Important Telephone Numbers

Missouri Poison Center  800-222-1222

All Emergencies

Mother’s Health Care Provider

Baby’s Health Care Provider

Hospital/Birth Center

TEL-LINK Information and Referral Line  800-TEL-LINK (800-835-5465)
(Missouri’s confidential, toll-free telephone line for maternal and child health care)
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**Note:** When the word “baby” is used in sentences as a singular noun, it may be alternately replaced with the pronoun “his” or “her” and “he” or “she” throughout the booklet.
Using Telephone Numbers and Websites

Missouri Department of Health and Senior Services [http://health.mo.gov](http://health.mo.gov)

TEL-LINK at 800-TEL-LINK (800-835-5465), [http://health.mo.gov/tellink](http://health.mo.gov/tellink)

TEL-LINK is the Missouri Department of Health and Senior Services toll-free information and referral line for maternal and child health care. The purpose of TEL-LINK is to confidentially provide information and referrals to Missouri residents concerning a wide range of health services offered by the state. Operators can connect you with community services that are available for you and your family. TEL-LINK is answered weekdays from 8 a.m. to 5 p.m. Recorded messages are taken after 5 p.m. on weekdays, and throughout the day and night on weekends.

**Text4baby:** Text BABY to 511411 (or BEBE for Spanish) to receive health tips throughout your pregnancy and your baby’s first year. Text4baby is a free mobile educational program of the National Healthy Mothers, Healthy Babies Coalition. Through the service, pregnant and new mothers are given information they need to take care of their health and give their babies the best possible start in life. Women who sign up will receive free text messages every week on their cell phones timed to their due date or their baby’s date of birth.

**Pregnancy, Breastfeeding, Postpartum**

- Breastfeeding Support, [http://health.mo.gov/breastfeeding](http://health.mo.gov/breastfeeding), 800-877-6246
- Centers for Disease Control and Prevention (CDC), [www.cdc.gov/HealthyLiving](http://www.cdc.gov/HealthyLiving)
- March of Dimes, [www.modimes.org](http://www.modimes.org), 888-663-4637
- Home Visiting Services, [http://health.mo.gov/homevisiting](http://health.mo.gov/homevisiting), 800-877-6246

**Parenting Issues**

- ParentLink, [http://parentlink.missouri.edu](http://parentlink.missouri.edu), 800-552-8522 (Spanish 888-460-0008)
- Missouri Families, [www.missourifamilies.org](http://www.missourifamilies.org)
- Bright Futures for Families - Family Voices, Inc., [www.brightfuturesforfamilies.org](http://www.brightfuturesforfamilies.org), 888-835-5669
- Parents As Teachers, [www.parentsasteachers.org](http://www.parentsasteachers.org). (Find your local program on this website.)
- Kids Health, [www.kidshealth.org](http://www.kidshealth.org)
- Physical Activity Guidelines for Americans, [www.health.gov/paguidelines](http://www.health.gov/paguidelines)
Useful Websites and Telephone Numbers

Safety Issues

- Safe Kids Worldwide, www.safekids.org
- First Candle, www.sidsalliance.org, 800-221-7437
- Prevent Child Abuse, www.preventchildabuse.org
- Missouri Child Abuse and Neglect Hotline, 573-751-3448

Health Insurance, Special Health Care Needs

- Insure Kids Now (includes all states), www.insurekidsnow.gov, 877-Kids-Now (877-543-7669)

Smoking Cessation

- Missouri Tobacco Quitline, www.quitnow.net/missouri, 800-QUIT-NOW (800-784-8669)
- Smoke Free, www.smokefree.gov
- Quit Net, www.quitnet.com

Welcome

Congratulations on your pregnancy. We hope you enjoy Pregnancy and Beyond and benefit from this important prenatal and newborn health information. This book has been developed to track and record mom’s and baby’s preventive health exams. It has the potential to improve birth outcomes for pregnant women and their infants throughout Missouri.

Pregnancy and Beyond is not only a reference for health information but also a place to record the progress of your pregnancy and your baby’s development. The first section focuses on mom, the second section is for the baby and the final section is for the toddler and preschool age child. The book is not, however, a complete health record and it does not take the place of your health care provider’s guidance and records.

It is suggested that you start by reading the entire book to become familiar with it. You may read some sections many times as your pregnancy progresses. We hope you take Pregnancy and Beyond to all of your prenatal visits and to your baby’s well-child health checkups to help you ask questions and to write down what you learn. Early and regular prenatal care starting within the first 3 months of your pregnancy and continuing until you deliver your baby is the most important step you can take to assure the best possible health for your unborn child. Your baby should also have regular well-child checkups starting very soon after birth and continuing throughout childhood.

You can use Pregnancy and Beyond to:

• Keep a record of your health during this pregnancy.
• Answer questions about your pregnancy and your new baby.
• Remind you of questions to ask your health care provider.
• Keep a record of your baby’s health, growth and development.
Taking Care of Your Health

Pregnancy is a very special time to learn about prenatal care and the health of your new baby. We hope you find *Pregnancy and Beyond* useful and informative as you and your health care provider track the progress of your pregnancy.

In this section of *Pregnancy and Beyond*, you can record your health information, what you learn and questions about your pregnancy. Take this book with you to your prenatal visits to help you remember questions and to write down special instructions from your health care provider. If you do not know where to go for prenatal care, call TEL-LINK at 800-TEL-LINK (800-835-5465), Missouri’s confidential, toll-free information and referral telephone line.

Taking care of your health now can improve the health of your unborn baby. The following steps can improve the chances of having a healthy baby and help reduce the risk of birth defects.¹

- Take a multivitamin or prenatal vitamin containing at least 400 micrograms (mcg) of folic acid every day.
- Abstain from alcohol, tobacco and other illicit drugs.
- Avoid exposure to secondhand smoke, chemicals, pesticides, radiation, lead or other harmful substances.
- Manage chronic illnesses such as diabetes.
- Discuss all medications (prescription and over-the-counter) and supplements with your health care provider.
- Eat a healthy and balanced diet.
- Get early and consistent prenatal care.
- Discuss your personal or family history of birth defects and developmental disabilities with your health care provider.
- Talk to your health care provider about vaccinations.
Mother’s Health History

Name ____________________________________________________________

Current Age ____________________________________________________ Date of Birth ____________________________

Height __________________ ft __________________ in Pre-Pregnancy Weight ______________ lbs

Blood Type _____________ RH Factor ___ Pos ___ Neg Rubella Titer* ___ Pos ___ Neg

Hepatitis B Status* ___ Pos ___ Neg ____ / ____ / ____ Date HIV Test* ___ Pos ___ Neg ____ / ____ / ____ Date

Last Menstrual Period ____ / ____ / ____ Date Syphilis Test* ___ Pos ___ Neg ____ / ____ / ____ Date

Last Pap Smear ____ / ____ / ____ Date

Health Conditions ______________________________________________________________________________________

Operations _____________________________________________________________________________________________ Allergies ________________________________

Prenatal Health Care Provider ________________________________ Telephone Number ______________________

Primary Health Care Provider ________________________________ Telephone Number ______________________

Estimated Date of Delivery ____ / ____ / ____

*Check with your health care provider to see if you have a positive response to any of these tests.
List all medications that you have taken during this pregnancy or before you knew you were pregnant. Include any non-prescription medications, vaccines, vitamins and herbal or mineral supplements. Discuss all of these with your prenatal health care provider.

<table>
<thead>
<tr>
<th>Medication, Vitamin, Herbal or Mineral Supplement</th>
<th>Frequency</th>
<th>Date Started</th>
<th>Date Stopped</th>
<th>Reason for Taking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month/Day/Year</td>
<td>Month/Day/Year</td>
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</table>
## Previous Pregnancies

<table>
<thead>
<tr>
<th>Date of Birth*</th>
<th>Gender</th>
<th>Birth Weight</th>
<th>Notes**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month Day Year</td>
<td>(M, F)</td>
<td>lbs oz</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>_____</td>
<td><em><strong>/</strong></em></td>
<td>____________________________</td>
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<td>2</td>
<td>_____</td>
<td><em><strong>/</strong></em></td>
<td>____________________________</td>
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<td>____________________________</td>
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<td>____________________________</td>
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<tr>
<td>5</td>
<td>_____</td>
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<td>____________________________</td>
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</tbody>
</table>

*This could also include dates of miscarriages, stillbirths, etc.

**Include details such as hours in labor, anesthesia, type of delivery, weeks pregnant, complications, etc.
Family Health History

Your family health history holds important information about your past and clues to your future health. Knowing your family health history can help determine if you, your baby or others in your family may be at an increased risk for developing diseases like diabetes, heart disease and/or cancer. The information you obtain when you do a family health history can help health care providers assess your risk for disease and determine appropriate preventive measures or courses of treatment.

You can start by collecting information on your own health. Next, move on to your siblings, parents and grandparents, and collect the following information:

- Name and relationship to you (myself, parent, child, etc.)
- Ethnicity, race and/or origins of family
- Place and date of birth (or your best guess - for example, “1940s”)
- If deceased, age and cause of death
- Health history - include conditions such as heart disease, diabetes and cancer - and when the disease started
- Lifestyle (occupation, exercise, diet, habits such as smoking and regular doctor checkups)

Once collected, share this information with the baby’s pediatrician and your health care provider. Your family health history can be your first gift to your baby.

For more information about how to collect a family health history visit the National Society of Genetic Counselors website at http://www.nsgc.org.
## Mother’s Keepsake Firsts

<table>
<thead>
<tr>
<th>Event</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>First learned that I was pregnant</td>
<td>______</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>First prenatal medical examination</td>
<td>______</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>First heard baby’s heart beat</td>
<td>______</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>First ultrasound</td>
<td>______</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>First felt baby move</td>
<td>______</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>First prenatal/education class</td>
<td>______</td>
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<tr>
<td>First __________________________________________________________________</td>
<td>__________________________________________</td>
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<tr>
<td>Special Notes: __________________________________________________________________</td>
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Prenatal care is the health care you receive while you are pregnant. Schedule your first prenatal medical examination as soon as you think you are pregnant. A pregnant woman may notice her first missed menstrual period at the end of the second week after conception or about four weeks after the first day of her last normal period. For example, when your doctor indicates that you are 12 weeks pregnant your baby’s gestational age of development is actually 10 weeks. Ideally, health care should start before you ever get pregnant so that you can have a routine checkup with testing to make sure you’re in good health and don’t have other conditions that could affect your pregnancy. For additional information visit http://health.mo.gov/InformedConsentBooklet.

Prenatal care can be provided by a doctor, certified nurse practitioner or midwife. The exam should include an assessment of your past history including any chronic conditions you have (asthma, diabetes, heart disease, hepatitis, etc.) that could affect your pregnancy, your current health status including blood and urine tests, weight, blood pressure, checking your baby’s heartbeat and measuring your abdomen to determine the growth of your uterus. During your exam, your health care provider will also assess the medicines you are currently taking as it may be necessary to change or eliminate some or all of your medications (especially during the first 12 weeks of your pregnancy) to reduce risks to the fetus. Your health care provider may also recommend certain immunizations, such as a flu and Tdap, during your pregnancy.

During this time, your health care provider may also talk to you about habits that pose a risk to your baby such as smoking, drinking alcohol and using illegal drugs. Some over-the-counter medications and herbal remedies may also have an effect on the fetus and may need to be discontinued during pregnancy.

It is especially important for women who are planning on becoming pregnant or who are pregnant to take a multivitamin with at least 400 mcg of folic acid. Folic acid can help to prevent neural tube defects (problems with the normal development of the spine and nervous system). If you or your partner have a family history of a genetic disorder, genetic testing may be advisable. Make sure you discuss this topic with your health care provider.
Prenatal Health Care
First 4 Weeks of Pregnancy

Examination Date ______________________________________

I am ____________________________ weeks pregnant.

<table>
<thead>
<tr>
<th>Current Weight ____________________________</th>
<th>Questions/Notes</th>
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<tbody>
<tr>
<td>Blood Pressure ____________________________</td>
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<td>Tests Performed ____________________________</td>
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Medications Currently Taking and/or Directions

___________________________________________________

New Medications Prescribed or Other Instructions

___________________________________________________

Future Appointment Dates/Time __________________________________

Location/Special Instructions __________________________________
Things to Know: First 4 Weeks of Pregnancy

• Prenatal care can help keep you and your baby healthy. Babies of mothers who do not get prenatal care are three times more likely to be low birth weight and five times more likely to die than those born to mothers who do get care.²

• Hormonal changes during the first trimester affect almost every organ system in your body. These changes can trigger symptoms even in the very first weeks of pregnancy and may include extreme tiredness, tender swollen breasts and upset stomach with or without throwing up (morning sickness).

• Ask your health care provider about taking a daily prenatal vitamin with the recommended amount of folic acid.

• Ask your health care provider about taking an iron supplement to be sure you are getting enough.

• Don’t use alcohol, tobacco or other drugs during pregnancy. There is no safe amount of alcohol, no safe type of alcohol and no safe time for alcohol during pregnancy.

• Ask your health care provider how to prevent and/or reduce the risk of STIs (syphilis, gonorrhea, chlamydia) as these may affect your pregnancy and cause long-term negative effects for your baby.
### Prenatal Health Care

**4-8 Weeks of Pregnancy**

- **Examination Date** ________________________________
- **I am** ___________________________ weeks pregnant.

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<th>Current Weight</th>
<th>Questions/Notes</th>
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<th>Tests Performed</th>
<th>Questions/Notes</th>
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<th>Medications Currently Taking and/or Directions</th>
<th>Questions/Notes</th>
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<th>New Medications Prescribed or Other Instructions</th>
<th>Questions/Notes</th>
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**Future Appointment Dates/Time** ____________________________

**Location/Special Instructions** ____________________________
Things to Know: 4-8 Weeks of Pregnancy

• During the first trimester you may experience cravings or distaste for certain foods, mood swings, dizziness, constipation (trouble having bowel movements) and more frequent urination.

• If you currently smoke, stop smoking! Smoking during pregnancy increases the risk for preterm delivery, stillbirth, low birth weight and Sudden Infant Death Syndrome (SIDS), the single most preventable cause of illness and death among infants. (See page 56.)

• If you are ready to quit smoking, call the Missouri Tobacco Quitline at 800-QUIT-NOW (800-784-8669) for free telephone counseling, information and referrals.

• Wearing a seat belt protects you and your baby in every ride. Buckle Up!

• Prepare a history of your medical health for your first visit. Learn about your family’s medical history as it can help identify possible disease risks for you and your baby. (See page 11.)

• During your first prenatal visit, talk to your doctor about any over-the-counter and prescription medicines you are using, including dietary or herbal supplements. Some medicines are not safe during pregnancy.
# Prenatal Visit
## 8-12 Weeks of Pregnancy

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<th>Examination Date</th>
<th>Questions/Notes</th>
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I am ________________ weeks pregnant.

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<th>Current Weight</th>
<th>Blood Pressure</th>
<th>Tests Performed</th>
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<th>Medications Currently Taking and/or Directions</th>
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<th>New Medications Prescribed or Other Instructions</th>
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<table>
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<tr>
<th>Future Appointment Dates/Time</th>
<th>Location/Special Instructions</th>
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</table>
**Things to Know: 8-12 Weeks of Pregnancy**

- Hormonal changes and pressure from your enlarged uterus may cause you to experience additional symptoms such as headache, heartburn and weight gain or weight loss.

- As your body changes, you may need to adjust your daily routine, such as going to bed earlier or eating small, frequent meals. Most of these discomforts will go away later in your pregnancy.

- Avoid secondhand smoke. Pregnant women who breathe secondhand smoke are at a higher risk of giving birth to a low birth weight baby.\(^3\)

- During your first prenatal visit, your provider may recommend some routine tests. Certain tests are suggested for all women, such as blood work to check for anemia, blood type, HIV (see page 64) and other factors. Other tests might be offered based on your age, personal or family health history, ethnic background or the results of routine tests you have had.

- Most women benefit greatly from being physically active during their pregnancies. But, if you have not been active for some time or if you have a history of preterm labor or certain medical conditions, check with your health care provider before beginning any exercise program.
# Prenatal Visit

## 12-16 Weeks of Pregnancy

<table>
<thead>
<tr>
<th>Questions/Notes</th>
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<tbody>
<tr>
<td>Examination Date _________________</td>
</tr>
<tr>
<td>I am __________________________ weeks pregnant.</td>
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</table>

<table>
<thead>
<tr>
<th>Current Weight ____________________________________</th>
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<tbody>
<tr>
<td>Blood Pressure ____________________________________</td>
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<td>Tests Performed ____________________________________</td>
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<td>Medications Currently Taking and/or Directions</td>
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<td>New Medications Prescribed or Other Instructions</td>
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<table>
<thead>
<tr>
<th>Future Appointment Dates/Time __________________________</th>
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</table>

| Location/Special Instructions _________________________ |
Things to Know: 12-16 Weeks of Pregnancy

• During your second trimester, symptoms like nausea and fatigue may be less frequent, but as your abdomen expands and your body makes room for the growing baby, you may notice new symptoms. These could include body aches such as back, abdomen, groin or thigh pain; stretch marks on your abdomen, breasts, thighs or buttocks; darkening of the skin around your nipples and vaginal discharge.

• At your 12-week visit (or near then), you’ll probably be able to hear your baby’s heartbeat! It can be heard with a Doppler, a special listening machine that magnifies the sound of your baby’s heartbeat so you can hear it.

• Proper nutrition and healthy weight gain help ensure good health for you and your baby throughout pregnancy and breastfeeding. Eat a variety of healthy foods. Choose fruits, vegetables, whole grains, calcium-rich foods and foods low in saturated fat. (See page 45.)

• The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) can assist eligible women with the following services: health screenings, nutrition education, breastfeeding promotion and referrals to health care. Supplemental food is provided at no cost to participants. Refer to the map at http://health.mo.gov/wic for the WIC location nearest you or call TEL-LINK at 800-TEL-LINK (800-835-5465).
# Prenatal Visit

## 16-20 Weeks of Pregnancy

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<th>Current Weight</th>
<th>Questions/Notes</th>
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<tr>
<td>Blood Pressure</td>
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<tr>
<td>Tests Performed</td>
<td></td>
</tr>
<tr>
<td>Meds</td>
<td></td>
</tr>
</tbody>
</table>

**Examination Date** ________________________________

**I am** ________________________________ weeks pregnant.

<table>
<thead>
<tr>
<th>Future Appointment Dates/Time</th>
<th>Location/Special Instructions</th>
</tr>
</thead>
</table>

**Examination Date** ________________________________

**I am** ________________________________ weeks pregnant.
Things to Know: 16-20 Weeks of Pregnancy

- As the number of pigment-bearing cells in your skin increases, you might notice a dark line down your abdomen and patches of darker skin, over your cheeks, forehead, nose or upper lip. Increased pigmentation is common during pregnancy.

