

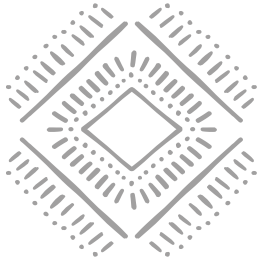
CARING FOR YOUR NEWBORN



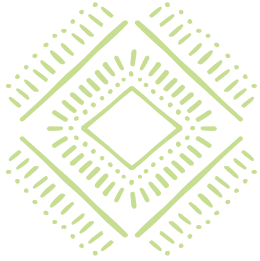
St. Claire
HealthCare



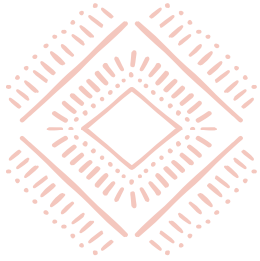
Dear Parent,



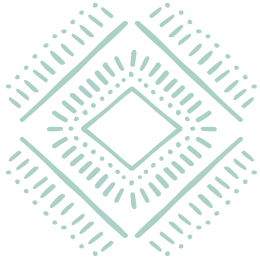
Congratulations on your new bundle of joy!
We are so excited to share in the care of your newborn.



Whether you are a first time parent or have several children, newborns can still be scary. We have developed this booklet to help you with common questions and concerns about your baby.



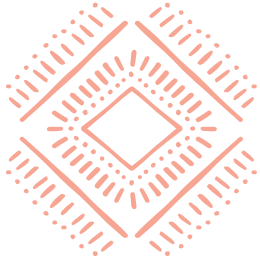
This book will take you through the first year of your baby's life with what to expect and what to do with common worries. We hope you find it valuable and that it can relieve some of the stress parents have when it comes to newborn care.




Please enjoy the booklet and we look forward to partnering with you in the care of your newborn.

Sincerely,

Amanda Ramey, DO



Amanda Ramey, DO
Medical Directory - Primary Care
St. Claire HealthCare - Primary Care





CONTENTS

Birth Record.....	3
My Family Tree.....	4
Golden Hour.....	6
Breastfeeding.....	8
Intake by Age.....	15
Introducing Solid Foods.....	16
Normal Bowel Movements.....	21
Common Newborn Rashes.....	28
Sleep.....	35
Car Seat Guidelines.....	37
Developmental Milestones.....	39
Playing With Your Baby.....	46
Vaccine Info for Parents Through Year 1.....	50
Dental Care.....	53
Viral Illnesses.....	55
Allergic Reaction.....	57
Toilet Training.....	61



BIRTH RECORD



Date of Birth: _____

Time of Birth: _____

Place of Birth: _____

Physician Who Delivered Baby: _____

Apgar @ 1 Minute: _____

Apgar @ 5 Minutes: _____

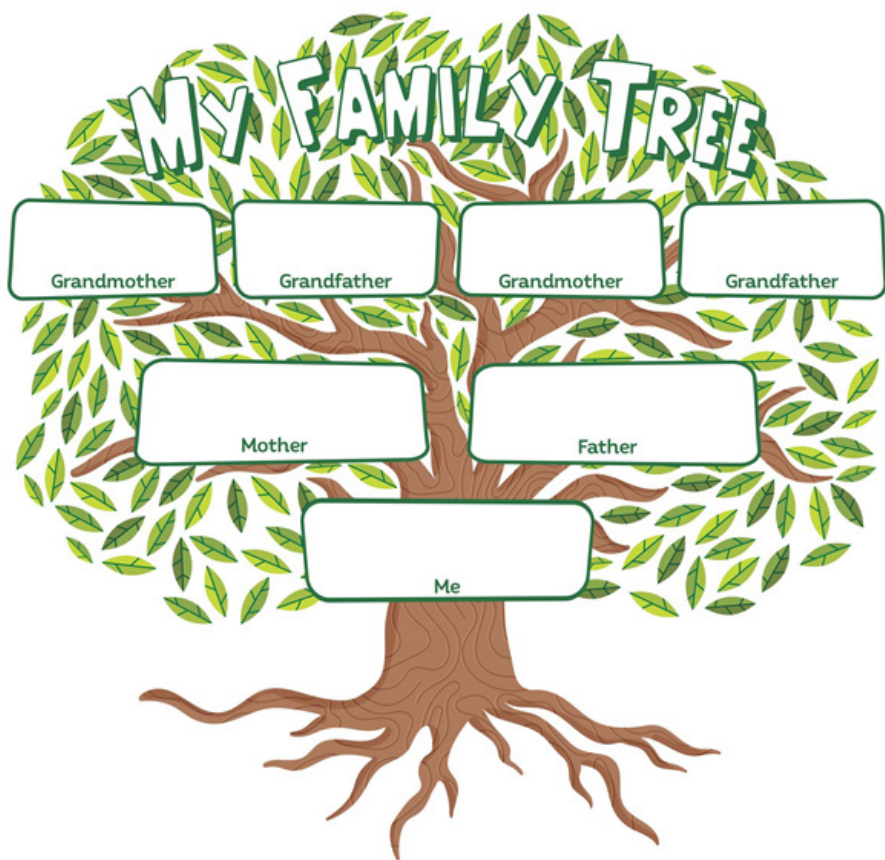
Birth Weight: _____

Birth Length: _____

Head Circumference: _____

COMMENTS

MY FAMILY TREE







GOLDEN HOUR

The hour immediately following delivery. This is a great time to start doing skin to skin with baby. Not only is this an excuse to snuggle, but it provides great benefits for both mom and baby including helping regulate baby's temperature, stabilize their glucose, and encourage your breast milk to come in. Milk production works on supply and demand, so the earlier baby can start suckling the better it is for your supply. Even if you have had a Cesarean, your partner can do skin to skin with baby.

Babies are typically very alert for 1-2 hours after delivery, so if you are planning on breastfeeding this is a great time to attempt the first latch. Around 24 hours babies start snoozing away and can be sleepy for the next day or so. Even if baby's latch isn't successful right away, the more you try the more you encourage "let down" of your milk supply. Our team of doctors, nurses, and lactation consultant can help with getting started. Ask about hand expression and pumping as well!

