

PARENTING

THE FIRST YEAR

For
North
Dakota
Parents



Congratulations on the arrival of your baby!

Here is your copy of *Parenting the First Year*, North Dakota's own magazine for parents of babies ages birth to 12 months. This magazine is provided as a free service to North Dakota residents who are parents of a new baby and is sponsored by the North Dakota Department of Health and the North Dakota Department of Human Services.

As a new parent, remember that you don't have to know everything. *Parenting the First Year* offers suggestions and resources that will help you learn as your baby grows.

Be Patient With Yourself

Becoming a parent is an exciting change in your life. However, it will take time to feel comfortable in your important new role. Parents and babies learn together. Don't expect to know how to handle everything overnight.

Mothers, during the first few weeks after your baby is born, you may be surprised by your strong feelings. You may feel thrilled, proud or on top of the world. Sometimes, you may feel down or on the verge of tears for apparently no reason. Some call this the "baby blues." If the "baby blues" lasts longer than two to three weeks, or if these feelings keep you from caring for yourself or your baby, talk to your health-care provider.

Of course, fathers and mothers may feel worn out and tired. Most parents have these feelings. Try to keep your days as simple as possible. Ask nothing of yourself but the basics. If possible, plan to nap or at least rest when the baby does. Be flexible.

When you're having a rough time, talk to your partner, a family member or a good friend about your feelings. It helps to talk with someone who has been through the same experience. There may be new parent groups in your area. If your feelings seem extreme or last for longer than two to three weeks, call your health-care provider.

He or She, Him or Her

These newsletters give equal time to both sexes. That's why we take turns referring to children as "he" or "she." Keep in mind that we are talking about all children when we use "he" or "she."

Your Newborn Wants You To Know

- I like to look at your face, contrasting colors, mirrors and patterns.
- I feel comforted when you hold me and talk to me.
- I recognize my mom's and dad's voices right away.
- I stare at things, but I don't grab for them yet.
- I get scared by loud noises, bright lights and rough handling.
- I notice things around me when you change my position.
- I can see things best when they are about eight to 12 inches away.
- I like to be cuddled and talked to while I eat.

Your 3-Month-Old Wants You To Know

How I Grow

- I can hold my head up for a few minutes when I'm on my tummy, but it still wobbles a little.
- I wave my arms and "bicycle" with my legs when I am excited.
- I can hold onto things you give me for a little while.
- I'm more interested in things. I like to look around and to listen.
- I might stay awake as long as 10 hours a day and sleep as long as seven hours a night – but don't count on it! Be patient with me when I wake up at night.

How I Talk

- I gurgle and smile when I'm happy.
- I try cooing sounds. Say them back to me!
- I cry to let you know when I need something.

How I Respond

- I'm fascinated by my hands.
- I like to follow you with my eyes when you move around. I watch objects, too.
- I smile at people.
- Sucking on my hand or a pacifier helps me calm down.
- I perform to get attention. I love it when you get excited about what I can do.

How I Feel

- I need lots of cuddling and holding.

How I Understand

- I recognize some people by their voices.
- I recognize a few things, like my favorite rattle or a bottle.

How You Can Help Me Learn

- Put me on my tummy when I'm awake and someone is watching me.
- Change my position often so I can see different things.
- Take me for a walk or out to the store. I like to see and hear what's happening.
- I like the feel of soft fabric and different textures.

Children are very different from each other. Don't worry if your child manages some skills earlier or later than other children. Get to know your unique baby and celebrate each new skill with him! If you have questions about your baby's development, contact your health-care provider and/or developmental specialist. See page 23 for help finding a developmental specialist.

Check Your Crib for Safety

More infants die every year in incidents involving cribs than any other nursery product. Use a crib that meets federal safety standards set by the U.S. Consumer Product Safety Commission (CPSC). All cribs sold in the U.S. after June 28, 2011, must meet new federal safety standards for overall crib safety.

Check your crib for safety:

- ◆ Cribs that are assembled wrong, have missing, loose or broken hardware or broken slats can result in entrapment or suffocation deaths. Infants can strangle when their bodies slip through unsafe openings and their head and neck become entrapped in gaps created by missing, loose or broken hardware or broken slats.
- ◆ Crib slats should be no more than 2 3/8 inches apart (the width of a soda can), so baby's body cannot fit through the slats.
- ◆ The mattress should be firm and fit tightly against all four sides of the crib. If you can fit two or more fingers between the mattress and the sides, get a better fitting mattress.
- ◆ Make sure corner posts of the crib are not greater than 1/16-inch high so baby's clothing cannot catch.
- ◆ The headboard or footboard should not have cutouts. Cutout areas on panels can trap an infant's head.
- ◆ If your crib has a drop-side rail, stop using the drop-sided function.
 - Drop-side cribs are more prone to break or deform than similar designed fixed-side cribs.
 - Repeated assembly and disassembly increases the chance that crib parts can be damaged.
 - If hardware breaks or deforms, the drop-side can detach in one or more corners from the crib allowing a child to become wedged between the crib mattress and side of the crib.
 - If a drop-side is broken, do not attempt to repair, the broken side will weaken the crib. Do not use the crib.
- ◆ Check the crib frequently to make sure all hardware is secured tightly and there are no loose, missing or broken parts.
- ◆ Do not use pillows, quilts, comforters, sheepskins, stuffed toys, bumper pads and other soft products in the crib that may suffocate baby.
- ◆ Do not use a crib with plastic latches holding up the mattress. If the plastic breaks, one corner of the mattress can slip down and the baby's head could get caught under the side.
- ◆ Keep baby's crib away from the window so he can't reach and become tangled in the blinds or curtain cords.
- ◆ Make sure your baby's child-care provider is using a safe crib. After December 28, 2012, child-care providers must only use cribs that meet the crib safety standards that were made effective June 28, 2011.
- ◆ Never leave an infant on an adult- or youth-sized bed, waterbed, bean bag, couch or other soft surface. An infant can get trapped and suffocate between the mattress and the wall or bed frame.



Samples of how infants can become trapped in cribs and die.

For mesh-sided cribs or playpens, make sure they have:

- ◆ Mesh less than 1/4-inch in size; smaller than the tiny buttons on a baby's clothing.
 - ◆ Mesh with no tears, holes or loose threads that could entangle a baby.
 - ◆ Mesh securely attached to top rail and floor plate.
 - ◆ A top rail cover with no tears or holes.
 - ◆ No staples missing, loose or exposed.
 - ◆ All sides locked in the up position before placing baby inside.
- For more information about crib safety or to check your crib for recall, visit the CPSC at www.cpsc.gov/info/cribs/index.html, or call 800.638.2772.

Refer to the Cribs for Kids® Program information on page 23 if you are unable to afford a crib.

Your Baby's Senses

Your baby has all the same senses you do. Even at birth, babies can see, hear, smell, touch and taste.

Vision

- Babies prefer to look at faces. For the first few weeks of life, they see best at a distance of eight to 12 inches.
- Bright colors, high-contrast patterns and shiny things are more interesting to babies than pale colors.
- Babies may follow moving objects with their eyes for a few seconds. During the first weeks, their heads turn to the side when they lie down. As babies reach a couple months of age, they often show pleasure with parents and smile back when you smile.

Hearing

- Babies may turn their heads toward the source of an interesting noise.
- They prefer high-pitched, gentle voices. When your baby is upset, soft music may help calm her.
- Infants recognize their mom's and dad's voices within days or weeks after birth.
- Newborns need to receive a hearing screening prior to discharge from the hospital. (Refer to page 13 for more information about hearing milestones.)

Smell

- Even young babies react to smells. Strong, harsh smells will make a baby turn her head away and cry.
- By one week of age, babies know the smell of their own nursing mothers.

Touch

- Touching is very important to babies. Being held close and cuddled helps babies know their world is a friendly place.



