CARING FOR YOU *and Your Baby*

CareSource

BOOKLET 3

Congratulations on your new baby!

We hope you are enjoying this time and bonding with your new little one. We have included some helpful information on keeping you and your baby happy and healthy.

TABLE OF CONTENTS:

Post Birth Warning Signs 2

Postpartum Depression 3

Birth Control Options 5

Three Ways to Keep Babies Alive and Thriving 9

How to Clean, Sanitize and Store Infant Feeding Items 10

Infant Formula Feeding Steps 12

Bottle Feeding Basics 16

Car Seat Safety 18

Sleep Safely 20

The Period of Purple Crying 21

Take a Break 23

Secondhand Smoke 24

Diaper Rash 25

Recommended Immunizations 27

How to Talk With the Doctor 29

POST BIRTH WARNING SIGNS

Most women go through childbirth with no problems. However, any woman can have complications after the birth of a baby even if she had a normal pregnancy. Knowing the post birth warning signs and getting help quickly can save your life! Make sure you tell anyone caring for you that you have given birth within the past year.

	Post Birth Warning Signs
CALL 9-1-1 If you have	Pain in Chest
	Obstructed Breathing or Shortness of Breath
	Seizures
	Thoughts of hurting yourself or your baby
Call your doctor or go to an emergency room if you can't reach them	Bleeding (soaking through 1 pad/hour) or passing clots the size of an egg or larger
	Incision that is not healing
	Red or swollen leg that is painful or warm to touch
	Temperature of 100.4 degrees or higher
	Headache that doesn't get better with medication or headache with vision changes

Always trust your instincts **and get medical care if you feel that something is wrong or you just don't feel quite right.**

Source:

http://www.health4mom.org/learn-these-post-birth-warning-signs

POSTPARTUM DEPRESSION

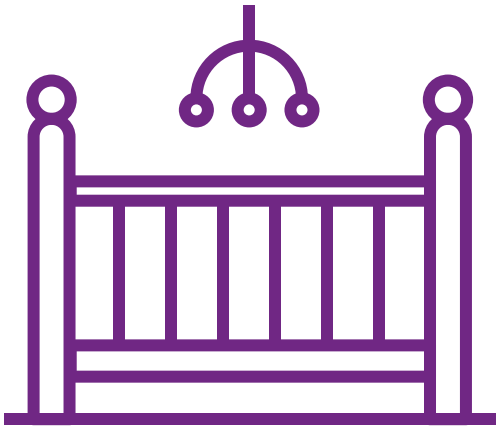
Feeling sad after having a baby is pretty common. About 70-80% of new mothers admit to having these feelings, which are often called the ***"baby blues."*** A smaller number, 10-15%, have these feelings for a longer time and go on to have ***postpartum depression***.

The Baby Blues

The baby blues usually start within a few days of giving birth. Feeling depressed, anxious or upset after giving birth is common and confusing. You just gave birth yet you feel depressed and this leaves you feeling like something is wrong with you or that you must be a bad mother. These emotions are very normal. You need to remind yourself that you have been through a HUGE life change. Feeling blue or anxious does not make you a bad mother or mean that you are mentally ill. While you are making adjustments in your new role as a parent, your body is going through hormonal changes as well. These feelings will usually go away on their own in a few days.

A few things that may help you feel better:

- Talk with someone you trust.
- Get plenty of rest. Sleep when the baby sleeps.
- Ask for help with household chores.
- Take time to care for yourself. Get out of the house daily, even if it's only for a short time.



Postpartum Depression

Postpartum depression is when feelings of sadness, severe anxiety and hopelessness get in the way of daily life. It most commonly happens one to three weeks after delivery, but can occur up to one year after delivery. Some women are more likely to have postpartum depression than others and include those who:

- Have a history of depression
- Have a baby with medical problems or that was born prematurely

- Have a history of PMS
- Have had recent stress, such as an illness or death in the family
- Have lack of support from others

IF YOU FEEL SUICIDAL, CALL 9-1-1 or GO to the nearest emergency room.

If you are having feelings of sadness, depression, anxiousness or hopelessness that has lasted 10-14 days, ***see your doctor as soon as possible***. Don't wait until your postpartum checkup. Getting help sooner means you will feel better sooner and have an opportunity to enjoy your new baby. Your doctor may prescribe medication, talk therapy or a combination of the two of them. Make sure to let your doctor know if you are breastfeeding so that he can work with you to find the best treatment option.