- During the second trimester, various prenatal screenings or tests may be ordered. Blood tests may be done to screen for developmental or chromosomal disorders. An ultrasound can evaluate your baby’s growth, development and possibly the sex of the baby. Diagnostic tests will rule out or confirm abnormal blood tests or ultrasound results.

- Ask your doctor about childbirth education classes which help you prepare for the birth of your baby. (See page 51.)

- Start thinking about breastfeeding. You and your baby gain many benefits from breastfeeding. Breast milk is easy to digest and has antibodies that can protect your baby from bacterial and viral infections. Call TEL-LINK at 800-TEL-LINK (800-835-5465) for information. (See page 52.)

- Mom can usually feel baby’s movements at about 20 weeks.
# Prenatal Visit
## 20-24 Weeks of Pregnancy

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<thead>
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<th>Current Weight</th>
<th>Questions/Notes</th>
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<td>Blood Pressure</td>
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<td>Tests Performed</td>
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**Medications Currently Taking and/or Directions**

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**Future Appointment Dates/Time**

**Location/Special Instructions**

Examination Date _________________________________

I am ________________________________ weeks pregnant.

**Questions/Notes**
**Things to Know: 20-24 Weeks of Pregnancy**

- You may notice body changes such as swelling of the ankles, fingers and face. If you notice any sudden or extreme swelling or if you gain a lot of weight very quickly, call your doctor right away. This could be a sign of preeclampsia.*

- Immunizations: Having the right immunizations at the right time can help keep you and your baby healthy. It is safe and very important for a pregnant woman to receive the inactivated flu vaccine. A pregnant woman who gets the flu is at risk for serious complications and hospitalization. Women should get an adult tetanus, diphtheria and acellular pertussis vaccine (Tdap) during each pregnancy, regardless of previous history of receiving Tdap. Ideally, the vaccine should be given between 27 and 36 weeks of pregnancy; however, it may be given at any time during the pregnancy. A woman who did not receive a dose of Tdap during her pregnancy should get a dose of Tdap immediately postpartum. Talk to your health care provider.

- During your pregnancy, you may experience a sharp pelvic pain, which is due to stretching of muscles and ligaments around your uterus.

- For information on child development and parenting, you may contact ParentLink at 800-552-8522 or find the home visiting program nearest you by calling TEL-LINK at 800-TEL-LINK (800-835-5465). (See page 66.)

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*Preeclampsia is a medical condition of high blood pressure and protein in the urine occurring during pregnancy, which could lead to seizures if not treated immediately.
### Prenatal Visit

#### 24-28 Weeks of Pregnancy

**Examination Date**

**I am** ____________________________ weeks pregnant.

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<th>Current Weight</th>
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**Future Appointment Dates/Time**

**Location/Special Instructions**

________________________________________________________________________________________
Things to Know: 24-28 Weeks of Pregnancy

• Body symptoms during this period may include itching on the abdomen, palms and soles of the feet. Call your doctor if you have nausea, loss of appetite, vomiting, jaundice or fatigue combined with itching. These can be signs of a serious liver problem.

• You should feel your baby’s movement more frequently. As your baby grows, you may see the shape of your baby’s elbow or heel against your abdomen.

• Your uterus starts contracting and you may feel slight contractions in your lower abdomen and groin regions which are called Braxton Hicks Contractions or False Contractions. They’re usually weak and unpredictable. Contact your health care provider if the contractions become painful or regular. This could be a sign of preterm labor or a need for medical assistance.

• Depression is a real medical condition that can strike pregnant women and those who have just given birth. Don’t be afraid to reach out and ask for help from family, friends or professionals. The key to treating depression is recognizing the signs and symptoms and having it properly diagnosed. If you think you might be suffering from depression, talk to your health care provider right away. (See page 79.)

• Most health care providers recommend a glucose screening test, also called a glucose challenge test, between 24 and 28 weeks of pregnancy to check for gestational diabetes, a high blood sugar condition that some women get during pregnancy. (See pages 48 to 49.)
### Prenatal Visit
#### 28-32 Weeks of Pregnancy

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**Examination Date** __________________________________

I am ________________________________ weeks pregnant.

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**Future Appointment Dates/Time** __________________________________________________________________________

**Location/Special Instructions** _______________________________________________________________________________
### Things to Know: 28-32 Weeks of Pregnancy

- Some of the same discomforts you had in your second trimester will continue. Plus, many women find breathing difficult and notice they have to go to the bathroom even more often. This is because the baby is getting bigger and is putting more pressure on your organs.

- Baby’s movement has increased to a point where you probably feel it every day, and movements are getting stronger and more intense. (See page 50.)

- Delivery might be several weeks away, but it isn’t too early to begin making plans for the trip to the hospital. This includes knowing how to reach the individual who will drive you to the hospital. Also, consider what you will do if he or she isn’t near enough to drive you and who the other potential drivers will be.

- If you are exercising, listen to your body. If you feel dizzy, have a headache, have shortness of breath or chest pains, have abdominal pain or any vaginal bleeding, stop exercising. If your symptoms continue after you stop exercising, contact your health care provider.

- Talk to your health care provider about getting the Tdap and flu immunizations.
Prenatal Visit
32-34 Weeks of Pregnancy

Examination Date ________________________________

I am ________________________________ weeks pregnant.

Current Weight ______________________________________
Blood Pressure ______________________________________
Tests Performed _____________________________________
Medications Currently Taking and/or Directions

New Medications Prescribed or Other Instructions

Questions/Notes

Future Appointment Dates/Time ________________________________
Location/Special Instructions ________________________________
Things to Know: 32-34 Weeks of Pregnancy

- As your due date approaches, your breasts get even bigger to prepare for breastfeeding. In the third trimester some women begin to leak colostrum. (See page 52.) Wear a bra with good support and use pads to absorb leakage.

- Body changes during this period may include swelling of the ankles, fingers and face. If you notice any sudden or extreme swelling or if you gain a lot of weight very quickly, call your doctor right away. This could be a sign of preeclampsia. (See page 25.)

- The membranes around the baby that contain the amniotic fluid are called the bag of waters. These membranes help protect baby from infection. They usually don’t break until just before labor begins, when labor begins or during labor. Call your health care provider immediately when your water breaks.

- Tightening and relaxing pelvic floor muscles, also known as Kegel exercises, will help strengthen the pelvic muscles during pregnancy and improve control during labor and delivery.

- You and your baby need the calories and nutrition you receive from a healthy diet. Don’t stop eating or start skipping meals as your weight increases.

- As the baby continues to grow, you may feel back pain due to pregnancy hormones causing the relaxation of the joints in the pelvic region. Talk to your provider if the pain gets worse.
**Prenatal Visit**

**34-36 Weeks of Pregnancy**

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**Examination Date**

I am ________________________ weeks pregnant.

**Future Appointment Dates/Time**

**Location/Special Instructions**
Things to Know: 34-36 Weeks of Pregnancy

• During the last trimester, you may leak a little urine when you cough, sneeze, exercise or lift something. Don’t panic! This is called stress incontinence; it is normal as your uterus grows and puts pressure on your bladder.

• During the third trimester, you may be screened for Group B Streptococcus (GBS) that live in your vagina or rectum. If you test positive, your provider will recommend antibiotics during labor to protect your baby from the bacteria.

• Now is the time for you to arrange a meeting with your baby’s health care provider. It is good to meet the person who will care for your baby before your baby is born - many pediatricians welcome it. It gives you an opportunity to discuss important matters with this new doctor.
# Prenatal Visit

## 37 Weeks of Pregnancy

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**Examination Date** ________________________________

**I am** ________________________________ weeks pregnant.

**Future Appointment Dates/Time** __________________________________

**Location/Special Instructions** ____________________________________
Things to Know: 37 Weeks of Pregnancy

• You may have trouble sleeping and your belly button may stick out.

• Your baby continues to grow and to gain weight, even during these last few weeks. At this time, the baby’s head is usually facing down into the pelvis.

• As the due date approaches, your prenatal visits may include pelvic exams which help your provider check the baby’s position and detect cervical changes.

• True contractions follow a regular pattern, lasting more than 30 seconds at first and getting progressively stronger and closer together. If you have any signs of labor - consult your health care provider.

• If possible, tour the hospital facilities and register at the hospital a few weeks before your scheduled due date. Find out where to go and what to do when you get there.

• Be prepared for delivery by having your bags packed, insurance papers filled out or insurance cards with you, and other important details taken care of.
# Prenatal Visit

## 38 Weeks of Pregnancy

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### Examination Date

### I am _______________________________ weeks pregnant.

### Future Appointment Dates/Time

### Location/Special Instructions
Things to Know: 38 Weeks of Pregnancy

- Some new changes you might notice in the third trimester include the baby “dropping” or moving lower into your abdomen. Many women feel uncomfortable during the last weeks of pregnancy because their uterus is so large.

- Eat small snacks throughout the day to keep your energy levels up and to help avoid heartburn.

- Think about things you would like to have with you at the hospital such as change of clothes, magazines, camera, cell phone and charger. Have them packed and ready.

- Your baby will need many things when he comes home from the hospital. One of the most important pieces of baby equipment you can buy is a car seat; choose one soon so you’ll have it when your baby is born. Some other items to consider buying are a crib, diapers, t-shirts, gowns that open at the bottom, footed sleepers, socks, bibs, a hat, a warm cover-up, one-piece short- or long-legged “onesies,” and towels. (See pages 56 to 57.)

- If you choose to have a labor coach, he or she may be one of your most valuable assets during labor and delivery. Ask someone ahead of time; don’t wait until the last minute. Give the person time to prepare for the experience and to make sure he or she will be able to be there with you.
**Prenatal Visit**

39 Weeks of Pregnancy

| Current Weight ______________________________ |
| Blood Pressure ______________________________ |
| Tests Performed ______________________________ |
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| ___________________________________________ |

| Medications Currently Taking and/or Directions |
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| New Medications Prescribed or Other Instructions |
| ___________________________________________ |
| ___________________________________________ |

Examination Date ______________________________

I am _______________________________ weeks pregnant.

| Questions/Notes |

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**Future Appointment Dates/Time** ______________________________

**Location/Special Instructions** ______________________________
**Things to Know: 39 Weeks of Pregnancy**

- It would be unusual for you not to be uncomfortable and feel huge at this time. Your uterus fills your pelvis and most of your abdomen. It has pushed everything else out of the way.

- Your baby continues to gain weight. He doesn’t have much room to move. All the organ systems are developed. The last organ to mature is the lungs.

- Having a baby is a personal experience. Start thinking about who you would like to have with you in the delivery room.

- Your uterus has to contract a lot so your baby can be born. Labor can be painful. Unfortunately, you won’t have any idea what your labor is going to be like until it begins. Talk with your health care provider and find out in advance what options are available for pain control.

- If you’re going to breastfeed, work with a breastfeeding lactation consultant prior to delivery. Maintain proper nutrition and continue to eat a variety of healthy foods.
# Prenatal Visit

## 40 Weeks of Pregnancy

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Things to Know: 40 Weeks of Pregnancy

• Your baby is fully grown at this point. If you were correct about the date of your last period and your due date is this week, your baby may be born very soon. However, it’s helpful to realize only five percent of all babies are born on their due date. Don’t get frustrated if you see your due date come and go. Your baby will be here soon!

• Ask your health care provider how you should prepare to go to the hospital; he or she may have specific instructions for you.

• Decide ahead of time about who needs to be called after your baby’s birth. Bring a list of names and telephone numbers with you.

• On admission, let the medical staff know if your decision is to breastfeed.

• Also, if you have risk factors for HIV/STIs and hepatitis (see page 64), your health care provider may perform or repeat some tests prior to delivery to ensure that measures are taken to prevent mother to child transmission of HIV, STIs or hepatitis. It is also important to know your HIV status before breastfeeding as HIV can be passed through breast milk.
Weight Gain During Pregnancy

No matter what you weighed before becoming pregnant, it is important to eat well during pregnancy. The weight you gain is distributed throughout your body. A healthy weight gain for most women is between 25 and 35 pounds. Too much or too little weight gain may cause health problems for mother and baby. Where does the weight go?

- Baby 8 lbs
- Placenta 2-3 lbs
- Amniotic Fluid 2-3 lbs
- Breast tissue 2-3 lbs
- Blood supply 4 lbs
- Stored fat for delivery and breastfeeding 5-9 lbs
- Larger uterus 2-5 lbs
- Total 25-35 lbs

During the first three months (first trimester), most women can expect to gain about 2 to 4 pounds. Your weight gain should be steady throughout the second and third trimester. Most women need to gain 3 to 4 pounds each month during this time. Pregnancy is not the time to try to lose weight!

How much weight you need to gain during pregnancy depends on your weight before pregnancy. Calculate your Body Mass Index (BMI) to determine if you are underweight, normal weight, overweight or obese, based on your pre-pregnancy weight. Use the electronic calculator at: www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html to calculate your body mass index or use this formula:

- BMI = (weight in pounds) x 703 divided by height in inches squared.
- Then find your recommended amount of weight gain on the chart on the following page.

Source: webmd.com, 2013
<table>
<thead>
<tr>
<th>Height (No shoes)</th>
<th>Weight Status Category</th>
<th>Weight in Pounds (Light indoor clothing)</th>
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<td>Inches</td>
<td>Underweight</td>
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<td>10</td>
<td>90 or less</td>
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<tr>
<td>4</td>
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<td>0</td>
<td>139 or less</td>
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Determine your weight status category based on your pre-pregnancy weight.

Source: National Institutes of Health (NIH), 2013
Recommended Weight Gain for Pregnant Women

When you know your weight status category or BMI, use this chart to determine your recommended weight gain.

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>Pre-Pregnancy BMI</th>
<th>Range in lbs</th>
<th>Range in kg</th>
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<tbody>
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<td>Underweight</td>
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<td>28-40</td>
<td>12.5-18</td>
</tr>
<tr>
<td>Normal Weight</td>
<td>18.5-24.9</td>
<td>25-35</td>
<td>11.5-16</td>
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<tr>
<td>Overweight</td>
<td>25.0-29.9</td>
<td>15-25</td>
<td>7-11.5</td>
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<tr>
<td>Obese (includes all classes)</td>
<td>≥30.0</td>
<td>11-20</td>
<td>5-9</td>
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**Pregnant with Multiples**

- In twin pregnancies, a normal weight woman should gain between 37 to 54 pounds; an overweight woman should gain between 31 to 50 pounds and an obese woman should gain between 25 to 42 pounds. A gain of 1.5 pounds per week during the second and third trimesters is advisable.

- Data are insufficient to determine the amount of weight women with multifetal (triplet and more) gestations should gain. Talk with your doctor about the amount of weight you can expect to gain.

- Body Mass Index (BMI) is calculated from a person’s weight and height. It is a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.

\[
\text{BMI} = \frac{\text{weight in pounds} \times 703}{\text{height in inches}^2}
\]

Source: The American College of Obstetricians and Gynecologists (ACOG), 2013, Reaffirmed 2015
Healthy Eating Guidelines

Eating healthy when you’re pregnant is one of the best things you can do for yourself and your baby. The foods you eat are the main source of nutrients for your baby and give your baby fuel to grow. Healthy weight gain comes from eating a variety of healthy foods. Recommended amounts of food each day for an average intake of 2,000 calories are:

- **Fruits** – 2 cups. Make half your plate fruits and vegetables. The majority of fruit should come from fresh, canned, frozen and dried fruits, rather than from juice. A good source of vitamin C every day will help your body absorb the iron in foods and vitamins.

- **Vegetables** – 2 1/2 cups. Like fruits, many vegetables are also high in vitamin C and will help iron be absorbed. Each week, you’ll need vegetables from the five different subgroups of dark green, red and orange, beans and peas, starchy and other vegetables (such as iceberg lettuce, green beans and onions).

- **Grains** – 6 ounces. At least half of all grains should be whole grains that contain more nutrients and fiber than refined grains. Some whole grains are bulgur, oatmeal, quinoa, rolled oats, brown or wild rice, whole grain barley, whole rye and whole wheat.

- **Protein Foods** – 5 1/2 ounces. Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds. Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories. Due to the methyl mercury content, limit white (albacore) tuna to 6 ounces per week and do not eat the following four types of fish while you are pregnant: tilefish, shark, swordfish, and king mackerel.

- **Dairy** – 3 cups. Select more fat-free or low-fat vitamin D fortified milk or yogurt and less cheese.

- **Prenatal vitamin** with 400 mcg folic acid and other mineral supplements as prescribed.

Stay hydrated by drinking plenty of **fluids**. Water is the best choice. Aim for eight, 8 oz glasses a day.
Building Healthy Eating

The Dietary Guidelines for Americans focuses on healthy eating patterns for all groups of people. You can read more at www.dietaryguidelines.gov. A healthy eating pattern limits intake of sodium, solid fats, added sugars and refined grains and emphasizes nutrient-dense foods and beverages: foods like vegetables, fruits, whole grains, fat-free or low-fat milk and milk products, seafood, lean meats and poultry, eggs, beans and peas, and nuts and seeds. Healthy eating over a long period of time will help you to maintain a healthy weight.

Keep food safe to prevent foodborne illness. Follow the four basic food safety principles: Clean, Separate, Cook and Chill. Some foods should be avoided during pregnancy including foods that have not been pasteurized, such as raw milk or cheese made from raw milk.

There is no safe level of alcohol consumption during pregnancy.

Talk to your health care provider about taking a prenatal vitamin; problems with nausea, vomiting, heartburn, indigestion, and constipation; your weight gain; and dietary supplements, alcohol, prescription and over-the-counter medications, illegal drugs and smoking.

The WIC Program provides services to pregnant women, new mothers, infants and children up to their 5th birthday based on nutritional risk and income eligibility. WIC services include medical/nutritional screening, nutrition education and counseling, assistance with breastfeeding, referrals to other programs, and checks to buy nutritious foods to supplement the diets of eligible women, infants and children.

