# Pregnancy and Beyond

# Raising a Family Can Be Challenging and Missouri WIC is Here to Help

WIC supports low-income pregnant, postpartum and breastfeeding women, infants, and children up to age 5.

## How Can WIC Help My Family?

- Nutrition counseling.
- Breastfeeding support.
- Breast pumps.
- Healthy food.
- Health care referrals.
- Find your WIC local agency at 800-TEL-LINK or wic.mo.gov.

Missouri WIC
Eat Healthy. Stay Well.

# This Book Belongs to:

_____

**Important Telephone Numbers**

| | |
|---|---|
| Missouri Poison Control | 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.)

# If you find this survey in your mailbox...

# SHARE
## your story
### and mail it back.

## The PRAMS survey helps us understand and better serve Missouri families.

## Missouri moms and babies will benefit from your response.

Missouri DHSS Department of Health and Senior Services

PRAMS — The Best Source of Data on Mothers and Babies

health.mo.gov/data/prams

**Missouri Pregnancy Risk Assessment Monitoring System (PRAMS)**

Missouri Department of Health and Senior Services • Office of Epidemiology • 866-808-4048

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER Services provided on a nondiscriminatory basis.

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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 book.

# Useful Telephone Numbers and Websites

**Missouri Department of Health and Senior Services,** http://health.mo.gov.

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

TEL-LINK is the Missouri Department of Health and Senior Services 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. Operators can connect you with community services that are available. TEL-LINK is answered weekdays from 8 a.m. to 5 p.m.

**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. 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/living/families/wic/breastfeeding/, 800-392-8209.
- Centers for Disease Control and Prevention (CDC), www.cdc.gov/HealthyLiving.
- March of Dimes, http://www.marchofdimes.org/.
- Home Visiting Services, http://health.mo.gov/living/families/homevisiting/, 800-877-6246.

**Parenting Issues**

- ParentLink, http://parentlink.missouri.edu, 800-552-8522 (Spanish 888-460-0008).
- Missouri Families, www.missourifamilies.org.
- Bright Futures for Families - Family Voices, Inc., www.brightfuturesforfamilies.org, 888-835-5669.
- Parents As Teachers, www.parentsasteachers.org, (Find your local program on this website.)
- American Academy of Pediatrics - Healthy Children, https://www.healthychildren.org/English/Pages/default.aspx.
- Kids Health, www.kidshealth.org.
- Physical Activity Guidelines for Americans, www.health.gov/paguidelines.
- MyPlate, www.ChooseMyPlate.gov.

**Safety Issues**

- Safe Kids Worldwide, www.safekids.org.
- Missouri Safe Kids, http://health.mo.gov/living/families/injuries/.
- Children's Trust Fund, http://ctf4kids.org, 573-751-5147.
- Infant Loss Resources, http://infantlossresources.org/, 800-421-3511.
- First Candle, www.firstcandle.org, 800-221-7437.
- Prevent Child Abuse America, www.preventchildabuse.org.
- Missouri Child Abuse and Neglect Hotline, 573-751-3448, 800-392-3738.
- Missouri Poison Center, http://missouripoisoncenter.org, 800-222-1222.
- Missouri Safety Belts and Child Safety Seats, www.modot.org/safety/SafetyBeltsandChildSafetySeats.htm, 888-ASK-MODOT (888-275-6636).
- National Domestic Violence Hotline, www.thehotline.org, 800-799-SAFE (800-799-7233).
- U.S. Consumer Product Safety Commission (CPSC), www.cpsc.gov, 800-638-2772.
- Prevent Children's Lead Exposure, www.cdc.gov/nceh/lead/parents.htm.
- U.S. Environmental Protection Agency, www.epa.gov/lead/protect-your-family-exposures-lead.

**Immunizations**

- Immunization Action Coalition, http://immunize.org/.
- Department of Health and Senior Services, http://health.mo.gov/living/wellness/immunizations/, 800-219-3224.
- Centers for Disease Control and Prevention, Vaccines & Immunizations, http://www.cdc.gov/vaccines/index.html.

**Health Insurance, Special Health Care Needs**

- MO HealthNet Program, http://dss.mo.gov/mhk/, 855-373-4636.
- Insure Kids Now (includes all states), www.insurekidsnow.gov, 877-Kids-Now (877-543-7669).
- Children with Special Health Care Needs, http://health.mo.gov/living/families/shcn/, 800-451-0669.

**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.

**Federal Citizen Information Center,** www.gsa.gov.

# Mom's Section

# Pregnant Women

GET YOUR ANNUAL FLU AND TDAP (WHOOPING COUGH) IMMUNIZATIONS

## Protect Yourself and Your Baby

Babies born to immunized mothers are protected for up to six months after they are born. This is the time babies are at high risk of severe disease from flu and pertussis (whooping cough).

## Get Your:

- **Flu** immunization at any time during each pregnancy
- **Tdap** immunization (to prevent whooping cough) between the 27th and 36th week of each pregnancy

Flu shot
Tdap

## FACT:

**Immunized mothers pass on protection to unborn infants. Tdap and flu vaccines are safe for pregnant women.**

## TIP:

**Surround your baby with immunized people.**

Talk to your health care provider about including immunizations as part of a healthy pregnancy.

BE AN EXAMPLE • BE AN ADVOCATE

**You never outgrow the need for vaccines.**

Missouri Department of Health and Senior Services • Bureau of Immunizations • 800.219.3224

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER Services provided on a nondiscriminatory basis.

# 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, 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.
- Talk to your health care provider about lead.

# Mother's Health History

Name: _____

Current Age: _____ Date of Birth: _____

Height: _____ feet _____ inches 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

Date Last Pap Smear: _____ Flu Shot: _____ Date

Known or Suspected History of Lead Poisoning? _____

Health Conditions: _____

Surgery: _____ Allergies: _____

Prenatal Health Care Provider: _____ Telephone Number: _____

Primary Health Care Provider: _____ Telephone Number: _____

Due Date: _____

*Check with your health care provider to see if you have a positive response to any of these tests.

# History of Medications

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

| Medication, Vitamin, Herbal or Mineral Supplement | How Many/ Often | Date Started Month Day Year | Date Stopped Month Day Year | Reason for Taking |
|---|---|---|---|---|
| | | ___ / ___ / ___ | ___ / ___ / ___ | |
| | | ___ / ___ / ___ | ___ / ___ / ___ | |
| | | ___ / ___ / ___ | ___ / ___ / ___ | |
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| | | ___ / ___ / ___ | ___ / ___ / ___ | |
| | | ___ / ___ / ___ | ___ / ___ / ___ | |
| | | ___ / ___ / ___ | ___ / ___ / ___ | |

## Previous Pregnancies

| | Date of Birth* Month Day Year | Gender M/F | Birth Weight lbs. / oz. | Notes** |
|---|---|---|---|---|
| 1 | _____ / _____ / _____ | _____ | ____ / ____ | _____ |
| 2 | _____ / _____ / _____ | _____ | ____ / ____ | _____ |
| 3 | _____ / _____ / _____ | _____ | ____ / ____ | _____ |
| 4 | _____ / _____ / _____ | _____ | ____ / ____ | _____ |
| 5 | _____ / _____ / _____ | _____ | ____ / ____ | _____ |

*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.

# Pregnancy Milestones

| | Month / Day / Year |
|---|---|
| **First learned that I was pregnant** | _____/_____/_____ |
| **First experienced morning sickness** | _____/_____/_____ |
| **First prenatal medical examination** | _____/_____/_____ |
| **First heard baby's heart beat** | _____/_____/_____ |
| **First ultrasound** | _____/_____/_____ |
| **First felt baby move** | _____/_____/_____ |
| **First prenatal/education class** | _____/_____/_____ |
| **First time I couldn't button my pants** | _____/_____/_____ |
| **First time I wore maternity clothes** | _____/_____/_____ |
| **First time I bought a baby outfit** | _____/_____/_____ |
| **First time I felt the baby hiccup** | _____/_____/_____ |

First _____

_____

Special notes: _____

_____

# Prenatal Care

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 fetal 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/living/families/womenshealth/pregnancyassistance/index.php.

