for you and your child.

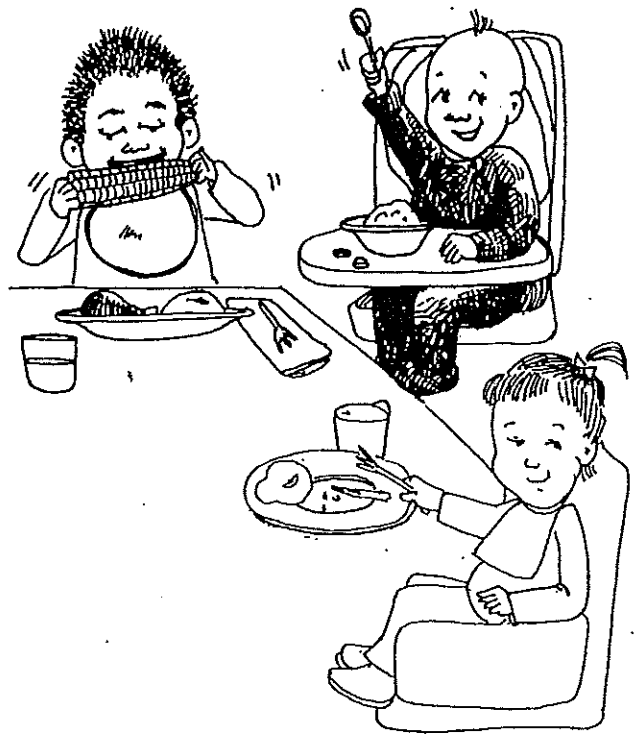
#### Home Practice Assignment

1. Practice implementing the nurturing feeding routine with each of your children.
2. Continue implementing the nurturing routine for diapering and dressing.
3. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).



# Chapter 29

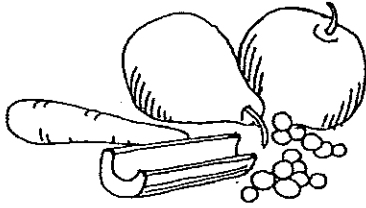
## Feeding Your Young Children Nutritious Foods



**Goal:** *To increase parents' awareness of nutritious foods for children.*

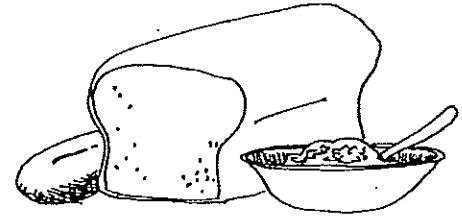
## Nutritious Foods for Children - Quick and Easy!

### Vegetable and Fruit Group



- Apples, peaches, pears, grapes, etc.
- Raw vegetable sticks or pieces (radishes, celery, cauliflower, green onions, zucchini, green peppers, carrots, cucumbers - even parsnips!)
- Dried apricots, raisins, prunes.
- Canned fruits or fruit juices kept chilled in the refrigerator.
- Mini-kabobs of bite-sized fruit chunks, strung on pretzel sticks.
- Banana chunks dipped in orange juice. Shake in a bag with chopped peanuts. Spear on pretzel sticks.
- Celery stuffed with cottage cheese, cheese spread or peanut butter.
- Juice cubes you make by freezing fruit juices in an ice cube tray. Chill other fruit drinks with them.
- Chilled cranberry juice mixed with club soda.
- Grapefruit half, sprinkled with brown sugar and broiled.
- Tomato half, sprinkled with breadcrumbs, parmesan or grated cheddar cheese and broiled.
- Creative salads of lettuce, raw spinach and other fresh vegetables, fruits, meats, eggs, or seafood.

### Bread and Cereal Group



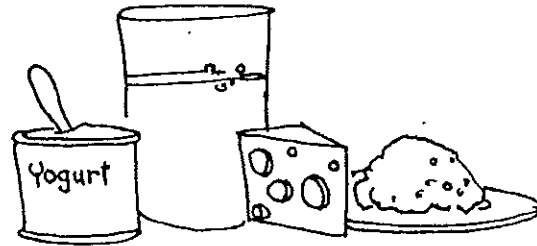
- Raisin bread, toasted and spread with peanut butter.
- Sandwiches using a variety of breads - raisin, cracked wheat, pumpernickel, rye, black.
- Date-nut roll or brown bread spread with cream cheese.
- English muffins, served open-faced sandwiches such as hot roast beef or turkey, chicken salad, sloppy joes.
- Individual pizzas. Top english muffin halves with cheese slices, tomato sauce and oregano, and broil.
- Waffles topped with whipped topping and strawberries.
- Wheat or rye crackers topped with herb-seasoned cottage cheese, cheese or meat spread, or peanut butter.
- Graham crackers and milk.
- Ready-to-eat cereals right out of the box!
- Ice cream or pudding, sprinkled with crisp cereals or wheat germ.