- Babies can sense movement from very early on. Motion, like rocking and walking, helps calm a crying baby. Remember, she spent nine months floating inside the uterus, so she is used to rocking and moving around.

Taste

- Babies can taste the difference between sweet and sour much as you can. However, babies should taste only breast milk or formula at this age.

- Hold your baby, or “wear your baby” by using an approved baby sling or carrier. Being in your arms and hearing your heart beat makes your baby feel safe and secure.
- Cuddle and hold your baby whenever you want to. Don't worry about spoiling her. Babies are supposed to be babied.

Your New Baby

Very few babies enter the world looking as they do in magazines and TV ads. Pointy heads, blotchy skin and puffy eyes are much more common.

It's a little bit scary at first to care for a tiny infant, but you'll gain confidence with time.



What Is Newborn Screening?

North Dakota law requires that your baby have a blood test shortly after birth to screen for specific metabolic and inherited disorders. These conditions are very rare, but babies can look very healthy at birth and still have one of these disorders. With early diagnosis and medical treatment, complications from these uncommon but serious conditions usually can be prevented.

For more information, call the North Dakota Newborn Screening Program at 800.472.2286 or 701.328.2493, or visit the program's website at www.ndhealth.gov/newbornscreening.

Crying ..., Crying ... and More Crying

Sometimes, it may seem like your baby never stops crying. This can be very stressful and hard to listen to, but don't take your angry feelings out on him – he can't help it.

Never shake a baby! Shaking a baby can result in shaken baby syndrome, a serious type of head injury that causes brain damage or even death.

If you feel like you've had enough and your patience is wearing thin, try these tips:

- Put the baby in his crib and shut the door.
- Take a shower or vacuum. You won't hear him, and the noise might calm your baby. Look in on him every 15 minutes until baby settles down or until you feel calm enough to deal with your crying baby.
- Ask a friend or relative to watch your baby. Everyone needs a break like this at times.

If you think your baby is ill, call your health-care provider. If you need to talk to someone, you can call First Link at 2-1-1, or 701.235.7335, 24 hours a day. Visit www.stopchildabuse.com for additional resources.



Why Do Babies Cry?

- I'm hungry** – Most newborns eat every few hours around the clock. Some babies become frantic when hunger strikes. This cry often has a very rhythmic quality.
- I'm lonely** – If your baby calms and stays calm as soon as you pick him up, he missed you!
- I'm too hot or cold** – Feel your baby's back or tummy to see if he is too cool or too hot. Adjust clothing to make him comfortable. Dress him as you dress yourself. Newborns may want to be wrapped in a blanket to feel secure.
- I'm tired** – Tired babies are often fussy. Newborns often sleep 16 hours or more every day.
- I'm overstimulated** – Lots of people holding or talking to the baby at once may overdo it. Rocking him in a dimly lit room may help. White noise such as a recording of ocean waves or the monotonous sound of an electric fan or vacuum cleaner may help your crying baby relax.
- I'm startled** – Your baby may move suddenly, startle and cry. Wrapping a blanket securely around him and holding him firmly may calm him.
- I'm wet** – Some babies don't mind; others do.
- I want to suck on something** – Sucking is a natural reflex. For many babies, it's a comforting, soothing activity. If your baby isn't hungry, give him a pacifier.
- I'm hurting** – Your baby may be uncomfortable because his clothes have sharp tags or zippers. Your baby may have a stomach ache. If you're breastfeeding your baby, the flavor of the milk may change in response to a certain food or drink. These cries tend to be louder and higher pitched.
- It's just that time of day** – Many babies have predictable periods of fussiness, often in the late afternoon and early evening. There may be little you can do but comfort your baby as the crying runs its course.

Comforting Crying Babies

The second month of life tends to be the peak for crying. After this month, your baby may not cry as often. Here are some suggestions to help calm your crying baby:

- Provide steady, continuous sounds. The sound of a running vacuum cleaner, washer or dryer may be soothing. Try singing quietly to the baby. Sometimes a recording of a human heartbeat or white noise such as the sound of the ocean can be comforting.
- Cuddle your baby. Babies need lots of holding and touching.
- Nurse or feed your baby.
- Leave a soft light on in your baby's room and turn on a fan.
- If she has diaper rash, wash her bottom with mild soap and water and leave the diaper off for a while to let her skin dry. Apply ointment to soothe and protect the skin.
- Take your baby for a walk. Use a safety-approved baby carrier, or strap your baby safely in a stroller.
- Take your baby for a car ride. Remember to strap your baby safely in a car seat every time.
- Sing to your baby.

If you have questions about your child's health-care needs, call 800.472.2286 for information and resources.

Which Car Seat To Use for Baby

Children (all infants and toddlers) should ride rear-facing in an infant seat or convertible seat until they are 2 years of age.

Maximum weight limits for infant seats are generally 22 to 35 pounds. Babies who outgrow their infant seat should be moved to a rear-facing convertible seat, which generally can be installed rear-facing and used for up to 30 to 40 pounds.

When rear-facing, the child's head should never be closer than one inch from the top of the car seat.

Use Your Rear-Facing Car Seat Correctly

Protect your baby every time you travel. Vehicle crashes are a leading cause of injury and death to babies and toddlers. Using a car seat is the best way to protect your baby in a moving vehicle, but the seat must be used correctly. In North Dakota, five out of six car seats are used incorrectly. Don't wait until you have a crash to find out that the car seat was being used incorrectly. For help in using your car seat, always read and follow the car seat instructions for your car seat AND the owner's manual for your vehicle. If you have questions about how to correctly use your car seat, get help from a child passenger safety technician. Call the North Dakota Department of Health for a list of car seat checkup technicians in your area. Follow these basic rules to help keep your baby safe in the vehicle:

- ◆ Never place a rear-facing car seat in front of an air bag. Air bags explode at speeds of 100 to 200 miles per hour.
- ◆ Register your car seat with the manufacturer so you can be notified if your car seat is recalled. You can do this by sending in the registration card, calling the manufacturer or entering it online.
- ◆ Adjust the harness straps to the slots at or below your baby's shoulders for rear-facing.
- ◆ The harness straps should be snug on your baby so that you can't pinch any slack in the webbing. If using blankets, strap baby in first, then place blanket over straps on baby.
- ◆ The harness chest clip should be placed on the chest between baby's armpits.
- ◆ Rear-facing seats need to be reclined when installed in the vehicle. Follow instructions on how to recline the seat to ensure baby's head is not falling forward (cutting off airway).
- ◆ Install the car seat using either the seat belt OR the lower anchors located in the vehicle, not both. Read your vehicle owner's manual.
- ◆ Install the car seat tight enough so it doesn't move more than one inch. Pull forward and side to side to check for a tight install.

For more information about child passenger safety, contact the North Dakota Department of Health, Child Passenger Safety Program, at 800.472.2286 (press 1).

Need a Car Seat?

Contact the local public health unit in your county or the North Dakota Department of Health at 800.472.2286 (press 1) for more information about car safety seat programs in your area.



Feeding Your Baby

Feeding is an important learning time for a new baby. The American Academy of Pediatrics recommends that infants be exclusively breastfed for a year as breast milk is the optimal food for infants. For infants who are not breastfed, they recommend using an iron-fortified formula until the infant turns 1 year of age.

Babies usually give cues when they are hungry. Watch your baby, not the clock, to figure out when to feed her. Your baby is hungry when she starts moving around, smacking her lips or sucking her hands. Try to feed her before she cries, as crying babies can be hard to feed. When she is full, she will fall asleep or spit out the nipple.

Be flexible. Many babies, if fed when they're hungry, will start to get on a regular schedule by themselves in about a month.