WHAT'S NEXT

About an hour or so after delivery, nursing staff will officially measure and weigh baby! A physician will also come by to assess your baby and do a thorough physical exam.

There are three medicines that are recommended at birth – Hepatitis B vaccine, Vit K, and Erythromycin.

- Hepatitis B: This is the first dose of a three-shot series (2 months and 6-18 months). If mom has Hepatitis B, baby will receive another medicine called immunoglobulin as well for protection from the virus.
- Vitamin K: This is an injection that prevents abnormal bleeding. Newborns are deficient in this vitamin due to an immature gut system so getting this is very important, especially if you are having a boy and planning to have him circumcised.
- Erythromycin: This is an antibiotic ointment put in baby's eyes shortly after delivery to prevent bacterial eye infections.

Nursing staff will also perform heart and hearing tests on baby as well as screen for any serious newborn conditions with a small blood sample from baby's heel. You will also be shown educational videos on newborn care, feeding, etc. Please don't hesitate to bring any questions you may have regarding these topics up to your nurse or physician before you leave the hospital.



BREASTFEEDING

Doctors recommend breastfeeding for one (1) year if possible

For the first 6 months breast milk is the only food a baby needs, though your doctor will supplement their vitamin D. When breastfeeding you should eat a healthy diet and drink plenty of fluids.

Notify your doctor that you are breastfeeding as some medications are not safe in breastfeeding.

WHY IS BREASTFEEDING BEST?

- It improves our baby's digestive tract & protects from infections that cause vomiting and diarrhea
- It reduces the long term risk of respiratory infections, wheezing, ear infections, and urinary tract infections
- It reduces the risk of sudden infant death syndrome (SIDS)
- It reduces dental problems, obesity, allergies, and the risk of type 1 diabetes and inflammatory bowel disease
- It benefits mom too!
 - Reduced blood loss after child birth
 - Reduced risk of breast cancer, ovarian cancer, hypertension, and type 2 diabetes
 - You burn 300-500 more calories per day breastfeeding
- It is 2-3 times cheaper than formula feeding

HOW DO I START BREASTFEEDING?

- After birth, we encourage breastfeeding initiation as quickly as possible (within the first hour).
- For the first few days most people only make a small amount of yellow milk called "colostrum."
 - Colostrum is rich in nutrients and antibodies to protect your baby.
- Milk production will increase after 2-3 days. The more you feed or pump, the better.
- Your nurses after delivery will show you lots of different ways to hold your baby during a feed.
- Lactation consultants are available after discharge to help you with feeding difficulties.

HOW DO I KNOW MY BABY IS READY TO FEED?

- They wake from sleep.
- They move their head around as if they are looking for the breast or bottle. We call this “rooting.”
- They suck on their hands, lips, or tongue.
- Crying is a late sign of hunger.
 - If your baby is crying you may need to comfort them before they are able to feed well.

HOW TO LATCH YOUR BABY

- You want their mouth to form a seal around the nipple.
- The nipple should be deep and high in their mouth with their top and bottom lips wide open (like a yawn).
- Their upper lip is close to the nipple and lower lip is at the areola.
- Their chin should touch the breast and their cheeks should be full.
- When your baby is feeding well you can usually hear them swallow.
- Hold your baby close, look them in the eye, and speak with a gentle voice during your feeds.

HOW TO TELL YOUR BABY IS GETTING ENOUGH MILK

Babies feed on different schedules and different amounts of time. Newborns feed 8-12 times a day and should be allowed to finish feeding fully on 1 breast before switching sides

- By day 4-5 of life babies should have 4-5 wet diapers.
- By day 4 of life babies should have 4+ bowel movements daily.
- Your doctor will weigh your child frequently in the office to monitor their weight as well.
- The length of a feed will vary (usually between 5-20 minutes) and their feeding patterns are irregular.



BREASTMILK STORAGE

Breastmilk should only be stored in clean glass or plastic bottles or in bags in small amounts (1-4 oz) and labeled by date pumped.

- Breast milk is safe at room temperature up to 4 hours.
- It is safe in the refrigerator up to 3 days.
- It is safe in the freezer for 12 months.

PREPARING STORED BREASTMILK

To thaw breastmilk, fill a small container with warm water and put the bottle in it. It is safe for your baby when it is a little warm or at room temperature.

- Do not submerge the container in water as this may allow water to enter the milk.
- Do not heat breast milk in a microwave as this can affect the nutritional and immunologic makeup. Microwaving also heats the milk unevenly, which may burn your baby's mouth.

BREASTFEEDING TROUBLESHOOTING

Engorgement - Engorgement occurs when the breasts are too full of milk. Breasts may feel swollen, hard, warm, and painful, and infant may have trouble latching on.

How do we treat it?

- Breastfeeding will remove milk from the breast and help.
- Hand or breast pump can also be used to let out milk between feeds.
- Using a cold pack or cool cloth on your breasts between feeds.
- Tylenol or ibuprofen can help.

Sore or painful nipples - It is normal to feel tugging/pulling at nipples with breastfeeding, but not pain or rubbing.

- Make sure your baby latches on the right way. You may need to take the baby off your breast and have them latch again.
- Cool or warm washcloths on the nipples can relieve some pain.
- Tylenol or ibuprofen can help.
- Breast pads between feeds protect the nipples

TONGUE TIE - Tongue tie is when a band of tissues connects the underside of the tongue to the floor of the mouth is preventing the tongue from moving freely. Your baby's tongue should be able to move out past the bottom lip and reach up to the roof of their mouth. It is not known what causes this but tends to run in families at times and is more common in boys than girls. This is generally found if baby has trouble breastfeeding, specifically latching. If left untreated, tongue ties can cause trouble with speech later in life. To treat tongue ties in newborns a physician will cut the frenulum. It is a quick procedure that can be done before you take your baby home or even in the clinic.

Blocked milk ducts - Blocked milk ducts appear as a red and painful lump or white plug on the nipple. Treat by breastfeeding often and ensuring that your baby has a good latch and fully empties the breast.

Mastitis - Mastitis is an infection of the breast. This usually appears as a fever with a hard, red, swollen area of the breast with muscle aches possible. See your physician as sometimes antibiotics are required. Tylenol or ibuprofen can help.

- You CAN continue breastfeeding. It is also encouraged to use a breast pump to empty the breast fully.