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 will recommend flu and Tdap immunizations 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 Visit

## First 4 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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 born at a 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.
- Talk to your health care provider about your living conditions, plans to move or renovate, especially if moving into or renovating a home built before 1978 due to potential lead hazards. (See page 72.)

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 4-8 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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. Tell your health care provider if you crave or consume non-food items.
- 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 44.)
- 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 12.)
- 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 and home or herbal remedies are not safe during pregnancy.
- Talk to your health care provider about your job duties and working conditions; especially precautions regarding lifting, safety and chemical exposures such as lead, toxic fumes or substances.

**Future Appointment Date/Time** _____

**Location/Special Instructions** _____

# Prenatal Visit

## 8-12 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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 46) 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.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 12-16 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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 31.) Tell your health care provider if you crave or consume non-food items.
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) can assist eligible women with the following services: health\nutritional screenings, nutritional education, breastfeeding support and referrals to health care. Supplemental food is provided at no cost to participants. Refer to the map at http://health.mo.gov/living/families/wic/ for the WIC location nearest you or call TEL-LINK at 800-TEL-LINK (800-835-5465).

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 16-20 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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 34.)
- 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 35.)
- Mom can usually feel baby's movements at about 20 weeks.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 20-24 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**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 (91% efficacy in newborns up to 2-3 months of age in preventing Pertussis); 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 47.)

*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.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 24-28 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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 56.)
- 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 page 33.)
- Talk to your health care provider about getting the Tdap and flu immunizations.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 28-32 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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 34.)
- 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.
- If you have not received your Tdap and flu immunizations it is not too late. Talk to your health care provider.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 32-34 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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 36.) 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 20.)
- 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.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 34-36 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 37 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 38 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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 page 38.)
- 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.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 39 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# Prenatal Visit

## 40 Weeks of Pregnancy

**Date:** _____

**Current weight:** _____

**Weight gained:** _____

**Blood pressure:** _____

**Baby's heart rate:** _____

**Tests performed:** _____

**Medications currently taking and/or directions:** _____

_____

**New medications prescribed:** _____

_____

**Questions:** _____

_____

**Notes:** _____

_____

### 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 46), 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.

**Future Appointment Date/Time:** _____

**Location/Special Instructions:** _____

# 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: https://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 in the chart on the next page.

# Weight Status Category

| ***Height (No shoes)*** | | ***Weight in Pounds (Light indoor clothing)*** | | | |
|---|---|---|---|---|---|
| **Feet** | **Inches** | **Underweight** | **Normal** | **Overweight** | **Obese** |
| 4 | 10 | 90 or less | 91-115 | 119-138 | 143 or more |
| 4 | 11 | 93 or less | 94-119 | 124-143 | 148 or more |
| 5 | 0 | 96 or less | 97-123 | 128-148 | 153 or more |
| 5 | 1 | 99 or less | 100-127 | 132-153 | 158 or more |
| 5 | 2 | 103 or less | 104-131 | 136-158 | 164 or more |
| 5 | 3 | 106 or less | 107-135 | 141-163 | 169 or more |
| 5 | 4 | 109 or less | 110-140 | 145-169 | 174 or more |
| 5 | 5 | 113 or less | 114-144 | 150-174 | 180 or more |
| 5 | 6 | 117 or less | 118-148 | 155-179 | 186 or more |
| 5 | 7 | 120 or less | 121-153 | 159-185 | 191 or more |
| 5 | 8 | 124 or less | 125-158 | 164-190 | 197 or more |
| 5 | 9 | 127 or less | 128-162 | 169-196 | 203 or more |
| 5 | 10 | 131 or less | 132-167 | 174-202 | 209 or more |
| 5 | 11 | 135 or less | 136-172 | 179-208 | 215 or more |
| 6 | 0 | 139 or less | 140-177 | 184-213 | 221 or more |

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.

| Weight Status | Pre-Pregnancy BMI | Range in lbs | Range in kg |
|---|---|---|---|
| Underweight | Less than 18.5 | 28-40 | 12.5-18 |
| Normal Weight | 18.5-24.9 | 25-35 | 11.5-16 |
| Overweight | 25.0-29.9 | 15-25 | 7-11.5 |
| Obese (includes all classes) | Greater than or equal to 30 | 11-20 | 5-9 |

**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 is 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.

$$\textbf{BMI} = \frac{\text{weight in pounds} \times 703}{\text{height in inches squared}}$$

Source: The American College of Obstetricians and Gynecologists (ACOG), 2013, Reaffirmed 2016

# Healthy Eating Guidelines

Eating healthy when you're pregnant is one of the best things you can do. The foods you eat are the main source of nutrients for your baby and give your baby fuel to grow. 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 https://health.gov/dietaryguidelines/. A healthy eating pattern limits intake of sodium, solid fats, added sugars and refined grains and emphasizes nutrient-dense foods and beverages like: vegetables, fruits, whole grains, fat-free or low-fat milk and milk products, seafood, lean meats and poultry, eggs, beans, peas, 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 health/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/living/families/wic/ for the WIC location nearest you or call TEL-LINK at 800-TEL-LINK (800-835-5465).

# Pregnancy and Oral Health

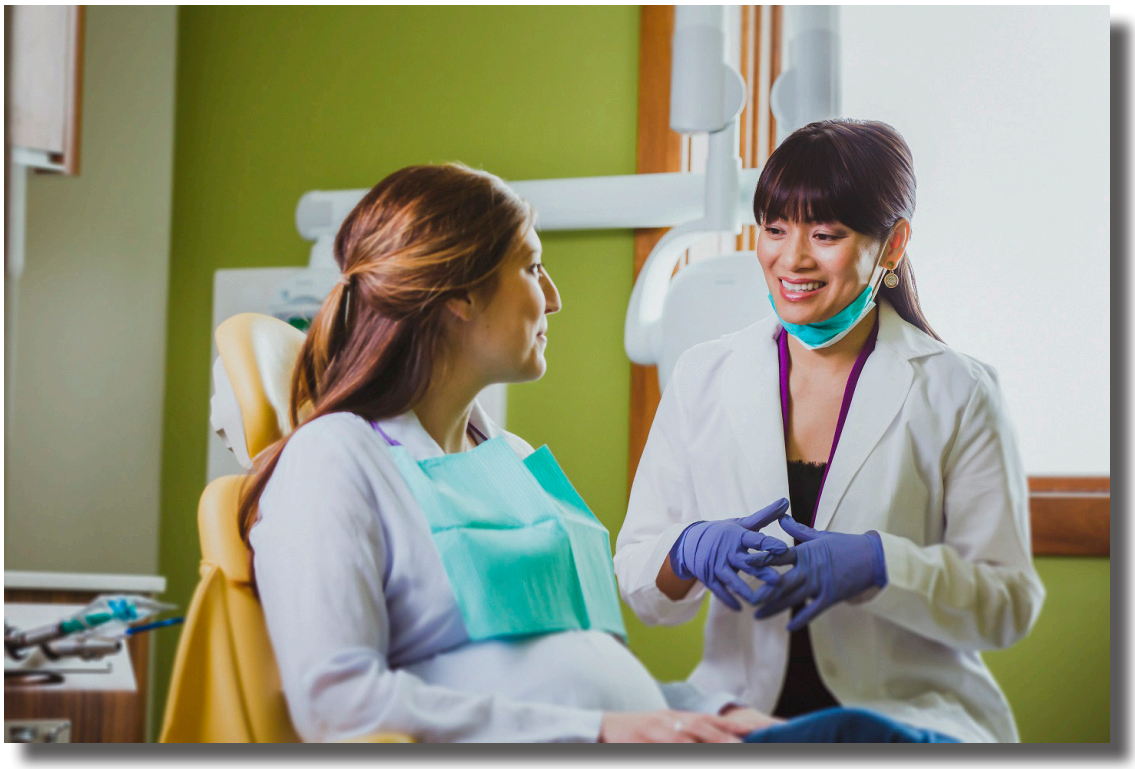
Good oral health habits not only help prevent oral problems during pregnancy, but also affect the health of your unborn child. Your baby's teeth begin to develop between the third and sixth month of pregnancy, so it is important that you receive sufficient amounts of nutrients – especially calcium, protein, 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 preeclampsia, http://www.mouthhealthy.org/en/pregnancy. Gum disease (Periodontitis) may be associated with preterm birth and low birth weight, http://www.aafp.org/afp/2008/0415/p1139.html.