Breastfeeding Tips

All babies are different. One baby may nurse 10 to 30 minutes at both breasts, while another may nurse 10 to 30 minutes at just one breast. Although on different schedules, both babies get enough. You will know your baby is getting enough to eat when:

- By the end of the first week, she has six or more wet diapers and three to four soiled diapers a day.
- She seems satisfied and relaxed after nursing.
- You can hear or see her swallow when she nurses.
- She wants to nurse eight to 12 times per day, usually every 1½ to 3 hours.
- She gains weight. Your baby may lose some weight after birth, but she should be back to her birth weight by 2 weeks of age. After getting back to his or her birth weight, babies usually gain four to seven ounces per week for the first few months of life.
- Your breasts feel less full after a feeding.

Babies have growth spurts during which they want to nurse more often – possibly every hour. Because you are nursing all the time it may seem like you don't have enough milk, but that's not true. By nursing more often, you are letting your body know it needs to make more milk.

Pacifier use should be avoided for the first four weeks in order to establish a good milk supply. Offer the breast to comfort your newborn instead of a pacifier.

If you have questions or concerns about breastfeeding, talk to your health-care provider, a lactation consultant, a WIC or public

health nutritionist, or visit www.ndhealth.gov/breastfeeding.

Formula Feeding Tips

- Find a comfortable place in your home for feeding.
- Hold your baby in your arms or lap during the feeding. Do not use a pillow or another object to support the bottle while she eats. This practice of propping the bottle can cause your baby to choke or overeat and can increase her risk of ear infections.
- Show your baby lots of love, attention and cuddling while feeding.
- Be sure to follow the mixing instructions on the formula can so that the formula is mixed properly.
- Feed your baby about every two to three hours. Watch for feeding cues to know when your baby is ready to eat and when she is finished eating. Your baby is the best judge of how much she needs to eat, so don't force her to finish the entire bottle.

Baby Bottle Tooth Decay

If your baby has a bottle in her mouth all night, the juice or milk sugars may decay her new teeth! Children don't start losing baby teeth until about age 6 or 7. The whole tooth shedding process can last until age 13. Baby teeth are important for maintaining space and guiding the adult/permanent teeth into position.

For more information about dental care, call the North Dakota Department of Health's Oral Health Program at 800.472.2286 (press 1) or visit www.ndhealth.gov/oralhealth/.



Babies Sleep Safest on Their Backs

The American Academy of Pediatrics recommends infants (birth to 12 months) sleep on their backs. Back sleeping provides the best protection against sudden infant death syndrome (SIDS), which is the sudden and unexplained death of a baby younger than 1 year of age. To reduce the risk of SIDS, follow these steps:

Safe Sleep Top 10

1. Always place your baby on his back to sleep. Every sleep time counts, even naps. Discuss safe sleep with everyone who cares for your baby.
2. Place your baby on a firm sleep surface such as a safety-approved crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins or other soft surfaces.
3. Keep soft objects, toys, loose bedding, crib bumpers and any extra objects out of your baby's sleep area. Consider using a sleep sack instead of a blanket. If a single blanket is used, the "feet-to-foot" method should be used. Place your baby so that his feet are able to reach the foot of the crib, tucking the blanket around the crib mattress and reaching only to the level of his chest.
4. Do not allow smoking around your baby.
5. Keep your baby's sleep area close to, but separate from where you and others sleep. Your baby should not sleep on a bed, couch or armchair with adults or other children, but he can sleep in the same room as you. If you bring your baby into bed with you to breastfeed, put him back in his own crib for sleep. If your baby falls asleep in a car seat or swing, move him to a safe sleeping area to continue sleeping.
6. Consider offering a pacifier when placing your infant down to sleep. Wait until breastfeeding is well established before offering a pacifier.
7. Do not let your baby overheat. Dress your baby in light sleep clothing and keep the room at a temperature comfortable for an adult.
8. Run a household fan in your baby's room to circulate the air.
9. Avoid products that claim to reduce the risk of SIDS, including home monitors and positioners. Most have not been tested for effectiveness or safety.
10. Reduce the chance of flat spots developing on your baby's head by providing "tummy time" when your baby is awake and someone is watching him closely. You can also change the direction that he lies in the crib from week to week. Sitting devices such as car seats, infant swings and bouncy chairs are not recommended for routine sleep.

For more information, visit www.ndhealth.gov/sids, www.aap.org/healthtopics/Sleep.cfm, www.cjsids.org or call 800.472.2286.



What is a Birth Defect?

A birth defect is something that happens while the baby is developing in the mother's body. Birth defects can vary from mild to severe and may affect how the body looks, functions, or both. Some birth defects (such as cleft lip or clubfoot) are easy to see, but others (such as heart defects) are found using special tests such as x-rays or ultrasounds.

Most birth defects happen during the first three months of pregnancy when the organs of the baby are forming. In the United States, about 3 percent of babies are born with birth defects (one of every 33 babies). Most birth defects are thought to be caused by a complex mix of factors such as our genes, our behaviors and things in the environment. The causes for about 70 percent of birth defects are unknown.

If your baby was born with a birth defect and you need more information, call Children's Special Health Services at 800.755.2714 or 701.328.2436. You can also send an e-mail to dohcshsadm@nd.gov or go to www.ndhealth.gov/cshs.

Jaundice and Your Newborn

Jaundice is the yellow color seen in the skin of many newborns when a brownish-yellowish substance called bilirubin builds up in the baby's blood. Mild jaundice is harmless, but very high levels that are not medically treated can cause brain damage.

Newborns are checked for jaundice before leaving the hospital. Once home, call your doctor if your baby's skin turns more yellow, the whites of his eyes turn yellow, or he is hard to wake, is fussy or is not feeding well.

Q&A

What type of water should I use for my baby's formula?

Fluoride combines with tooth enamel in two ways: (1) through ingestion of water and food, and (2) through the use of toothpaste to strengthen and protect teeth against tooth decay. For babies, the most effective way to receive fluoride protection is by drinking formula made with water containing the optimal amount of fluoride.

Water used to make formula may come from city water (treated by a treatment plant), private (well) water or bottled water. City drinking water supplies are regulated by the Environmental Protection Agency (EPA) and tested to maintain optimal fluoride content. Bottled water is regulated by the U.S. Food and Drug Administration (FDA) and may not contain fluoride, unless the fluoride has been added during the packing process and is noted on the label.

Well water may contain some fluoride, but also may contain contaminants like bacteria and nitrates that may be harmful for babies, children and pregnant women. Private wells should be tested periodically to make sure the water is safe for human consumption. For information about having your well tested, contact the North Dakota Drinking Water Program at 701.328.5258.

Discuss any fluoride concerns or questions with your dentist and/or health-care provider. To view fluoride content in your area, visit apps.nccd.cdc.gov/MWF/Index.asp.

For more information, contact your local public health unit, visit www.ndhealth.gov/localhd/, visit www.ndhealth.gov/mf/, or call the North Dakota Department of Health at 701.328.5211.

Postpartum Depression Facts

Postpartum depression is a type of depression that affects one in 10 new mothers. It usually occurs during the first two to four weeks after delivery. Common signs include crying frequently, sleeping too much or too little, feeling hopeless, experiencing severe mood swings, having trouble making decisions, and expressing excess concern or lack of concern for your baby.

If you feel you may be suffering from postpartum depression, contact your health-care provider immediately. Postpartum depression can be treated successfully by a medical professional.

For more information, visit www.ndhealth.gov/familyhealth/ (click on Infant Care and Info for Mothers, Fathers and Caregivers), or call the North Dakota HELP-LINE at 2-1-1.

Babies Sunburn Easier Than Adults

Sunburn can have serious consequences for babies. Your infant cannot cover himself or move out of the sun. Your baby will not alert you that the sun is causing harm until it is too late. You need to protect your baby by avoiding direct sun exposure, dressing him in lightweight clothing that covers the skin and putting him in a brimmed hat that shades the neck.

When adequate clothing and shade are not available, you can apply a minimal amount of sunscreen with at least 15 SPF to small areas such as baby's face and back of the hands.

Seek medical care if your baby gets a severe sunburn with blisters. For more sun safety information, see the "Be Sun Savvy" fact sheets for babies 2 to 36 months at www.ndcancercoalition.org.