Yeast Infections - Breastfeeding can cause yeast infections on the nipple. Topical antifungals can be used for this. Make sure to wipe off any excess before feeds and reapply after.

Poor Production - Breastfeeding or pumping stimulates the breasts to make more milk. You want to make sure your baby is latched on well during feeds to improve this as well.

- Stress can interfere with your milk production, so try to stay calm and relaxed during feeds.

How do I pump at work? By law, your work needs to give you breaks so that you can pump. Your work also needs to give you a private place where you can pump.

How do I stop breastfeeding? It is great to feed until your baby is about 1 year old. When you stop, drop 1 feeding every 2-5 days or breastfeed for a shorter period each feeding.



INTAKE BY AGE

Your baby may go through periods where they are hungrier than usual. This is normal during a growth spurt! The better your baby's intake, the better they will rest between feeds.

- You should not give water to your baby until 12 months of age as it may lower the salt in your baby's blood.
- After your baby starts eating solid foods their milk intake may reduce to 20-34 ounces a day.

AGE	RECOMMENDATIONS
1 WEEK	Full term babies feed 8-12 times every day during their first week of life.
4 WEEKS	By 4 weeks of age babies generally feed 3-4 ounces 7-9 times per day.
1 MONTH & BEYOND	Babies are usually full with 24-30 ounces per day (4-8 ounces per feed).
4 MONTHS	4-month-olds may go 6-8 hours between feeds at night, but every baby has a different sleep pattern.
UNTIL 6 MONTHS	Until 6 months of age breast milk or formula provides all the nutrition your baby needs.
12 MONTHS	Other milks are not appropriate until 12 months of age due to the baby's particular nutrient needs.
12-24 MONTHS	From 12-24 months your child should drink at least 16 ounces of whole, unflavored cow milk daily.



INTRODUCING SOLID FOODS

.....

It is recommended to wait until 6 months of age to start solid foods.

- There is a high risk of choking on foods before this age.
- Early food introduction may make their nutrient intake insufficient for their growing size.
- Solid foods too early increases the work of their kidneys.
- Early solid foods increase the risk of obesity.

CHOKING PREVENTION

Do not introduce solid foods until your baby is able to sit with support and has good head and neck control.

- Children under 3-4 years of age should not be given round, hard foods (hot dogs, nuts, grapes, raisins, round candy, popcorn).
- Toddlers should be supervised while eating.
- Children should sit upright during eating, not reclined, walking, running, or riding in a car.

FOODS TO AVOID

- Children should never be given unpasteurized milk or juice.
- They should never be given raw or partially cooked eggs or foods with raw eggs.
- They should never eat undercooked meat, poultry, fish, or shellfish.
- They should not have honey until after the first birthday due to the life threatening risk of botulism.
- Sweetened drinks have risk for cavities, obesity, abdominal pain, and diarrhea.
 - Pure juices should not be offered until 12 months of age and only 4 ounces per day.
 - Juices have no nutritional benefit for your child.

Remember the feeding habits you teach your baby in the first two years establish lifelong eating patterns.

- You should praise your child for trying new foods.
- Remember, it may take several attempts for your baby to like a new food. Offer a new food 15 times before giving up on that food.

SINGLE INGREDIENT FOODS

Single ingredient foods should be introduced first. Once your child has tolerated each ingredient separately you can give combination foods.

- After starting a new food, do not start another for 5 days to allow time to identify food allergies.
- Adding sugar and salt is discouraged. It doesn't improve their acceptance of the food and may make them prone to cravings later in life.
- Single grain cereals are a good first food as they supply energy and iron.
 - Offer 1 teaspoon at the end of a breast or bottle feed and increase slowly to ½ cup per day by 8 months.
 - Cereal should be fed with a spoon to enhance their motor function.
 - Adding cereal to the bottle increases the risk of obesity and is discouraged

PUREED FOODS

Pureed foods should gradually be added. Pureed meats are high in iron, which is important as your baby grows and are a great first puree. Pureed foods may be refrigerated after opening and are safe for 48 hours.

INTRODUCING NEW FOODS

You want to introduce a variety of tastes, textures, and food groups by the end of the first year of life.

- High allergy foods (eggs, fish, nuts) may be introduced at 6 months of age.
- By 8-12 months offer fruits and vegetables once a day.
- By 8-10 months your child has the skills to eat finger foods.
 - Consider finely chopped soft foods (fruit, vegetables, cheese, cooked meats, pasta).
 - Foods that dissolve easily are great too (crackers, dry cereal).
- By 9-12 months your baby may be able to feed themselves or drink from a cup with two hands.
 - Make sure to cut their food into tiny, bite sized portions.





NORMAL BOWEL MOVEMENTS

**How often should a baby's bowels move?
This depends on the age and your baby!**

Some children have more frequent and some have less frequent bowel movements. This is all normal as long as their bowel movements are soft and easy to pass without pain!

AGE	RECOMMENDATIONS
1ST WEEK	4+ bowel movements a day are typical and are usually soft or liquid. <i>Breastfed infants typically have more bowel movements than formula fed.</i>
1-4 MONTHS	Each baby is different with most having 2-3 per day, but some babies may go every week.
4 MONTHS & UP	Typically babies have 2 bowel movements per day, but may have more or less.
AGE 2	Most children have a bowel movement each day, but can be less frequent.
12-24 MONTHS	From 12-24 months your child should drink at least 16 ounces of whole, unflavored cow milk daily.

COLOR AND CONSISTENCY

Your baby's stool color and consistency will change with age. Newborns have soft stool that may be yellow, green, or brown and may appear to contain seeds. Your child's stool will also vary depending on their diet.

CONSTIPATION

How do I know if my child is constipated?

- They may have fewer bowel movements than normal.
- Their bowel movements may be hard or bigger than normal.
- They may have pain with their bowel movement.
- They may avoid going to the bathroom or hide when they feel a bowel movement coming.
- They may leak small amounts of stool into their underwear.

Constipation is most likely to occur at 3 times:

1. Introduction of solid foods or cow's milk
2. Potty training
3. Entry to school

HOW CAN YOU HELP YOUR CHILD'S CONSTIPATION?