Refer to the map at http://health.mo.gov/wic for the WIC location nearest you or call TEL-LINK at 800-TEL-LINK (800-835-5465).
Pregnancy and Oral Health

Good oral health habits not only help prevent oral problems during pregnancy, but also affect the health of your unborn child. Your baby’s teeth begin to develop between the third and sixth month of pregnancy, so it is important that you receive sufficient amounts of nutrients – especially calcium, protein, phosphorous, and vitamins A, C and D.

During pregnancy your body’s hormone levels rise considerably. Gingivitis, especially common during the second to eighth months of pregnancy, may cause red, puffy or tender gums that bleed when brushing your teeth. This sensitivity is an exaggerated response to plaque and is caused by an increased level of progesterone in your system. Your dentist may recommend more frequent cleanings during your second and early third trimesters.

Brushing twice a day and flossing once is especially important to keep up your routine, as poor habits during pregnancy have been associated with premature delivery, intrauterine growth restriction, gestational diabetes and preclampsia. Gum disease (Periodontitis) may be associated with preterm birth and low birth weight.

Getting a checkup during pregnancy is safe and important for your dental health. Not only can you take care of cleanings and procedures like cavity fillings before your baby is born, but your dentist can help you with any pregnancy-related dental symptoms you might be experiencing.

To prevent tooth decay and periodontal disease, brush your teeth thoroughly twice a day with fluoride toothpaste to remove plaque. Floss between teeth daily.
Gestational Diabetes

When a woman’s blood sugar gets high during pregnancy it is called Gestational Diabetes Mellitus (GDM). Gestational Diabetes Mellitus usually is found during weeks 24 to 28 of pregnancy. When a pregnant woman has GDM her body cannot use the sugars and starches that she takes in as food to make energy. As a result there is extra sugar in her blood. Many women have no symptoms, but some may notice frequent urination (which is common during pregnancy), or an increased thirst or hunger. Any pregnant woman can develop gestational diabetes, but those with the highest risk include women who:

- Have a family history of diabetes
- Have had gestational diabetes before
- Are overweight or obese
- Are Hispanic
- Are African-American
- Are Native American
- Are Alaskan Native
- Are Asian

GDM that is not controlled can cause your baby to be very large (more than 9 pounds), which can cause complications during a vaginal delivery, unstable blood sugar after delivery and/or an increased risk of becoming overweight or obese during childhood or adolescence. Having a large baby might require a C-section or it may take longer to recover following childbirth. Women with GDM can also develop preeclampsia (see page 25) and sometimes after delivery the Diabetes comes back as Type 2 Diabetes.
Gestational Diabetes

It is important during pregnancy to keep your blood sugar under control:

• See your health care provider regularly (this can help to catch problems early).

• Eat healthy food and stay active. Work with a dietician or diabetes educator to develop a meal plan and learn what to eat to keep your blood sugar under control.

• Stay active. Exercise regularly before, during and after pregnancy. A brisk walk, 30 minutes a day, 5 days a week, is a good goal if it is all right with your health care provider.

• Follow your health care provider’s advice and take your medicines as prescribed.

• Monitor your blood sugar often as directed by your health care provider and any time you have symptoms. Know what blood sugar levels mean.

• Treat low blood sugar quickly. Always carry with you a quick source of sugar like hard candy or glucose tablets. Wear a medical alert Diabetes bracelet.

Gestational Diabetes goes away after pregnancy, but sometimes Type 2 Diabetes stays. Make sure to see your health care provider for your six week postpartum checkup and have a follow-up blood sugar testing. Have regular checkups and get your blood sugar checked by your health care provider every year.

Eating healthy, losing weight and exercising regularly can help you delay or prevent Type 2 Diabetes in the future. Talk with your health care provider to learn more.
Baby’s Kick Counts

Healthy babies are generally active and your baby’s activity can help you know how your baby is doing. Although unborn babies sleep for short periods, they also kick, roll, twist and turn. You will usually feel at least 10 movements from a healthy baby within two hours.

Moms generally begin to feel their baby’s movement between 18 to 25 weeks into their pregnancy, although for several weeks first time moms may not be sure what they are feeling. Health care providers usually recommend that moms begin counting their baby’s movements around the seventh month, or at about 28 weeks of pregnancy. If you pay attention to your baby’s movements, you will learn when your baby is most active and what situations seem to increase your baby’s activity.

There are different ways to count your baby’s movements (baby kick counts), but begin by getting into a comfortable position and choosing a time of day when your baby is usually active. Record the date and time you begin counting your baby’s movements and continue counting until your baby has moved 10 times. Record the time after your baby has moved 10 times. If you cannot feel movement, try to wake the baby by drinking a glass of juice or walking around for several minutes. Call your health care provider if your baby has not moved 10 times in two hours or if there is a significant decrease in your baby’s activity.

You can use the following chart to record your baby’s movements. The first entry is an example for you to follow.

<table>
<thead>
<tr>
<th>Day and Date</th>
<th>Sunday 6/26</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Time</td>
<td>7:30 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop Time</td>
<td>8:10 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Minutes</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prenatal Classes

Prenatal classes include classes that teach expectant parents about topics such as childbirth, breastfeeding, parenting, sibling preparation, infant massage, infant cardiopulmonary resuscitation (CPR) and hospital or birthing center tours. Prenatal classes are a great way to help prepare expectant parents for labor, birth and newborn care. The knowledge obtained through these classes can also help parents to better communicate with their health care providers.

Childbirth classes vary in approach, however they typically provide parents with education on labor, delivery, and postpartum issues along with non-medication alternatives to managing pain during childbirth such as relaxation and breathing. Most expectant parents start childbirth classes when the mother is about seven months pregnant. The expectant mother should choose a support person to attend classes with her, such as the baby’s father or someone else who will be able to give support during labor and delivery.

In addition to childbirth classes, specialty classes such as breastfeeding, sibling preparation or infant CPR are often available at hospitals or birthing centers. Expectant parents should contact their health care provider or birthing place for more information on classes offered.

If a tour of the hospital or birthing center is not included in the prenatal classes, it is a good idea to call the hospital or birthing center to arrange for a visit. Questions that expectant parents may want to ask during this visit are:

• Will I be able to labor and give birth in the same room?
• How many people will be allowed with me in the delivery room?
• Are siblings allowed in the delivery room?
• What is the visitation policy?
Breastfeeding: A Mother’s Gift

Breastfeeding is one of the best gifts you can give your baby. Breast milk is the perfect food for your baby; it is easily digested and will meet your baby’s changing needs. The American Academy of Pediatrics (AAP) recommends babies receive only breast milk until they are 6 months old. No additional food or fluids are necessary. The AAP also recommends that breastfeeding should continue for at least a year or longer as is mutually desired by you and your baby.

Breast milk helps keep your baby healthy by providing protection from illness and infection. Breastfed babies have fewer colds, ear infections, diarrhea and allergies. Since breast milk is so easily digested your baby will have less constipation and colic. There is also less chance your baby will become overweight later in life. Breastfeeding along with safe sleep practices reduces the risk of Sudden Infant Death Syndrome (SIDS).

Breastfeeding helps you bond with your baby. Holding your baby close to your chest with skin-to-skin contact will help your baby feel secure and will make breastfeeding easier. By keeping your baby close, you will better understand what your baby needs. This is a good time to relax and get to know your new baby.

Breastfeeding is also good for moms! It helps you recover faster after delivery and can help you lose the weight gained during pregnancy. It can help keep your bones strong and can reduce your risk of breast, uterine and ovarian cancer. Breast milk is available anytime, anywhere and is free, which makes traveling with your baby easier. This also makes nighttime feedings easier. Dirty diapers will not smell as bad and spit-up will not stain clothing. Breastfeeding is great for the environment. There is no need for bottles, nipples or packaging and nothing needs to be washed or heated.

Ask your health care provider about a vitamin D supplement for your breastfed baby. Breastfeeding is the best gift you can give yourself and your baby! (See pages 91 to 92.)
Breastfeeding Plan

It is important to talk to your partner and doctor before delivery about your decision to breastfeed. Below are things you should discuss so your family and health care provider understand your ideal hospital experience and feeding goals.

Tell your health care provider you want to:

• Initiate breastfeeding within the first hour after birth and not force your baby to nurse if they are not showing signs of readiness.

• Have your baby put skin-to-skin immediately after birth. Throughout your stay in the hospital keep your baby skin-to-skin as much as possible. This keeps your baby warm and secure.

• Exclusively breastfeed and to not give your baby any formula without speaking to you or your partner first.

• Provide only breast milk because it protects your milk supply and gives you and your baby time to learn how to breastfeed.

• Room in with your baby. By keeping your baby in your room throughout the day and night you will learn to know your baby’s signs of hunger.

• Feed on demand. When your baby roots, makes sucking sounds or puts fist to mouth, this is your signal to feed your baby.

• Receive breastfeeding assistance when needed. Hospital staff should be able to help you identify a good latch and how to make corrections.

• Receive contact information for breastfeeding support in case you need help after you leave the hospital.
Getting Started on Successful Breastfeeding

To get off to a good start with breastfeeding, keep your baby skin-to-skin and nurse within the first hour after delivery. The first milk your body makes is called colostrum. It is a thick yellow fluid that protects your baby from illness. Within days you will see your milk become more thin and watery. As your breast milk changes, so does the color of your baby’s stool. The first few days your baby’s stool will be black, thick and sticky, but by 5 days of age your baby’s stool should be watery and mustard or yellow in color. By day 6 you should see six or more wet diapers and two to five loose yellow stools per day.

Babies should be fed whenever they show signs of hunger, such as sucking sounds or putting their fist to their mouth. Nurse your baby 8 to 12 times per 24 hour period. It is normal for your baby to lose a few ounces after delivery, but she should stop losing weight once your milk supply increases. Your baby should be back to birth weight by 10 to 14 days after birth. Wake your baby at night if she sleeps longer than four hours at a time during the first two weeks. This is important for establishing a good milk supply and helps your baby gain the weight they lost after birth. The more you nurse, the more milk you will make.

Let your baby show you how long to breastfeed. Once your baby has fed well on one breast and stops or lets go, burp your baby and then offer the other breast to see if she is still hungry. You should hear or see your baby swallow while nursing. Breastfeeding should not hurt. If you are feeling any discomfort, seek help.

When holding your baby to feed, sit or lie in a comfortable position using pillows to support your arms or your body as needed. Lean back and position your baby so that she is facing you. Your baby’s head should not be turned. Sitting in a semi-reclined position can be more comfortable. Place your baby’s tummy on your body and allow gravity to bring the baby close. Support your breast if needed. In a semi-reclined position you may find holding your breast is not necessary. Hold your baby close to prevent pulling of the breast. Break the suction with your finger before removing your baby from the breast.

If you have any concerns or questions about breastfeeding your baby, contact your health care provider or a lactation consultant immediately. Remember your breast milk is all your baby needs until she is around 6 months of age.
Why Scheduling an Early Birth Can Be a Problem

Experts are learning that scheduling an early birth for non-medical reasons can cause problems for both mother and baby. The American College of Obstetricians and Gynecologists and other obstetric groups advise that you not have an elective Cesarean section (C-section) or induction unless it is medically indicated before 39 weeks gestation.⁴ Why, you may ask:

• Your due date might not be exactly right. Sometimes it’s hard to know just when you got pregnant. If you schedule to induce labor or have a C-section too early your baby may have problems.

• Inducing labor too early may not work. Your uterus may not be ready for induction and your baby may not be mature enough to be born. When this happens you may require a C-section.

• Babies that are born early, between 34 to 36 weeks, are known as “late preterm.” These babies may seem healthy at first and may be significantly larger than premature infants; however, they can have breathing problems, jaundice, feeding difficulties, low blood sugar, unstable body temperatures and other medical conditions. Clinical evidence shows that an unborn baby will have a significant amount of development and growth in key organ systems between 37 to 39 weeks. The lungs and the brain are the last organs to fully mature. Your baby’s brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks. Because your baby is born before these important weeks, your infant may have significant medical consequences and have additional needs you had not expected.

• It is often said that “good things come to those who wait.” This is especially true for infants. Every week in the womb makes a big difference in a child’s development and health.
Preparing for Your Infant’s Safety

Nothing is more important than keeping your baby safe. Babies can spend as many as 16 hours a day sleeping. Sleeping babies have died accidentally from suffocation due to smothering, wedging, being trapped under someone in a place not meant for infants to sleep and from Sudden Infant Death Syndrome (SIDS). The safest place for your baby to sleep is ALONE, ON HIS BACK, IN A CRIB. Infant deaths can be prevented by reducing the risk of SIDS and providing a safe sleep environment.

• To keep children safe while sleeping, the American Academy of Pediatrics (AAP) recommends you place your baby to sleep on his back every time you place him to sleep, both at night and at nap time.

• Use a firm mattress and safety approved crib, bassinet, cradle or pack and play; do not place your baby on a soft mattress, waterbed, couch, chair, pillow, comforter or adult bed. DO NOT SLEEP WITH YOUR BABY!

• Remove all loose bedding, blankets and toys from the sleep area and use a fitted bottom sheet. Dress the infant in a sleep sack or a footed sleeper for the infant's comfort.

• To reduce the risk of SIDS, a pacifier can be used when placing your infant down to sleep, but not reinserted once he falls asleep. Breastfeeding mothers should wait approximately one month or until breastfeeding is successfully established before introducing a pacifier.

Make sure others who care for your baby know about safe sleep.

Smoking during pregnancy or exposing infants to secondhand smoke puts them at a greater risk for SIDS.

It is also very important for your baby to have tummy time while he’s awake. This helps to strengthen the upper body muscles.

For additional information on safe sleep for your baby contact the Missouri Department of Health and Senior Services at 800-877-6246. For information on crib safety, including which cribs are safe, contact the U.S. Consumer Product Safety Commission at 800-638-2772 or http://www.cpsc.gov/safety-education/safety-education-centers/cribs.
More About Infant’s Safety

Safe Cribs for Missouri
The “Safe Cribs for Missouri” program provides portable cribs with bassinets on an individual basis to any Missouri resident who is pregnant or has a baby under 3 months old, meets income eligibility guidelines and has no other resources for obtaining a crib. The individual must agree to participate in two educational sessions on safe sleep practices; one when the crib is delivered either at the local public health agency or in the home and one six weeks after the crib is delivered or after the baby is born. The program is administered through local public health agencies who have chosen to become providers. For information contact the local public health agency in your county or call the Missouri Department of Health and Senior Services, Bureau of Genetics and Healthy Childhood at 800-877-6246.

Infant Car Seat Safety
Missouri law requires children under the age of eight to be properly restrained in a motor vehicle. Infants from birth to at least age 2 should ride in a rear-facing child safety seat in the back seat of a vehicle. Keep your baby rear-facing as long as possible, or at least until she reaches the top height or weight limit allowed by your car seat’s manufacturer. This position supports the baby’s head and neck and reduces the risk of serious spinal injuries in a crash. Follow all directions for your child safety seat and your vehicle to be certain the seat is installed correctly. Have the seat checked by a certified child passenger safety technician to make sure it is being used properly.

Premature babies may require special care when riding in a vehicle. Some premature infants have trouble sitting up, which could cause problems with their breathing and heart rate. Premature babies will be observed in their safety seat by trained hospital staff before they go home to make sure there are no safety concerns. If the baby’s chin flops forward, this could block breathing. Babies who cannot sit safely in a car seat need to use a car bed made for babies who must lie flat until they can safely sit up.
Home Child Safety Checklist

- Use a firm mattress and a fitted crib sheet for your baby’s crib. Keep cribs clear of toys and soft bedding.
- Don’t leave your baby unattended in the tub or near sinks, toilets, buckets and containers filled with water.
- Set the temperature of your water heater at 120 degrees Fahrenheit.
- Make sure there are working smoke alarms and carbon monoxide alarms on every level of your home. Test the batteries every month.
- Use approved safety gates at the top and bottom of stairs and attach them to the wall if possible.
- Properly install window guards or stops to help prevent falls from windows.
- Keep these out of reach: electrical cords, frayed or damaged cords, uncovered outlets, plastic bags, matches, lighters, candles, fireplaces, space heaters, irons, guns, and small objects (like jewelry, buttons, pins, paper clips, nails, stones, etc.).
- Lock up medications, vitamins, cleaning products, pet food, alcohol, poisonous plants, and chemicals (like paint, gasoline, etc.).
- Mount flat panel TVs to the wall; place large, box-style TVs on a low, stable piece of furniture.
- Use brackets, braces or wall straps to secure unstable or top-heavy furniture to the wall.
- Keep all guns in the home unloaded and locked up at all times. Store the bullets in a separate place. Hide the keys to any locked firearms.
- Know what to do in an emergency. Learn CPR and the Heimlich maneuver for choking.
- Buy only used products that meet the Consumer Product Safety Commission (CPSC) and Juvenile Products Manufacturers Association (JPMA) safety standards. Follow all manufacturers’ instructions when setting up and using a product.
- Place emergency numbers and the Missouri Poison Center emergency phone number 800-222-1222 by every phone and in your cell phone contact.
Foodborne illness affects millions of individuals in the United States each year. You and your growing baby are at high risk for some foodborne illnesses. During pregnancy your immune system is weakened, which makes it harder for your body to fight off harmful foodborne microorganisms. Your unborn baby's immune system is not developed enough to fight off harmful foodborne microorganisms. For both mother and baby, foodborne organisms such as Listeria and E. coli can cause serious health problems or even death.

Tips for protecting yourself and your baby from foodborne illness:

• Wash hands and surfaces often. When preparing food, wash hands thoroughly by scrubbing them with soap and warm water for 15 seconds. Keep food preparation surfaces clean as well, by washing with warm soapy water.
• Wash fruits and vegetables in running water before eating them.
• Cook raw meats thoroughly (165 degrees Fahrenheit is fully cooked for all meats).
• Do not drink raw milk or consume products made from raw milk.
• Keep hot foods hot (over 135 degrees Fahrenheit) and cold foods cold (below 41 degrees).
• Store raw meats and eggs on the bottom shelf of your refrigerator. Store ready to eat foods on the upper shelf.
• Breastfeed. If you use formula, prepare only enough formula for one feeding at a time and give it to your baby right away. Discard any leftovers.
• Additional information on food safety and current food recalls can be found at [http://health.mo.gov/foodsafety](http://health.mo.gov/foodsafety).
**Cat and Mouse - It’s not a Game!**

**Toxoplasmosis during Pregnancy**

Some daily chores can be unsafe during pregnancy, like handling dirty cat litter, which may contain a parasite called Toxoplasma. Your cat can get it by eating rodents, birds or other small animals. Once your cat is infected, the parasite can pass through the feces and make people sick. Handling feces without gloves is a threat to the health of your developing baby and can cause blindness, mental disability and eye or brain damage.