If postpartum depression is left untreated, depression can last for months or years. In addition to it affecting you, it can interfere with your ability to bond with and care for your baby. These issues can cause the baby to have problems sleeping, eating and possibly behavior as he or she grows.

Sources:

ACOG, "Your Pregnancy and Childbirth Month to Month", 6th Edition. 2015

https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml

BIRTH CONTROL OPTIONS

There are many options for women who want to prevent pregnancy. Below is a helpful chart that shows you the pros and cons to each, as well as how the birth control is used. Discuss your birth control options with your doctor to decide the right option for you.

Method	What is your chance of getting pregnant?	How to use it	Pros	Cons
The Implant	Less than one in 100 women	A doctor places it under the skin in the upper arm. Also requires a doctor to remove it.	• Lasts up to four years • No pill to take • Often fewer cramps • Can use while breast feeding • Can become pregnant right away after it's removed	• Can cause irregular bleeding • After a year, may have no periods • Does not protect against STDs or HIV
The IUD	Less than one in 100 women	Must be placed in uterus by a doctor. Usually removed by a doctor.	• Can be left in place for three-12 years, depending on type • No pills to take • May improve period bleeding and cramping • Can be used while breastfeeding • Can become pregnant right away after it's removed	• May cause lighter or heavier periods or spotting between periods • Rarely may cause injury to uterus • Does not protect against STDs or HIV

Method	What is your chance of getting pregnant?	How to use it	Pros	Cons
The Shot	Six to nine in 100 women	Get shot every three months	• Each shot works for 12 weeks • Usually decreases periods • No pills to take • Can be used while breastfeeding	• May cause spotting, no period, weight gain, depression, hair/skin changes • May cause delay in getting pregnant after stopping shots • Side effects may last six months after stopping shots • Does not protect against STDs or HIV
The Pill	Six to nine in 100 women	Must take pill daily	• Can make periods less painful and more regular • Can improve PMS • Can improve acne • Can become pregnant right away after stopping pills	• May cause nausea, weight gain, headaches- but may be better with another brand • May cause spotting the first one to two months • Does not protect against STDs or HIV
The Patch	Six to nine in 100 women	Apply new patch once a week for three weeks and then no patch week four.	• Can make periods less painful and more regular • No pills to take • Can become pregnant right away after stopping patch	• Can irritate skin under patch • May cause spotting the first one to two months • Does not protect against STDs or HIV

Method	What is your chance of getting pregnant?	How to use it	Pros	Cons
The Ring	Six to nine in 100 women	Insert a small ring into the vagina and change each month	• One size fits all • No pills to take • Can make periods less painful and more regular • Can become pregnant right away after stopping the ring	• Can increase vaginal discharge • May cause spotting the first one to two months • Does not protect against STDs or HIV
The Condom	12-24 in 100 women	Use a new condom each time you have sex	• Can easily get at many stores • Can be used for oral, vaginal or anal sex • Protects against STDs and HIV • Can be used with breastfeeding	• Can decrease sensation • Can break or slip off
The Diaphragm	12-24 in 100 women	Must be used each time you have sex with spermicide	• Can last several years • Cost little to use • May protect against some STD's but not HIV • Can be used while breastfeeding	• Using spermicide may increase risk of bladder infections • Can cause irritation • Can take a bit to get used to placing correctly

Method	What is your chance of getting pregnant?	How to use it	Pros	Cons
The Natural Method	12-24 in 100 women	Avoiding sex or using condoms/spermicide on the days you are most likely to become pregnant. You can predict these by monitoring your temperature, checking vaginal discharge for changes and/or keeping track of your periods.	• Costs little • Can be used while breastfeeding	• Must use another method of birth control during fertile days • Does not work if periods are not regular • Must keep records of multiple things with this method • Does not protect against STDs or HIV
The Withdrawal Method	12-24 in 100 women	Pulling penis out of vagina prior to ejaculation	• Costs nothing • Can be used with breastfeeding	• Does not work if penis is not pulled out in time • Requires self-control • Does not protect against STDs or HIV

Sources:

https://www.bedsider.org/methods

https://www.reproductiveaccess.org/resource/birth-control-choices-fact-sheet/

THREE WAYS TO KEEP BABIES ALIVE AND THRIVING

Babies need time	Getting pregnant less than 12 months after delivering a baby puts you at 3 ½ times the risk of having an infant death.
Babies need fresh air to grow	Moms who smoke while pregnant are 44% more likely to have an infant death.
Babies need safe sleep	Babies sleep safest when they are alone, on their back and in a crib.