Under 1 year of age you can help your infant have a bowel movement by gently bending their hips and legs up towards the abdomen to relax their pelvic muscles. You can also exercise their hips (like if they were riding a bike) to help their abdominal muscles contract.

If your child become constipated, avoid milk, yogurt, cheese, and ice cream for a few days.

If constipation is worse when converting to cow's milk, you may limit to 24 ounces per day as this is sufficient to meet their daily requirements from ages 1-5.

Fiber - For children under 2 our goal is 5 grams per day of fiber. Above age 2 we want them to get their age + 5 grams of fiber daily. Good sources of fiber include pureed vegetables, fruits, fiber containing infant cereal. Examples include pureed peas, prunes, apricots, sweet potatoes, pears, peaches, plums, beans, broccoli, and spinach.



Water - After the 1st birthday children should receive at least 32 ounces of water daily.

Juice - Juice can be used as a short trial for constipation. Stop giving your child juice after the constipation has resolved (don't give for more than 2 weeks).

- Under 4 months of age, mix 1 ounce of prune juice with 1 ounce of water.
- 4-8 months of age, 2-4 ounces of 100% fruit juice per day can be used.
- 8-12 months of age: Up to 6 ounces of fruit juice.

Glycerin suppositories or rectal stimulation can be used for rare, severe episodes

For a potty trained child, encourage them to sit on the toilet for 5-10 minutes after meals

Some children delay moving their bowels if they are in an unfamiliar environment or if they are busy and ignore the need to use the toilet. It is important to teach your child to let their bowels move when their body says it is time to do so

WHEN TO TELL YOUR DOCTOR.

Under 4 months

- Less than 3 bowel movements per week
- Bowel movements are hard (instead of soft and pasty)
- Distended abdomen
- Frequent vomiting

Any age:

- Your child won't eat due to constipation
- Your child starts losing weight
- You see blood in your child's bowel movements or diaper
- Constipation is recurrent
- Your child complains of pain with bowel movements



Diarrhea

For babies, diarrhea means that bowel movements are more runny/watery/frequent than normal. For older children, diarrhea is 3+ runny bowel movements per day.

Viral diarrhea can occur year round but is most common in the winter. Usually your child will have a fever over 100.4, watery diarrhea, vomiting, poor appetite, headache, muscle aches, and abdominal cramping. Symptoms usually start 12 hours to 5 days after exposure and last 3 to 7 days. Your child is considered contagious as long as they have diarrhea. These viruses spread from stool to hands and mouth, so washing hands frequently is encouraged

Many antibiotics can cause diarrhea in children and adults. Typically this diarrhea does not cause weight loss or dehydration and resolves within 1-2 days of completing the antibiotics. Your antibiotic should not be stopped for diarrhea.

WHAT SHOULD MY CHILD EAT AND DRINK WHEN THEY HAVE DIARRHEA?

- Lean meats (chicken, turkey, pork)
- Rice, potatoes, bread
- Yogurt
- Fruits, vegetables
- Milk
- Encourage frequent, small meals to reduce the risk of vomiting
- Oral Rehydration Therapy (Pedialyte, Enfalyte, etc) at a dose of 5 teaspoons per pound

WHAT TO AVOID WITH DIARRHEA?

- Foods high in sugar and fat
- Gelatin
- Tea, soda, fruit juice, and energy drinks
- Rice water
- Antidiarrheal medicines

WHEN SHOULD YOUR CHILD SEE THE DOCTOR?

- If their diarrhea is bloody.
- If they won't eat or drink anything for more than a few hours.
- If they have severe belly pain.
- If they are not acting like themselves.
- If they are not responding to you.
- Intense, repeated episodes of vomiting.
- If they are not producing urine.
 - No wet diapers in 4-6 hours for babies.
 - No urination in 6-8 hours for older children.
- If they are not producing tears when they cry.



COMMON NEWBORN RASHES

Rashes in newborns are common and most come and go and are not harmful.

DIAPER RASH - Diaper rash occurs when the skin in a baby's diaper gets irritated. This can be due to urine or bowel movements in the diaper, dyes in a diaper that your baby's skin is allergic to, or irritation from over scrubbing. Each baby has different skin sensitivities, so an irritant for this baby's skin may have not been a problem with your last child.

A diaper rash may appear as itchy, red, painful skin. It may also appear like raised, peeling skin or as blisters filled with fluid. Yeast infections are due to a fungal infection in the diaper area and cause frequent red areas of skin, sometimes with blisters. These are typically in the skin folds and can radiate outside of the diaper area if not treated early.

How to treat a diaper rash: The ABCs

- A: Air out the skin by allowing the child to go diaper free
- B: Barrier: use a thick layer of ointment to protect the skin
- C: Clean: Keep the skin clean with warm water on a soft rag
- D: Disposable diapers are better than cloth during an episode of diaper rash
- E: Educate yourself about what triggers seem to make the diaper rash worse for your baby

You should see a doctor if the rash gets worse or fails to improve after 3-5 days of treatment or if your baby develops diarrhea or a fever of 100.4 or more.



Skin ointments/pastes can prevent and treat diaper rashes. These should be applied at every diaper change generously. You do NOT have to completely clean off the ointment with each diaper change. Most of these include zinc oxide and petroleum to form a protective barrier between wetness and your baby's skin. Corn starch powders can also reduce friction and moisture, but are typically not used as your child could accidentally inhale them.

Baby wipes are NOT recommended during a diaper rash if the skin becomes irritated or develops sores as they can be more irritating. During a diaper rash a warm wet rag or a squirt bottle of warm water are recommended to clean your baby. You should also pat them dry instead of wiping as to avoid skin breakdown.

MILIARIA RUBRA (HEAT RASH) - Occurs on covered portions of skin and improves after baby is cooled. Can be prevented by avoiding overheating, removing excess clothing, and keeping baby in air conditioning.



SEBORRHEIC DERMATITIS (CRADLE CAP) - Redness and greasy scales on baby's scalp. It can also affect face, ears, and neck and often spreads to the diaper area. This is usually seen in first month, is self-limited, and is not usually itchy. Typical treatment is to watch and wait. Scales can be removed with a soft brush after shampooing. Scales can also be softened for removal with petroleum jelly or vegetable oil.



ATOPIC DERMATITIS - Red, itchy patches on the skin, commonly known as eczema .