You do not have to get rid of your cat if you are pregnant! To be safe, follow the simple tips below:

- Clean the litter box daily. If possible, have someone else do this or wear gloves and then wash hands with soap and water.
- Keep your cat inside to reduce contact with rodents, birds and other small animals.
- Wear gloves and wash hands if you are gardening or touching soil, which may be contaminated with the parasite from other cats, rodents or birds in the area.

**Lymphocytic Choriomeningitis Virus during Pregnancy**

Lymphocytic choriomeningitis virus (LCMV) is a virus that can be spread from rodents to people through contact with rodent feces or urine. Rodents may be wild rodents or pets, like hamsters or guinea pigs. The virus can also be passed through saliva (bites) or dust from bedding or nesting materials. Pregnant women should not have contact with any rodents. LCMV infection during pregnancy can cause severe birth defects or miscarriage of the baby. To reduce risk of LCMV infection, you should:

- Call a pest company to get rid of wild rodents that may be in your home.
- Do not dry sweep or vacuum droppings. Use a mild bleach solution to wet droppings and area and remove with towel/mop.
- Pregnant women should not clean up droppings and should wash hands right away after touching any rodent.
- Have a family member or friend take care of your pet rodents, ideally outside of your home.
Avoiding Insect and Animal Bites

Lots of families enjoy spending time outside in warm weather with their pets. Several serious diseases can be contracted while outdoors, but there are easy things you can do to protect your family! Read the tips below to learn more.

Avoiding Insect Bites
Insects, like ticks and mosquitoes, can carry many diseases that make people sick. These insects are found in the woods and in your own backyard! To make sure your family is safe when outside, you should:

- Use an insect repellent that is approved for use against ticks and mosquitoes. Many products, such as DEET, are safe to use on young children.
- Always read label instructions before using repellent.
- Do tick checks on the whole family, including pets! If you find ticks, remove immediately and wash the area.
- If pregnant and traveling, be aware of insect-borne diseases such as Zika virus. Travel health notices can be viewed at http://wwwnc.cdc.gov/travel/notices.

Avoiding Animal Bites
Animal bites are a concern for families with children. Most animal bites involve small children. One of the main risks of animal bites is the spread of rabies virus, mostly by contact with saliva of an infected animal. The virus attacks the central nervous system (like the brain) and can be deadly if not treated quickly. Most animals that are sick with rabies are wild, but people can be exposed to rabies through their pet cat or dog. To reduce the risks of rabies virus, follow these tips:

- Have a veterinarian vaccinate your pet against rabies.
- Avoid contact with stray animals, wildlife and dead animals.
- Do not leave pets outside alone.

For more information, contact your local public health agency or the DHSS Office of Veterinary Public Health at 573-526-4780.
Tobacco Use During Pregnancy and Beyond

- **Smoking during Pregnancy** - If you smoke or use tobacco while you are pregnant, it is important to stop. Maybe your mom smoked and says you turned out just fine. Sometimes the harm is not obvious. Smoking during pregnancy can cause many problems like losing the baby, low birth weight, premature birth and birth defects like cleft palate. It may cause Attention Deficit Hyperactivity Disorder (ADHD) or learning problems. A baby born early or too small is less healthy and has weaker lungs. Smoking while pregnant can increase your baby’s risk of SIDS after birth.

- **Secondhand and Thirdhand Smoke** - Other people’s smoking also harms the baby, before and after birth. After birth, secondhand smoke can cause SIDS. It can result in ear infections and asthma. Thirdhand smoke is the smoke left on clothes, furniture and carpet. It also is harmful and can be absorbed by babies and toddlers through their skin.

- **Breastfeeding** - Breastfeeding is best for your baby. When a mother smokes, some nicotine gets into the baby through the breast milk. However, experts say overall it is healthier for the baby to be breastfed, even if the mother smokes.

- **E-cigarettes (Vaping)** - Science has not proved that e-cigarettes are safe to use or help to quit smoking. There is even more reason not to vape while pregnant. E-cigarettes contain nicotine, which harms unborn babies. E-juice (refill liquid for e-cigarettes) is poison to babies, toddlers and children if they swallow it or even get it on their skin.

- **How to Quit** - You can quit smoking or using tobacco. There is help available. See your health care provider for suggestions on how to quit and which medicines are safe to use while pregnant. There may be classes for quitting in your town. Websites for quitting also help. The Quitline offers free coaching on the phone or online, with extra calls for pregnant smokers. Their number is 800-QUIT-NOW (800-784-8669) and their website is www.quitnow.net/missouri.

- **Stay Tobacco Free** - Plan to stay tobacco free after the baby is born. This protects both the baby and your health. If you can quit when you are pregnant, you can quit for good!
If you are pregnant or planning for pregnancy, it is important to do everything possible to keep your unborn baby safe and healthy. Avoid behaviors such as alcohol, drug, and other substance use that can harm your baby and result in stillbirth, miscarriage, birth defects, developmental disabilities, and behavior and emotional problems.

**Alcohol** - There is no safe amount, no safe time, and no safe type of alcohol during pregnancy and after birth. All alcohol can harm the unborn baby and cause lifelong disabilities. When a woman drinks during pregnancy, her unborn baby is exposed to the same amount of alcohol, and for a longer period of time. Fetal alcohol spectrum disorders (FASD) include the range of effects that can occur in a baby whose mother used alcohol during pregnancy and fetal alcohol syndrome (FAS) is the most severe type of FASD. The effects of maternal drinking are completely preventable, so take care of your baby and don’t drink alcohol.

**Illegal Drugs** - Drugs used by a mother during pregnancy can also be harmful to her unborn baby. There is no time at which drug exposure can be considered safe or healthy. The health of the drug-affected infant depends on the types and amounts of drugs used by the mother during pregnancy. After birth, when the infant is no longer exposed to the drug(s), he or she may experience withdrawal symptoms such as fever, sweating, diarrhea, vomiting, uncontrollable tremors and seizures. Some effects may be temporary and others may continue throughout the child’s life, affecting physical, emotional, social and educational development.

**Prescription and Over-the-Counter Drugs** - Do not take any drug without asking your health care provider. Many common problems during pregnancy can be treated without drugs. Rest when tired, relieve stress with a walk and fresh air, pay attention to proper nutrition.

It is never too late to stop using alcohol or drugs. There are many different ways to stop and many support groups to help. Increase the chances of having a healthy baby by getting help right away. Contact your health care provider or call TEL-LINK at 800-TEL-LINK (800-835-5465).
HIV/STIs and Pregnant Women

Pregnant women with a sexually transmitted infection (STI), human immunodeficiency virus (HIV) or hepatitis are at an increased risk for many pregnancy complications, which may include premature labor and delivery, premature rupture of membranes and post delivery uterine infection. Unborn babies exposed to HIV/STIs, especially syphilis, are at an increased risk for birth defects. The effects on the unborn baby and newborn vary widely. HIV/STIs and hepatitis can be transmitted to the baby during delivery, so even if the baby was not affected during pregnancy, there is a risk for acquiring the infection and all the accompanying health problems during a vaginal delivery.

Congenital syphilis is a particularly severe, disabling and often life threatening infection that is passed from a mother to her baby in the womb or at birth. Nearly half of all babies infected with syphilis while they are in the womb die shortly before or after birth. The baby’s risk of getting syphilis is significantly reduced if the mother receives treatment during pregnancy.

Hepatitis B can be passed from a mother to her baby before or during birth. Babies infected with hepatitis B have a 90 percent chance of developing chronic liver disease and premature death. If a mother is hepatitis B positive, to decrease the risk of infection, it is recommended that the baby receive both the hepatitis B vaccine and hepatitis B immunoglobulin (HBIG) within 12 hours of birth.

If you think you are at risk, talk to your health care provider about getting tested, since most providers do not routinely perform these tests. Some risk factors for HIV/STIs and hepatitis include unprotected sex, especially if you have multiple partners; current or previous history of STIs; current or previous drug use, especially with shared needles, syringes or other drug equipment; and other household members with STIs. For additional information visit www.cdc.gov.
Anyone can be affected by intimate partner violence regardless of age, culture, religious affiliation or socioeconomic status. Intimate partner violence is when one person in a relationship purposely hurts another person physically or emotionally, ranging from one episode that might or might not have lasting impact to constant and severe episodes over a period of years. Intimate partner violence includes:

- Physical abuse like hitting, shoving, kicking, biting or throwing things
- Emotional abuse like yelling, controlling what you do, or threatening to cause serious problems for you
- Sexual abuse like forcing you to do something sexual you do not want to do

Experiencing any type of intimate partner violence can affect your pregnancy and/or children in your home. If you are being abused, tell someone you trust - doctor, spiritual leader, family member, friend or co-worker. The longer the abuse goes on, the more damage it can cause. You are not alone, and there are people who will believe you and want to help.

Call the National Domestic Violence Hotline at 800-799-SAFE (800-799-7233) or 800-787-3224 (TDD). The hotline offers help 24 hours a day, every day of the year. Hotline staff can provide phone numbers of local shelters and other resources.

If you are in immediate danger, call 911. Police can arrest the abuser and take you and your children to a safe place.
Programs to Assist You Through Your Pregnancy and Beyond

Maternal and Child Home Visiting
The Missouri Department of Health and Senior Services currently provides home visiting services targeting the maternal-child population. The programs serve pregnant and parenting mothers and their children through age 5 of the targeted child based on the model requirements.

For program-specific information, please visit http://health.mo.gov/homevisiting.

Alternatives to Abortion
The Alternatives to Abortion Program is designed to assist women in carrying their unborn child to term instead of having an abortion, and to assist them in caring for their child or placing their child for adoption. Services are available during pregnancy and for one year following birth. The goals of the program are to reduce abortions and improve pregnancy outcomes; improve child health and development; and improve families’ economic self-sufficiency by helping parents develop a vision for their own future, continue their education and find jobs.

The program is available to women who are Missouri residents and who are at or below 200 percent of federal poverty level based on personal or family income. These women choose to carry their child to term instead of having an abortion. For additional information on the program go to http://oa.mo.gov/co/ata/index.htm. The program provides:

- Prenatal (ultrasound services), medical and mental health care services
- Drug and alcohol testing and treatment
- Newborn and infant care including child care and transportation
- Parenting skills and educational services
- Food, clothing (related to pregnancy), housing and utility assistance
- Job training and placement
- Adoption assistance and other services related to case management
Congratulations, your baby is about to arrive! The following pages of Pregnancy and Beyond will cover your baby’s birth, your hospital stay, mom’s postpartum visit and some final considerations prior to the Infant’s Section of the book. Enjoy this time with your baby, welcoming your family’s newest member and preparing for the important events that accompany a new birth.
Labor and Delivery

Hours of Labor _________________________ Total Weeks of Pregnancy at Delivery ____________________________

Date of Delivery _________________________ Time of Delivery ____________________________ a.m./p.m.

Gender _____ Boy  ____ Girl  ( ____ single ____ twin ____ more)

Birth Weight _____ lbs ____ oz  Length __________________ inches ____________ centimeters

Birth Weight ____________ grams  Head Circumference ____________________________ centimeters

Place of Delivery ________________________________________________________________

Person Who Delivered Baby _____________________________________________________________

Method of Delivery _____ Vaginal _____ Cesarean Section

Complications of Labor or Delivery _______________________________________________________

People Present at the Delivery

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Baby Put to Breast at _________________ a.m./p.m.

Ask to have your baby put to your breast right away, within one hour of delivery if possible.
My name is ______________________________. I’m a ____________________.

I was born on _________________________ the _____ of ______________ 20______ at _______ a.m. _________ p.m. (day of week)
at ___________________________________________________________________________________________ (place).

I weighed _______ pounds _______ ounces or _______ grams and was ______________ inches/centimeters long when born.

My hair color was _________________________________ and my eyes were ____________________________________.

Vitamin K  Yes _____  No _____  Date ____________  Time ____________

The American Academy of Pediatrics recommends that all newborns be given an injection of vitamin K at birth to help blood clot. This prevents a rare problem of bleeding into the brain after the first week of life that is called vitamin K deficiency bleeding.

Eye drops  Yes _____  No _____  Date ____________  Time ____________

All newborns are routinely given an antibiotic eye drop or ointment at birth. This is a public health measure, supported by Missouri law, to prevent babies from getting serious infections.
Tests and Condition of the Baby at Hospital

<table>
<thead>
<tr>
<th>Age (hours, days, weeks)</th>
<th>Weight lbs oz or grams</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Test/Procedure</th>
<th>Month/Day/Year</th>
<th>Name of Health Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn Health Examination</td>
<td><strong><em><strong>/</strong></em>/</strong>____</td>
<td>__________________________</td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td><strong><em><strong>/</strong></em>/</strong>____</td>
<td>__________________________</td>
</tr>
<tr>
<td>Newborn Blood Spot Screen</td>
<td><strong><em><strong>/</strong></em>/</strong>____</td>
<td>__________________________</td>
</tr>
<tr>
<td>Newborn Hearing Screening</td>
<td><strong><em><strong>/</strong></em>/</strong>____</td>
<td>__________________________</td>
</tr>
<tr>
<td>Circumcision (if done)</td>
<td><strong><em><strong>/</strong></em>/</strong>____</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Jaundice  Yes ____  No ____  Special Instructions _______________________________________________________

Breastfeeding Assessment and Guidance ________________________________________________________________

Who to Call for Breastfeeding Help _________________________________________________________________

Other Instructions From Health Care Providers _______________________________________________________

Baby Sleeping on Back _________________________________________________________________

Child Safety Seat Instructions _________________________________________________________________

First Well-Child Appointment _____/____/______ _____ a.m./p.m.
During the first 24 hours after birth, the baby’s health care provider will give your baby a complete physical exam.

Start breastfeeding your baby soon after delivery, within the first hour if possible. The thick yellow fluid that your breasts make after delivery is called colostrum. (See pages 52 to 54.)

Newborns usually receive the Hepatitis B immunization before baby and mother leave the hospital. For more information visit http://health.mo.gov/immunizations.

If circumcision is not done on your son, simply wash his uncircumcised penis with soap and water during each bath. If you have any concerns, please contact your baby’s health care provider.

Most hospitals and the AAP recommend that your newborn infant be checked for signs of jaundice whenever a routine medical exam is done and for at least 8 to 12 hours while in the hospital. Treatment of infant jaundice is often not necessary and in most cases babies will respond well to noninvasive therapy.

A newborn’s umbilical cord stump typically falls off within 14 days after birth. In the meantime, treat your baby’s stump gently.

Many newborns have asymmetrical heads due to their head molding unevenly while passing through the birth canal. The head shape will even out on its own. If you are concerned about your baby’s head shape, consult your baby’s health care provider.

If you have a premature baby, understand the challenges of your premature baby. For more information please consult your baby’s health care provider.
Newborn Hearing Screening Program

Newborn hearing screening is a test to determine possible hearing loss. In Missouri all babies are screened for hearing loss prior to leaving the hospital. If your baby was not born in a hospital, be sure to have the hearing tested in the first month of life.

A newborn’s hearing can be screened using one of two quick, painless and risk-free methods:

**OAE:** The *Otoacoustic Emissions* test is done by placing tiny microphones in your baby’s outer ear canal and measuring the response or echo to soft noises played into the ear.

**ABR:** The *Auditory Brainstem Response* test is done by placing band-aid-like electrodes on your baby’s scalp and measuring brain waves made in response to sounds played into the ear.

Some babies may need another screening because:

- The baby has fluid in the ear.
- The baby moved a lot during the test.
- The testing room was noisy.
- The baby has a hearing loss.

**What if my baby does not pass the hearing screening?**

If your baby does not pass the hearing screening before you leave the hospital, be sure to make an appointment to have his hearing screened again or tested by an audiologist as soon as possible.

Remember that most babies who need another screening have normal hearing. Some will have hearing loss. It is important to find out.
Newborn Bloodspot Screening Program

Newborn screening refers to screenings performed on newborns after 24 hours of birth to protect them from the dangerous effects of disorders that otherwise may not be detected for several days, months or even years.

What is Newborn Bloodspot Screening?
All newborns born in Missouri are required to be screened for rare but serious medical conditions. Finding these disorders early in life has been known to prevent delays in the development of a baby’s body and brain. The disorders that your baby will be screened for are very rare. However, they are also very serious and can result in mental disabilities and/or death if not treated. Since many of these disorders are not generally noticeable at birth, the only way to find these disorders before permanent damage occurs is by newborn screening. Early treatment, such as a special diet or medication, will help your baby grow up as healthy as possible. In Missouri, a newborn is diagnosed every other day with one of the disorders found through the Newborn Bloodspot Screening Program.¹

How will my baby be screened?
A small sample of blood is collected from your baby’s heel shortly after birth and is then sent to the State Public Health Laboratory. The results of your baby’s blood screen will be given to your baby’s health care provider and the hospital where your baby was born. Sometimes, more than one newborn screen is needed. If an additional newborn screen is needed, you will be notified either by your baby’s health care provider, the hospital or staff from the Missouri Department of Health and Senior Services. If so, it is very important that you bring your baby back for a repeat newborn screen as soon as possible.

For a complete list of disorders screened visit http://health.mo.gov/newbornscreening.
Newborn Screening Sample Storage

Once the newborn screening test is done, the Missouri State Public Health Laboratory will store the remaining newborn screening sample for five years. The storage is secure. Missouri state law allows for the stored sample to be used for research. Your baby is not identified to the researcher in any way. The anonymous research may help improve methods for detecting illnesses. The research may also find better ways to test, treat and cure major childhood diseases. After five years, the rest of the newborn screening sample will be destroyed.

The law allows parents or legal guardians the option of not having their baby’s leftover newborn screening sample stored or studied. You may ask the State Laboratory to:

- Give the remaining newborn screening sample back to you.
- Destroy the newborn screening sample after the newborn tests are done.
- Store the extra newborn screening sample for five years, but to not release it for study.