Get Books For Free

The Dolly Parton Imagination Library offers age-appropriate books for free to children younger than age 5. Bismarck, Fargo and Williston currently have Imagination Library affiliates, as do Dunseith Indian Day School, Tate Topa Tribal School and Theodore Jamerson Elementary School.

If you are a resident of the participating cities, or if you live near one of the school program affiliates, you can sign up for the program at www.imaginationlibrary.com.



When To Call Your Health-Care Provider

You're learning more about your new baby. You probably can tell when she isn't her usual self. No health-care provider wants to be called for every sniffle, but you should call with a question rather than let a problem become serious.

All babies need to eat, sleep, urinate and have bowel movements. If your baby can't do one of these things as is normally done, call your health-care provider. Babies can become dangerously dehydrated (dried out) very quickly.

Call if your baby experiences any of the following symptoms:

- Poor sucking or refusing to feed.
- A change of behavior so that baby "just isn't right."
- Difficulty breathing or frequent coughing.
- More than six to eight watery stools per day.
- Vomiting.
- Baby becomes "floppy" and loses muscle tone.
- Signs of jaundice (whites of eyes or skin appears yellow).
- Crying for an abnormally long time.
- White patches in the mouth.
- Redness or tenderness around the navel area.
- Nose blocked with mucus so that baby can't breathe while feeding.
- Temperature of less than 97 degrees or more than 100.4 degrees.

You know your baby best. If she doesn't seem quite right to you, trust your judgment and call your health-care provider.

Write down the advice, and insist he or she repeat anything you don't understand. Don't be afraid to ask questions.



Post your emergency phone numbers.

North Dakota Poison Center 800.222.1222
Health-Care Provider _____
9-1-1 or Local Emergency _____
Ambulance _____
Police _____
Fire _____

REMINDER:

Your baby should have health-care provider visits at 1, 2, 4, 6, 9 and 12 months of age. For more information about health checkups, visit www.healthychildren.org or www.brightfutures.org (click on the "Families" link).

Immunizations

Most babies receive their first immunization in the hospital. The remaining series of immunizations begin at 2 months of age. Immunizations protect your baby from multiple serious diseases caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years, and none of the diseases have completely disappeared. Without immunizations, they will come back. Following the recommended immunization schedule is very important for your baby's health.

Be sure to keep a copy of your baby's immunization record. This record is required before your child can enroll in a child-care center or school.

Baby shots are available from your health-care provider and local public health unit. Programs are available to receive immunizations at little to no cost to you. For more information, call the North Dakota Department of Health at 800.472.2180, visit www.ndhealth.gov/Immunize or contact your clinic or local public health unit.



Q&A

Will I spoil my baby if I go to him every time he cries?

Almost every new parent who rushes to the side of her baby will hear, “You’ll spoil that child!” But pay no attention to this warning. It’s not true.

For the first year or so, it’s impossible to spoil your baby by quickly responding to each cry or by cuddling and comforting. In fact, responding to your baby teaches him that he is important and that he can trust others to meet his needs.



How do I take care of my child’s teeth?

Parents should start cleaning their baby’s mouth soon after birth. After each feeding, wipe the baby’s gums with a clean, damp washcloth or gauze pad. Switch to a small infant-size soft-bristled toothbrush as soon as the first teeth appear. No toothpaste is necessary at this age. Babies should be seen by a dentist when the first tooth comes in (usually between 6 and 12 months of age), but no later than the first birthday.

Some Babies Develop Colic

Colic usually starts at about 2 to 6 weeks of age and usually goes away by 3 to 4 months of age. No one knows exactly what causes colic. The baby screams and seems to have stomach pains but is not seriously ill. These cries can last a few minutes or several hours, usually at the same time each day. Sometimes a colicky baby won’t stop crying even after you’ve tried the usual things. It’s not your fault or the baby’s fault. Your health-care provider can help you decide if colic is the problem when your baby is fussing.

Try these ideas:

- ◆ Do not lay her down to sleep right after eating. Burp her well to get the air out of her tummy.
- ◆ Lay your baby across your knees; rub or pat her back.
- ◆ Rock her at 60 rocks per minute (a slow adult walk), or use an infant swing.
- ◆ Offer your baby a pacifier. Sucking may help relax her stomach.
- ◆ Walk with her tucked under your arm, with your hand under her tummy. Hold your baby so she can look around to see things.
- ◆ Sing to her or play soft music. Sometimes a vacuum cleaner, fan or radio tuned to static may help calm her.
- ◆ Take your baby for a ride in the car, putting her correctly in a car seat.
- ◆ Try changing her bath time to evening.
- ◆ Try giving baby a warm bath.
- ◆ Have someone watch your baby so you can have some time away from the crying.
- ◆ Try to be patient with your baby’s crying. The colic will go away.
- ◆ Talk to your baby’s health-care provider for other ideas to try. Sometimes a change in your diet, if you’re breastfeeding, or in the baby’s formula can help.



Too Soon for Solid Foods

You may have been told that feeding your baby solid foods like cereal will help him sleep through the night. Babies don't need solid foods until age 5 to 6 months. Breast milk and iron-fortified formula have all the nutrients babies need. Sometimes solid foods given too early can cause choking, food allergies, excess weight gain or digestion problems. You'll know your baby is old enough for solid foods when he can:

- Sit up, alone or with support.
- Hold his head steady.
- Open his mouth when he sees food coming.
- Keep food in his mouth and swallow it rather than pushing it out.

Consult with your health-care provider regarding types of solid food and when each food should be introduced.



Thumb or Pacifier?

Babies need to suck: Sucking is one of an infant's natural reflexes. She sucks to help her feel secure and happy.

Breastfeeding moms: In order to establish a good milk supply, avoid using a pacifier for the first two to four weeks. Offer the breast to comfort your newborn.

Effects on developing teeth: Pacifiers and thumb/finger sucking affect the teeth in essentially the

same way. However, pacifier use often is an easier habit to break. Most problems occur if your child is still sucking when the permanent teeth come in, at around age 6. If your child does not stop on her own, parents should discourage the habit after age 4.

Use a clean pacifier: Never dip a pacifier in sugar, honey or other sweeteners before giving it to an infant. Never attempt to clean your baby's pacifier by sucking on it. Bacteria can be transferred from your mouth to the baby. Never tie a pacifier around baby's neck, as this poses a strangulation hazard.

Pacifier use may help reduce the risk of sudden infant death syndrome (SIDS): Studies show that infants who took a pacifier when laying down to sleep had a decreased risk of dying of SIDS. (See page 8 for more tips on reducing the risk of SIDS.)



Attention Dads!

New dads are as important to babies as new moms. Well-adjusted babies tend to have fathers who are sensitive and involved in their children's lives.

It can be hard for some dads to show their affection and love for a baby. Or perhaps the mom isn't sure about the dad getting involved because she thinks that to be a "good mother" she has to do it all.

Caring for a baby is hard work. Moms and dads should both share the responsibility. Try to let your love for your baby show. Holding, hugging, kissing, feeding, talking, bathing and playing are ways to show you care.

Time with your baby can be scary at first. Start with carrying and holding him. Look into his eyes and talk to him. The more you get to know him, the more comfortable you'll become.



Father Times

Father Times is an educational newsletter series designed to provide fathers and father figures of young children with quality information and ideas about healthy parenting and child development. It also is appropriate for mothers or other caregivers of young children.

Father Times newsletters are available for free as a service of the North Dakota State University Extension Service.

For more information, visit www.ag.ndsu.edu/family.

How Baby Is Changing

Life with a new baby is busy. Your needs seem to take a back seat to your baby's needs. But by the second month, he may be settling into a more predictable schedule. For many babies, nighttime sleeping lengthens. Some babies may wake up at night to feed every two or three hours. Other babies may sleep through most of the night.