## Meat, Poultry, Fish and Beans Group



- Nuts, sesame seeds, or toasted sunflower seeds.
- Sandwich spread of peanut butter combined with raisins or chopped dates.
- Peanut butter and honey spread on an English muffin, sprinkled with chopped walnuts, and heated under the broiler.
- Grilled open-faced peanut butter and mashed banana sandwich.
- Tomatoes stuffed with egg salad.
- Melon wedges topped with thinly sliced ham.
- Sandwich of cheese, meat, tomato, onion, and lettuce.
- Antipasto of tuna, shrimp, anchovies, hard cooked eggs and assorted vegetables.
- Leftover poultry or meat - as is, or chopped into a sandwich spread.
- Bite-sized cubes of broiled beef, served on a toothpick.

## Milk and Cheese Group



- Milk shakes with mashed fresh berries or bananas.
- Parfait of cottage cheese, yogurt, or ice milk combined with fruit, sprinkled with chopped nuts, wheat germ, or crisp cereal.
- Dips for vegetable sticks. For fewer calories, substitute cottage cheese or plain yogurt for sour cream and mayonnaise in preparing dips.
- Fruit-flavored yogurt.
- Cheese cubes, au naturel, or speared with pretzel sticks, or alternated with mandarin orange sections on a toothpick.
- Custard or pudding.
- Ice milk sundae, topped with fresh canned, or frozen fruits.

**Taken from: Food, Home and Harden Bulletin Number 228; prepared by Science and Education Administration, U. S. Department of Agriculture.**

## Tips for Cooking With Children

Do your food prejudices show? You are the model; don't let your likes and dislikes influence the selection of food experiences.

1. Encourage the consumption of a variety of wholesome foods through positive experiences with foods.
2. Stress food in its natural state. Allow children to see, smell, feel, and taste the food at different stages of preparation. Compare colors and textures, shapes and sizes.
3. Choose simple cooking experiences first. As children master basic manipulative skills, gradually add more learning steps.
4. Develop "picture recipes," including utensils and illustrated measurement of ingredients.
5. Review the recipe and all directions before beginning a food activity.
6. Have all utensils ready ahead of time.
7. Sanitation: Does everyone have clean hands? Wash hands and work surface before starting. Explain what to do if child has to sneeze or cough.
8. Safety: Teach awareness of sharp objects and hot surfaces. Children use knives and graters only under close supervision.
9. Supervision: Recommendation of one adult to every five to six children.
10. Planning: Coordinate cooking with the class day. Build a food experience into multi-learning experiences - math, art, science, language, social science, safety, courtesy, and nutrition.



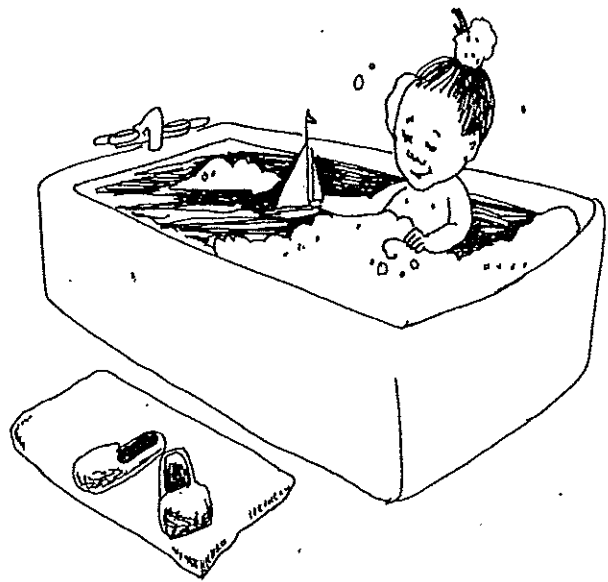
**Nutrition Education and Training Program  
Food and Nutrition Services Section  
Wisconsin Department of Public Instruction**

### Family Home Practice Assignment

1. Do one thing to make family dinnertime nicer.
2. Serve nutritious snacks.
3. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).

# Chapter 30

## Nurturing Bath Time Routine

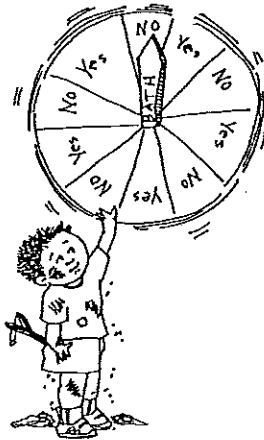


**Goal:** *To increase parents' ability to implement a nurturing bath time routine.*

For many young children, getting into a bathtub of warm water is not one of their favorite things to do. But, almost all children love to walk in puddles, splash water on others, and run through open sprinklers. So why is bath time a time of frustration, tears, and stress for the children and their parents? Let's examine why.

There are several reasons why your son or daughter may experience bath time as a bad time.