Newborn Screening for Sickle Cell Disease

What do I need to know about Newborn Screening for Sickle Cell Disease?
Sickle Cell Disease (SCD) is one of the disorders that your baby will be tested for as a part of the newborn screening. This test determines if your newborn has SCD, sickle cell trait or another abnormal trait or disease condition.

What is Sickle Cell Disease?
Sickle cell disease is a group of inherited red blood cell disorders that block the normal flow of blood and oxygen to organs in the body. This can cause pain and other serious medical problems. Although sickle cell disease is present at birth, symptoms usually occur after 4 months of age. Children with SCD will need special medication and medical care all of their lives.

What is Sickle Cell Trait?
Sickle Cell Trait (SCT) is also known as being a carrier and occurs when a baby inherits a normal gene (A) from one parent and a sickle gene (S) from the other parent. SCT is not a disease and should not cause health problems for your baby. It is important for both parents to know if they are a “carrier” of a sickle gene so that they are aware of their risk of having children with SCD. If both parents have SCT, each baby has a 25 percent (or 1 in 4) chance of having SCD.

Who is Affected by Sickle Cell Trait?
Sickle Cell conditions are common among African-Americans and can also be found in people of Mediterranean, Middle Eastern, Indian and Central and South American descent. However, it is possible for a person of any race or nationality to have SCD or SCT.
Critical Congenital Heart Disease Screening

Beginning January 1, 2014, all babies born in Missouri are required to be screened for critical congenital heart disease. Critical congenital heart disease (CCHD) is the name given to specific congenital heart defects. These defects or abnormalities in the structures of the heart occur before birth, cause blood to flow in an abnormal pattern, and may lead to blockage of blood flow throughout the body. If left untreated, these defects can lead to death or can cause serious developmental delay.

CCHD screening is a simple bedside test to determine the baby’s pulse rate and the amount of oxygen in the baby’s blood. Low oxygen levels can be a sign of CCHD. The test is done using a machine called a pulse oximeter. The pulse oximeter is an infrared light sensor that is gently wrapped around the baby’s hand or foot. Light passing through the skin and tissues is read by the sensor to estimate the blood oxygen level. The test is painless, takes just a few minutes and is most likely to detect seven specific CCHDs.

If the results are “negative,” it means that the baby’s test results did not show signs of a CCHD. This type of screening test does not detect all CCHDs, so it is possible to still have a CCHD or other congenital heart defect with a negative screening result. If the results are “positive” (“fail” or out-of-range result), it means that the baby’s test results showed low levels of oxygen in the blood, which can be a sign of a CCHD. This does not always mean that the baby has a CCHD. It just means that more testing is needed.
Cord blood is obtained from the umbilical cord only after the birth of a healthy baby. Cord blood is rich in blood-forming cells that can be used in transplants for patients with leukemia, lymphoma and many other life-threatening diseases.

There are two types of banks that store cord blood – public and private. Public banks store donated cord blood for potential use by transplant patients. The blood is listed in a registry by its tissue type and the donor remains anonymous. If you give your child’s cord blood to a public bank, your donation may save a life, but you have no guarantee that you can retrieve the blood for use by your family later. There is no cost to donate your child’s cord blood to a public bank.

Private banks, also known as Family Banks, store cord blood with a link to the identity of the donor, so the family may retrieve it later if it is needed. The parents have custody of the cord blood until the child is an adult. The cord blood might someday be needed by the donor baby, but there is no evidence that a self-cord blood transplant would be preferred to treat leukemia, hemoglobinopathies (such as sickle cell disease) and immunodeficiencies, because most conditions that may be helped by cord blood stem cells are already present in the cord blood (for example, pre-leukemic changes). The baby’s cord blood could be used by a relative who is a close enough match to receive a transplant from the donor, typically a sibling. There is a fee to collect the cord blood at birth, process and store the cord blood and an annual fee to store the cord blood.

For more information about cord blood donation and a list of public and private banks visit http://health.mo.gov/living/families/genetics/cordblood/index.php.
Things to Do as You Leave the Hospital

What can I do to help?
The goal of the Missouri Department of Health and Senior Services’ Newborn Screening Program is to prevent serious health problems through early screening. What you can do to help:

• Before you leave the hospital, make sure your baby receives both the Bloodspot Screening and Hearing Screening.
• Let the hospital know the name of your baby’s health care provider.
• Leave a current phone number (yours, a relative, a neighbor or a friend) with the hospital and your health care provider to assure you can be contacted regarding the screening results.
• Ask your baby’s health care provider about the results of the newborn screening.


**“Baby Blues” and Postpartum Depression**

Many new moms get the “baby blues” the first few weeks after giving birth. As a new mom you may be very tired, cry, feel crabby and even have trouble sleeping. The change in your routine along with the additional responsibility of caring for a new baby, the stress of labor and delivery, and hormonal changes may be the cause. If you feel you have the blues do the following:

- Take care of yourself. Relax, stay home and rest. You just had a baby and that is a really big accomplishment.
- Take a relaxing shower or bath, do your nails, listen to music.
- Let friends and family help with errands and chores while you have fun getting to know your new baby.
- Eat small frequent meals at least every three hours and drink plenty of water. Avoid sweet drinks and sugary foods.
- Limit visitors. If they come, they should wait on you; don’t try waiting on them.
- Take one day at a time.

For some new mothers the “baby blues” may last more than a few weeks and result in clinical depression. It is unknown why postpartum depression affects some women and not others. Postpartum depression can start any time during the first year after giving birth. If you have feelings of sadness or hopelessness, have trouble sleeping or want to sleep all the time, don’t feel like eating, feel confused or distracted, have feelings of not being a good mother, are anxious and get angry easily, have excessive concern or no concern at all for your new baby, are afraid you might harm yourself or your baby, or don’t want to see your family and friends, you might be experiencing postpartum depression. If you have any of these symptoms, contact your doctor or others and ask for help! With treatment and support you can overcome your depression.
Child Care Programs

One of the most important decisions you will make is the choice of which caregiver or child care center to trust to care for your child. As you decide, you should consider the types of child care programs available.

**Licensed Child Care** – Most home and center child care programs caring for more than four unrelated children are required to be licensed by the Missouri Department of Health and Senior Services, Section for Child Care Regulation (SCCR). Licensed facilities are required to have regular compliance monitoring inspections as well as fire and sanitation inspections. Background screenings are required for caregivers.

**License-Exempt Child Care** – Child care programs operated by religious organizations or operating as a part-day nursery school are required to follow health and safety requirements, but are exempt from following other licensing requirements such as staff/child ratio, discipline practices and staff training requirements.

**Unlicensed Child Care** – An individual caring for four or fewer unrelated children is not required to be licensed or follow state regulations. Some programs are exempt from licensing by statute, including schools, summer camps and others. Unlicensed programs are not inspected and no background screenings are required.

No matter which type of child care program you choose to care for your child while you are away, it is important to visit potential caregivers to determine if your child’s needs can be met.

For inspection and licensing information and/or to review a facility’s inspections, call SCCR at 573-751-2450.
Selecting a Child Care Program for Your Family

When choosing a child care program it is important to take time to visit with the child care program staff to determine if it will be a good fit for your family. Some important questions to consider:

- Does the program have written policies for topics such as discipline, emergency preparedness, payment and attendance?
- Does the provider/program staff have training for CPR/First Aid and are the latest recommendations for safe infant sleep followed?
- Has child care staff been screened for child abuse and neglect?
- What policies does the program have for the care of ill children?
- Can the child care program meet the unique needs of your child?

Assistance for locating child care options in your area is available by calling Child Care Aware® of Missouri at 866-892-3228 to speak with the child care program referral staff. You will be given a listing of programs available in your area based on your preselected criteria.

You may also complete a referral inquiry online at http://mo.childcareaware.org.

If you are seeking care for a child with special needs, the Inclusion Specialists at United 4 Children are available in your area for help. Inclusion Specialists work with families and programs to develop child care settings that are appropriate for children with diverse needs and abilities. http://united4children.org/including-children-with-special-needs.
## Postpartum Visit

**Examination Date** ______________________

<table>
<thead>
<tr>
<th>Your Examination</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Exam</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Uterus Exam</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>___ / ___</td>
<td></td>
</tr>
<tr>
<td>Pap Smear</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Blood Sample</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Episiotomy Exam</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Urine Sample</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Birth Control</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Follow-up blood sugar if you have</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>gestational diabetes during your pregnancy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Questions/Notes

Gestational diabetes can result in Type 2 Diabetes after pregnancy. Follow-up and treatment as necessary can prevent complications.
Things to know: Postpartum Visit

- Although you are breastfeeding and have not had your first period, it is still possible for you to become pregnant. It is important to prevent unintended closely spaced pregnancies. Consult your health care provider.
- Your body goes through many changes as you recover from being pregnant. These changes are different for every woman. Set up a routine for your baby’s care that includes plenty of rest. Try to sleep when your baby is sleeping.
- Continue to eat a healthy diet. Nutritious foods will help you regain strength and speed your recovery.
- It is not too early to begin planning for your next pregnancy. Your health care provider can provide information and counseling about timing your next pregnancy. Two to three years between births is generally best.
- It is normal to experience a vaginal flow during the postpartum period after delivery. This discharge is called lochia and consists of blood and tissue loss from the lining of the uterus. Each day you should have less discharge. Breastfeeding also releases hormones that help decrease this flow.
- Call your health care provider right away if you experience abnormally heavy bleeding, severe depression, persistent headache, chills, fever, pain or dizzy spells.

Questions to ask:

- What can I do about sore breasts?
- What are my options for birth control?
- What exercises can I do?
Planning for Good Health After Your Pregnancy

Having a baby was one of the most important decisions that you have ever made. Now that your pregnancy is over, you want to remain healthy so that if you choose to have another baby you will be in the best shape. A healthy baby starts with a healthy body.

Here are tips to being healthy between pregnancies and for the lifespan:

• Birth spacing refers to the time interval from one child’s birth date until the next child’s birth date. The World Health Organization (WHO) recommends waiting a minimum of at least 24 months before getting pregnant again for the well-being of the mother and her children. Practice safe sex. Fifty percent of pregnancies are unplanned.
• Hopefully you took 400 mcg of folic acid alone or in a multivitamin during your pregnancy. After the baby, keep taking folic acid to stay healthy for the rest of your life. Folic acid can help prevent osteoporosis, heart disease, cancer, Alzheimer’s disease and birth defects.
• If you quit smoking, good job! Stay tobacco free for your baby, your family and your own health.
• Drink alcohol in moderation. When you are considering pregnancy or have stopped contraception, quit drinking alcohol altogether.
• Continue to follow up with your health care provider if you have a medical condition such as diabetes, asthma, high blood pressure, epilepsy or a mental health condition.
• Keep a record of all medications you take including over-the-counter and herbal remedies.
• Stay healthy by eating smart and moving more. A well-balanced diet with fruits and vegetables helps.
• Continue annual visits with your obstetrician-gynecologist or health care provider for a well-woman exam. Have a pap smear as recommended by your health care provider.
• Begin breast self-examination at least monthly and have annual mammograms as recommended by your health care provider.
Record the dates when your baby did each of the following for the first time:

<table>
<thead>
<tr>
<th>Event</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Event</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smiled</td>
<td>_____</td>
<td>____</td>
<td>____</td>
<td>Slept through the night</td>
<td>_____</td>
<td>____</td>
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</tr>
<tr>
<td>Laughed</td>
<td>_____</td>
<td>____</td>
<td>____</td>
<td>Pulled to stand</td>
<td>_____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Looked toward sound</td>
<td>_____</td>
<td>____</td>
<td>____</td>
<td>Said “dada”</td>
<td>_____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Turned over from front to back*</td>
<td>_____</td>
<td>____</td>
<td>____</td>
<td>Said “mama”</td>
<td>_____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Turned over from back to front*</td>
<td>_____</td>
<td>____</td>
<td>____</td>
<td>Walked alone</td>
<td>_____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Held a toy</td>
<td>_____</td>
<td>____</td>
<td>____</td>
<td>First hair cut</td>
<td>_____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Sat up alone</td>
<td>_____</td>
<td>____</td>
<td>____</td>
<td>Drank from a cup</td>
<td>_____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>First word</td>
<td>_____</td>
<td>____</td>
<td>____</td>
<td>Crawled</td>
<td>_____</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Cut first tooth</td>
<td>_____</td>
<td>____</td>
<td>____</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>


*Always place baby to sleep on his back and supervise “tummy time” while awake.
Tips for Fathers

Congratulations Dad! Make a total commitment to be involved with your child from the start. Experience the satisfaction and fulfillment of taking an active role and making a difference in his or her life! You will be glad you did and so will your son or daughter.

Here are some tips to get you started:

• Put the needs of your child and his or her mom first when making decisions. Your commitment must be full time. Do the best you possibly can - your child needs your time, your attention and your love!
• Spend as much time as you can with your child. Play, laugh and have fun, be silly. Show your love with words, hugs, kisses and cuddling.
• Share chores, child care and doctors’ appointments with your child’s mother. When mom gets strong support from dad, the child is more likely to thrive, stay healthy and be well adjusted.
• Practice and become comfortable with your ability to nurture and care for your child – give baths, change diapers, help with dressing and feeding, read a bedtime story, sing or hum a song while rocking your child to sleep. Dads make a difference!
• As your child gets older, eat meals together, help with toileting, talk about things that happened during their day.

Be the best dad you can be! Experience the joys of fatherhood. Hear your child say his or her first words, “dada” and “mama;” watch your child take his or her first steps; dry tears and offer comfort; throw a ball and watch your child catch it! The rewards last a lifetime. Explore the resources on the next page for more tips.
**Fathers’ Support Center, St. Louis**, [www.fatherssupportcenter.org](http://www.fatherssupportcenter.org), 314-333-4170

Fathers’ Support Center provides comprehensive services to promote responsible fatherhood and strong family relationships. Programs positively impact fathers, their children and the community. Services include parenting, fatherhood skills, healthy relationship building, support, advocacy, personal responsibility, and employment development.

**National Fatherhood Initiative**, [www.fatherhood.org](http://www.fatherhood.org), 301-948-6776

National Fatherhood Initiative (NFI) strives to improve childhood outcomes by increasing the number of children with involved, responsible, and committed fathers in their lives. NFI provides fatherhood resources and training.

**National Center for Fathering**, [www.fathers.com](http://www.fathers.com). 800-593-DADS (3237)

The National Center for Fathering is an educational organization that seeks to improve the lives of children by encouraging fathers to be actively involved in their children’s lives. Sign up for Today’s Father Weekly to receive free weekly email tips, ideas and inspiration.

**Postpartum Support International, Resources for Dad**, [www.postpartum.net/get-help/resources-for-fathers](http://www.postpartum.net/get-help/resources-for-fathers), 800-944-4773

Postpartum Support International (PSI) provides fathers and postpartum partners support and guidance at no charge. This is a valuable resource for dads seeking information on early parenting choices, involved fathering and being a supportive partner.

**National Responsible Fatherhood Clearinghouse**, [www.fatherhood.gov](http://www.fatherhood.gov)

The National Responsible Fatherhood Clearinghouse offers resources and ideas to help fathers get and stay involved with their children.
Ways to Calm a Crying Baby

Learn to read baby’s signals
Listen for baby “words” that might give a clue about what a baby wants. A crying baby is hard to settle down. Crying can be a sign of a wet or dirty diaper, a late feeding cue or even a sign of pain or constipation. Review the simple things like the diaper or hunger first. It is much easier to feed an infant if you catch the feeding cues such as rousing, hand to mouth activity, mouthing, licking, and rooting early before the baby gets upset. Burp your baby during and after every feeding.

Try motion
Sometimes a change in the position is all that is required. Babies are used to the constant motion of floating in their mom’s uterus. Walking, rocking and swinging are soothing activities which may help to calm your baby. Sometimes a ride in the car may help.

Other techniques
Simply holding, cuddling and hearing your voice can stop crying. Gentle massage or patting can also help soothe your baby. There can never be too much skin-to-skin holding. It’s soothing for babies, moms and dads. Just remember to keep the environment safe and don’t fall asleep, roll over on the baby or drop him.

Do whatever you can to calm your baby, but NEVER, NEVER SHAKE YOUR BABY!
Shaken Baby Syndrome/Abusive Head Trauma

A normal healthy baby may cry up to five or more hours each day. Crying spells often peak when the baby is 6 to 8 weeks of age and then gradually decrease. Crying is the number one reason that a baby is shaken and injured. When your baby cries, check to see if she is hungry or needs a diaper change. If that doesn’t work, rock, walk or talk with her; go for a ride in the car; give her a warm bath; sing or play a recorded lullaby or other soothing music; but remember sometimes she may cry no matter what you do. If you think she is sick, you can call your health care provider.

If your baby’s crying is causing you frustration, put the baby in a safe place, such as a crib, and walk away. Have a plan. Sit down, leave the room, take a deep breath, do anything to calm yourself and then check on your baby. Shaking a baby can cause brain damage, blindness, spinal injuries and paralysis, seizures, severe learning or behavior problems, and even death. For more information or assistance contact your baby’s health care provider or go to the Children’s Trust Fund website to watch a video on Shaken Baby Syndrome at http://ctf4kids.org/never-shake-safe-sleep-for-your-baby-dvd.

To prevent your baby from being shaken by others be careful when choosing a caregiver for your baby. Make sure everyone who cares for your baby knows the dangers of shaking, and provide caregivers with permission to call you anytime they become frustrated.

For additional support contact the ParentLink Warmline at 800-552-8522 or if you think your baby has been shaken, take your baby to the nearest emergency room and call the Child Abuse Hotline at 800-392-3738.
Child Abuse and Neglect

Child maltreatment: Any action by a parent or other caregiver that causes harm, potential for harm or threat of harm to a child.

Physical abuse: The use of physical force, such as hitting, kicking, shaking or burning. Signs of physical abuse may include unexplained injuries, such as bruises, fractures or burns or injuries that don't match the explanation given.

Sexual abuse: Engaging a child in a sexual act, such as fondling, rape or exposing a child to other sexual activities. Signs may include sexual behavior or knowledge that is not appropriate for the child's age and/or changes in behavior, sleeping or eating.

Emotional abuse: Actions that harm a child’s emotional health, such as name calling, shaming, rejection and threatening.