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, http://www.mouthhealthy.org/en/pregnancy/concerns.

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 is usually 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 20) and sometimes after delivery the Diabetes comes back as Type 2 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 dietitian 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 medications 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 download a free App to assist with counting baby's kicks. Go to www.countthekicks.org.

## 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 and can help you lose the weight gained during pregnancy. It can help keep bones strong and can reduce your risk of breast, uterine, and ovarian cancer. Breast milk is available anytime, anywhere, and is free. 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 baby. Breastfeeding is the best gift you can give yourself and your baby! (See page 67.)

# 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 accidently 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 OR HER BACK, IN A CRIB. You can reduce the risk of suffocation and SIDS by providing a safe sleep environment.

- To keep infants safe while sleeping, the American Academy of Pediatrics (AAP) recommends you place your baby on their back every time you place them to sleep, both at night and at nap time. Side sleeping is not safe and is not advised.
- Use a safety approved crib, bassinet, or portable crib with a firm mattress and fitted sheet.
- Remove all loose bedding, blankets and toys from the crib. These items can cause suffocation.
- Infants should sleep in the parents' room (but not in the parents' bed), ideally for the first year, but at least for the first six months. This can reduce the risk of SIDS by as much as 50%.
- Do not place your baby on a soft mattress, waterbed, couch, chair, pillow, comforter or adult bed. DO NOT SLEEP WITH YOUR BABY!
- If extra warmth is needed, dress the infant in a sleep sack or footed sleeper instead of a blanket.
- To reduce the risk of SIDS, a pacifier can be used when placing your infant down to sleep, but not reinserted once she 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 supervised 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 or visit the Safe to Sleep®Campaign at https://www1.nichd.nih.gov/sts/Pages/default.aspx. For information on crib safety, including recalls, 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 and safe sleep education to Missouri families through participating local public health agencies. Applicants must be pregnant or have a baby under 3 months old, meet income eligibility guidelines and have no other resources for obtaining a crib. Applicants participate in two individual safe sleep education sessions; one when the crib is provided at the local public health agency, and one in the home approximately six weeks later. 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. Parents and caregivers should NEVER leave children unattended in or around automobiles.

Premature babies may require special care when riding in a vehicle. Some premature infants have trouble in a sitting position, causing 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 ride in a sitting position.

# Home Child Safety Checklist

- Use a firm mattress and a fitted crib sheet for your baby's crib. Keep toys and soft bedding out of the crib.
- 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.[5]
- 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 cords and strings out of children's reach, including those attached to window blinds.
- Keep small objects out of children's reach and sight. Look for and remove small items that are at your child's eye level.
- Keep all medicine and vitamins out of children's reach and sight, even medicine you take every day.
- 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 secured with trigger locks, 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 items 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 contacts.

Avoid occupying pre-1978 homes with deteriorating paint that is chipping, peeling, flaking or dusting. Avoid being present in pre-1978 built homes with lead paint that are being remodeled. See EPA Booklet "Protect Your Family From Lead in Your Home" or go to the EPA website: https://www.epa.gov/lead.

# Food Safety Tips

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 (140 degrees Fahrenheit or warmer) and cold foods cold (40 degrees or cooler).
- 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/safety/foodsafety/index.php.

# Avoiding Insect Bites

**Ticks and Mosquitoes**
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! Lots of families spend time outside in warm weather. 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. Adults should apply repellent to children.
- Do tick checks on the whole family, including pets! If you find ticks, remove immediately and wash the area.

**Zika Virus during Pregnancy**
Zika virus is a disease spread mostly by mosquitoes, but it can also be spread through unprotected sex with an infected partner. Most people who are exposed to Zika virus will not get sick.

If a mother is exposed to Zika virus during pregnancy, it can spread to the baby. If the baby is infected with Zika virus, it may result in a birth defect called microcephaly, which causes the baby's brain and head to be smaller than normal. Hearing and eye problems can also happen after infection with Zika virus. For more information, talk with your doctor. To prevent Zika virus exposure during pregnancy, you should:

- Avoid travel to areas with Zika virus risk. This applies to pregnant women and their partners. Travel notices can be found here: https://wwwnc.cdc.gov/travel/page/zika-travel-information.
- If travel is unavoidable, take steps to prevent mosquito bites, such as using insect repellent.

During and after travel, use condoms or avoid sex for the duration of pregnancy.

# Animal Bites and Pet Reptiles

**Avoiding Animal Bites**
Animal bites are a concern for families with children. Young children are especially at risk for animal bites, which can be particularly severe in this age group. 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 unvaccinated 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.

**Salmonella and Pet Reptiles and Amphibians**
Pet reptiles and amphibians, and their habitats, can be a health risk for young children, pregnant women, and the elderly because they can spread the common germ Salmonella. Small turtles are especially a problem because young children are more likely to handle them and not wash their hands afterwards. To reduce the risk of Salmonella from small turtles and from other types of pet reptiles and amphibians, you should:

- Wash hands with soap and warm water immediately after touching a reptile or amphibian, or anything in their cage.
- When cleaning your pet or their cage, use a bin or tub dedicated to animal use only. Avoid cleaning pet items in kitchens or bathrooms to prevent the spread of Salmonella in those areas.
- Don't keep reptiles or amphibians in homes or child care centers with children younger than 5 years old.
- Don't buy turtles less than 4 inches in length.

## 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.

For more information, contact your local public health agency or the DHSS Office of Veterinary Public Health at DHSS.OVPH@health.mo.gov or 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 Missouri Tobacco 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!

# Protect Your Baby...Don't Use Alcohol or Other Drugs

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. Any 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. 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, and pay attention to proper nutrition.

**Opioid Pain Medication** – Opioids are drugs used to treat moderate to severe pain. Talk to your health care provider before starting or stopping any medications to help you understand all of the risks. Some of those risks include: Neonatal Abstinence Syndrome, neural tube defects, congenital heart defects, gastroschisis, stillbirth or preterm delivery.

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 before or during birth, 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, complete the hepatitis B vaccine series and be appropriately tested for immunity.

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.

## Intimate Partner Violence

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/living/families/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://dss.mo.gov/fsd/a2a. 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.

# Baby's Arrival

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

Contractions started on (date/time): _____ Hours of Labor: _____

Date of Delivery: _____ Time of Delivery: _____

Gender: _____Boy _____Girl ( _____ single _____ twin _____ more)

Birth Weight: _____ lbs _____ oz Length: _____ inches _____ centimeters

Birth Weight: _____ grams Head Circumference: _____ centimeters

Place of Delivery: _____

Who Delivered Baby: _____

Method of Delivery: _____ Vaginal _____ Cesarean Section

Complications of Labor or Delivery: _____

People Present at Delivery: _____

_____

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

Ask that your baby be placed at your breast as soon as possible after delivery.

## Day of Arrival

My name is _____. I'm a _____.