Your baby is beginning to be more interested in noticing things, looking around and listening to sounds. Movements are getting smoother and less jerky. He may have better control over his head and neck. Maybe he can hold his head and chest up while on his tummy.

Your baby might even be able to roll from his side to his back. Don't leave him alone on a counter, table or bed. He might roll or wiggle off.

While you're keeping a watchful eye on your little one, you'll be rewarded with smiles. Smiles usually start in the second month. When you smile at your baby, he often smiles back.

Although your baby is still young, he needs your praise and approval. When you get excited about what he is doing, he does too.



Hearing and Language Milestones

Early diagnosis and intervention for babies with hearing loss is essential to normal development. Hearing loss from many causes can be present at birth; however, some types of hearing loss develop months or years after birth. If your baby did not receive a hearing test or needs more follow-up after testing was done in the hospital, contact the North Dakota Early Hearing Detection and Intervention program at 800.233.1737 or www.ndcpd.org/ehdi.

As your baby grows, he will reach certain milestones in language development. Not reaching these milestones may mean your baby has a hearing loss or other language or developmental problems. If you have concerns about your baby's development, talk to your health-care provider and/or developmental specialist.

Newborn

- Cries.
- Startles to loud, sudden sounds.

2 to 3 Months

- Laughs.
- Forms sounds in the back of the mouth like "goo."
- Recognizes familiar voices.
- Distinguishes changes in tone of voice. Understands tone of questions or happy statements.

4 to 6 Months

- Localizes sound. Turns head to left or right toward the sound.
- Begins to make syllables out of vowel and consonant-like sounds. Puts sounds together.
- Makes non-speech sounds (squealing, yelling, growling).
- Engages in vocal play. Practices sounds.

6 to 12 Months

- Babbles. Repeats syllables two or more times in a sequence ("ma-ma-ma").
- Uses facial expression, eye gaze, vocalization and gestures (reaching, pointing) to communicate.

By 12 months

- Recognizes his name.
- Understands "no."
- Understands simple instructions.
- Gives a toy on request.

12 to 18 Months

- Strings sounds together with adult-like speech patterns.
- Says first words.

By 18 months

- Understands 50 words.
- Uses up to 20 words, typically in one-word sentences.



Breastfeeding and Returning to Work or School

Many mothers return to work or school and continue breastfeeding. Federal law now requires support at work for some mothers who breastfeed. This law states that employers provide reasonable break times and a private, non-bathroom location for an employee to pump breast milk for her child for up to one year after birth.

If you are planning to return to work or school and would like to continue breastfeeding, here are some tips to help you be successful.

- If possible, wait to return to work or school until your baby is 4 to 6 weeks old to make sure breastfeeding is well established.
- Ask about breastfeeding support at your work or school. Some may have supportive breastfeeding policies such as allowing flexible work hours for pumping or breastfeeding.
- Rent or purchase an electric breast pump. Practice using the pump to express breast milk before returning to work or school.
- Express milk to feed your baby later and to keep your milk supply up while at work or school. Breastfeed your baby when you can be with him.

If you have any questions about breastfeeding and working, talk to your health-care provider, a lactation consultant, a WIC or public health nutritionist, or visit www.ndhealth.gov/breastfeeding.

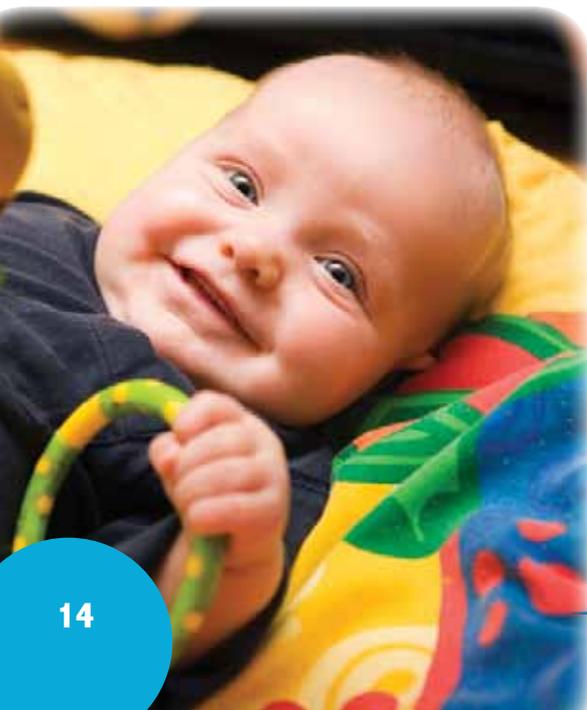
Talking to Baby

Your baby is beginning to know your voice and likes to look into your eyes when you talk. Why not make a game out of it? Put your baby on your lap facing you with his face about eight to 12 inches away from yours. Lean toward him and talk happily. Pause and give him a chance to smile, gurgle, wiggle or move his mouth back at you.

Try doing these things one at a time: smile, stick out your tongue, open and close your mouth or eyes widely, shake your head back and forth while you talk. Give him time to respond. If he makes a sound, repeat it. Taking turns like this helps your baby learn to talk.

Other things that help a baby learn are:

- Music played regularly, but not all the time or too loudly.
- An unbreakable mirror for baby to look into.
- Singing to your baby and telling nursery rhymes.
- Wind chimes or a mobile hung in your baby's sight but out of reach.



Safe Food for Baby

Careful handling of breast milk and formula is important to keep your baby healthy.

- Wash your hands before breastfeeding or mixing formula.
- Make sure that bottles and pump accessories are clean.
- Refrigerate prepared bottles until ready to use. Do not allow bottles of breast milk or formula to sit at room temperature for more than one hour.
- Never use a microwave to heat bottles of breast milk or formula. The bottle may feel cool on the outside, but the milk could be hot and cause burns in your baby's mouth. Covered bottles may explode when heated in the microwave. Many of the special substances (immunities) in breast milk can be destroyed when the milk is heated in the microwave. If your baby likes a warm bottle, hold the bottle under warm (not hot) running water right before feeding.
- Throw out unused breast milk or formula left in the bottle. Wash bottles with soap and water before reusing them.
- Store freshly expressed breast milk in the refrigerator and use within 48 hours. Breast milk can be frozen for up to six months. Thaw frozen breast milk in the refrigerator or under running warm water. Use thawed breast milk within 24 hours. Do not refreeze breast milk that has been thawed.
- Refrigerate formula that has been mixed. Use formula mixed from powder within 24 hours. Concentrate and ready-to-feed formula should be used within 48 hours.
- If traveling, store breast milk or mixed formula in a cooler with ice or an ice pack.



Working Outside the Home

There are no right or wrong answers on parenthood and employment decisions. Being happy with your decision means less stress on the family and more relaxed parenting. Parents often worry about the effects child care has on their children. Research has shown there is little difference in development, well-being and the happiness of a child if:

- ◆ Parents are satisfied with the care.
- ◆ Parents have support systems in place.
- ◆ There is a good relationship between parents and child.
- ◆ The child receives good quality care.
- ◆ Parents and caregivers work together to set routines and schedules that can be followed both at home and in child care.

For help in finding quality child care, visit the Child Care Resource and Referral agency website at www.ndchildcare.org, or call 800.450.7801 in western North Dakota or 800.941.7003 in eastern North Dakota.



Child Care: What To Look For

You may worry about leaving your baby in someone else's care. The more you trust your caregiver, the more secure you will feel. As you are deciding about your child-care provider, ask some important questions.

Does the caregiver:

- Have child-rearing attitudes similar to yours?
- Have training to understand what children can and want to do at different stages of growth?
- Spend time holding, playing with and talking to your baby?
- Have enough time to look after all the children in his or her care?
- Welcome visits from parents?
- Have low ratios – one adult to three or four infants or toddlers?
- Respond to your baby in a caring manner?
- Plan to provide child care for the next 12 months or more? (Babies form close bonds and do better if there aren't a lot of changes in caregivers.)