Source:

Cradle Cincinnati at www.cradlecincinnati.org

HOW TO CLEAN, SANITIZE AND STORE INFANT FEEDING ITEMS

CDC Recommendations

Sanitizing by dishwasher (if dishwasher safe):

1. Take apart and separate all bottle parts.
2. Rinse all parts by holding under running water
3. Place in dishwasher in a closed top basket or mesh laundry bag to prevent pieces from falling through to the bottom of the dishwasher.
4. Run dishwasher. If possible, run using hot water and a heated drying cycle (or sanitizing cycle) as this will help kill more germs.
5. Wash your hands with soap and water before removing clean items from dishwasher. If the items are not completely dry, place them on a clean, unused dishtowel or paper towel to allow them to completely air dry.

Hand Washing with extra sanitization step:

1. Wash hands well with soap and water for 20 seconds.
2. Take apart all bottle parts (for example, bottles, nipples, caps, rings, valves).
3. Rinse bottle parts and any other feeding items by holding them under running water. Do not set them in the sink. The water can be warm or cold, whatever you prefer.
4. Wash feeding items:
   a. Place all items in a clean basin or container used only to clean infant feeding items. Do not wash directly in the sink because it may contain germs that could contaminate these items.
   b. Fill wash basin with hot water and add soap.
   c. Scrub items using a clean brush that is used only to clean infant feeding items.
   d. Squeeze water through nipple holes to be sure they get clean.

5. Rinse again by holding items under running water, or by holding completely under fresh water, in a separate basin that is used only for cleaning infant feeding items.
6. Place feeding items into a pot and cover with water. Place pot over heat and bring to boil. Boil for five minutes. Remove items with clean tongs to a clean towel.
7. Allow everything to air dry. Place bottle parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Allow to air dry thoroughly. Do not use a dish towel to rub or pat items dry because doing so may transfer germs to the items.
8. Clean the wash basin and bottle brush. Rinse the wash basins and brush well and allow them to air dry after each use. Wash them every few days, either in a dishwasher with hot water and a heated drying cycle (if they are dishwasher-safe), or by hand with soap and warm water. If your baby is less than three months old, was born prematurely, or has a weakened immune system due to illness (such as HIV) or medical treatment (such as chemotherapy for cancer), wash basin and bottle brush after every use.

Store Safely

Allow the clean feeding items, bottle brushes, and wash basins to air dry thoroughly before storing to help prevent germs and mold from growing. Once the items are completely dry, put them back together and store them in a clean, protected area to prevent contamination.

1. Wash hands well with soap and water.
2. Put together the clean, dry bottle parts.
3. Place reassembled bottles and other feeding items, wash basin, and dry bottle brush in a clean, protected area such as inside a closed kitchen cabinet that is used only to store clean dishes.

Source:

https://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding/cleansanitize.html

INFANT FORMULA FEEDING STEPS

Here is a helpful checklist for how to give your baby ready-to-feed iron-fortified infant formula (using glass or hard plastic bottles):

1. Wash your hands, arms and under your nails very well with soap and warm water. Rinse thoroughly. Clean and sanitize your workspace.
2. Wash bottles and nipples (using bottle and nipple brushes), and caps and rings. Prepare utensils in hot soapy water before using. Rinse thoroughly.
3. Squeeze clean water through nipple holes to be sure they are open.
4. Put the bottles, nipples, caps, and rings in a pot and cover with water. Put the pot over heat, bringing it to a boil, and boil for five minutes. Remove with sanitized tongs and allow the items to cool and air dry.
5. Wash the top of the formula can with soap and water and rinse well to remove dirt. Wash the can opener with soap and hot water.
6. Shake the formula can well and then open the can.
7. Pour the amount of ready-to-feed formula for one feeding into a clean bottle. Do not add water or any other liquid.
8. Attach the nipple and cap and shake well. Feed your baby the prepared formula immediately.
9. If more than one bottle is prepared, put a clean nipple right side up on each bottle and cover with a nipple cap. Label each bottle with the baby's name and the date and time that it was prepared.
10. Refrigerate the bottle until feeding time. Use the bottle within 48 hours. Do not leave formula at room temperature. To warm the bottle, hold it under running warm water. **Do not microwave bottles.** If the formula is left in the can, cover and refrigerate the open can until it is needed. Use it within 48 hours.
11. Throw out unused formula left in the bottle after feeding or formula that has been unrefrigerated for one hour or more. Store unopened formula cans on a cool, dry indoor pantry shelf. Use the formula before the expiration date.