CUTIS MARMORATA - Mottling of the skin and trunks that improves with warming of baby. It can last weeks to months and sometimes into early childhood.



HARLEQUIN COLOR CHANGE - Redness on one side of a newborn's body when they lay on that side with a blanching of the opposite side that resolves with movement or crying. Most common during the first 2-5 days of life.



ERYTHEMA TOXICUM NEONATORUM - Most common pustular eruption in newborns. Occurs in 40-70% of infants. Most common in babies born at term and weighing over 2500g. Most often appears on day 2-3 of life. Each pustule is surrounded by blanching erythema. Lesions usually on face, trunk, extremities. No palm or sole involvement. Lesions generally fade in 5-7 days but can recur for several weeks



ACNE NEONATORUM - Occurs in up to 20% of newborns. Consists of closed comedones on the forehead, nose, and cheeks. Can progress like adult acne into inflammatory papules and pustules. Lesions usually resolve within 4 months without scarring. Treatment is generally not necessary.



MILIA - Small pearly white or yellow papules that occur in up to 50% of newborns. Most often on forehead, nose, cheeks, and chin but can occur in other places. Usually resolve spontaneously in first month of life.





SLEEP



**Newborn babies can sleep 14-17 hours a day!
However babies should be woken up to feed.**

Babies should always be placed in a crib/bassinet and not in the bed with you. Bed-sharing increases the risk of SIDS (sudden infant death syndrome).

FOR A SAFE SLEEP ENVIRONMENT:

- Always place baby on their back to sleep.
- Babies should be placed on a firm, flat surface.
- Do not put anything in the crib/bassinet with baby.
- Dress your baby for room temperature. Don't over bundle. Don't cover baby's head while sleeping.
- Keep your baby away from smoke. Smoking around your baby or having your baby around other smokers increases the risk of SIDS.
- Don't use products that claim to lower to risk of SIDS. No known product can actually do this.



CAR SEAT GUIDELINES

Make sure children are properly buckled in a car seat, booster seat, or seat belt—whichever is appropriate for their age, weight, and height.

REAR-FACING CAR SEAT (BIRTH UNTIL AGES 2-4) - Infants and toddlers should be buckled in a rear-facing car seat with a harness, in the back seat, until they reach the maximum weight or height limit of their car seat. This offers the best possible protection. Check the manual and labels on the car seat for weight and height limits.

- Never place a rear-facing car seat in the front seat. Front passenger air bags can injure or kill young children in a crash.

FORWARD-FACING CAR SEAT (UNTIL AT LEAST AGE 5) - When children outgrow their rear-facing car seat, they should be buckled in a forward-facing car seat with a harness and a top tether, in the back seat until at least age 5. Children should stay in their forward-facing car seat until they reach the maximum weight or height limit of this seat. Check the manual and labels on the car seat for weight and height limits.

BOOSTER SEAT - When children outgrow their forward-facing car seat, they should be buckled in a belt-positioning booster seat with a seat belt, in the back seat, until the seat belt fits properly without a booster seat.

SEAT BELT (TYPICALLY 9-12 YEARS OLD) - Children no longer need a booster seat when the seat belt fits them properly - when the lap belt is across the upper thighs (not the stomach) and the shoulder belt is across the center of the shoulder and chest (not across the neck or face, and not off the shoulder). Keep children properly buckled in the back seat through age 12 for the best possible protection.

**Seat belt fit can vary by vehicle, so check seat belt fit in all vehicles where the child will ride. Sometimes a child might need a booster seat in one vehicle but not in a different vehicle.*



DEVELOPMENTAL MILESTONES

Developmental milestones are key skills or abilities that 75% of children achieve by a certain age.

These milestones include categories including cognition, motor coordination, social interaction, and adaptive. The CDC has a Milestone Tracker App and a Digital Online Checklist to track your child's development.

2 MONTHS - Help learning and milestone development by acting excited, smiling, talking to baby, reading, singing, cuddling, and holding; music boxes, encourage tummy time

- Calms when spoken to or picked up
- Looks at faces
- Happy to see parents
- Smiles when you talk or smile
- Sounds other than crying
- Reacts to loud sounds
- Watches as you move
- Looks at toys for several seconds
- Holds head up when on tummy
- Moves arms and legs
- Opens hands briefly
- Engaging things around them
- Sees best from 8-10 inches away
- Sleeps for longer stretches of time
- Crying becomes more purposeful



4 MONTHS - Provide safe opportunities for them to reach for toys, kick at toys, and explore; allow them to put safe things in their mouths to explore; make faces for baby to copy, rattles, board books, mirrors

- Smiles on their own
- Chuckles when trying to make them laugh
- Looks, moves, makes sounds to get your attention
- Cooing
- Makes sounds back to you
- Turns head toward your voice
- Opens mouth to breast or bottle when hungry
- Looks at hands in interest
- Holds head steady without support
- Holds toys
- Brings hands to mouth
- Pushes up on elbows when on tummy
- Squeals and waves arms when excited
- Brings hands to mouth
- Rolls from back to sides
- Sits with support
- Pushes legs when feet are on hard surface



6 MONTHS - Use back and forth play, read to baby every day, point out new things and name them; point and name pictures, share books, play with child on floor, use big smiles and gestures

- Knows familiar people
- Likes to look at self in mirror
- Laughs
- Takes turns making sounds
- Blows “raspberries”
- Squealing noises
- Puts things in mouth to explore
- Reaches to grab toys
- Closes lips to show he/she doesn’t want more food
- Rolls from tummy to back
- Pushes up on arms when on tummy
- Leans on hands to support self when sitting
- Sits without support
- Rolls over in both directions
- Makes sounds to express emotion
- Passes objects between hands
- Responds to name

9 MONTHS - Repeat babies sounds, place toys out of reach to encourage crawling/scooting, teach baby bye bye/waving or shaking head no

- Shy, clingy, fearful of strangers
- Several facial expressions
- Looks when you call their name
- Reacts when you leave
- Smiles/laughs playing peek a boo
- A lot of different sounds
- Lifts arms up to be picked up
- Looks for objects dropped out of site
- Bangs things together
- Gets to sitting position by self
- Moves things from one hand to another
- Uses fingers to rake food toward self
- Sits without support