- **Most bath times come at the end of the day.** Not only may young children be overtired, but parents may be feeling the stress of their day and communicate this stress by being a bit more demanding that their children cooperate. Children easily pick up on the parent's stress and become stressed themselves.
- **Because taking a bath comes at the end of the day, bath time is usually followed by bed time.** Children soon learn that taking a bath means soon they will have to go to bed. If a child wishes to stay up longer, the obvious is to resist taking a bath.
- **Many parents treat bath time as a chore rather than a time for fun, relaxation, and enjoyment.** An attitude of "having to take a bath" is established rather than an attitude of "wanting to take a bath."
- **The experience of taking a bath may be a very unpleasant and frightening one for many children.** Soap in eyes, hot water burns, accidental falls, pouring water on a child's head to rinse hair shampoo, etc. are all things that can make bath time a bad time.
- **Bath time for children in some families is often an "on again-off again" occurrence.** Sometimes children have to take baths, sometimes they don't. Although parents may have good rationale for excluding bath time, children, especially young children, don't understand why on some days they have to take a bath and on other days they don't.



What they experience is inconsistency. This leads to feelings of anxiety, which is then exhibited as resistance.

### **How to Make Bath Time Fun Time for Toddlers and Preschoolers**

For children to want to take a bath more often than not, bath time has to be a fun time. The following suggestions are offered for developing a positive, nurturing routine for children's bath times.

1. **Make bath time sound like a fun time.** Young children like to pretend; give the bathtub a name or refer to it as "tubby time" with a sound of happiness. Pretend the tubby can talk and call the child's name, "Julia, I'm waiting for you" and answer back, "We're coming tubby." It's quite a bit better than saying, "Julia, I want you to take your bath now!"





2. **With parental supervision, let your child turn the water on and fill the tub.** Giving the child more responsibility in keeping himself clean is the ultimate goal. Start early by allowing him to put the bubble bath in, set the water temperature, and fill the tub to the desired depth. Once again, parental supervision is required to ensure the temperature of the water is appropriate.
3. **Encourage your child to play in the tub.** Bring in "tubby toys" for the child to play with; they don't have to be anything fancy. Use plastic cups, bowls, empty plastic dish detergent containers, or plastic syrup containers with the plastic pour spouts, etc. Anything that floats, squirts water, holds, or pours water will work. Do not let your child have anything that can injure him if it is dropped or if it breaks. Heavy objects or sharp objects are clearly no-no's for children to play with. So is any glass product. If it's not made of foam or soft plastic - it's not an appropriate tubby toy.
4. **Encourage your child to get to know his/her body.** Tubby time is a great time for body exploration and recognition of body parts. Give your child's body parts names and use the names when washing your child: "Look I see Adam's hands. Oh, Boy! Adam's hands need a washing."
5. **Take a bath with your child(ren).** Children think it's great fun taking a bath with their mom or dad. Singing, playing with toys, and washing all help the child feel more comfortable when mom or dad are also in the tub.
6. **Make the experience of tubby time enjoyable.** Several things you can do to help make the experience of taking a bath more enjoyable:
  - Use mild soaps and shampoos to avoid eye sting.
  - Place a mat on the bottom of the tub to prevent accidental slipping.
  - Protect against accidents by placing foam rubber guards over the water spout.
  - Get each of your children their own towel to dry themselves and their own robe to wear after taking a bath.
7. **Make tubby time a routine of the day.** Depending on the age and activity, children may have to take a tubby everyday. Proper hygiene is an important value for children to learn. Washing does reduce the chance of germs being transmitted and infections spreading.
8. **Help children step out of the tub onto a dry towel or rug.** Floors with water on them can be as slippery as ice. The risk of falling on a slippery floor is much too high to chance. Have a dry towel or rug for your child to step on.
9. **Help your child dry off and use the time to have fun.** Be creative.
10. **Finish the bath time by rubbing lotion on your child.** Or, use the time to offer your child a massage. It's a special time between parent and child that only lasts a few years. Before you know it, your child places a high value on privacy and modesty and these fun tubby times are a memory.

## Words of Caution

## Notes and Comments:

- Never, ever, leave a very young child alone in the bathtub. Accidental drowning and other injuries can occur in a matter of minutes and seconds. Infants and toddlers should never, ever be left alone.
- Keep all electrical appliances unplugged and away from the grasp of children. Water and electricity are deadly together. For the sake of your family's welfare, keep all electrical appliances safely stored in a locked cabinet or closet.
- Standing in a tub is an accident waiting to happen. Make it a family rule: No standing in the tub during tubby time. Sitting or kneeling is okay.
- Check the temperature of the hot water heater to ensure a safe level of heat to prevent burning.

### Family Home Practice Assignment

1. Practice implementing the nurturing bath time routine with each of your children.
2. Continue to practice other nurturing routines for feeding, diapering and dressing.
3. Spend a minimum of 30-45 minutes each day playing, reading, and/or massaging your child(ren).