I was born on (day of the week) _____the _____ of _____ 20 _____

at _____ a.m./p.m. 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

Age _____ (hours, days, weeks) Weight _____lbs _____ oz or grams

| | Month Day Year | Name of Health Care Provider |
|---|---|---|
| Newborn Health Examination | _____/_____/_____ | _____ |
| Hepatitis B Vaccine | _____/_____/_____ | _____ |
| Newborn Blood Spot Screen | _____/_____/_____ | _____ |
| Newborn Hearing Screen | _____/_____/_____ | _____ |
| Critical Congenital Heart Disease Screen | _____/_____/_____ | _____ |
| Circumcision (if done) | _____/_____/_____ | _____ |

Jaundice Yes _____ No _____

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.

# Things to Know During Hospital Stay

During the first 24 hours after birth, the baby's health care provider will give your baby a complete physical exam.

All babies should receive newborn hearing, blood spot and heart screenings at 24 to 48 hours of age regardless of whether they are born in a hospital, birthing center or at home. For more information visit www.health.mo.gov/newbornscreening.

Initiate breastfeeding within the first hour after birth. The thick yellow fluid that your breasts make after delivery is called colostrum. (See pages 35 to 36.)

Newborns usually receive the Hepatitis B immunization before baby and mother leave the hospital. For more information visit http://health.mo.gov/living/wellness/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 three to four small stickers called 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.

Although most babies will pass the follow-up hearing test, it is very important you make or keep (depending on your hospital's protocol) the appointment for further testing. Follow-up testing is the only way to be sure about your baby's hearing.

# Newborn Blood Spot Screening Program

**What is Newborn Blood Spot Screening?**
By law, all babies born in Missouri are required to be screened for a panel of rare but serious medical conditions. Although they are rare, these disorders can result in severe injury to the brain and other organs, or nervous system, and could result in death if not treated. Since many of these disorders are not generally noticeable at birth, the best way to find these disorders before permanent damage occurs is through newborn screening. Early detection through newborn screening and intervention, such as a special diet or medication, can give babies with these disorders their best possible start.

**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 spot 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 blood spot 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.

For more information on the Sample Storage and Release Policy visit: http://health.mo.gov/lab/newborn/pdf/nbsstoragereleasepolicy.pdf.

# 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 SCD 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 trait is most 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 SCT.

## Critical Congenital Heart Disease Screening

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 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 and takes just a few minutes.

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 Banking

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.

# Cytomegalovirus (CMV)

**What is CMV?**
Cytomegalovirus, or CMV, is a common virus that affects people of all ages. It is typically harmless to the general population and affects over half of the people in the US before the age of 40. Most people do not know they have CMV or may have only mild flu-like symptoms.

CMV during pregnancy can cause severe health complications to an unborn baby. If you are pregnant or about to become pregnant, you can decrease the risk of contracting CMV.

**How is CMV spread?**
The virus is passed from an infected person through direct contact with bodily fluids, such a urine or saliva. CMV is very common in home and daycare settings. Healthy children 1-3 years of age are at high risk for contracting CMV from other children.

**How common is congenital CMV?**
Congenital means the condition is present at birth. One in 150 children is born with congenital CMV each year. One in every five children born with CMV will suffer from permanent health complications and life-long disabilities.

**Why is congenital CMV a serious concern?**
When a pregnant woman contracts CMV, she may pass the virus to her unborn baby. When this happens, the baby is born with congenital CMV. Congenital CMV is far more serious than contracting the virus after birth, as it may cause permanent health complications and life-long disabilities such as hearing loss, vision loss, cerebral palsy, and mental and physical disabilities. Congenital CMV is a leading cause of hearing loss and other neurological problems in children.

**What should be done at birth?**
If you think you were exposed to CMV while pregnant, contact your health care provider to consider having yourself and your baby tested.

If your baby does not pass the hearing screening, you should ask your physician about CMV testing within the first 21 days of life.

**How can CVM be prevented?**
Wash your hands with soap and water after:

- Changing diapers.
- Feeding a young child.
- Wiping a young child's nose or mouth.
- Handling children's toys.

Avoid sharing food, drinks, or eating utensils with a child. Avoid contact with a child's saliva when snuggling and kissing. Throw away used diapers and tissues.

# 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. Some programs are exempt from licensing by statute, including schools and summer camps. Unless required in order to receive funding, 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 or visit the Section for Child Care Regulation's website at http://health.mo.gov/safety/childcare/index.php.

# 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, infant safe sleep, payments, 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 800-200-9017 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. To inquire about inclusion call 800-467-2322 or go to http://united4children.org/including-children-with-special-needs.

# Postpartum Visit

**Examination Date:** _____

| **Your Examination:** | **YES** | **NO** |
|---|---|---|
| Breast Exam | _____ | _____ |
| Uterus Exam | _____ | _____ |
| Blood Pressure | _____ | _____ |
| Pap Smear | _____ | _____ |
| Blood Sample | _____ | _____ |
| Episiotomy Exam | _____ | _____ |
| Urine Sample | _____ | _____ |
| Birth Control | _____ | _____ |
| Follow-up blood sugar if you had gestational diabetes during pregnancy. | _____ | _____ |

Questions/Notes _____

_____

_____

_____

**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. The CDC recommends 18 months to two years between births.
- 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?

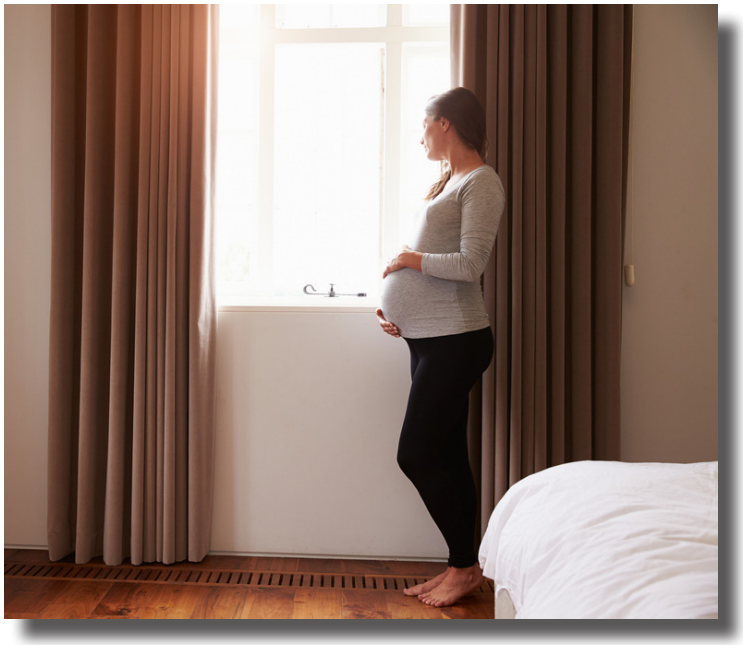
Gestational diabetes can result in Type 2 Diabetes after pregnancy. Follow-up and treatment as necessary can prevent complications.

# 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 your 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 24 months before getting pregnant again for the well-being of the mother and her children.[6] 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.



# Photos or Mementoes

# Infant's Section

WIC provides breastfeeding support in your community! Your local agency may offer these important services:

- Breastfeeding Education—One on one or in group classes.
- Breastfeeding Peer Counselors—Moms just like you who breastfed their babies.
- Mother's Groups—Visit with other moms of young children.
- Breast Pumps—WIC supplies a variety of pumps to meet your needs.
- Breastfeeding Support - Staff trained to help answer your breastfeeding questions.

Call 800-TEL-LINK or visit wic.mo.gov to find a local agency near you!

Missouri WIC
Eat Healthy. Stay Well.