Neglect: Failure to meet a child’s basic needs, such as food, clothing, shelter, education, supervision or medical care. Adults are responsible for protecting children from abuse and neglect. Some simple steps can help protect your child:

• Offer your child love and attention. This encourages your child to tell you if there's a problem.
• Know your child's caregivers. Check references and make frequent, unannounced visits to observe what's happening. Emphasize the importance of saying no. Children need to know that their bodies belong to them and that they don’t have to go along with everything an adult tells them to do.

How to respond to a child’s disclosure of abuse: If a child discloses abuse, stay calm and listen carefully. Believe the child and let him know that he is not to blame for what happened. Thank the child for telling you, and assure him of your support. Protect your child by getting him away from the abuser and immediately reporting the abuse to local authorities. Parents may also seek help from a pediatrician or mental health professional with expertise in child trauma.

How to report abuse to authorities: If you know or suspect that a child is being or has been abused, call the Missouri Child Abuse and Neglect Hotline at 800-392-3738. If you live outside Missouri and want to report abuse or neglect of a Missouri child, call 573-751-3448. It is not your responsibility to prove that abuse or neglect has occurred.
Breast milk is the best food for your baby during the first year. Breastfeeding is natural and healthy, and you’ll enjoy the special closeness between you and your baby. Like anything new, breastfeeding may take some practice. So give yourself time and try these tips to get off to a good start:

• Nurse at least 8 to 12+ times a day. Your baby’s stomach is tiny, about the size of his fist, so he needs to feed often.

• Try different breastfeeding positions. With any position, make sure your baby’s whole body is turned toward you, not just his face. Relax and put your baby skin to skin as much as possible.

• Make sure your baby is latching on the right way. His mouth should open wide to cover your nipple and part of the areola (the dark area around the nipple). Breastfeeding should not hurt.

• Listen closely. After the first few days you should hear swallowing sounds from your baby.

• If breastfeeding seems hard at first, keep trying. Ask your WIC counselor, an International Board Certified Lactation Consultant (IBCLC) or your health care provider to help you with breastfeeding.

Babies need breast milk or iron-fortified infant formula for the first year. Cow’s milk should not be given to babies until they are at least 1 year of age. The bottle is for breast milk, formula or water only. Always hold your baby when giving a bottle.

After spending time at home with your baby, going back to work or school can be hard. Here are some tips to make it easier:

Practice first. Before your first day, take your baby to his caregiver so they can get to know each other. This way, you will also get used to spending a few hours apart.

Keep breastfeeding. Learn how to use a breast pump or hand express. Start pumping at least two weeks before you return to work or school so you can freeze your breast milk ahead of time. Make your first week back a short week (if you can). (See pages 52 to 54.)
Breastfeeding Support

A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated. Pregnant women and new WIC mothers are provided breastfeeding educational materials and support through counseling and guidance. WIC mothers who breastfeed also receive:

• A higher level of priority for program certification.
• A greater quantity and variety of foods than mothers who do not breastfeed.
• A longer certification period than non-breastfeeding mothers.
• One-to-one support through peer counselors and breastfeeding experts.
• Breast pumps and other aids to help support the initiation and continuation of breastfeeding.

Contact WIC, your local public health agency or your health care provider for the breastfeeding resources in your area.

You may also visit http://health.mo.gov/breastfeeding for additional information.
Most babies are ready for solid foods around 6 months of age. You will know your baby is ready for solid foods when she can:

- Sit up alone or with some support.
- Control head and neck movement.
- Open mouth when she sees food.
- Keep tongue low to receive the spoon.
- Keep food in her mouth and swallow, rather than pushing it back out.

Iron-fortified infant cereal is the best choice for your baby’s first solid food. Offer only single grain infant cereals such as rice, barley or oatmeal. Feed wheat or mixed grain infant cereals after 8 months of age.

Tips for starting solids:

- Always feed infant foods from a spoon and throw away uneaten food after each feeding.
- Add one new food at a time. Wait seven days before trying another new food to give your baby time to adjust. That way, if your baby has a reaction you will know which food caused it.
- Your baby will let you know when she is full. Turning head away from food, closing mouth, pushing food away and slowing down eating are signs your baby has had enough.
- Avoid foods that can cause choking, such as hot dogs, raw vegetables, whole grapes, large pieces of food, peanut butter and hard candies.
- Do not give your baby honey or foods that contain honey until 1 year of age.
- Do not add salt, sugar, extra fat, gravy, ketchup and spices to your baby’s food.
Childhood Illnesses

Most new parents often find themselves worrying about the health and well-being of their child. Your baby cannot tell you what is wrong, so when he is fussy or sick it is often difficult to know when to call his health care provider. When in doubt, trust your instincts. If you are worried there may be something wrong, do not hesitate to contact your child’s health care provider. You are encouraged to call your child’s health care provider with any questions or concerns regarding your child, even for routine things like medicine, minor illnesses, injuries or behavioral questions. However, while some problems can wait until regular office hours, others require more immediate attention. You can use the following signs and symptoms to help you decide what action to take.

Call your child’s health care provider or go to urgent care **as soon as possible** if you observe any of the following symptoms:

- A rectal temperature of 100.4 degrees Fahrenheit or higher in a baby younger than 2 months of age.
- Bloody diarrhea or diarrhea that will not go away.
- Vomiting and diarrhea lasting for more than a few hours in a child of any age.
- A cough or cold that doesn’t improve or gets worse after several days.
- A rash, especially if there is also a fever.
- Dehydration as indicated by decreased fluid intake, fewer than six wet diapers in 24 hours, dark yellow urine, sunken eyes, sunken soft spot on baby’s head or lack of tears when crying.
- Blood in the urine.
- Ear drainage.
- Severe sore throat or problems swallowing.
- Pain that gets worse or does not go away after several hours.
- Yellowish skin or eyes.
More About Childhood Illnesses

Seek emergency care or call 911 or your local emergency number immediately if your child has any of the following symptoms:

- Difficulty breathing, breathing very fast, or blue, purple, or gray skin or lips.
- Suspected poisoning - call the Missouri Poison Center at 800-222-1222.
- Seizures (rhythmic jerking and loss of consciousness).
- Difficult to wake up, unusually tired, sudden lack of energy or unable to move.
- Bleeding that does not stop.
- A head injury with loss of consciousness, confusion, vomiting or poor skin color.
- A cut or burn that is large, deep, or involves the head, chest, abdomen, hands, groin or face.

Taking your child’s temperature

The American Academy of Pediatrics (AAP) recommends digital thermometers to be used for checking your child’s temperature. Recommended types of thermometers are digital multiuse thermometers, temporal artery thermometers and tympanic thermometers. Pacifier thermometers or fever strips are not recommended at this time. The most common thermometer used is the digital multiuse thermometer, which can be used rectally (in the bottom), orally (in the mouth) or axillary (under the arm). AAP recommends rectal temperatures for children from birth to 3 years and oral temperatures from 4 to 5 years and older. Axillary temperatures are less reliable, but can be used for any age group. The 100.4 degrees Fahrenheit fever guideline is based on taking a rectal temperature reading. Make sure to label your thermometers as “oral” or “rectal.” Do not use the same thermometer for both places. Temperature readings may be affected by how the temperature is measured as well as other factors. Your child’s doctor will recommend treatment that is best for your child based on your child’s temperature and other signs of illness.
Immunizations

Immunization is the single most important way parents can protect their children against serious disease. Immunizing your child helps:

- To prevent common but serious illnesses such as pertussis, flu, varicella and rotavirus.
- To prevent diseases that still exist, such as measles and mumps, which occur in the U.S. at low levels. If fewer people get immunized, outbreaks of disease can happen.
- To prevent disease that is common in other parts of the world. With the increase in international travel, serious vaccine preventable diseases uncommon in the U.S. are only a plane ride away.
- To protect others in your family and community. By immunizing your child you also protect those who are too young or too old to get certain vaccines.

Missouri laws require a certain number of immunizations for your child to attend child care, preschool and school. Parents must provide their child’s current immunization record when the child is enrolled in child care, preschool or school. Keep your child’s immunization record in a safe place. Your child may need this record for the rest of her life.

When you have your child immunized ask your health care provider to enter your child’s immunization records into Missouri’s ShowMeVax registry. ShowMeVax is Missouri’s centralized immunization registry that is available 24 hours a day, and is secure and centrally located with immunization records of Missouri residents.

If you need help paying for immunizations ask your health care provider if they participate in the Vaccines for Children (VFC) Program. The VFC program provides free vaccines for children who qualify. Children eligible for the VFC program are Medicaid enrollees, American Indian or Alaskan Natives, underinsured and children who do not have health insurance. For more information visit [http://health.mo.gov/immunizations](http://health.mo.gov/immunizations).
Lead Poisoning Prevention and Testing

Lead poisoning can happen to any child no matter where they live, but it is preventable. In 2012, the CDC made new recommendations that define an elevated blood lead level as \( \geq 5 \) micrograms per deciliter (\( \mu g/dL \)) or greater. This is lower than the previous level of \( \geq 10 \mu g/dL \) or greater, as recent research shows even lower lead exposure levels can have negative health effects.

Lead is especially toxic to children under 6 years of age and can cause lowered IQ, anemia, hearing loss, behavior problems, learning difficulties, and health issues that carry into adulthood. At very high levels, it can even cause death. Often children have no obvious symptoms of lead poisoning.

Homes built before 1978 could have lead paint inside or outside. Lead dust from lead based paint that is peeling or chipping can be a source of lead exposure for your child. Children can inhale lead dust or it may be swallowed when toys, pacifiers or fingers are put in their mouth. Remodeling and lead related occupations/hobbies soil, imported toys, spices and keys are some sources of exposure.

Preventative measures include:

- Closely supervise children who have a lot of mouthing behaviors due to young age, developmental or teething status, and especially if they tend to eat non-food items such as dirt, paper or other items.
- Wash children’s hands often, especially after playing outside and before eating or napping; and even more frequently if they have nail biting or thumb sucking behaviors.
- Feed your child a healthy diet. Foods containing iron, calcium and vitamin C, as well as fruits and vegetables.
- Parents should wet wipe countertops and eating surfaces before and after eating and wet clean window sills accessible to children and wet mop floors every 1 to 2 weeks.
- Plant grass or shrubs to reduce exposure to bare soil that may contain lead.
- Have your child tested for lead.

It’s important to have your child tested for lead poisoning. It is the only way to know if your child has been lead poisoned. Your child’s physician or most local public health agencies can do a simple blood lead test to check your child’s blood lead levels.
Oral Health

Primary (“baby”) teeth are as important as permanent adult teeth. They hold space in the jaws for permanent teeth that are growing under the gums and help children chew and speak. Begin cleaning your baby’s mouth during the first few days after birth. After every feeding, wipe your baby’s gums with a clean washcloth.

Teeth typically begin erupting when the baby is 6 months old and are immediately at risk for decay. Infants should finish their bedtime and naptime feedings before going to bed. Early Childhood Caries (also known as baby bottle tooth decay or nursing caries) may occur when your baby is put to bed with a bottle containing sugar such as fruit juice, breast milk, formula, and milk or from bacteria passed from a mother to a baby through saliva such as when a mother places a pacifier or feeding spoon in her mouth, then in the baby’s.

As the primary teeth erupt, some babies may become fussy, sleepless and irritable; lose their appetite or drool more than usual. Gently rubbing your child’s gums with a cool, clean washcloth or offering a clean teething ring may be soothing. Once teeth begin to erupt, brush them gently with a soft, infant toothbrush and water.

Your child should have his first dental exam by the age of 1. Besides checking for tooth decay and other problems, the dentist can show you how to clean your child’s teeth properly and discuss potentially harmful habits such as thumb sucking. The earlier the dental visit, the better the chance of preventing dental problems.

Children older than 6 months may need a fluoride supplement if their drinking water does not contain the ideal amount of fluoride. Fluoride has been shown to reduce tooth decay by as much as 50 percent. Your health care provider will determine your child’s fluoride needs.

Fluoride is available in fluoride drops or in combination with prescription vitamins.
Primary Teeth Eruption Chart

Record your baby’s age when each tooth erupts:

Top Teeth

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<tbody>
<tr>
<td>Right Side</td>
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</table>

Bottom Teeth

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<td>Right Side</td>
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</table>

- **Upper Teeth**
  - Central Incisor: 8-12 months
  - Lateral Incisor: 9-13 months
  - Canine (Cuspid): 16-22 months
  - First Molar: 25-33 months
  - Second Molar: 25-33 months

- **Lower Teeth**
  - Second Molar: 23-31 months
  - First Molar: 14-18 months
  - Canine (Cuspid): 17-23 months
  - Lateral Incisor: 10-16 months
  - Central Incisor: 6-10 months
Hearing, Language and Speech

Most children hear and listen to sounds beginning at birth. The most important period of speech and language development for everyone is during the first three years of life, a period when the brain is developing and growing. As soon as you first hold your baby, you begin to communicate with each other by exchanging looks, sounds and touches. All babies communicate well before they know any words. Eventually, they learn to talk by imitating the voices of their parents and caregivers. Babies respond best to relaxed eye contact, face-to-face attention, and soft, high-pitched words. Activities to encourage speech and language development include the following:

• Play peek-a-boo.
• Sing to your baby.
• Use a silly voice to get your baby’s attention and to encourage her to interact with you.
• Label what your baby sees and does using simple words.
• Imitate your baby’s laughter and facial expressions.
• Teach your baby to imitate your actions, such as clapping and waving.
• Give your child choices and then let her express her choice by pointing, making sounds or attempting words.
• Read simple books to your baby.
• Say your words clearly and slowly when you speak with your child. Remember to look directly at your child's face.
Preventive Health Care

Preventive health care is important for all children to promote optimal health and safety. Well-child visits to your child’s health care provider are a key component of preventive health care and are recommended at specific times according to Missouri’s Healthy Children and Youth (HCY) Program. This schedule is for infants and children who are healthy. If your child has any special problems, such as being born prematurely or at low birth weight, your health care provider may recommend more frequent visits. It is important to keep your child’s immunization record in a safe place and bring the immunization record to each well-child visit.

### Recommended Well-Child Care Visit Schedule

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn (2-3 days)</td>
<td>6-8 months</td>
</tr>
<tr>
<td>By 1 month</td>
<td>9-11 months</td>
</tr>
<tr>
<td>2-3 months</td>
<td>12-14 months</td>
</tr>
<tr>
<td>4-5 months</td>
<td>15-17 months</td>
</tr>
<tr>
<td>6-8 months</td>
<td>18-23 months</td>
</tr>
<tr>
<td>9-11 months</td>
<td>24 months</td>
</tr>
<tr>
<td>12-14 months</td>
<td>3 years</td>
</tr>
<tr>
<td>15-17 months</td>
<td>4 years</td>
</tr>
<tr>
<td>18-23 months</td>
<td>5 years</td>
</tr>
</tbody>
</table>

These visits allow your health care provider to prevent, diagnose and treat health problems early before they become more serious. The following pages provide guidance for your child’s well-child visits from infancy through age 5. A complete well-child HCY exam usually includes the following:

- Unclothed physical exam - document on growth chart and well-child exam infant’s chart.
- Education by the health care provider on various parenting topics.
- Laboratory tests, immunizations and lead screening as indicated.
- Referrals to needed services including home visiting programs.
- Assessment of your child’s age-appropriate activities.
- Hearing, vision and dental screening.
**Well-Child Visit**  
**Newborn (2-3 days)**

Examined Date ____________________  Child’s Age _________

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight _____________________</td>
<td>• Responds to sound by blinking, crying, changing respiration or showing a startle response</td>
</tr>
<tr>
<td>Length _____________________</td>
<td>• Quiets to familiar voices</td>
</tr>
<tr>
<td>Head Circumference __________</td>
<td>• Fixates on human face and follows with eyes</td>
</tr>
<tr>
<td>Newborn Screening Results ______________________</td>
<td>• Responds to parents’ face and voice</td>
</tr>
<tr>
<td>Newborn Hearing Screening Results ______________</td>
<td></td>
</tr>
<tr>
<td>Immunizations _________________________________</td>
<td></td>
</tr>
<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td></td>
</tr>
<tr>
<td>Feeding History</td>
<td></td>
</tr>
<tr>
<td>__________ Breastfeeding/Day</td>
<td></td>
</tr>
<tr>
<td>__________ Bottle Feedings/Day</td>
<td></td>
</tr>
<tr>
<td>Other Tests ____________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Next Appointment Date ____________________  Time _________________
Things to Know: Newborn 2-3 Days

- During the first year of life, infants grow more than they will at any other time in life. Good nutrition during this time will help babies grow and develop well. Feeding also plays a role in enhancing social and cognitive ability.

- Women, Infants and Children (WIC) can help. (See page 46.) Refer to the map at http://health.mo.gov/wic for the WIC location nearest you or call TEL-LINK at 800-TEL-LINK (800-835-5465).

- Most newborns lose weight in the first few days after birth. Until your baby regains the weight it is important to feed him regularly. This means occasionally waking up your baby if he sleeps more than four hours. Once he establishes a pattern of weight gain and reaches the birth milestone, it is fine to wait until he wakes up. Most newborns need 8 to 12 feedings per 24 hour period - about one feeding every two to three hours.

- Premature babies often have special nutritional needs. If you are concerned about your baby’s feeding pattern and weight gain, talk to your health care provider for specific recommendations.

- Test the water temperature with your wrist to make sure it is not hot before bathing your baby. Do not ever leave your baby alone in a tub of water or on high places such as changing tables, beds, sofas or chairs. Always keep one hand on your baby to prevent him from falling.