Here is a helpful checklist for how to give your baby liquid concentrated iron-fortified infant formula (using glass or hard plastic bottles):

1. Wash your hands, arms and under your nails very well with soap and warm water. Rinse thoroughly. Clean and sanitize your workspace.
2. Wash bottles and nipples (using bottle and nipple brushes), and caps and rings. Prepare utensils in hot soapy water before using. Rinse thoroughly.
3. Squeeze clean water through nipple holes to be sure they are open.
4. Put the bottles, nipples, caps, and rings in a pot and cover with water. Put the pot over heat, bringing it to a boil, and boil for five minutes. Remove with sanitized tongs and allow the items to cool and air dry.
5. For formula, bring water to a rolling boil. Keep boiling it for a minute or two, then let it cool. Use this water to mix the formula. Use water from a source approved by the local health department. If tap water is used for boiling, use only cold tap water for the first two minutes.
6. Wash the top of the formula can with soap and water and rinse well to remove dirt. Wash the can opener with soap and hot water.
7. Shake the formula can well and then open the can.
8. Pour the needed amount of formula into a clean bottle using the ounce markings on the bottle to measure the formula and add an equal amount of cooled boiled water. For example, if 4 oz. of formula is poured into the bottle, then 4 oz. of water should also be added.
9. Attach the nipple and ring to the bottle and shake well. Feed the prepared formula immediately. If there is formula left in the can, cover it and refrigerate the can until it is needed. Use within 48 hours.

10. If more than one bottle is prepared, put a clean nipple right side up on each bottle and cover with a nipple cap. Label each bottle with the baby's name and the date and time that it was prepared.
11. Refrigerate the bottles until feeding time. Use them within 48 hours. Do not leave formula at room temperature. To warm the bottle, hold it under running warm water. **Do not microwave bottles.**
12. Throw out unused formula left in the bottle after feeding or formula that has been unrefrigerated for one hour or more. Store unopened formula cans on a cool, dry indoor pantry shelf. Use the formula before the expiration date.

Here is a helpful checklist for how to give your baby powdered iron-fortified infant formula (using glass or hard plastic bottles):

1. Wash your hands, arms and under your nails very well with soap and warm water. Rinse thoroughly. Clean and sanitize your workspace.
2. Wash bottles and nipples (using bottle and nipple brushes), and caps and rings. Prepare utensils in hot soapy water before using. Rinse thoroughly.
3. Squeeze clean water through nipple holes to be sure they are open.
4. Put the bottles, nipples, caps, and rings in a pot and cover with water. Put the pot over heat, bringing it to a boil, and boil for five minutes. Remove with sanitized tongs and allow the items to cool and air dry.
5. For formula, bring water to a very bubbly boil. Keep boiling it for a minute or two, then let it cool. Use this water to mix the formula. Use water from a source approved by the local health department. If tap water is used for boiling, use only cold tap water allowed to run for two minutes first.
6. Remove the plastic lid from the formula. Wash the lid with soap and clean water and dry it. Write the date on the outside of the plastic lid. Wash the top of the can with soap and water, rinse well and dry. Open the can and remove the scoop. Make sure the scoop is totally dry before scooping out powdered formula. Only use the scoop that comes with the formula can.

7. For each 2 oz. of cooled boiled water added to a clean bottle, carefully add one level scoop of powdered formula. For example, if 8 oz. of water is poured into the bottle, add four level scoops of formula.
8. Attach the nipple and ring to the bottle and shake well. Feed the prepared formula immediately.
9. If more than one bottle is prepared, put a clean nipple right side up on each bottle and cover with a nipple cap. Label each bottle with the baby's name and the date and time that it was prepared.
10. Refrigerate the bottles until feeding time. Use them within 48 hours. Do not leave formula at room temperature. To warm the bottle, hold it under running warm water. Do not microwave bottles.
11. Throw out unused formula left in the bottle after feeding or which has been unrefrigerated for one hour or more.
12. Make sure that no water or other liquid gets into the can of powder. Cover the opened can tightly and store it in a cool dry place (not in the refrigerator). Use it within four weeks after opening to assure freshness.
13. To be used again, the scoop should be washed with soap and hot water, rinsed thoroughly and allowed to air dry. When making formula again, the scoop should be totally dry before using it to scoop powder out of the can. Store unopened cans on a cool, dry indoor pantry shelf. Use the formula before the expiration date.

Source: *USDA.gov*

BOTTLE FEEDING BASICS

Feeding Facts

- Your baby only needs breast milk or formula for the first six months.
- Babies typically eat about eight to 12 times per day or about every two to four hours. Always check with your doctor about what is best for your baby.
- Your baby will likely start out taking one and a half to two ounces of formula and within a couple of days may be taking two to three ounces every three to four hours. After the first month of life, baby is usually taking around four ounces every four hours.