## Baby's Firsts

Record the dates when your baby did each of the following for the first time:

| | Month | Day | Year |
|---|---|---|---|
| Smiled | _____ | _____ | _____ |
| Laughed | _____ | _____ | _____ |
| Slept through the night | _____ | _____ | _____ |
| Looked toward sound | _____ | _____ | _____ |
| Turned from front to back | _____ | _____ | _____ |
| Turned from back to front | _____ | _____ | _____ |
| Held a toy | _____ | _____ | _____ |
| Sat up alone | _____ | _____ | _____ |
| Cut first tooth | _____ | _____ | _____ |
| First word | _____ | _____ | _____ |
| Said "dada" | _____ | _____ | _____ |
| Said "mama" | _____ | _____ | _____ |
| Crawled | _____ | _____ | _____ |
| Pulled up to stand | _____ | _____ | _____ |
| Walked alone | _____ | _____ | _____ |
| Clapped hands | _____ | _____ | _____ |
| Blew a kiss | _____ | _____ | _____ |
| Waved bye-bye | _____ | _____ | _____ |
| First hair cut | _____ | _____ | _____ |
| Drank from a cup | _____ | _____ | _____ |

## 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. Fathers change the world one child at a time! 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.

## Resources for Fathers

**Fathers' Support Center, St. Louis**, http://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**, https://www.fatherhood.org/, 301-948-0599.
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**, 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**, 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**, https://www.fatherhood.gov/, 877-432-3411.
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!
*Resource to help parents understand and cope with their baby's crying, http://purplecrying.info/.

## Shaken Baby Syndrome/Abusive Head Trauma

A normal healthy baby may cry up to five or more hours a day. Crying spells peak when the baby is 6 to 8 weeks of age and 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; play soothing music; but remember sometimes she may cry no matter what. 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 on their back, in a crib and walk away. Have a plan. Sit down, leave the room, take a deep breath, calm yourself and then check on 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. To watch a video on Shaken Baby Syndrome go to the Children's Trust Fund website 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. 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, 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 mental health professional or pediatrician with expertise in child trauma, such as a board certified child abuse pediatrician.

**How to report abuse to authorities**: If you know or suspect that a child is being or has been abused or neglected, call the Missouri Child Abuse and Neglect Hotline at 800-392-3738. It is not your responsibility to prove that abuse or neglect has occurred.

## Feeding Your Baby

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 for at least 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 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 35 to 36.)

## 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/living/families/wic/breastfeeding/.

## Solid Foods

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 and meat are excellent choices for your baby's first solid food. Offer only single grain infant cereals such as rice, barley, or oatmeal. Mixed cereals can be introduced after determining baby can tolerate the individual grains.

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 the doctor. When in doubt, trust your instincts. If you are worried there may be something wrong, do not hesitate to contact your doctor. You are encouraged to call your child's doctor with any questions or concerns regarding your child, even for routine things like medicine, minor illnesses, injuries or behavioral questions. Some problems can wait until regular office hours but others require more immediate attention.

Call your child's doctor 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

Parents should follow the Advisory Committee on Immunizations Practices (ACIP) recommended immunization schedule for their child, visit www.cdc.gov/vaccines/hcp/acip-recs/index.html. 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 whooping cough, flu, chicken pox 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/living/wellness/immunizations/.

# Oral Health

Primary ("baby") teeth are as important as permanent teeth. They hold space in the jaw 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 every feeding, wipe your baby's gums with a clean cloth.

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.

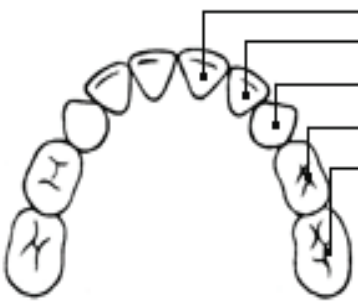
Fluoride is available in fluoride drops or in combination with prescription vitamins.

# Primary Teeth Eruption Chart

**Record your baby's age when each tooth erupts:**

**Upper Teeth**

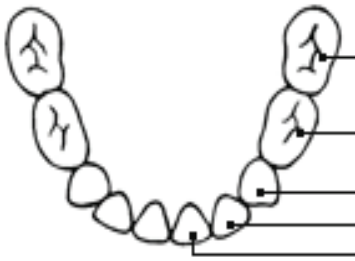
| Right Side | Left Side |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



| Upper Teeth | Erupt |
|---|---|
| Central Incisor | 8-12 months |
| Lateral Incisor | 9-13 months |
| Canine (Cuspid) | 16-22 months |
| First Molar | 13-19 months |
| Second Molar | 25-33 months |

**Lower Teeth**

| Right Side | Left Side |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



| Lower Teeth | Erupt |
|---|---|
| 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 |

# Lead Poisoning Prevention and Testing

Lead poisoning can happen to any child no matter where they live. Lead is especially toxic to infants and 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 even when their blood levels are high.

Homes built before 1978 could have lead paint inside or outside. Even a small amount of lead dust from lead based paint that is peeling or chipping can be a likely 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 or hobbies, contaminated soil, imported candy, toys, spices, some metal or painted jewelry, cosmetics, and keys are some common sources of exposure. Additionally, lead can be brought into the home from the workplace. 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 with soap and plenty of running water, especially after playing outside and before eating or napping; and even more frequently if they have nail biting or thumb sucking behaviors.
- See EPA Booklet "Protect Your Family From Lead in Your Home" or go to the EPA website, https://www.epa.gov/lead.
- Feed your child a healthy diet. Foods containing iron, calcium and vitamin C, as well as a variety of fruits and vegetables can be particularly helpful.
- Parents should wet wipe countertops and eating surfaces before and after eating, wet clean window sills accessible to children and wet mop interior and exterior floors particularly in the child's play areas every 1 to 2 weeks.
- Plant grass or shrubs to reduce exposure to areas of bare soil that may contain lead.
- Wash toys frequently, especially those that the child may put in their mouth.
- Shower and change your shoes and clothing before leaving work if you work in battery manufacturing, lead mining or other industrial jobs with possible lead exposure.
- Have your child tested for lead.

In 2012, the CDC made recommendations, that the American Academy of Pediatrics strongly support, which define an elevated blood lead level as 5 micrograms per deciliter or greater. It's important to have your child tested for lead poisoning particularly if they have a known or suspected exposure to lead. To determine if your child is at high risk for lead exposure and needs to be tested, a list of questions may be asked at well-child visits with your health care providers. 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.[7] It is the only way to know your child has been lead poisoned.

# Private Water and Child Safety

If you have a private well, DHSS encourages you to have your water tested to make sure it is safe. Since many contaminants are colorless, tasteless, and odorless, testing is the only way to be sure. The presence of contaminants in water can lead to health issues, including gastrointestinal illness, reproductive problems, and neurological disorders. Infants and young children may be especially susceptible to illness from some contaminants.

To ensure your child is consuming safe drinking water, you can contact your local public health agency or the Missouri Department of Health and Senior Services' Bureau of Environmental Epidemiology (BEE) at (573)751-6102. DHSS recommends having your private water tested for bacteria, heavy metals, and nitrate on a yearly basis, especially when there are children less than six years of age living in the home.

Common contaminants in private wells that are especially harmful to children are:

- *Escherichia coli (E. coli)* - A member of the coliform group of bacteria and is found only in the intestines of warm-blooded animals, including humans. When found in drinking water, E. coli indicates the water has been contaminated with human or animal wastes (feces) and can cause a variety of health issues in small children and infants.
- Nitrate - Nitrates are a natural component of plants and nitrate-containing fertilizers that can seep into well water. In the body, nitrates can be converted to nitrites, which are potentially hazardous. In infants, it can lead to a condition called methemoglobinemia, also known as blue baby syndrome, a dangerous and often fatal blood disorder that interferes with the transport of oxygen in the blood. Babies whose formula is prepared using well water may have a high risk of nitrate poisoning.
- Lead - A tasteless, colorless, odorless, naturally occurring heavy metal. Fetuses, infants, and children up to the age of six have rapidly growing little bodies which, unfortunately, are quick and efficient absorbers of lead. Lead can cause brain damage, premature birth, reduced birth weight, seizures, behavioral disorders, and a lower IQ level in children.