1 YEAR - Teach wanted behaviors, talk or sing about what you're doing, build on what baby is saying (if they say ta, say yes truck)

- Plays games like pat a cake
- Waves bye
- Calls parents mama dada
- Understands no
- Puts something in a container
- Looks for things they see you hide
- Pulls up to stand
- Walks holding furniture "cruising"
- Drinks from cup without lid
- Picks up things with thumb and pointer finger
- May start to use words
- Stacks two blocks
- Crawls well



15 MONTHS - Repeat and add to what your child is saying, tell your child names of objects they point to

- Copies other children
- Shows you things they like
- Claps when excited
- Hugs stuffed doll or other toy
- Shows affection
- Tries to say one or two words besides mama or dada
- Looks for objects when you name them
- Follows directions given with a gesture and words
- Points to ask for something or get help
- Tries to use things the right way
- Stacks two small objects
- A few steps on own
- Uses fingers to feed self



18 MONTHS - Use positive words and give more attention to wanted behaviors, encourage pretend play, help learn about others feelings and positive ways to react

- Moves away from you but looks to make sure you are close
- Points to show something interesting
- Puts hands out for you to wash them
- Looks at a few pages in a book
- Helps you dress them
- Tries to say three or more words
- Follows one step directions without gestures
- Copies you doing chores
- Plays with toys in simple way like pushing toy car
- Walks without holding anyone/anything
- Scribbles
- Drinks from cup without lid
- Feeds self with fingers
- Tries to use spoon
- Climbs on and off couch/chair
- 8 or more words
- Plays with blocks and puzzles
- Shows interest in other kids
- May have tantrums



2 YEARS - Help learn how words sound, watch closely during play dates and show them how to share and take turns, have them help get ready for mealtime

- Notices when someone is upset or hurt, pauses/looks sad when someone cries
- Looks at your face to see how to react
- Points to things in a book when asked
- Can point to at least 2 body parts when asked
- Uses more gestures than waving and pointing
- Holds something in one hand while using the other
- Attempts using switches, knobs, buttons on toys
- Plays with more than one toy at a time
- Kicks ball
- Runs
- Walks up a few stairs without help
- Eats with a spoon
- Stoops and squats
- Turns pages of book
- Scribbles



PLAYING WITH YOUR BABY

Interacting with your child is crucial in their development. Below we have listed activities you can do to help your child grow and learn safely.

Please remember in all activities to keep your baby SAFE:

- Never put baby to sleep on their tummy. Only on back.
- Never shake a baby.
- Avoid choking hazards-small parts to toys, foods too large.
- Burn hazards-never play around open flame, stove, etc.
- Drowning-never leave baby in tub of water no matter how much unsupervised.
- Falls-do not leave on bed/couch/chair without supervision.

	ACTIVITIES	IMPLICATIONS ON DEVELOPMENT
Birth to 2 Months	Back to sleep/tummy to play: allow tummy time with baby but only under supervision. Baby should never be placed on their tummy for sleep.	Helps baby develop core strength
	Smile at baby, touch their hands, feet, forehead	Helps parent and baby connect
	Use rattles and toys to try to get their attention	Helps baby focus
	Use non-breakable mirrors to show baby reflection	Helps baby identify themselves and helps emotional development
	Sing songs to baby	Helps develop language skills
	Hand claps-gently take baby's hands and clap them together	Helps develop body awareness
2 to 4 Months	Talk often	Helps develop 1st steps to talking
	Dangle options baby can swipe at	Helps develop hand-eye coordination
	Side Chats-lie baby down and talk to them from each side	Helps baby learn to turn head
	Supported stand-hold trunk of baby in standing position on your lap. Lift them up and down encouraging weight on feet	Helps them feel what it is like to stand
	The roll-lie baby down on their side with support under them. Then lie down on each side of baby and encourage them to reach for you until they roll.	Helps strengthen core muscles and prepare for future milestones

	ACTIVITIES	IMPLICATIONS ON DEVELOPMENT
4 to 6 Months	Lift up and down above your head	Helps develop sense of balance and body position
	Play ball-use balls with different textures and roll the ball to baby	Helps develop motor skills and explore textures
	Fun faces-make faces at baby	Helps them learn to focus eyes
	Take baby out for a walk in the stroller	Exposes them to new sounds, sensations
6-9 Months	Introduce new foods	Helps develop feeding and swallowing
	Name game-point to things and call them by name	Helps baby develop communication skills
	Allow independent play time. Give baby several different safe objects of different sizes and textures. Allow them to explore	Helps develop motor and sensory skills
	Toy grasp-give baby 2 toys-1 in each hand and then offer a third.	Helps develop fine motor skills and problem solving
	Introduce stacking toys	Helps develop visual and thinking skills
9 to 12 Months	Tray time-place food on tray and encourage to use spoon	Helps develop feeding skills
	Rise to stand-hold hand while baby on floor and slowly raise to standing	Helps strengthen legs and prepare to walk
	Introduce new foods	Helps develop taste
	Wave bye-bye	Helps them understand gestures have meaning
	Bubble time: blow bubbles and let them watch the bubbles float and burst	Helps them learn cause and effect



VACCINE INFO FOR PARENTS THROUGH YEAR 1

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Immunizations are one of the best ways to protect your family from contagious diseases.

Babies are born with protection against some diseases because their mothers pass antibodies (proteins made by the body to fight disease) to them before birth. Breastfed babies continue to get more antibodies in breast milk. But in both cases, the protection is temporary.

Immunization (vaccination) is a way to create immunity to (protection from) some diseases. Sometimes this is done by using small amounts of a killed or weakened germ that causes the disease. Other times the vaccine is simply a small piece of the germ, such as a protein or a piece of its genetic material.

Germs can be viruses (such as the measles virus) or bacteria (such as pneumococcus). Vaccines stimulate the immune system to react as if there were a real infection. It fends off the "infection" and remembers the germ. Then, it can fight the germ if it enters the body later.

Some parents may hesitate to have their kids vaccinated. They have questions or worry that a child might have a serious reaction or get the illness the vaccine prevents. But the components of vaccines are weakened or killed. In some cases, only parts of the germ are used. So, they're unlikely to cause any serious illness.