How can I tell if my baby is hungry?

Sucking on his hands, smacking his lips and rooting around are all signs of hunger. Crying is a later sign of hunger so try to respond to the earlier signs of hunger. Most babies will release the nipple and turn away when they are full. Early on most babies will fall asleep after feeding.

How do I clean and store infant feeding items?

See “How to Clean, Sanitize, and Store Infant Feeding Items” on page 10 for instructions.

How do I prepare and store bottles?

- If using powdered or liquid concentrated formula, always follow mixing instructions on can.
- Use sterilized water to mix with formula for at least the first three months. Check with your physician.
- Water is sterilized by bringing water to a rolling boil for one to two minutes then letting it cool completely.
- Before opening a can of formula, wash the can lid with soap and water to remove dirt, dust, bacteria or insect parts that may contaminate formula once it’s opened.
- Don’t use formula that is outdated or from a can that is dented or damaged.
- Don’t water down formula to make it last longer. Baby needs all of the nutrients in the formula.

- Do not allow prepared infant formula to sit at room temperature. Refrigerate until ready to use.
- Never use a microwave to heat bottles. They may explode or heat unevenly causing formula to be hotter than it feels.
- Warm bottles by running warm water over bottle or sitting a bottle in a bowl of warm water immediately prior to feeding.
- Throw out unused formula.

Is there anything special I need to do when feeding my baby?

- Always hold your baby during feedings. Your baby needs this human contact to develop properly. Propping a bottle can cause problems like choking and ear infections.
- Hold your baby's head a little higher than the rest of the body to prevent milk from backing up in the ear and causing infection.
- Holding your baby close allows eye contact as well as physical contact and will help with bonding.
- Hold the bottle still and at an angle so that the nipple is filled with formula and not air. Feed the infant without moving or juggling him around a lot.
- Burp your baby at any natural break during the feeding and at the end of the feeding. A small amount of spitting up is common.
- Continue to feed your baby until he or she shows signs of being full such as sealing lips, spitting out nipple or turning away from the bottle. Don't force your baby to finish the bottle.
- Don't put your baby to bed with a bottle.

Sources:

https://wicworks.fns.usda.gov/wicworks//Topics/FG/Chapter4_InfantFormulaFeeding.pdf

https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Bottle-Feeding-How-Its-Done.aspx

CAR SAFETY TIPS

Every 33 seconds a child under 13 years old is involved in a crash. Over a five year period (2011-2015), nearly 3,200 children were killed in car crashes. To help protect our children, all 50 states have car seat laws requiring children to be restrained while riding in a car. The ages given below are estimates. ALWAYS follow the car seat manufacturer's guidelines for use.

Birth to12 Months

All children under age one should **ALWAYS** ride in a rear facing car seat in the back seat.

One to Three Years

Keep your child rear facing as long as possible as it is the best way to keep him or her safe — usually until about 2 years old. It protects against stress to your child's fragile neck and spinal cord. Your child should stay in a rear facing car seat until he or she has reached the height and weight limit allowed by the car seat's manufacturer. You can find the exact height and weight limit on the side or back of your car seat.

Four to Seven Years

Keep your child in forward facing car seat with a harness with tether until he or she reaches the height and weight limit allowed by the car seat's manufacturer. Once your child has outgrown the car seat with harness, you need to switch to a booster seat in the back seat.

REMEMBER:

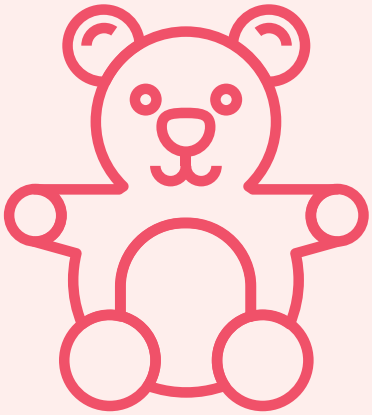
- Use the right seat for your child's age and size.
- Install your car seat correctly. Local Fire Departments will usually check this for you for free.
- Use it EVERY time
- Keep your child in the back seat at least through age 12.
- Register your car seat so that you can got recall notifications

LOOK BEFORE YOU LOCK!

- Always check your back seat before leaving your car.
- Cars heat up very quickly and can reach 125° in minutes. It doesn't have to be hot outside for the inside of a car to heat up enough to kill a child.
- A child's body overheats three to five times faster than an adult's.