Does the home or center have:

- A license?
- Few children? Infants do better in small groups. (The North Dakota Department of Human Services requires one caregiver for every four infants in a program. The American Academy of Pediatrics recommends one caregiver for every three infants. Make sure that your infant is in a group where the caregiver-to child ratio is appropriate.)
- A clean and comfortable look?
- Equipment that is safe and in good repair?
- Flexible feeding and napping schedules to meet the needs of your baby?
- Primary caregivers assigned to children in larger groups?
- Policies regarding sickness, payment, vacations, safe sleep, etc.?

Are there chances for children:

- To be held, cuddled, rocked, smiled at, talked to?
- To relax and rest when they need to?
- To crawl and explore safely?
- To play with objects that develop their senses of touch, sight and hearing such as mobiles, mirrors and rattles and things to squeeze or roll such as soft toys, pots and pans?
- To learn language through the caregiver talking to the child, naming things, describing what he or she is doing, responding to the child's actions?

For help in finding quality child care, visit the Child Care Resource and Referral agency website at www.ndchildcare.org. You also may contact the North Dakota Department of Human Services Children and Family Services Division at 800.245.3736 for a list of child-care providers who have completed a child-care criminal background check. Visit www.nd.gov/dhs/services/childcare/ for more information.

If you have any uncomfortable feelings about a provider or the quality of care provided, trust your feelings and act on them. Make sure to drop in to observe the setting, talk to other parents about their experiences and call local child-protection authorities if you think there may be any kind of abuse occurring.

Children do best when their parents are happy and when they have a caring, sensitive caregiver at home and in child care.



Lead Levels in Water

Too much lead in the human body can cause serious damage to the brain, kidneys and nervous system. Young children and unborn babies are at more risk of lead poisoning, even with short-term exposure.

Lead levels in your drinking water are likely to be highest if your home has:

- Brass faucets or fittings.
 - Lead pipes.
 - Copper pipes with lead solder.
- To reduce the lead in drinking water, do the following:
- Anytime the water in a particular faucet has not been used for six hours or longer, “flush” your cold water pipes by running the water for two or more minutes.
 - Use only water from the cold water tap for drinking, cooking and making baby formula. Hot water is likely to contain higher levels of lead.

The only way to be sure of the amount of lead in your household water is to have it tested. For more information about water testing, call the North Dakota Department of Health, Division of Laboratory Services – Chemistry at 701.328.6142 or visit the website at www.ndhealth.gov/chemistry/.



Baby's Sisters and Brothers

How are your other children reacting to the baby now? It's normal for sisters and brothers to be upset at the change in their family, especially if they're younger than 5. A toilet-trained child may go back to diapers for a while. Good eaters may lose their appetites. You may notice other changes too.

Since young children can't always control their actions, don't leave the baby out of your sight with other young children. They may accidentally hurt the baby. Watch when your children are together. Help them learn how to play safely with the baby, and praise them when they give attention to the infant.

If family and friends seem only to be giving attention to the baby, encourage them to remember your older children too.

It's important for you and your partner to spend special time alone with each older child, even if it's just 15 minutes or half an hour each day. Find time to take your older children for a walk or an ice cream cone, or play a favorite game. Read to your older children during the baby's feeding or after the baby's bedtime. Try to do this often so your older children feel that they're important too.



Giving Your Baby Medicines

Talk to your health-care provider before you give your baby any medicine. Here are some tips to follow when you give any medicine to your baby.

- ◆ Never give aspirin to a baby.
- ◆ Always give medicines according to the directions on the label or as instructed by your health-care provider (correct dosage and frequency).
- ◆ Always keep medicines out of reach of children.
- ◆ Always request medicines in child-resistant packaging.
- ◆ Keep medicine lids closed tightly.
- ◆ Give all of the prescription medicine even if she gets better (unless the health-care provider says otherwise).

- ◆ Call the poison helpline or your local health-



care provider if you feel that you have made an error in medication dosage. Magnets and stickers are available at the North Dakota Department of Health with the poison helpline phone number on them. Call 800.472.2286 (press 1) to request them.



Q&A

I think my baby is teething. She's cranky and drools a lot. What can I do to make her more comfortable?

It is quite normal for babies to get some teeth at this age. First teeth usually come in around 6 months, but some babies get them as early as 3 months and others don't get any teeth until they're age 1 year or older. Once teething starts, your baby will teethe for months.

As her teeth push through the gums, your baby may feel some soreness and become cranky and irritable. You may notice her gums are swollen where a tooth is about to come in.

Gently rubbing her gums with a clean finger or cool, wet, clean cloth can be soothing. Chilling a teething ring in the refrigerator and letting her chew on it also may help. Ask your health-care provider before using a pain reliever or a numbing medicine.

Your baby may drool a lot and have some diarrhea. If the diarrhea continues, though, it may be caused by something other than teething. Don't assume that a fever, vomiting, diarrhea or other signs of illness are caused by teething. If your baby shows any of these signs, contact her health-care provider.



Choosing Safe Baby Toys

When choosing toys for your baby, keep in mind his age, interests and skill level.

- ◆ Be a label reader. Pay attention to age recommendations. Look for safety labels such as “flame retardant” or “flame resistant” on fabric products and “washable” or “hygienic” on stuffed toys and dolls.
- ◆ Immediately throw away plastic wrapping from toys.
- ◆ Babies can put things in their mouths, but they can't always take them out. Their mouths are flexible and can stretch to hold large items.
- ◆ Never give babies toys smaller than 1 1/2 inches on all sides. Avoid toys with small parts that could come off, like plastic eyes on stuffed animals or squeakers in rubber toys.
- ◆ Don't give your baby anything with sharp edges, points or corners.
- ◆ Watch out for stuffed toys or foam toys. Be sure your baby can't tear or bite off pieces that might cause choking. Always supervise.
- ◆ Be sure all strings are less than 12 inches long so your baby can't get his neck or fingers trapped. Toys that hang by a string over the crib should be out of his reach. Strings shouldn't dangle into the crib.
- ◆ Crib toys should always be removed from the crib when your baby sleeps. Remove crib gyms when he is able to push up on his hands and knees.
- ◆ If you have older children or pets, be careful to see that small parts of their toys stay out of the baby's reach.
- ◆ Don't give your baby balloons to play with. The balloon can break and create a choking hazard.

For information about toy safety or product recalls, call the Consumer Product Safety Commission at 800.638.CPSC (2772), visit the website at www.cpsc.gov, or call the North Dakota Department of Health at 800.472.2286 (press 1).



The Consumer Product Safety Commission uses a no-choke testing tube (at left) to check if a toy is dangerous because of its size. If it fits into the 1½-inch tube, or a cardboard toilet paper roll, the object is not recommended for children younger than 3.

Understanding Growth Charts

What Is a Growth Chart?

Growth charts are a standard part of any checkup and can give you a general picture of how your baby is developing physically. They show health-care providers how children are growing compared with other children of the same age and gender, based on something called percentiles. Percentiles are measurements that show a child's growth progress compared with other children.

When your health-care provider plots your child's weight and height on the chart, she is able to see which percentile line those measurements land on. The higher the percentile number, the bigger a child is compared with other children of the same age and gender. For example, if a 4-month-old boy's weight is in the 10th percentile, that means that 10 percent of boys that age weigh less than he does and 90 percent of 4-month-old boys weigh more. Growth charts also allow us to see the pattern of height and weight gain over time, and whether the child is developing proportionately.

What Measurements Are Put on Growth Charts?

Up until the time babies are 36 months old, doctors measure weight, length and head

circumference. Head circumference provides clues about brain development in babies. With older children, measurements of weight, height and body mass index (BMI) are taken.

What Is the Ideal Percentile for My Child?

There is no ideal number. Healthy children come in all shapes and sizes, and a baby who is in the 5th percentile can be just as healthy as a baby who is in the 50th or 95th percentile. Ideally, children will follow the same growth pattern over time, growing in height and gaining weight at the same rate. This means that usually a child stays at a certain percentile on the growth curve.