Some vaccines may cause mild reactions, such as soreness where the shot was given or a fever. But serious reactions are rare. The risks of vaccinations are small compared with the health risks of the diseases they're intended to prevent.

Recommended Child and Adolescent Immunization Schedule

Ages 18 Years or Younger, United States, 2024

www.cdc.gov/vaccines



vaccinesheets.com

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Respiratory syncytial virus (RSV-mAb (Nirsevimab))	1 dose depending on maternal RSV vaccination status. See Notes																
Hepatitis B (HepB)	1 st dose	← 2 nd dose →					← 3 rd dose →										
Rotavirus (RV): RV1 (2-dose series), RV5 (5-dose series)		1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose				← 4 th dose →			5 th dose						
Haemophilus influenzae type b (Hib)		1 st dose	2 nd dose	See Notes				← 3 rd or 4 th dose → See Notes									
Pneumococcal conjugate (PCV15; PCV20)		1 st dose	2 nd dose	3 rd dose				← 4 th dose →									
Inactivated poliovirus (IPV <18 yrs)		1 st dose	2 nd dose				← 3 rd dose →					4 th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aps)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																
Influenza (IVi)	Annual vaccination 1 or 2 doses																
Influenza (LAIV4)	Annual vaccination 1 or 2 doses																
Masles, mumps, rubella (MMR)					See Notes			← 1 st dose →				2 nd dose					
Varicella (VAR)								← 1 st dose →				2 nd dose					
Hepatitis A (HepA)					See Notes			2-dose series, See Notes									
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																1 dose	
Human papillomavirus (HPV)																	See Notes
Meningococcal (MenACWY-CRM ≥2 mos, MenCKWY-TT ≥2years)																	See Notes
Meningococcal B (MenB-4C, MenB-FHbp)																1 st dose	2 nd dose
Respiratory syncytial virus vaccine (RSV (Abrysvo))																	See Notes
Dengue (DENmCVD; 9-16 yrs)																	Seasonal administration during pregnancy. See Notes
Mpxv																	5 seropositive in endemic dengue areas (See Notes)

Range of recommended ages for all children
 Range of recommended ages for catch-up vaccination
 Range of recommended ages for certain high-risk groups
 Recommended vaccination can begin in this age group
 Recommended vaccination based on shared clinical decision-making
 No recommendation/not applicable



DENTAL CARE

Cavities are one of the most common chronic diseases of children in all age groups. Your child should see the dentist around their first birthday.

What are some risk factors for cavities?

- Breastfeeding or bottle feeding beyond 12 months of age
- Frequent consumption of sugary beverages and snacks
- Prolonged use of a sippy cup throughout the day
- Use of a bottle at bedtime, especially with sweetened beverages
- Use of liquid medications longer than 3 weeks
- Exposure to tobacco smoke
- Juices and sweetened beverages have high cavity potential
 - Pure juices should not be offered until 12 months of age and only 4 ounces per day
 - Other sweetened beverages (sports drinks, soda pop, flavored milk) shouldn't be used until age 5
 - If you do give these to your child they should rinse their mouth with water immediately or brush their teeth

TIPS FOR YOUR CHILD'S DENTAL HEALTH

- To reduce the exposure of new teeth to milk/formula, start using a training cup as soon as they are able.
- Bottles should be discontinued as soon as possible after the 1st birthday.
- Sucking on a pacifier or finger is a self-soothing behavior until 18 months, but should be stopped by 24 months

TEETHING

- It is normal for infants who are teething to be cranky, chew on objects, and drool more than usual
- They may also have fever, diarrhea, or other symptoms
- Chewing on a teething ring or teething toy along with Tylenol can help relieve their symptoms

ORAL HYGIENE

- Clean your child's teeth twice daily for 2 minutes with a very small amount of fluoride containing toothpaste
 - Your child's toothbrush size will change by age, so make sure you read the label
- Start flossing when the space between the teeth is too small to clean thoroughly with a toothbrush
- Supervise your child's dental care until they are 8 years old
- Dental sealants are applied by a dentist to protect the chewing surfaces of your child's teeth

FLUORIDE

Fluoride is the primary way we prevent cavities across all age groups. It is important to not use too much fluoride as it can damage dental enamel malformation.

- Infants and toddlers should have a tiny amount of fluoride toothpaste for brushing (the size of a grain of rice)
- At age 3 years you should use a pea sized amount of fluoride containing toothpaste
- To avoid swallowing fluoride, do not give your child water to rinse after brushing

VIRAL ILLNESSES

Viral illnesses are common in childhood. Children often get 6-8 per viral illness a year.

Most viral illnesses are self-limiting, meaning they will get better on their own. The most common viral illnesses are RSV bronchiolitis, Croup, Covid-19, ear infections, influenza, stomach bug (gastroenteritis). Common symptoms include runny nose, sneezing, congestion, cough, sore throat, fever, ear ache, nausea, and/or vomiting. These illnesses can result in decreased oral intake, sleeping more than usual, and decreased wet diapers.

HOW CAN YOU HELP?

- **Cough** – Coughing helps to clear the mucous in the throat, as long as they are breathing okay and still eating and drinking there isn't much to do. If child is over 1 year old can try warm water and honey. DO NOT GIVE HONEY TO A CHILD UNDER 1 YEAR.
- **Sore throat** – Same as above with warm water and honey. Can give ibuprofen as described on package. Salt water gargle can help as well
- **Fever** – A fever is greater than or equal to 100.4 degrees F. Encourage them to drink fluids. Can give Tylenol and Motrin as described on package
- **Ear ache** - May pull or rub on ears. Tylenol and ibuprofen as described on packaging
- **Congestion** – Saline drops and suction with bulb or Nose Frieda

WHEN TO SEEK HELP?

If your child is not tolerating oral intake and has decreased wet diapers or doesn't pee much throughout the day. If your child is significantly sleepy and difficult to wake up. If they have increased work of breathing with retractions or gasping.



ALLERGIC REACTION

There is a spectrum of allergic reactions from mild to anaphylaxis.

If your child has ongoing allergies, allergy testing by an immunologist is an options and depending on the allergens your child may be appropriate for allergy immunotherapy (allergy shots)

MILD ALLERGIC REACTION

In a mild reaction your child may have a rash (hives/urticaria), sneezing, runny nose, itching, congestion, or cough.