- \textit{Always} place baby to sleep on his back and supervise “tummy time” while awake.

| Visits Between Well-Child Checkups |
|-------------------------------|-----------------|-----------------|
| Date | Reason for Visit | Care Given | Health Care Provider |

**Safety Tip:** Make sure your baby’s car safety seat is installed correctly and use it EVERY time your child is in the car. Your baby should ride in the back seat of your vehicle in a rear-facing car seat.
Well-Child Visit
By 1 Month (2-4 weeks)

Examined Date ____________________  Child’s Age _________ (weeks)

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight __________________________</td>
<td>• Responds to parents’ face and voice</td>
</tr>
<tr>
<td>Length __________________________</td>
<td>• Can sleep three or four hours at a time; can stay awake for one hour longer</td>
</tr>
<tr>
<td>Head Circumference __________</td>
<td>• When crying can be consoled most of the time by being spoken to or held</td>
</tr>
<tr>
<td>Newborn Screening Results _________</td>
<td></td>
</tr>
<tr>
<td>Newborn Hearing Rescreening Results (if needed) _________</td>
<td></td>
</tr>
<tr>
<td>Immunizations _____________________</td>
<td></td>
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<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td></td>
</tr>
<tr>
<td>Feeding History</td>
<td></td>
</tr>
<tr>
<td>____________ Breastfeeding/Day</td>
<td></td>
</tr>
<tr>
<td>____________ Bottle Feedings/Day</td>
<td></td>
</tr>
<tr>
<td>Other Tests ______________________</td>
<td></td>
</tr>
</tbody>
</table>

Next Appointment Date ________________  Time ________________
Things to Know: 1 Month (2-4 Weeks)

- Many new moms get the “baby blues” the first few weeks after giving birth. If the “baby blues” last more than two weeks you might be experiencing postpartum depression. (See page 79.) Get help right away if you ever have thoughts of harming yourself or your baby! Call you health care provider or doctor. If it is an emergency call 911 or your local emergency number.
- Newborns sleep 16 or more hours a day but often for only a few hours at a time. The pattern is irregular at first but a more consistent sleep schedule will emerge as your baby matures. By age 3 months many babies sleep at least five hours at a time.
- The safest place for your baby to sleep is ALONE, ON HER BACK, IN A CRIB, at nap time as well as night time. Keep soft objects and loose bedding like bumper pads and blankets out of the crib. Do not place babies on a soft mattress, waterbed, couch, chair, pillow, comforter or adult bed. (See pages 56 to 57.)
- Use the correct car seat for your child’s age and size. Infants from birth to at least age 2 should always ride in a rear-facing car seat. Keep your child rear-facing until she reaches the top height or weight limit allowed by the manufacturer. (See page 57.) If you have any questions, call the Missouri Department of Transportation, Division of Highway Safety at 800-800-BELT (800-800-2358).
- All babies cry. Stay calm, ask for help but never, never shake a baby! (See pages 88 to 89.)
- Reading, telling stories or singing to your baby every day is important to early language development.

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason for Visit</th>
<th>Care Given</th>
<th>Health Care Provider</th>
</tr>
</thead>
</table>

Safety Tip: Even your baby’s very first movements can result in a fall. Babies wiggle and push against things with their feet soon after they are born. Put your baby in a safe place such as a crib or playpen when you cannot hold her.
# Well-Child Visit
## 2-3 Months

Examine Date ________________  Child’s Age _________

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight _____________________</td>
<td>• Coos and vocalizes in mutual interactions</td>
</tr>
<tr>
<td>Length _____________________</td>
<td>• Smiles responsively</td>
</tr>
<tr>
<td>Hearing Evaluation (Test) Results ______________</td>
<td>• Shows interest in visual and auditory stimuli</td>
</tr>
<tr>
<td>Immunizations _________________________________</td>
<td>• Enjoys rattles and toys that make sounds</td>
</tr>
<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td></td>
</tr>
</tbody>
</table>

Feeding History

_____________ Breastfeeding/Day
_____________ Bottle Feedings/Day

Other Tests _______________________________________

__________________________________________________

__________________________________________________

Milestones:

- Coos and vocalizes in mutual interactions
- Smiles responsively
- Shows interest in visual and auditory stimuli
- Enjoys rattles and toys that make sounds

Next Appointment Date ________________  Time ________________

- Coos and vocalizes in mutual interactions
- Smiles responsively
- Shows interest in visual and auditory stimuli
- Enjoys rattles and toys that make sounds
Things to Know: 2-3 Months

• Your prompt response to baby’s cry teaches him that help is nearby. Checking on and calming your baby makes him feel comforted and loved. However, it is okay for your baby to cry for a few minutes after you have taken care of all his needs. Never, never shake a baby! (See pages 88 to 89.)

• Keep your baby safe from cigarette smoke. Babies exposed to someone smoking (secondhand smoke) have a greater risk of dying from Sudden Infant Death Syndrome (SIDS). (See page 56.)

• When you change your baby’s diaper pay attention to the consistency of his bowel movements. If you are concerned about the consistency or color of the bowel movements, talk to your doctor. This is especially important if the bowel movements are hard or difficult to pass, consistently watery, gray and red or bloody in color.

• Physical activity is important for people of all ages, including infants. Help your baby clap his hands and feet or bicycle his legs. It is also very important for your baby to have supervised tummy time while he’s awake.

• If your baby did not pass the newborn hearing screening, obtain a hearing evaluation by an audiologist no later than 3 months of age. An infant with hearing loss needs help to learn successful communication skills. Children with hearing loss who receive help by 6 months of age are more likely to reach their learning and developmental potential.

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason for Visit</th>
<th>Care Given</th>
<th>Health Care Provider</th>
</tr>
</thead>
</table>

Safety Tip: Babies wave their fists and grab at everything. NEVER carry your baby and hot liquids or food at the same time. Your baby could get burned.
Well-Child Visit
4-5 Months

Examined Date ____________________  Child’s Age _________

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight _________________</td>
<td>• Rolls over from front to back</td>
</tr>
<tr>
<td>Length _________________</td>
<td>• Controls head well</td>
</tr>
<tr>
<td>Immunizations ____________________</td>
<td>• Bats at objects</td>
</tr>
<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td>• Laughs out loud</td>
</tr>
<tr>
<td>Feeding History</td>
<td>• Begins to grasp toys and shake hands</td>
</tr>
<tr>
<td>__________ Breastfeeding/Day</td>
<td>• Develops personal preferences; has favorite toy or activity</td>
</tr>
<tr>
<td>__________ Bottle Feedings/Day</td>
<td>• Recognizes and prefers caregivers with whom she has an attachment</td>
</tr>
</tbody>
</table>

Next Appointment Date ____________________  Time ________________
Things to Know: 4-5 Months

- Postpartum depression can start any time during the first year after giving birth. It can be serious and can affect your bond with your baby. (See page 79.)

- Parents and caregivers should NEVER leave children unattended in or around automobiles. Left alone in a vehicle for a short time, a child is in danger of dehydration, overheating, hyperthermia, injury, abduction and even death. NEVER leave children unattended. Not Even For A Minute!

- Shaking a baby can cause brain damage, blindness, spinal injuries and paralysis, seizures, severe learning or behavior problems, and even death. For more information or assistance contact your baby’s health care provider or go to the Children’s Trust Fund website to watch a video on Shaken Baby Syndrome at http://ctf4kids.org/never-shake-safe-sleep-for-your-baby-dvd. (See page 89.)

- Follow the recommendations of your baby’s doctor or audiologist if your baby has been identified with a hearing loss. Most importantly, ensure your baby is enrolled in a program that builds communication abilities. Contact the Missouri Department of Health and Senior Services’ Newborn Hearing Screening Program at 800-877-6246 for help referring your baby to First Steps, Missouri’s early intervention system that provides services to infants and toddlers.

- Sing and help your baby do action songs like This Little Piggy Went to Market. (Tell stories or sing to your baby daily.)

<table>
<thead>
<tr>
<th>Visits Between Well-Child Checkups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
</tr>
</tbody>
</table>

Safety Tip: Test the batteries on your smoke alarm and carbon monoxide detectors monthly and replace the batteries every year.5
Well-Child Visit
6-8 Months

Examined Date ____________________ Child’s Age _________

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight ____________________________</td>
<td>• Vocalizes single consonants (&quot;dada,&quot; &quot;baba&quot;)</td>
</tr>
<tr>
<td>Length ____________________________</td>
<td>• Grasps and mouths objects</td>
</tr>
<tr>
<td>Immunizations ______________________</td>
<td>• Starts to self-feed</td>
</tr>
<tr>
<td>Early Intervention for Hearing Loss (if needed) ____________</td>
<td>• Responds to own name</td>
</tr>
<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td>• Rolls over</td>
</tr>
<tr>
<td>Feeding History</td>
<td>• Laughs and gurgles (shows pleasure at being tickled and other physical interactions)</td>
</tr>
<tr>
<td>___________ Breastfeeding/Day</td>
<td>• Reacts emotionally to other people’s emotions (smiles when smiled at and becomes distressed if hears another child crying)</td>
</tr>
<tr>
<td>___________ Bottle Feedings/Day</td>
<td></td>
</tr>
<tr>
<td>Other Tests _________________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next Appointment Date ____________________  Time _____________________
### Things to Know: 6-8 Months

- If you think you may be experiencing postpartum depression, contact your health care provider and ask for help. Treatment and support are available. (See page 79.)

- Your baby needs daily physical activity that promotes the exploration of the environment and the development of movement skills. Place your baby in safe settings that allow for physical activity and do not restrict movement.

- Play roll the ball. Roll a soft and colorful ball to your baby and then tell her to stop it and roll it back to you.

- Encourage your baby’s vocalizations. Talk to her during dressing, bathing, feeding and playing. Smile, laugh and show your pleasure in being with her.

- Reading, telling stories and/or singing to children *daily* is important to the development of early language skills, both listening skills and early speech development.

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason for Visit</th>
<th>Care Given</th>
<th>Health Care Provider</th>
</tr>
</thead>
</table>

**Safety Tip:** NEVER leave small objects in your baby’s reach, even for a moment. Babies explore their environment by putting everything into their mouths.
**Well-Child Visit**

**9-11 Months**

Examination

<table>
<thead>
<tr>
<th>Weight</th>
<th>_____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>_____________________</td>
</tr>
<tr>
<td>Lead Screen</td>
<td>____________________________________</td>
</tr>
<tr>
<td>Immunizations</td>
<td>____________________________________</td>
</tr>
</tbody>
</table>

Visit [http://health.mo.gov/immunizations/schedules](http://health.mo.gov/immunizations/schedules)

**Feeding History**

| Breastfeeding/Day | __________ |
| Bottle Feedings/Day | __________ |

Other Tests ______________________________________________________

____________________________________________________

____________________________________________________

**Milestones:**

- Responds to own name
- Understands a few words such as “no-no” and “bye-bye”
- Imitates speech sounds of others
- Sits independently
- Has a growing ability to soothe self and may like to use a comfort object
- Recognizes own image in a mirror and shows excitement

**Examined Date ____________________  Child’s Age _________**

**Next Appointment Date ____________________  Time ________________**
**Things to Know: 9-11 Months**

- Babies around 9 months of age are extremely curious. Your baby is probably crawling everywhere. He likes to grab objects and put them into his mouth. He also pulls himself up and everything else down.
- Install safety devices on drawers and cabinets in your baby’s play areas. Install gates at the top and bottom of stairs, place safety locks and guards on windows and lower the mattress in your baby’s crib.
- Babies love to play in water at this age. Never leave your baby alone. Babies can drown in the most shallow water.
- Remove dangling telephone, electrical, blind or drapery cords near your baby’s crib or play area.
- Play music and sing songs with your baby.

---

**Visits Between Well-Child Checkups**

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason for Visit</th>
<th>Care Given</th>
<th>Health Care Provider</th>
</tr>
</thead>
</table>

**Safety Tip:** Children will grab anything to steady themselves when learning to walk, including hot oven doors or other hot appliances. Keep your child away from hot objects or put a barrier around them to protect your child.
A special note regarding the use of antibiotics: Antibiotics are powerful tools for fighting illness, but overuse of antibiotics has helped create new strains of infectious diseases. Antibiotics do not work for every illness. They are only effective for bacterial infections, not viral infections. Only use antibiotics under the direction of a doctor. Take the antibiotic exactly as the doctor prescribes, do not skip doses and complete the full course of treatment. Never share or use leftover antibiotics.
Toilet Training

The age at which toilet training should begin varies from one child to another. Children have no control over bladder or bowel movements until at least 12 months of age. Although many children begin to display signs of readiness between 18 and 24 months of age, some children may be 30 months or older before they are ready for toilet training. Even after a child has succeeded at toilet training during the day time, it may take months or even years for the child to be able to consistently stay dry at night. The American Academy of Pediatrics lists the following physical and developmental signs that may indicate your child is ready for toilet training:

- Your child stays dry at least two hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- You can tell when your child is about to urinate or have a bowel movement.
- Your child can follow simple instructions.
- Your child can walk to and from the bathroom and help undress.
- Your child seems uncomfortable with soiled diapers and wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear “big-kid” underwear.

You will likely receive any number of opinions on when is the best time to toilet train and you will probably receive just as many recommendations on the best toilet training method. Keep in mind that you do not have to choose one single method. Your child may benefit from a combination of methods that include verbal, physical and social training techniques. While toilet training methods vary greatly, you can help enhance your family’s experience regardless of the method you choose by staying positive, consistent, involved and observant.

If any concerns arise during the toilet training process, don’t hesitate to contact your child’s pediatrician for advice and/or support.
Toddlers and Oral Health

Begin cleaning your child’s mouth during the first few days after birth by wiping the gums with a clean, moist gauze pad or wash cloth. As soon as teeth appear, decay can occur.

For children younger than 3 years, caregivers should begin brushing children’s teeth as soon as they begin to come into the mouth by using fluoride toothpaste in an amount no more than a smear or the size of a grain of rice. Brush teeth thoroughly twice per day (morning and night). Supervise children’s brushing to ensure that they use the appropriate amount of toothpaste.

For children 3 to 6 years of age, use a pea-sized amount of fluoride toothpaste. Brush teeth thoroughly twice per day (morning and night). Caregivers should brush children’s teeth or assist with brushing until approximately 8 years of age. Supervise children’s brushing and remind them not to swallow the toothpaste.

Most children have a full set of 20 primary teeth by the time they are 3 years old. When your child has two teeth that touch, you should begin flossing their teeth daily.

Dental checkups should continue every six months in order to prevent dental caries/cavities and other dental problems. Your dentist will evaluate your child’s risk for decay and recommend treatment. Your dentist may recommend fluoride varnish and dental sealants. Fluoride varnish or other topical fluoride can be applied every six months and is effective in preventing and controlling dental caries/cavities in the primary and permanent teeth of children. Dental sealants are applied to permanent molars that do not have any cavities. A sealant is a thin plastic coating that keeps food and germs out of the chewing surfaces of teeth. http://www.mouthhealthy.org/en/pregnancy/concerns.
**Nutrition-Healthy Eating for Toddlers and Preschoolers**

**Ages 2 through 5 years**

The food plans below are based on average needs. Do not be concerned if your child does not eat the exact amounts suggested. Your child may need more or less than average.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>2 Year</th>
<th>3 Year</th>
<th>4 and 5 Year Olds</th>
<th>What counts as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits</td>
<td>1 cup</td>
<td>1 - 1 1/2 cups</td>
<td>1 - 1 1/2 cups</td>
<td>1/2 cup of fruit?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/2 cup mashed, sliced or chopped fruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/2 cup 100% fruit juice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/2 medium banana</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 - 5 large strawberries</td>
</tr>
<tr>
<td>Vegetables</td>
<td>1 cup</td>
<td>1 1/2 cups</td>
<td>1 1/2 - 2 cups</td>
<td>1/2 cup of veggies?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/2 cup mashed, sliced or chopped vegetables</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 cup raw leafy greens</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/2 cup vegetable juice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 small ear of corn</td>
</tr>
</tbody>
</table>
## Daily Food Plan - Use this Plan as a General Guide

### Ages 2 through 5 years

<table>
<thead>
<tr>
<th>Food Group</th>
<th>2 Year</th>
<th>3 Year</th>
<th>4 and 5 Year Olds</th>
<th>What counts as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains</td>
<td>3 ounces</td>
<td>4-5 ounces</td>
<td>4-5 ounces</td>
<td>1 ounce of grains?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 slice bread</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 cup ready-to-eat cereal flakes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/2 cup cooked rice or pasta</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 tortilla (6” across)</td>
</tr>
<tr>
<td>Protein Foods (Meat and Beans)</td>
<td>2 ounces</td>
<td>3-4 ounces</td>
<td>3-5 ounces</td>
<td>1 ounce of protein foods?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 ounce cooked meat, poultry or seafood</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 egg</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Tablespoon peanut butter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/4 cup cooked beans or peas</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(kidney, pinto, lentils)</td>
</tr>
<tr>
<td>Dairy</td>
<td>2 cups*</td>
<td>2 cups</td>
<td>2 1/2 cups</td>
<td>1/2 cup of dairy?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/2 cup milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 ounces yogurt</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3/4 ounce cheese</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 string cheese</td>
</tr>
</tbody>
</table>

*Or breastfeed 2 to 3 times per day.
### Nutrition—Healthy and Safe Foods/Snacks

#### Ages 1 through 5 years

There are many ways to divide the Daily Food Plan into healthy and safe meals and snacks. Below you will find examples of healthy and safe foods per age category as well as healthy snacks to feed your child.

<table>
<thead>
<tr>
<th>Healthy and Safe Food Guide/Helpful Hints</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of Child</strong></td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td><strong>Safe and Healthy Foods</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Healthy Snacks</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*If there is a history of food allergies in your family your doctor may suggest starting these foods later.