Create a reminder to check the back seat.

- Put something you'll need like your cell phone, handbag, employee ID, etc. in the back seat so that you have to open the back door to retrieve that item every time you park.
- Keep a large stuffed animal in the child's car seat. When the child is placed in the car seat, place the stuffed animal in the front passenger seat. It's a reminder that the child is in the back seat.



Sources:

http://www.kidsandcars.org/files/2017/04/Heatstroke-fact-sheet.pdf

https://www.nhtsa.gov

https://www.safercar.gov/parents/carseats/Car-Seat-Safety.htm

SLEEP SAFETY

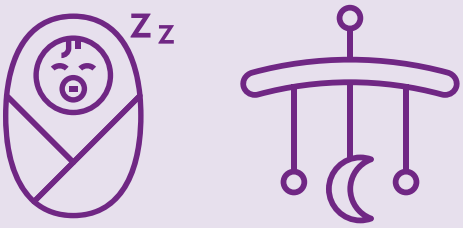
Practice safe sleep ***every*** time you put your baby down to sleep.

Use the ABC's to remember:

A — Alone

B — Back

C — Crib



Alone means NO blankets, NO stuffed animals, NO bumper pads or NO parents or siblings. The safest place is in a crib in the same room as mom, right next to her bed.

Back means babies should be placed on their backs for every sleep and NOT on their stomach or side. There has been a 50% decrease in sleep deaths just by placing babies on their backs to sleep.

Crib means that the baby should sleep in a crib or bassinet and NEVER share a bed with anyone else. Car seats, swings and bouncy seats are not meant for extended periods of sleep. Babies should not sleep in an adult bed or on a couch or in a chair with you or anyone else.

Other things to remember:

- Use a firm sleep surface such as a mattress that fits snuggly into a safety approved crib, covered with a tightly fitted sheet.
- Do not smoke or let anyone else smoke around your baby
- Dress baby in sleep clothing such as a one piece sleeper that will not let the baby get too hot during sleep.
- Make sure nothing covers the baby's head
- Give your baby a pacifier that is not attached to a string for naps and at night to reduce risk of SIDS
- Don't put baby to bed dressed in anything with drawstrings or decorative items that could get entangled
- Don't place crib in an area with cords or strings hanging such as window blinds or hanging lights

Source:

https://www.nichd.nih.gov/sts

THE PERIOD OF PURPLE CRYING

Some healthy babies can cry for hours at a time for no apparent reason and cannot be soothed. Your mother or grandmother may call this “colic.” This is a normal condition and is called the ***Period of Purple Crying***. This does not mean that the baby turns purple while crying. This period begins around the second week of life until about three to four months of age. It is important to remember that you should **NEVER SHAKE A BABY** in an effort to stop the crying.

The letters in **PURPLE** stand for:

Peak of crying	May cry more each week until peaking around eight weeks.
Unexpected	Crying can come and go. You don’t know why he is crying.
Resists soothing	Your baby may not stop crying no matter what you try.
Pain like face	Crying babies appear that they are in pain, even when they aren’t.
Long lasting	Crying can last for up to five hours a day.
Evening	Crying may be more common in the late afternoon and evening.

Tips to Soothe Your Crying Baby

Soothing is a way to calm baby. The following are well tried soothing methods:

- Check to see if baby is hungry, tired or needs a diaper change
- Burp your baby
- Give your baby a lukewarm bath
- Gently rock baby
- Take baby for a walk or ride in the car
- Hold your baby close with skin-to-skin contact
- Make eye contact with your baby, smile and show affection to your baby
- Sing softly or hum in low tone or use “white noise” like running the vacuum

When crying becomes frustrating and you’ve tried to soothe your baby, it may be necessary for you take a break and leave your baby with a trusted caregiver. When one is not available, place your baby in a safe place and walk away for a couple of minutes to calm yourself before returning to your baby.

Source:

http://www.purplecrying.info

TAKE A BREAK

New moms can feel overwhelmed at times, especially when you are tired and stressed and you have a crying baby. Remember, babies are very fragile and they need to be handled carefully. Never shake a baby.

When caring for a crying baby begins to frustrate or anger you, it is time to take a break. The best thing you can do for your baby is to get away from the crying for a bit and calm down. This does not mean you are a bad parent, it just means that you are normal. Ask your spouse, partner, a relative or friend if they could help with the baby for a while. If this is not an option, place your baby in a safe place and walk away. It is important to take some time to allow yourself to calm down before returning to care for your baby.