Until you can have your private well tested, DHSS recommends that you:

- Use cold water for cooking and drinking. Contaminants can accumulate in hot water heaters.
- Run the faucet for two minutes each morning prior to using the water for cooking or drinking. This will flush the pipes and lower the likelihood that contaminants will end up in the water you consume.

# Consider Having Your Child Tested for Lead

It's important to have children under six years of age tested for lead poisoning if they have a known or suspected exposure to lead. To determine if your child is at high risk for exposure and needs to be tested, a list of questions may be asked at well child visits with your health care provider. If your answer is "yes" or "unknown" to any of the questions, it may indicate that your child may have been exposed to lead and should be lead tested. A sample set of questions is included below. If needed, your child's physician or most local public health agencies can perform a simple blood lead screening test.

| **Lead Risk Screening Questions for Each Well Child Check**<br>**Ask Parents or Guardians of any child less than six years old the following questions at each well child check.** | | **No** = Ask all Questions Again at Next Well Visit to Update | **Yes** = Perform Blood Lead Test unless recently tested <5 | **Unknown** = Consider Performing Blood Lead Test |
|---|---|---|---|---|
| **1** | Does your child have siblings, parents, or playmates with lead poisoning? | | | |
| **2** | Does your child live in or regularly visit a house or day care built before 1950?<br>Or, that has older or antique furniture or toys with lead-based paint?<br>Has the family moved to a new location or has the child changed locations for day care since the last well child check? | | | |
| **3** | Does your child reside in or visit a house built before 1978 with chipping paint or remodeling since the last well child check? | | | |
| **4** | Does your child play in bare soil or reside near a lead mining or smelting area where the soil could be contaminated with lead (e.g. neighborhood with older housing, current or historical mining, smelting, or agriculture)? | | | |
| **5** | Does your child reside with an individual that works with or has hobbies using lead? (battery factories, recycling plants, home remodeling, mining, pipe fitters, shooting ranges, etc.) | | | |
| **6** | Does your child mouth or eat non-food items (pica) such as eating dirt, starch, clay, ashes or plaster? | | | |
| **7** | Is your child given spices from other countries or unusual medicines, herbal or folk remedies or eat or drink from pottery, glass, clay or painted dishes made in other countries? | | | |
| **8** | Does your child play with imported toys or is exposed to imported cosmetics? | | | |
| **9** | Has your child been adopted from, lived in or visited another country within the last 6 months? | | | |
| **10** | Does your child drink water or formula or eat foods made or cooked with water from older indoor plumbing with metal pipes or with lead solder? Discuss that formula or foods using water from the faucet should not be from hot water. | | | |
| **11** | Does your child have possible maternal lead transmission prenatally or through breast milk? | | | |

***For information about lead, visit the following web sites:**

- DHSS Childhood Lead Poisoning website at http://health.mo.gov/lead or contact your local public health agency or the Missouri Department of Health and Senior Services at 573-571-6102
- Environmental Protection Agency, Protect Your Family From Exposure to Lead, https://www.epa.gov/lead/protect-your-family-exposures-lead
- Centers for Disease Control, Information for Parents, https://www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm

## 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. Eventually, infants 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 them express their 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**

| | | | |
|---|---|---|---|
| Newborn (2-3 days) | 6-8 months | 15-17 months | 3 years |
| By 1 month | 9-11 months | 18-23 months | 4 years |
| 2-3 months | 12-14 months | 24 months | 5 years |
| 4-5 months | | | |

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 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:** _____

**Examination:**

Weight _____ Length _____

Head Circumference _____ Heart Screening Results _____

Newborn Hearing Screening Results _____ Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

_____Breastfeeding/Day _____ Bottle Feedings/Day

Other Tests _____

**Milestones**:

- Responds to sound by blinking, crying, changing respiration or showing a startle response.
- Quiets to familiar voices.
- Fixates on human face and follows with eyes.
- Responds to parents' face and voice.

### 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 31.) Refer to the map at http://health.mo.gov/living/families/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.
- ***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.

# Photos or Mementoes

# Well-Child Visit
## By 1 Month (2-4 weeks)

**Examined Date:** _____ **Child's Age:** _____ (weeks)

**Examination**:

Weight _____ Length _____

Head Circumference _____ Newborn Blood Spot Screening Results _____

Newborn Hearing Screening Results _____ Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

**Feeding History**:

_____Breastfeeding/Day _____ Bottle Feedings/Day

Other Tests _____

**Milestones:**

- Responds to parents' face and voice.
- Can sleep three or four hours at a time; can stay awake for one hour or longer.
- When crying can be consoled most of the time by being spoken to or held.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

**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 56.) Get help right away if you ever have thoughts of harming yourself or your baby! Call your 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 an adult bed or soft mattress, waterbed, sofa, chair, beanbag, pillow, cushion or other soft surface. (See page 38.)
- 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 39.) 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, ever shake a baby! (See page 65 to 66.)
- Reading, telling stories or singing to your baby every day is important to early language development.

**Visits between Well Child Checkups**

| Date | Reason for Visit | Care Given | Health Care Provider |
|---|---|---|---|
| | | | |

**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.

## Notes

# Well-Child Visit
## 2-3 Months

**Examined Date:** _____ **Child's Age:** _____

**Examination:**

Weight _____ Length _____

Hearing Evaluation (Test) Results _____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

**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.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

### 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, ever shake a baby! (See pages 65 to 66.)
- 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 44.)
- 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.

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

**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.

## Notes

# Well-Child Visit
## 4-5 Months

**Examined Date:** _____ **Child's Age:** _____

**Examination:**

Weight _____ Length _____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

**Feeding History**:

_____Breastfeeding/Day _____ Bottle Feedings/Day

Other Tests _____

**Milestones:**

- Rolls over from front to back.
- Controls head well.
- Bats at objects.
- Laughs out loud.
- Begins to grasp toys and shake hands.
- Develops personal preferences; has favorite toy or activity.
- Recognizes and prefers caregivers with whom she has an attachment.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

**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 56.)
- 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 66.)
- 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.)

**Visits between Well Child Checkups**

| Date | Reason for Visit | Care Given | Health Care Provider |
|---|---|---|---|
| | | | |

**Safety Tip**: Test the batteries on your smoke alarm and carbon monoxide detectors monthly and replace the batteries every year.

## Notes

# Well-Child Visit
## 6-8 Months

**Examined Date:** _____ **Child's Age:** _____

**Examination:**

Weight _____ Length _____

Early Intervention for Hearing Loss (if needed) _____

Lead Screen/Lead Risk Questionnaire. Blood test if lead risk identified.

_____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

**Feeding History**:
_____Breastfeeding/Day_____ Bottle Feedings/Day

Other Tests _____

**Milestones:**

- Vocalizes single consonants ("dada," "baba").
- Grasps and mouths objects.
- Starts to self-feed.
- Responds to own name.
- Rolls over.
- Laughs and gurgles (shows pleasure at being tickled and other physical interactions).
- Reacts emotionally to other people's emotions (smiles when smiled at or becomes distressed when she hears another child crying).

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

**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 56.)
- 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.

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

**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.

## Notes

# Well-Child Visit

## 9-11 Months

**Examined Date:** _____ **Child's Age:** _____

**Examination:**

Weight _____ Length _____

Lead Screen/Lead Risk Questionnaire. Blood test if lead risk identified.

_____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

**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.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

### 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 shallowest 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 | | | |
|---|---|---|---|
| **Date** | **Reason for Visit** | **Care Given** | **Health Care Provider** |
| | | | |

**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.

## Notes

# Record of Illnesses and Medication Notes

| **Date** Month/Day/Year | **Age** | **Description of Illness** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| **Medication Notes** |
|---|
| |
| |
| |
| |

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.