**Breastfeeding may replace whole milk.
# Nutrition—Healthy and Safe Foods/Snacks (Continued)

## Ages 1 through 5 years

### Healthy and Safe Food Guide/Helpful Hints

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>1 Year&lt;sup&gt;10&lt;/sup&gt;</th>
<th>2 Year&lt;sup&gt;9&lt;/sup&gt;</th>
<th>3 Year&lt;sup&gt;9&lt;/sup&gt;</th>
<th>4 and 5 Year Olds&lt;sup&gt;9&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid these foods that can cause your child to choke</td>
<td>- Sticky foods like peanut butter and marshmallows</td>
<td>- Eat most foods the family eats</td>
<td>- Eat most foods the family eats</td>
<td>- Hard, small, whole foods such as popcorn, nuts, seeds and hard candy</td>
</tr>
<tr>
<td></td>
<td>- Slippery foods like hotdogs, hard candy, and whole grapes</td>
<td>- Chew tougher foods</td>
<td>- Use a spoon with less mess</td>
<td>- Chewing gum, especially bubble gum</td>
</tr>
<tr>
<td></td>
<td>- Small hard foods like nuts, seeds, popcorn and pretzels</td>
<td>- Hold a cup with one hand</td>
<td>- Hold a cup with one hand</td>
<td>- Food the size of your child’s throat such as hot dogs, sausages, grapes and cherry tomatoes (Cut these foods so they are smaller than the size of your child’s throat - about the size of a nickel)</td>
</tr>
<tr>
<td></td>
<td>- Large pieces of raw vegetables and cooked meats</td>
<td>- Learn to use a fork for eating</td>
<td>- Start saying “more” and “all done”</td>
<td>- Sticky food such as peanut butter, spread thinly on foods</td>
</tr>
</tbody>
</table>

### At this age I can

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>1 Year&lt;sup&gt;10&lt;/sup&gt;</th>
<th>2 Year&lt;sup&gt;9&lt;/sup&gt;</th>
<th>3 Year&lt;sup&gt;9&lt;/sup&gt;</th>
<th>4 and 5 Year Olds&lt;sup&gt;9&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid these foods that can cause your child to choke</td>
<td>- Eat most foods the family eats</td>
<td>- Chew tougher foods</td>
<td>- Use a spoon with less mess</td>
<td>- Learn by watching my parents’ eating habits, table manners, likes and dislikes</td>
</tr>
<tr>
<td></td>
<td>- Drink from a cup</td>
<td>- Hold a cup with two hands</td>
<td>- Hold a cup with one hand</td>
<td>- Be encouraged to willingly try new foods</td>
</tr>
<tr>
<td></td>
<td>- Try using a spoon</td>
<td>- Feed myself with my fingers</td>
<td>- Learn to use a fork for eating</td>
<td>- Serve myself and can take small amounts of new foods at first</td>
</tr>
<tr>
<td></td>
<td>- Decide how much I need to eat</td>
<td></td>
<td>- Start saying “more” and “all done”</td>
<td>- Cook, eat and talk to my family together making meal time family time</td>
</tr>
</tbody>
</table>

### Helpful Tips

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>1 Year&lt;sup&gt;10&lt;/sup&gt;</th>
<th>2 Year&lt;sup&gt;9&lt;/sup&gt;</th>
<th>3 Year&lt;sup&gt;9&lt;/sup&gt;</th>
<th>4 and 5 Year Olds&lt;sup&gt;9&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid these foods that can cause your child to choke</td>
<td>- Give your child:</td>
<td>- Decide what to serve and when to serve it.</td>
<td>- Decide what to serve and when to serve it.</td>
<td>- Let your child leave food on the plate. Your child is the only one who knows how hungry or full he is and will decide how much to eat, even if it is nothing at all.</td>
</tr>
<tr>
<td></td>
<td>- 16 ounces of whole milk a day or breastfeed 2 to 3 times a day</td>
<td>- Do not bribe, play games or force your child to eat.</td>
<td>- Do not bribe, play games or force your child to eat.</td>
<td>- Do not bribe, play games or force your child to eat.</td>
</tr>
<tr>
<td></td>
<td>- No more than 4 ounces of juice a day</td>
<td>- Use child size plates, cups, spoons and forks. These work better for small hands.</td>
<td>- Use child size plates, cups, spoons and forks. These work better for small hands.</td>
<td>- Use child size plates, cups, spoons and forks. These work better for small hands.</td>
</tr>
<tr>
<td></td>
<td>- Water between meals and snacks</td>
<td>- Serve at least one food your child likes. If he does not like the other foods offered, he will have something to eat.</td>
<td>- Serve at least one food your child likes. If he does not like the other foods offered, he will have something to eat.</td>
<td>- Serve at least one food your child likes. If he does not like the other foods offered, he will have something to eat.</td>
</tr>
</tbody>
</table>
Exercise-Healthy Tips for Active Play
Ages 1 through 5 years

Active play helps your child learn healthy habits. There are many health benefits of active play, such as:

• Active children are less likely to weigh too much.
• Keeping your child active now helps lower the chance of developing chronic diseases like Type 2 diabetes.
• Activities, like running and jumping rope, help your child learn movement skills to develop muscles and strong bones.
• Active play can also help the mind develop. Playing “pretend” lets kids be creative.
• Active children are more likely to be happy and feel good about themselves. Children feel proud about learning how to bounce a ball or ride a bike.

Regular physical activity for children will help them gain physical and developmental skills and will increase the likelihood they will develop healthy and participate in physical activities throughout their lifetime. As children grow, they may be ready for new activities:

• By age 1, they can walk by holding onto furniture or holding someone’s hand, may take a few steps alone and can reach for and stack blocks or other objects. At this age your child should be active for 30 to 60 minutes every day.
• By age 2, they can run, walk, gallop, jump and swim with adult help.
• By age 3, they can hop, climb, ride a tricycle or bicycle with training wheels and a safety helmet, and catch, throw, bounce and kick a ball.
• By age 4, they can skip, swim and complete an obstacle course.

Your child loves to move. Encourage your child to play actively several times each day. Active play for children can happen in short bursts of time and can be led by you or your child. Active play can include playing on the playground, playing tag with friends or throwing a ball.
Exercise-Healthy Tips for Active Play (Continued)
Ages 1 through 5 years

There are many activities you can do with your child, both indoors and outdoors. Here are some ideas of how to be active with your child:

**Indoor Play**
- Act out a story
- Turn up the music and dance
- Walk inside a shopping mall
- Play games such as duck-duck-goose, hide and seek, follow the leader or Simon says

**Outdoor Play**
- Family walks after dinner
- Play catch
- Take a nature hike
- Games in the yard or park
- Kick a ball

You can raise an active child by:

- Making active play fun for the whole family. Let your child help plan the fun.
- Focusing on fun, not performance. All children like to play. They will win when they move, have fun and are active daily.
- Limiting TV and other screen time to less than two hours a day, as advised by many doctors. Try reading during inactive times rather than watching TV.
- Being active yourself. Active parents tend to raise active children. You influence your child’s behavior, attitudes and future habits. Be more active and limit your own time watching TV. Set the example by using safety gear, like bike helmets.

Don’t wonder if your child is active enough. Make sure:

- Your child plays outside several times a day or inside where he or she is free to move.
- Your child’s TV and computer screen time is less than two hours per day.
- Your child is actively moving for at least 60 minutes per day.
- When actively playing, your child breathes quickly and sweats.
**Well-Child Visit**  
12-14 Months

<table>
<thead>
<tr>
<th>Examined Date</th>
<th>Child’s Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
</table>
| Weight       | • Pulls to stand, walks with support and may take a few steps alone  
| Height       | • Plays social games such as pat-a-cake, peek-a-boo and so-big  
| Immunizations| • Drinks from a cup  
| Visit        | • Correctly uses “mama” or “dada”  
| http://health.mo.gov/immunizations/schedules | • Learns that own voice and actions have effects on others  
| Other Tests  | • Understands “yes,” “no” and some boundaries  
|             | • Accepts redirection |

<table>
<thead>
<tr>
<th>Next Appointment Date</th>
<th>Time</th>
</tr>
</thead>
</table>


Things to Know: 12-14 Months

- Discipline teaches your baby by giving her useful information about acceptable behavior. This is different from punishment which uses force to control behavior. You might want to begin teaching your baby by using the word “no” for things she should avoid.

- Never hit, never spank and never shake your baby! For information on child development and parenting you may call ParentLink at 800-552-8522.

- Keep your baby in a rear-facing car seat as long as possible. Rear-facing is the safest option for toddlers under 2 to support their head, neck and spinal cord. They should sit in the back seat of a vehicle and never in front of an air bag. If you have questions, call the Missouri Department of Transportation, Division of Highway Safety at 800-800-BELT (800-800-2358).

- Participate in physical activities as a family, such as taking walks and playing at a playground.

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason for Visit</th>
<th>Care Given</th>
<th>Health Care Provider</th>
</tr>
</thead>
</table>

Safety Tip: Because of all the new things your child is learning to do, this can be a very dangerous stage in your child’s life. The playpen and crib are safe places for your child when you are unable to provide your full attention.
**Well-Child Visit**  
**15-17 Months**  

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight _____________________</td>
<td>• Has vocabulary of 3 to 10 words</td>
</tr>
<tr>
<td>Height _____________________</td>
<td>• Understands simple commands</td>
</tr>
<tr>
<td>Immunizations _____________________________________</td>
<td>• Walks well, stoops, climbs stairs</td>
</tr>
<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td>• Enjoys finding own nose, eyes or tummy as part of naming games</td>
</tr>
<tr>
<td>Other Tests _____________________</td>
<td>• Cooperates with caregiving experiences (dressing and diaper changing)</td>
</tr>
<tr>
<td></td>
<td>• Begins to show self-conscious emotions such as pride and shame</td>
</tr>
</tbody>
</table>

Examined Date ____________________  Child’s Age _________

Next Appointment Date ____________________  Time _____________
**Things to Know: 15-17 Months**

- Your child is now considered a toddler and will try to do whatever he sees you do. Be sure to keep all household products and medicines up and away, completely out of his sight and reach. If your child puts something poisonous into his mouth, call the Missouri Poison Center emergency phone number immediately at 800-222-1222.

- Never leave your child alone in the car, tub, house or yard. Not even for a minute!

- Do not leave heavy objects or containers of hot liquids on tables with tablecloths that your toddler might pull down. Turn handles on pots on the stove inward so your child cannot reach them.

- Encourage play with other children as a way of learning social behaviors and teach your child to avoid hitting, biting and other aggressive behaviors.

<table>
<thead>
<tr>
<th>Date</th>
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<th>Health Care Provider</th>
</tr>
</thead>
</table>

**Safety Tip:** Keep all guns unloaded and in a locked place separate from the ammunition.
## Well-Child Visit
### 18-23 Months

Examined Date _____________  Child’s Age _______

### Examination
- Weight ________________
- Height ________________
- Immunizations ______________________________

Visit [http://health.mo.gov/immunizations/schedules](http://health.mo.gov/immunizations/schedules)

- Lead Screens ______________________________
- Other Tests ________________________________

### Milestones:
- Walks quickly or runs stiffly
- Uses a spoon and cup
- Stacks two or three blocks
- Explores new toys and environments, but “checks in” regularly with a familiar adult as needed
- Tries to help or give comfort when others are distressed

Next Appointment Date _________________  Time ________________
Things to Know: 18-23 Months

- Toilet training can be challenging for both parents and children. The process is often handled in different ways for different children. Many parents are not sure when to begin toilet training. Before you start, visit your child’s doctor to make sure your child is ready and that there are no health concerns. (See page 115.)

- Look for signs your child has to use the toilet and when anyone sees her indicating the need to go, encourage her to say “toilet” and take her to the bathroom.

- Keep cigarettes, lighters, matches, liquid nicotine (e-juice or e-liquids), alcohol, firearms and electrical tools locked up and out of your toddler’s sight and reach.

- Read simple picture books to your child, pointing out the actions in the pictures.

Visits Between Well-Child Checkups

<table>
<thead>
<tr>
<th>Date</th>
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<th>Care Given</th>
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</tr>
</thead>
</table>

Safety Tip: NEVER leave your child alone in or near a bathtub, bucket of water, wading pool, swimming pool or any other body of water, not even for a minute. Your child can drown in less than two inches of water.
## Well-Child Visit
### 24 Months

Examined Date ________________  Child’s Age ______

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight _______________</td>
<td>• Can go up and down stairs one step at a time</td>
</tr>
<tr>
<td>Height _______________</td>
<td>• Can kick a ball</td>
</tr>
<tr>
<td>Immunizations _________________</td>
<td>• Can stack five or six blocks</td>
</tr>
<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td>• Shows understanding and cooperates with routines</td>
</tr>
<tr>
<td>Lead Screens _________________</td>
<td>• Separates from primary caregiver with the support of a caring adult</td>
</tr>
<tr>
<td>Other Tests ___________________</td>
<td>• Expresses own preferences and interests</td>
</tr>
</tbody>
</table>

Milestones:
- Can go up and down stairs one step at a time
- Can kick a ball
- Can stack five or six blocks
- Shows understanding and cooperates with routines
- Separates from primary caregiver with the support of a caring adult
- Expresses own preferences and interests

Next Appointment Date ________________  Time ________________
Things to Know: 24 Months

- Limit television and video viewing to less than one hour per day. Be sure the programs are appropriate. Watch and talk about the programs with your child.
- Try to maintain a regular bedtime routine and reinforce good sleeping habits.
- Teach your child to use caution when approaching animals, especially if the animal is unknown or is eating.
- Participate with your child in physical activities such as taking walks, hiking, biking and playing tag.

Safety Tip: Always walk behind your car before you back up to be sure your child is not there. You cannot see your child in the rear view mirror.
Well-Child Visit
3 Years

Examined Date _________________  Child’s Age _________

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight _____________________</td>
<td>• Knows name, age and sex</td>
</tr>
<tr>
<td>Height _____________________</td>
<td>• Rides a tricycle</td>
</tr>
<tr>
<td>Immunizations __________________________________</td>
<td>• Shows early imaginative behavior</td>
</tr>
<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td>• Has a growing ability to distract self when upset by engaging in a new play activity or talking to self</td>
</tr>
<tr>
<td>Lead Screens ___________________________________</td>
<td>• Describes self in simple phrases (“Luke big boy”)</td>
</tr>
<tr>
<td>Other Tests _____________________________________</td>
<td>• Recognizes self in photos with others</td>
</tr>
</tbody>
</table>

Milestones:

- Knows name, age and sex
- Rides a tricycle
- Shows early imaginative behavior
- Has a growing ability to distract self when upset by engaging in a new play activity or talking to self
- Describes self in simple phrases ("Luke big boy")
- Recognizes self in photos with others

Next Appointment Date _________________  Time _________________
**Things to Know: 3 Years**

- Spend some time playing with your child each day. Focus on activities that he expresses interest in and enjoys. Listen to and respect your child.
- Know where your child is at all times. Your child is at special risk for injuries from falls, burns, poisonings, drowning and motor vehicle accidents. It is your responsibility to protect your child from injury.
- Help your child wash his hands after toileting and before eating.
- Teach your child pedestrian safety skills and not to talk to strangers.

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<table>
<thead>
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</tr>
</thead>
</table>

**Safety Tip:** Remember that kitchen appliances and other hot surfaces such as irons can burn your child long after they are turned off and no longer being used.
Well-Child Visit
4 Years

Examined Date _________________  Child’s Age _________

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight _____________________</td>
<td>• Can sing a song</td>
</tr>
<tr>
<td>Height _____________________</td>
<td>• Draws a person with head, arms and legs</td>
</tr>
<tr>
<td>Immunizations ____________________</td>
<td>• Distinguishes fantasy from reality</td>
</tr>
<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td>• Can play well with other children</td>
</tr>
<tr>
<td>Lead Screens ____________________</td>
<td>• Welcomes and values praise for what he has done</td>
</tr>
<tr>
<td>Other Tests ____________________</td>
<td>• Adapts behavior to different events, social situations and changes in routine</td>
</tr>
<tr>
<td></td>
<td>• Is aware of his own feelings and knows that some actions and words can hurt others’ feelings</td>
</tr>
</tbody>
</table>

Next Appointment Date _________________  Time _________________
### Things to Know: 4 Years

- Serve your child three nutritious meals a day and share meals as a family when possible. Encourage conversation and make mealtimes pleasant and enjoyable.
- Encourage physical activity and help children avoid too much idle time.
- NEVER leave children unattended around an automobile. Not Even For A Minute! Be careful when backing up that children are not behind the vehicle.
- Temperatures in cars increase quickly. Even with a window cracked the temperature inside a car can become very high and dangerous within minutes. In these extreme conditions children can die or suffer a permanent disability.
- Take time out for family physical activities such as walking the dog, raking leaves, riding bikes and playing catch.

### Visits Between Well-Child Checkups

<table>
<thead>
<tr>
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</tr>
</thead>
</table>

**Safety Tip:** Do not let your child play around water unless an adult is watching and be sure your child wears a life vest when on a boat.
## Well-Child Visit
### 5 Years

**Examined Date **_____________________  Child’s Age _________

<table>
<thead>
<tr>
<th>Examination</th>
<th>Milestones:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight _____________________</td>
<td>• Dresses self without help</td>
</tr>
<tr>
<td>Height _____________________</td>
<td>• Knows address and telephone number</td>
</tr>
<tr>
<td>Immunizations _____________________</td>
<td>• Can count on fingers</td>
</tr>
<tr>
<td>Visit <a href="http://health.mo.gov/immunizations/schedules">http://health.mo.gov/immunizations/schedules</a></td>
<td>• Aware of the boundaries set and of behavioral expectations in the setting</td>
</tr>
<tr>
<td>Lead Screens _____________________</td>
<td>• Beginning to be able to negotiate and resolve problems without aggression (when someone has taken a toy)</td>
</tr>
<tr>
<td>Other Tests _____________________</td>
<td></td>
</tr>
</tbody>
</table>

**Next Appointment Date **_____________________  **Time **_____________________
Things to Know: 5 Years

- Limit television viewing to an average of one hour per day. Check television ratings and choose appropriate programs. Watch programs together and discuss them.

- Encourage healthy eating habits. There’s no great secret to healthy eating. To help your children and family develop healthy eating habits:
  
  Provide plenty of vegetables, fruits and whole-grain products.
  Include low-fat or non-fat milk or dairy products.
  Choose lean meats, poultry, fish, lentils and beans for protein.
  Serve reasonably-sized portions.
  Encourage your family to drink lots of water and limit sugar-sweetened drinks.
  Limit consumption of sugar and saturated fat.

- Be a role model for your child by living a healthy life. Remember that small changes every day can lead to success.

- Teach your child safety rules for getting to and from school, especially when it comes to biking and skating. Be sure that your child always wears a helmet when riding a bicycle or skating. Helmets help prevent head injuries and can save your child’s life.

- Teach your child emergency phone numbers and safety rules for the home in addition to rules for how to be safe around strangers (e.g., never opening the door to strangers, never getting into a stranger’s car).

<table>
<thead>
<tr>
<th>Visits Between Well-Child Checkups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

Safety Tip: Teach your child to cross a street safely. Show your child the curb and teach her to always stop at the curb and never cross the street without an adult.
References


Acknowledgments

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**Division of Community and Public Health**

*Section for Healthy Families and Youth*
- Bureau of Genetics and Healthy Childhood

*Section for Community Health and Chronic Disease Prevention*
- Bureau of Community Health and Wellness

*Section for WIC and Community Nutrition Services*
- Bureau of WIC and Nutrition Services

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- Bureau of Environmental Epidemiology

*Section for Disease Prevention*
- Bureau of HIV, STD and Hepatitis
- Bureau of Immunizations

**Office of Primary Care and Rural Health**

**Office of Public Information**

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