Source:

http://purplecrying.info/sub-pages/protecting/tips-to-deal-with-frustration-and-anger.php

SECONDHAND SMOKE

After your baby is born, avoid smoking around your baby. And keep your baby away from others who are smoking. Your baby's life may depend on it. Babies who are exposed to secondhand smoke are at a higher risk of:

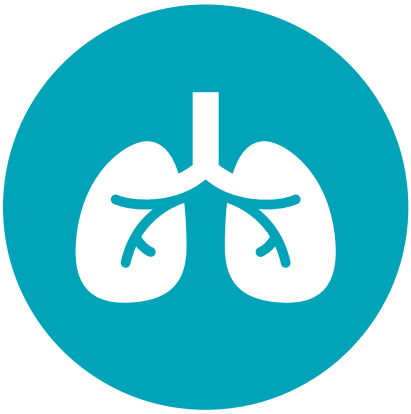
- Dying from sudden infant death syndrome (SIDS)
- Bronchitis, croup or pneumonia
- Colds, coughs or congestion
- Sinus infections
- Ear infections

Avoiding secondhand smoke can promote healthier lungs and healthier brains.

Sources:

https://www.nichd.nih.gov/sts/about/risk/pages/factors/aspx

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm



DIAPER RASH

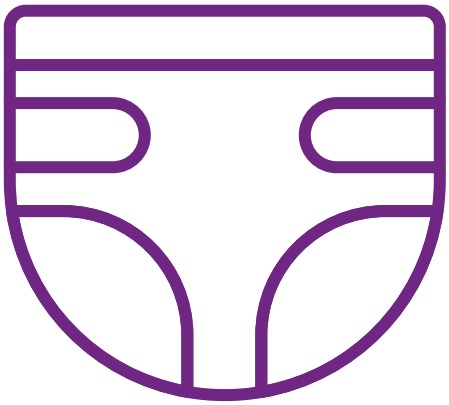
Diaper rash is common and can be easily treated and prevented.

How it develops:

- Chafing from diaper
- Irritation from urine or stool
- Skin may start to look red (time to treat)
- Scattered red bumps, blisters or open sores can develop (call the doctor)
- Infections can set in and require a doctor's visit

Preventing diaper rash:

- Change your baby's diaper often.
- Give your baby's bottom some air time, but make sure to lay down some towels or absorbent pads in case he or she springs a leak.
- Avoid perfumed soaps, scented baby wipes or harsh detergents.
- Consider changing diaper brands.
- Use protective creams, ointments or petroleum jelly to prevent moisture from reaching the skin and irritating it further.
- Avoid baby or talcum powder which can irritate your baby's skin and lungs.



Once it appears:

- Change your baby's diaper as soon as it's wet or soiled.
- Gently clean the diaper area with warm water and a soft cloth or unscented diaper wipes. Make sure to wipe or pat softly. Avoid rubbing skin.
- Allow your baby to air dry before putting new diaper on.
- If your baby's skin is reddened, apply a thick layer of zinc oxide based diaper cream or petroleum jelly at each diaper change.
- Leave any cream that remains from the last diaper change in place. Simply clean away any urine or stool and air dry. Continue to apply cream until rash is gone.
- Call the doctor if the rash doesn't clear in a day or two, or if blisters or pustules appear.

Sources:

https://www.whattoexpect.com/first-year/baby-care/diaper-rash/

http://www.health4mom.org/parents-page/

RECOMMENDED IMMUNIZATIONS/EXPECTED MILESTONES

Here is a helpful list of recommended immunizations from the Centers for Disease Control (CDC.gov). Review the list and talk with your doctor about what immunizations your baby needs.

RECOMMENDED IMMUNIZATIONS

	Birth	1 Month	2 Months	4 Months	6 Months
Hepatitis B	X	X			X
RotaVirus			X	X	X
DTaP			X	X	X
H. Influenza, type B (Hib)			X	X	X
Pneumococcal			X	X	X
Polio			X	X	X
Flu					X

MILESTONES

Milestones are skills such as first smiles, crawling and walking. These occur at predictable times for most infants. Premature babies may have a slightly different timeline and you should check with your child's health care provider.	• Recognizes caregivers voice • Turns head toward breast or bottle • Communi-cates through crying • Startles to loud sounds	• Starts to smile • Raises head when on tummy • Calms when rocked, held or sung to • Pays attention to faces	• Begins to smile at people • Coos, makes gurgling sounds • Begins to follows things with eyes • Can hold head up	• Babbles with expression • Likes to play with people • Reaches for toy with one hand • Brings hands to mouth • Responds to affection • Holds head steady, unsupported	• Knows familiar faces • Responds to own name • Brings things to mouth • Rolls over in both directions • Strings vowels together when babbling (ah, eh, oh)