# Child's Section

# Need vaccines?
# No health insurance?
# Vaccines not covered?

## Call your local public health agency or your doctor today!

**health.mo.gov/immunizations**

Helping Families Keep Children Safe
VACCINES for CHILDREN

Missouri Department of Health and Senior Services • Bureau of Immunizations

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER Services provided on a nondiscriminatory basis.

# 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.

| Daily Food Plan - Use this Plan as a General Guide[8] | | | | |
|---|---|---|---|---|
| **Food Group** | **2 Year** | **3 Year** | **4 and 5 Year Olds** | **What counts as:** |
| Fruits | 1 cup | 1 - 1 1/2 cups | 1 - 1 1/2 cups | **1/2 cup of fruit?**<br>1/2 cup mashed, sliced or chopped fruit<br>1/2 cup 100% fruit juice<br>1/2 medium banana<br>4 - 5 large strawberries |
| Vegetables | 1 cup | 1 1/2 cups | 1 1/2 - 2 cups | **1/2 cup of veggies?**<br>1/2 cup mashed, sliced or chopped vegetables<br>1 cup raw leafy greens<br>1/2 cup vegetable juice<br>1 small ear of corn |
| Grains | 2 ounces | 4 - 5 ounces | 4 - 5 ounces | **1 ounce of grains?**<br>1 slice bread<br>1 cup ready-to-eat cereal flakes<br>1/2 cup cooked rice or pasta<br>1 tortilla (6" across) |
| Protein Foods (Meat and Beans) | 3 ounces | 3 - 4 ounces | 3 - 5 ounces | **1 ounce of protein foods?**<br>1 ounce cooked meat, poultry or seafood<br>1 egg<br>1 tablespoon peanut butter<br>1/4 cup cooked beans or peas (kidney, pinto, lentils) |
| Dairy | 2 cups* | 2 cups | 2 1/2 cups | **1/2 cup of dairy?**<br>1/2 cup milk<br>4 ounces yogurt<br>3/4 ounce cheese<br>1 string cheese |

*Breastfeeding may replace milk.

# 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.

| Healthy and Safe Food Guide/Helpful Hints | | | | |
|---|---|---|---|---|
| **Age of Child** | **1 Year**[9] | **2 Year**[8] | **3 Year**[8] | **4 and 5 Year Olds**[8] |
| Safe and Healthy Foods | -Eggs, dry cereal, whole wheat bread, crackers or tortilla<br>-Oatmeal, whole wheat pasta or brown rice<br>-Cooked or soft raw fruit, such as applesauce, diced pear or melon<br>-Cooked and mashed beans<br>-Well-done but moist and chopped meats, fish, or shellfish | -Colorful fruits and vegetables, like tomatoes, sweet peppers, and oranges<br>-Cooked or soft raw fruit, like applesauce, pears, strawberries, or melon<br>-Dark green or orange vegetables such as carrots, sweet potatoes, or broccoli<br>-Cooked and mashed beans<br>-Well-done but moist and chopped meats, fish, or shellfish | | |
| Healthy Snacks | -1/4 whole wheat tortilla and 1/2 oz cheese<br>-1/2 cup diced, soft or cooked fruit<br>-2 to 3 graham cracker squares and 1/4 cup whole milk*<br>-1 small banana | -4 ounces yogurt<br>-1/2 cup orange slices<br>-1/2 cup dry cereal<br>-3 to 4 cucumber slices<br>-1/2 of a rice cake<br>-2 to 3 whole wheat crackers<br>-3/4 cup low-fat milk* | | -1/2 cup mashed, sliced or chopped fruit<br>-1 cup sliced or chopped raw vegetables<br>-4 ounces of cottage cheese<br>-3/4 ounce cubed or string cheese<br>-Peanut butter spread thinly on bread or crackers |

| Healthy and Safe Food Guide/Helpful Hints | | | | |
|---|---|---|---|---|
| **Age of Child** | **1 Year**[9] | **2 Year**[8] | **3 Year**[8] | **4 and 5 Year Olds**[8] |
| Avoid these foods that can cause your child to choke | -Sticky foods like peanut butter and marshmallows<br>-Slippery foods like hotdogs, hard candy, and whole grapes<br>-Small hard foods like nuts, seeds, popcorn and pretzels<br>-Large pieces of raw vegetables and cooked meats | | | -Hard, small, whole foods such as popcorn, nuts, seeds and hard candy<br>-Chewing gum, especially bubble gum<br>-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.)<br>-Sticky food such as peanut butter, spread thinly on foods |
| At this age I can | -Eat most foods the family eats<br>-Drink from a cup<br>-Hold a cup with two hands<br>-Try using a spoon<br>-Feed myself with my fingers<br>-Decide how much I need to eat | -Eat most foods the family eats<br>-Chew tougher foods<br>-Use a spoon with less mess<br>-Hold a cup with one hand<br>-Learn to use a fork for eating<br>-Start saying "more" and "all done" | | -Learn by watching my parents' eating habits, table manners, likes and dislikes<br>-Be encouraged to willingly try new foods<br>-Serve myself and can take small amounts of new foods at first<br>-Cook, eat and talk to my family together making meal time family time |
| Helpful Tips | Give your child:<br>-16 ounces of whole milk a day or breastfeed 2 to 3 times a day<br>-No more than 4 ounces of juice a day<br>-Water between meals and snacks | -Decide what to serve and when to serve it.<br>-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.<br>-Do not bribe, play games or force your child to eat.<br>-Use child size plates, cups, spoons and forks. This works better for small hands.<br>-Serve at least one food your child likes. If he does not like the other foods offered, he will have something to eat. | | |

Speak with your doctor if there is a history of food allergies in your family.
*Breastfeeding may replace milk.

# Exercise-Healthy Tips for Active Play

## Ages 1 through 5 years[10]

Regular physical activity helps children gain physical and developmental skills and will make it more likely that they will be active throughout their lifetime. 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 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.

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 items.
- 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 can include playing on the playground, playing tag with friends, throwing a ball or dancing.

Here are some ideas of how to be active with your child in or outside:

| Indoor Play | Outdoor Play |
|---|---|
| -Act out a story | -Family walks after dinner |
| -Turn up the music and dance | -Play catch |
| -Walk inside a shopping mall | -Take a nature hike |
| -Play games such as duck-duck-goose, hide and seek or Simon says | -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.
- Focus on fun, not on how well your child does. They will win when they move, have fun and are active.
- Limit TV and other screen time to less than two hours a day. Try reading during inactive times.
- Active parents tend to raise active children. You influence your child's behavior, attitudes and future habits. Set the example by using safety gear, like bike helmets.

Is your child getting enough activity? Make sure:

- Your child plays outside several times a day or inside where he or she is free to move.
- Your child's 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

**Examined Date:** _____ **Child's Age:** _____

**Examination**:

Weight _____ Height _____

Lead Screen/Lead Risk Questionnaire. Blood test if lead risk identified or child has not yet been tested.

_____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

Other Tests _____

**Milestones**:

- Pulls to stand, walks with support and may take a few steps alone.
- Plays social games such as pat-a-cake, peek-a-boo and so-big.
- Drinks from a cup.
- Correctly uses "mama" or "dada".
- Learns that own voice and actions have effects on others.
- Understands "yes," "no" and some boundaries.
- Accepts redirection.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

### 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.
- Your child is becoming more mobile and is likely touching many surfaces and experiencing increased teething and other mouthing behaviors. If your child has not had a blood lead screening yet, now would be a good time to discuss this with your doctor.

**Visits between Well Child Checkups**

| Date | Reason for Visit | Care Given | Health Care Provider |
|---|---|---|---|
| | | | |

**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.

## Notes

# Well-Child Visit

## 15-17 Months

**Examined Date:** _____ **Child's Age:** _____

**Examination**:

Weight _____ Height _____

Lead Screen/Lead Risk Questionnaire. Blood test if lead risk identified or child has not yet been tested.