How Will I Know if There Is a Problem?

If you notice that your child's height or weight percentile changes from the pattern that it's been following, discuss the change with your health-care provider. She will consider whether there could be a medical reason for the change that needs further evaluation. For example, older children who are not growing taller at the same rate they are gaining weight may have a problem.

It is common for children to show changes in growth percentiles at certain times in their development, (i.e., infancy and puberty).

If you have any questions about your child's growth, talk with your health-care provider. For more information about growth charts, visit www.cdc.gov/growthcharts/.



Q&A

What can I do if I'm having trouble making ends meet?

If you find yourself having financial trouble and are worried about caring for your child, contact your county Social Services office (www.nd.gov/dhs/locations/countysocialserv/) or a local Community Action Agency about:

- Medical assistance (Medicaid).
- Fuel assistance.
- Child-care assistance.
- Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).
- JOBS Program.
- Women, Infants and Children (WIC).
- See page 24 for more programs that may help. Visit www.nd.gov/dhs/services/financialhelp for more information about public assistance programs.



Moving to a Big Bathtub

If you've been using the kitchen sink or a special tub for baths, your baby may be starting to outgrow it. Here are a few things you can try to make the move to a big bathtub safer and easier for you and your baby:

- ▶ Never leave your baby alone in a bathtub, even for a few seconds. If the phone rings, wrap him in a towel and take him along, or just let it ring.
- ▶ Set your hot water heater no higher than 120° F. Check the water temperature before placing him in the bathtub. Run cold water first, then add hot water to reach a safe temperature. Test the water by moving your hand through it. If it feels hot, it is too hot for him.
- ▶ Face your baby away from faucets and close to the other end of the tub to avoid possible burns from hot water.
- ▶ If you use a baby tub, try putting it inside the bathtub and bathing your baby in it for a few days.
- ▶ Bathe your baby slowly and gently until he gets used to it.
- ▶ Don't bathe him under running water.
- ▶ Try using a bath ring to help him sit up, but do not leave him alone. Having your baby in a big tub can be hard on your back. Remember to:
 1. Bend from your knees, not from your hips. Use your stronger leg muscles to help when you lift your baby.
 2. Hold heavy objects, like your baby, close to your body.
 3. Not lift and twist at the same time. Lift, then turn.



North Dakota Launches Children FIRST Program

North Dakota families with a newborn are now able to participate in a new program that opens a college savings account on behalf of their child. Children FIRST is a program of College SAVE, and is funded by the college savings plan administrator, which is Bank of North Dakota. The state-owned bank will provide an initial \$100 contribution for individuals who choose to opt into the program.

The goal of the Children FIRST initiative is to encourage families with an infant age 1 or younger to open a College SAVE account and start saving in advance for college-related expenses. Individuals who request the \$100 funding will be mailed a College SAVE enrollment packet to set up a new account for their child. Any babies born on or after January 1, 2011, qualify for the program.

Saving for college at a very young age provides many benefits for a future student and his or her family. The powerful combination of saving small amounts of money over many years may greatly reduce the need for borrowing student loans and paying interest on debt. Statistics indicate that children who have money earmarked for higher education have a seven times greater likelihood of attending a college or university than those who do not.

Parents, grandparents or anyone else with a special child in their lives can apply for the Children FIRST contribution and begin the process of saving for college. Participants have until their child turns

College SAVE™
Picture the Future

4 to match the initial contribution in order to retain the state sponsored donation.

Benefits of the College SAVE plan include:

- ◆ Tax advantages – earnings grow tax free for both federal and state taxes
- ◆ A North Dakota state-tax deduction on contributions
- ◆ A matching grant opportunity of up to \$300 (see sidebar to the right)
- ◆ Only \$25 to start an account
- ◆ Waived annual maintenance fees for North Dakota residents
- ◆ Flexibility – assets can be used at any accredited public or private college in the U.S.

For more information about College SAVE and the Children FIRST program, visit www.collegesave4u.com or call 701.328.5619.



Want to earn \$100 for your little one's college fund? Here's how to apply!

1. Go to www.ndchildrenfirst.com.
2. Complete the brief Children FIRST application to receive a \$100 contribution.
3. Open a College SAVE account at www.collegesave4u.com, and contribute at least \$100 prior to your child turning 4.
4. Continue to add to the College SAVE account for your child's future higher education costs at the pace that's right for you.

Matching Grant Funds Also Available

In addition to receiving an initial free contribution through the Children FIRST program, College SAVE account owners also may qualify for a matching grant.

This program offers a one-time match of up to \$300 for singles earning \$40,000 or less of adjusted gross income (AGI); or \$80,000 AGI or less if married, filing jointly.

The program also matches up to \$300 per year for singles earning \$20,000 or less AGI; or \$40,000 AGI or less if married, filing jointly. Account owners in this income group can apply for the match up to three years in a row.

Your beneficiary – the person you are saving for – must be 12 years old or younger. More information about the matching grant can be found at www.collegesave4u.com.

Warning: Honey Is Harmful for Babies

Babies younger than 1 year old should never be fed honey. Honey has spores in it that can cause a disease called infant botulism, a rare and serious form of food poisoning. Older children have more highly developed intestinal tracts, so honey is safe for them.

Parent Education Network

The North Dakota Parent Education Network is a partnership of Parenting Resource Centers located in eight regions across North Dakota. All resource centers offer a variety of parent/caregiver education classes, a parent education lending library, and information and referral services free to any family living in North Dakota. Support groups offered at some resource centers can be great for parents/caregivers who are interested in interacting and gaining support from others. Programs are delivered with funding support from the North Dakota Department of Human Services Children and Family Services Division.

Please visit www.ag.ndsu.edu/pen to access information about the Parent Resource Center in your area.

North Dakota Early Intervention

North Dakota Early Intervention is a comprehensive program for children, ages birth to 3, who have developmental delays and disabilities, and their families. The program provides a variety of services, including service coordination, access to trained professionals such as physical therapists, occupational therapists, speech and language specialists, etc., and assistance with family support. For more information, contact your regional human service center and ask for “Developmental Disabilities.”

Family Planning Program

The North Dakota Title X Family Planning Program addresses contraception, infertility and a wide range of risk behaviors and health conditions that affect reproductive health and the chances of having a healthy pregnancy. The program provides services intended to assist men and women in the planning and spacing of the birth of their children, thereby helping to prevent preterm delivery, infant mortality and teen pregnancy. The Family Planning services provided at clinics across the state include physical exams; breast, cervical and testicular screenings; sexually transmitted infection screening and treatment; HIV screening; pregnancy testing; preconception counseling; birth control; and community education and outreach.

Who can come to a Title X Family Planning clinic?

Anyone with a need for reproductive health care such as preconception and life plan counseling, pregnancy testing and counseling, infertility counseling, STD screening, HIV testing, Pap smear, testicular exam and birth control.

How are services paid?

Services are provided on a sliding fee scale, set by the federal poverty income limit for the year. Medicaid and private insurances are billed. Donations to the program are always welcome.

Where do I find a Family Planning clinic?

Call 800.472.2286 for more information or view a list of clinics on the North Dakota Family Planning Program website at www.ndhealth.gov/family-planning/.



Help For Domestic or Sexual Violence

For information regarding domestic and sexual violence, go to the North Dakota Council on Abused Women’s Services website at www.ndcaws.org.

If you are in danger, please:

- Call 9-1-1.
- Call your local hotline.
- Call the National Domestic Violence Hotline at 1.800.799.SAFE.

The Effects of Secondhand Smoke on Children

Secondhand smoke is a mixture of gases and particles that come from the burning end of a cigarette, cigar or pipe, along with the smoke breathed out by smokers. Secondhand smoke contains more than 4,000 chemicals, including more than 50 that can cause cancer.