- Treatment of mild allergic reactions includes Benadryl (oral or topical), allergy medications like Zyrtec or Claritin.

ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction that can be life threatening. It is most commonly a result of an allergy to foods, insect venom, medications, and latex. Anaphylaxis affects more than one area of the body at a time and cn include warmth, flushing, red and itchy rash, shortness of breath, throat tightness, wheezing, abdominal cramps, and vomiting.

- Treatment of anaphylaxis is to seek medical attention immediately and receive epinephrine.



Dosing On Call

Dosing for infants and children from your healthcare professional

DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.

If possible, use weight to dose; otherwise, use age.

Do **NOT** use with any other product containing acetaminophen.




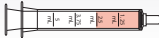
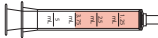
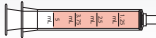
Use product only as directed.

Infants' TYLENOL® Oral Suspension

Active ingredient: acetaminophen 160 mg (in each 5 mL)

Available in:

 Grape  Cherry  Dye-Free Cherry

WEIGHT	6-11 lbs	12-17 lbs	18-23 lbs	24-35 lbs
AGE	0-3 months	4-11 months	12-23 months	2-3 years
DOSE	1.25 mL 	2.5 mL 	3.75 mL 	5 mL 













Use product only as directed.

Children's TYLENOL® Oral Suspension

Active ingredient: acetaminophen 160 mg (in each 5 mL)

Available in:

 Grape  Bubblegum  Cherry
 Dye-Free Cherry  Strawberry

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	5 mL 	7.5 mL 	10 mL 	12.5 mL 	15 mL 








Use product only as directed.

Children's TYLENOL® Chewables

Active ingredient: acetaminophen 160 mg (in each chewable tablet)

Available in:

 Grape  Bubblegum

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	1 tablet 	1½ tablets 	2 tablets 	2½ tablets 	3 tablets 

NEW!





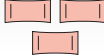
Use product only as directed.

Children's TYLENOL® Dissolve Packs

Active ingredient: acetaminophen 160 mg (in each pack)

Available in:

 Wild Berry

WEIGHT	under 48 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	under 6 years	6-8 years	9-10 years	11 years
DOSE	do not use	2 powders 	2 powders 	3 powders 

All Infants' TYLENOL® and Children's TYLENOL® products have the same strength of acetaminophen: **160 mg** (in each 5 mL, tablet, or pack).

mL = milliliter

†Among over-the-counter analgesic/fever reducers in the US.

Dosing On Call

Dosing for infants and children from your healthcare professional

DOSE: Every 6-8 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.
If possible, use weight to dose; otherwise, use age.



Use product only as directed.


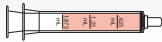
Infants' MOTRIN[®] Concentrated Drops

Active ingredient: ibuprofen (NSAID)* 50 mg (in each 1.25 mL)

*Nonsteroidal anti-inflammatory drug.

Available in:



WEIGHT	12-17 lbs	18-23 lbs
AGE	6-11 months	12-23 months
DOSE	1.25 mL 	1.875 mL 



Use product only as directed.






Children's MOTRIN[®] Oral Suspension

Active ingredient: ibuprofen (NSAID)* 100 mg (in each 5 mL)

*Nonsteroidal anti-inflammatory drug.

Available in:



WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	5 mL 	7.5 mL 	10 mL 	12.5 mL 	15 mL 

NOW AVAILABLE!



Use product only as directed.






Children's MOTRIN[®] Chewables

Active ingredient: ibuprofen (NSAID)* 100 mg (in each chewable tablet)

*Nonsteroidal anti-inflammatory drug.

Available in:



WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	1 tablet 	1½ tablets 	2 tablets 	2½ tablets 	3 tablets 

IMPORTANT INSTRUCTIONS FOR PROPER USE

Today's date: _____

This dosing recommendation from your healthcare professional will expire in **14 DAYS**.

- Always read and follow the label on all TYLENOL[®] and MOTRIN[®] products.
- Use only the dosing device (dosing syringe or dosing cup) that came with the product. Do not use any other dosing device.

Rely on TYLENOL[®] and MOTRIN[®], the two brands of pain and fever relievers that pediatricians recommend most.†

Always On Call



TOILET TRAINING



Potty training is a big commitment! At least one caregiver needs to devote time and energy to toilet training on a daily basis for 3 months.

You might need to delay potty training if you are preparing for a new child, moving to a new home, returning to work, or if your child is entering daycare. Too many changes at once can make toilet training more difficult and increase the chance of frustration and failure for your child. Remember, toilet training is not a contest! Each child is ready to potty train at a different time. It often takes a child 6 months to learn to stay dry during the daytime and months to years to stay dry overnight.

WAIT UNTIL YOUR CHILD SHOWS THEY ARE READY TO POTTY TRAIN (USUALLY FROM AGES 2-4)

- Can they walk to the toilet, help pull their clothes down, and sit upright on the toilet?
- Can they stay dry for several hours or wake up from a nap dry?
- Are they interested in potty training or imitating their parents/older siblings?
- Can they follow simple instructions or communicate their need to go potty?

POTTY POINTERS

- Decide what words you will use to describe toileting and be consistent. Remember, your child will use these words with other adults and children
- Before you begin, change their diaper frequently so they learn to prefer dry diapers
- Place their potty somewhere convenient so you can make regular trips to the potty chair
- The potty should have good foot support with their knees slightly above their hips to allow pelvic muscles to relax for ease of bowel movements
- Encourage your child to notify you when they need to go and watch for their behaviors to notify you
- Praise them frequently for using the toilet, even if they don't go
- Do not punish, threaten, or speak harshly if they have accidents or won't use the potty
- Keep them in loose, easy to remove clothes (and keep an extra set with you in case there are accidents)
- Remind them to use the toilet after waking and throughout the day
- If your child is not making progress stop potty training for 2-3 months
- Monitor closely for signs of constipation
- If your child struggles with constipation this must be improved before attempting to potty train
- If your child develops constipation while potty training, stop toilet training temporarily
- Make sure your child is getting plenty of fiber and water at this time







*Proclaiming God's Goodness through a Healing
Ministry to the People of Eastern Kentucky*