_____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

Other Tests _____

**Milestones**:

- Has a vocabulary of three to ten words.
- Understands simple commands.
- Walks well, stoops, climbs stairs.
- Enjoys finding own nose, eyes or tummy as part of naming games.
- Cooperates with caregiving experiences (dressing and diaper changing).
- Begins to show self-conscious emotions such as pride and shame.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

### 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.
- Your child is becoming much more independent in their mobility and in feeding themselves using their hands. At this age, many children have intense mouthing behaviors. If your child has not had a blood lead screening in the past year, now would be a good time to discuss this with your doctor.
- If you live in an older home built before 1978 that has deteriorating inside or outside paint, please see the EPA booklet noted on page 72 of this publication.

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

**Safety Tip**: Keep all guns unloaded and in a locked place separate from the ammunition.

## Notes

# Well-Child Visit

## 18-23 Months

**Examined Date:** _____ **Child's Age:** _____

**Examination**:

Weight _____ Height _____

Lead Screen/Lead Risk Questionnaire. Blood test if lead risk identified or child has not yet been tested.

_____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

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.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

### 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 91.)
- 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.
- Your child continues becoming more independent in their mobility and in feeding themselves using their hands. Many children are getting their two year molars. Intense mouthing behaviors and some new oral behaviors of tasting or chewing on non-food items may be occurring. If your child has not had a blood lead test in the past year, now would be a good time to discuss this with your doctor.
- Please let your doctor know if you are planning to move to a new place to live, or your child has a new daycare or caregiver. Discuss how to adjust to a different home or routine and review topics related to safety in the new places your child will be spending time.

**Visits between Well Child Checkups**

| Date | Reason for Visit | Care Given | Health Care Provider |
|---|---|---|---|
| | | | |

**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.

## Notes

# Well-Child Visit

## 24 Months

**Examined Date:** _____ **Child's Age:** _____

**Examination**:

Weight _____ Height _____

Lead Screen/Lead Risk Questionnaire. Blood test if lead risk identified or child has not yet been tested in the last year.

_____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

Other Tests _____

**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.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

### 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.
- Your child is likely walking, running, and climbing, though still spending a lot of time at play on the floor. This is a high risk time for poisoning by chemical products in the home as well as by medication, plants and by lead dust on floors or eating surfaces or by a variety of objects the child may place in their mouth and suck or chew on.
- Sometimes chewing on or eating non-food items may become a habitual behavior that is not safe for your child. Discuss these oral behaviors with your doctor as it may also indicate that your child needs more nutrients or is at risk for poisoning.

**Visits between Well Child Checkups**

| Date | Reason for Visit | Care Given | Health Care Provider |
|---|---|---|---|
| | | | |

**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 rearview mirror.

## Notes

# Well-Child Visit

## 3 Years

**Examined Date:** _____ **Child's Age:** _____

**Examination**:

Weight _____ Height _____

Lead Screen/Lead Risk Questionnaire. Blood test if lead risk identified or child has not been tested in the last 15 months.

_____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

Other Tests _____

**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.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

### 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.
- You and your family may find that you are outgrowing your living space. If you are considering or plan to move to or remodel a home that was built before 1978, please read the EPA Booklet "Protect Your Family From Lead in Your Home" or go to the EPA website: https://www.epa.gov/lead.

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

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

## Notes

# Well-Child Visit

## 4 Years

**Examined Date:** _____ **Child's Age:** _____

**Examination**:

Weight _____ Height _____

Lead Screen/Lead Risk Questionnaire. Blood test if lead risk identified or child has not been tested since they were 18 months or older.

_____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

Other Tests _____

**Milestones**:

- Can sing a song.
- Draws a person with head, arms and legs.
- Distinguishes fantasy from reality.
- Can play well with other children.
- Welcomes and values praise for what he has done.
- Adapts behavior to different events, social situations and changes in routine.
- Is aware of his own feelings and knows that some actions and words hurt others' feelings.

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

### 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.
- If your child has habitual mouthing behaviors such as nail biting, or sucking on their hands or fingers, or putting other non food items in their mouth, please discuss this behavior with your doctor.

**Visits between Well Child Checkups**

| Date | Reason for Visit | Care Given | Health Care Provider |
|---|---|---|---|
| | | | |

**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.

## Notes

# Well-Child Visit

# 5 Years

**Examined Date:** _____ **Child's Age:** _____

**Examination**:

Weight _____ Height _____

Lead Screen/Lead Risk Questionnaire. Blood test if lead risk identified or consider testing if child has not been tested since they were 24 months or older.

_____

Immunizations _____

Visit: http://health.mo.gov/living/wellness/immunizations/schedules.php

Other Tests _____

**Milestones**:

- Dresses self without help.
- Knows address and telephone number.
- Can count on fingers.
- Aware of the boundaries set and of behavioral expectations in the setting.
- Beginning to be able to negotiate and resolve problems without aggression (when someone has taken a toy).

**Place Stickers, Cards or Other Mementoes from Well-Child Visit Below**

### 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).
- At this visit, your doctor's office will typically prepare a Health Record for your child's entry into school/kindergarten. This will include their current health and developmental status, immunizations, known health conditions, medications, allergies, surgeries, hospitalizations, and dates and results of blood lead tests and any instructions for the school nurse if your child has medications that need to be given while the child is at school or has any particular health needs or concerns.

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

**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.

## Notes

# Photos or Mementoes

# References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# Acknowledgments

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**Division of Community and Public Health**

*Section for Healthy Families and Youth*

Bureau of Genetics and Healthy Childhood
Bureau of WIC and Nutrition Services

*Section for Community Health Services & Initiatives*

Bureau of Community Health and Wellness

*Section for Environmental Public Health*

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**

# Protect your child right from the start.

Immunization is the single most important way parents can protect their children against serious diseases.

| | Birth | 2 Months | 4 Months | 6 Months | 12-15 Months | 15-18 Months | 19-23 Months | 4-6 Years |
|---|---|---|---|---|---|---|---|---|
| **Hepatitis B** | ✓ | ✓ | ✓* | ✓ | | | | |
| **Diphtheria, Tetanus, Pertussis (DTaP)** | | ✓ | ✓ | ✓ | | ✓ | | ✓ |
| **Haemophilus Influenzae B (Hib)** | | ✓ | ✓ | ✓ | ✓ | | | |
| **Poliovirus (Polio)** | | ✓ | ✓ | ✓ | | | | ✓ |
| **Pneumococcal Conjugate (PCV)** | | ✓ | ✓ | ✓ | ✓ | | | |
| **Measles, Mumps, Rubella (MMR)** | | | | | ✓ | | | ✓ |
| **Varicella (Chickenpox)** | | | | | ✓ | | | ✓ |
| **Hepatitis A** | | | | | ✓ | | ✓ | |
| **Rotavirus (RV)** | | ✓ | ✓ | ✓ | | | | |
| **Influenza** | | | | **Each flu season starting at 6 months.**** | | | | |

**Some of these vaccines may be given in combination, meaning fewer shots.**

✓ Can be given as early as 12 months, if there is six months since third dose.

*If not given at birth.

**Children 6 months through 8 years old who receive a flu vaccine for the first time should be given two doses, four weeks apart.

Missouri's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). For more information, please call the Missouri Department of Health and Senior Services, Bureau of Immunizations at 800.219.3224 or visit www.health.mo.gov/immunizations. AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER Services provided on a nondiscriminatory basis.

Missouri Department of Health and Senior Services
Bureau of Genetics and Healthy Childhood
P.O. Box 570
Jefferson City, MO 65102-0570
800-877-6246

http://health.mo.gov/living/families/genetics/newbornhealth/index.php

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Hearing- and speech-impaired citizens can dial 711.
This institution is an equal opportunity provider.

We hope you enjoyed *Pregnancy and Beyond* and benefit
from this important prenatal and newborn health information.

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