RECOMMENDED IMMUNIZATIONS

	12 Months	15 Months	18 Months	19-23 Months	2-3 Years
Hepatitis B	X	X	X		
DTaP		X	X		
H. Influenza, type B (Hib)	X	X			
Pneumococcal	X	X			
Polio	X	X	X		
Flu	X				X
MMR	X	X			
Varicella (Chicken Pox)	X	X			
Hepatitis A	X	X	X	X	

MILESTONES

Milestones are skills such as first smiles, crawling and walking. These occur at predictable times for most infants. Premature babies may have a slightly different timeline and you should check with your child's healthcare provider.	• Cries when mom or dad leaves • Says "mama" and "dada" • Copies gestures (for example waving bye bye) • May stand alone • Looks at right picture or thing when named	• Imitates what you do • Drinks from a cup • Scribbles on his own • Walks well • Says a couple of words other than "mama" or "dada"	• Points to show others something interesting • Says several single words • Points to one body part • May walk up steps and run	• Plays mainly beside other children • Follows two-step commands • Plays simple make-believe games • Throws ball overhand	• Can name most familiar things • Shows affection for friends without prompting • Turns book pages one at a time • Kicks a ball

Source:

https://www.cdc.gov

HOW TO TALK WITH THE DOCTOR

If you are concerned about your baby and his or her development (how your baby learns, plays, speaks, acts or moves), you need to talk with your baby's doctor.

Some tips for talking with your baby's doctor or nurse practitioner:

- Prepare for your visit:
  - Make sure to mention your concerns when you make your appointment.
  - Write down concerns, questions and examples to take to the appointment.
  - If you can, ask another adult to go with you to take care of your baby while you focus on speaking with the doctor.
- Ask your questions during the visit while you have the doctor's/nurse practitioner's full attention:
  - Tell the doctor or nurse about your concerns at the beginning of the visit and ask any questions you have.
  - If you feel that the doctor or nurse seems in a hurry, ask if you should make another appointment.
  - Ask the doctor or nurse about their thoughts on your baby's development.
  - Take notes to help you remember what the doctor or nurse says about what to do next.

- Make sure you understand what the doctor or nurse practitioner tells you:
  - Before leaving, make sure all your questions are answered.
  - If you don't understand something, speak up and ask for it to be explained again.
  - Ask for any additional information you may need to do what the doctor or nurse told you to do. For example, ask for a phone number if you were asked to make an appointment at another office.
  - Review information when you get home and call back if you have any questions or need clarification.
  - Take the steps recommended by your doctor or nurse practitioner.
  - Remember to follow up with the doctor or nurse practitioner.
- You are the expert on your baby:
  - If your doctor wants to "wait and see" how your baby develops and you feel uneasy about that, seek another opinion.
  - Don't wait, acting early can make a difference to your baby.

Source:

https://www.cdc.gov/ncbddd/actearly/pdf/help_pdfs/cdc_talktodoctor.pdf

This content is for informational purposes only, does not constitute medical advice, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of a physician or other qualified health provider with any questions you may have.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-488-0134 (TTY: 1-800-750-0750 or 711) 。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-488-0134 (رقم هاتف الصم والبكم: 711 أو 1-800-750-0750)

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-488-0134 (телетайп: 1-800-750-0750 or 711).

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-488-0134 (ATS :1-800-750-0750 or 711).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

CUSHITE/OROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

OH-MMED-1230 © 2016 CareSource. All Rights Reserved

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-488-0134 (TTY: 1-800-750-0750 or 711). 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-488-0134 (TTY:1-800-750-0750 or 711) まで、お電話にてご連絡ください。

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-488-0134 (телетайп: 1-800-750-0750 or 711).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

NEPALI

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-488-0134 (1-800-750-0750 टटिविाइ:711)।

SOMALI

DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqada, oo lacag la'aan ah, ayaa laguu heli karaa adiga. Wac 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

CareSource

Notice of Non-Discrimination

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-800-488-0134 (TTY: 1-800-750-0750 or 711)
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

CareSource®

OH-MMED-1230 © 2016 CareSource. All Rights Reserved

IN-MMED-2749; FIRST USE 2/15/2019 OMPP APPROVED: 2/15/2019 © 2018 CareSource. All Rights Reserved.