The 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, reports the following facts:

- ◆ Babies who breathe secondhand smoke after they are born are more likely to die of sudden infant death syndrome (SIDS). SIDS is the leading cause of death in babies between 1 month and 1 year of age. If anyone is smoking in the home where a baby lives or is cared for, that baby is inhaling the toxic chemicals from the smoke and is suffering the effects – which could include a higher risk of dying from SIDS.
- ◆ Smoking and exposure to secondhand smoke during pregnancy can lead to a low birth-weight baby, reduce a baby's lung function and put the baby at risk for SIDS.
- ◆ During pregnancy, many of the compounds in secondhand smoke change the way a baby's brain develops.
- ◆ Babies who breathe secondhand smoke have weaker lungs. Their breathing problems can continue as they grow older and even when they become adults.
- ◆ Children who breathe secondhand smoke are more likely to suffer from pneumonia, bronchitis, wheezing and coughing spells, ear infections, and more frequent and severe asthma attacks.



To protect children from the effects of secondhand smoke:

- ◆ Never smoke around your baby. If you smoke, get help with quitting.
- ◆ Don't allow anyone else to smoke in your home or around your baby either, including family members and babysitters. People moving to another room to smoke or opening a window does not protect children from secondhand smoke.
- ◆ Don't take your baby to public places where people are smoking.

Free Help for Tobacco Users

If you smoke or use other tobacco products, consider getting help with quitting. Free counseling, advice and free quit medications (nicotine patches, gum or lozenges) are available from the North Dakota Tobacco Quitline, a free telephone-based service, and from North Dakota QuitNet, a free Internet-based service.

Call the Quitline at 1.800.QUIT.NOW (1.800.784.8669) or log on to QuitNet at www.nd.quitnet.com. Quitline and QuitNet services can be used together to provide the support you need to help you quit.

For more information about the North Dakota Tobacco Quitline or North Dakota QuitNet, visit www.ndhealth.gov/tobacco.



Home Visiting Programs

Lutheran Social Services of North Dakota provides the Healthy Families Program in Burleigh, Grand Forks, Morton and Nelson counties. Healthy Families is a FREE, voluntary family support service that helps parents create a healthy, nurturing home for their new baby. Through home visits, trained Healthy Families support workers encourage bonding and attachment, promote a safe and healthy environment and provide useful information about parenting and child development. Funding for Healthy Families is supported by the North Dakota Department of Human Services. For more information about Healthy Families, visit www.lssnd.org/healthyfamilies/.

Additional models of home visiting programs exist in North Dakota, including the Face program and the Nurse Family Partnership. For more information about these programs, contact the North Dakota Department of Health at 800.472.2283.



Right Track Developmental Specialists

Right Track is a free program for all North Dakota children from birth through age 2 that provides children with the best possible start. Right Track provides developmental screenings, ideas for stimulating your child's development, information and referrals to local, state and national organizations. Call 800.755.8529 to learn more about Right Track in your area.

Free Tips From text4baby

Sign up for **text4baby**, a free service that sends health tips to your cell phone or mobile device every week during your pregnancy, and during baby's first year.

Text **BABY** to **511411** to sign up. Text **STOP** if you would like to stop the service, or **HELP** if you need help with the service. For more information, visit www.text4baby.org.

Help Available from North Dakota's Cribs For Kids® Program

Cribs for Kids® is a safe-sleep education and distribution program for low-income families to help reduce the risk of injury and death of infants due to unsafe sleep environments. The program addresses specific situations dealing with socioeconomic issues such as crib affordability and cultural practices such as bed sharing and secondhand smoke.

Cribs for Kids® was developed in Pittsburgh, Penn., to address the issue of babies dying when placed in unsafe sleeping environments. The North Dakota Department of Health became a Cribs for Kids® partner in late 2009.

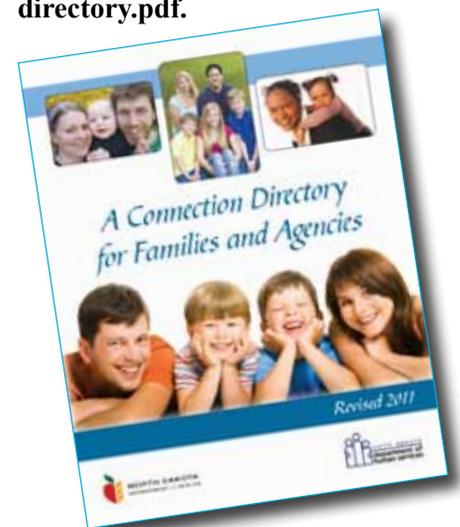
Screening is completed by local partners and eligibility varies by site and is based on availability. Crib Kits for eligible pregnant and newly delivered mothers feature a Graco Pack n' Play, crib sheet, pacifier and a swaddle sack.

To find out more about the program and for a list of local partners, visit www.ndhealth.gov/cribsforkids.

Find Help in the Connections Directory

A joint effort of the North Dakota Department of Health and the North Dakota Department of Human Services, the Connections Directory includes a list of agencies that provide services to children, women and families. Included in the listing are addresses; telephone, fax and toll-free numbers; and website addresses.

The organizations listed in the directory offer a variety of services and can be contacted for more specific information related to the services they offer. The directory can be viewed at www.ndhealth.gov/familyhealth/publications/connection%20directory.pdf.



Stay Safe with the North Dakota Home Safety Checklist



The home is the second most common location of unintentional fatal injuries in the United States. The rates for injuries occurring in the home are highest among young children compared to other age groups. About 2½ million children are injured or killed due to hazards in the home each year. Their stages of physical development make them vulnerable population groups for fatal injury. Children may become injured while engaging in normal exploratory behaviors, lacking the judgment to avoid dangers. The good news is that many of these incidents can be prevented by identifying and correcting the hazard.

The North Dakota Department of Health's Division of Injury Prevention and Control has developed a Home Safety Checklist to be used as a guide for going through the home and looking for potential risks. As hazards are discovered, they should be fixed right away to prevent accidents and injuries. The North Dakota Home Safety Checklist can be viewed at www.ndhealth.gov/injury, or ordered by calling 800.472.2286.

Help Is Out There

Family Voices of North Dakota (FVND)

Family Voices of North Dakota, Health Information and Education Center and the North Dakota Parent to Parent project are resources available to parents if their child is diagnosed with a chronic health condition, or disability. The Parent to Parent program matches support parents with referred parents. Support parents have experience with children with disabilities or those with special health-care needs. They are able to help the referred parents who have just learned of a child's diagnosis with a disability or special health-care need.

Support parents can give specific guidance about care, share tips for coping and provide a shoulder to lean on. The support parent who has successfully learned how to be an advocate for his or her child has a unique and valuable set of skills to share with another family. Locating and negotiating one's way through a maze of needed programs, and interacting with a range of professionals are skills that support parents can teach. Parents who find out their child has a special health-care need often feel helpless and alone. Talking with a parent who has experienced a similar situation can help families feel less alone and more hopeful for the future.

Children with special needs may require special services. FVND staff assist families with identifying programs, finding available resources and providing ongoing education. For more information, call Family Voices at 888.522.9654 or 701.493.2634. You also may send an e-mail to fvnd@drtel.net or go to www.fvnd.org.

Health Insurance or Coverage Options for Children

North Dakota Healthy Steps is North Dakota's Children's Health Insurance Program. It provides health insurance coverage to uninsured children from working families in North Dakota. Covered individuals include children to age 19 not covered by other insurance. Covered services include inpatient and outpatient hospital stays, psychiatric and substance-abuse services, prescription drugs, routine preventive services, immunizations, preventive dental and vision services, and prenatal services. For more information about North Dakota Healthy Steps, call 877.KIDSNOW, 877.543.7669 or visit www.nd.gov/dhs/services/medicalserv/chip.

Caring for Children Program is another option for coverage if a child does not qualify for North Dakota Healthy Steps. If you would like more information about the Caring for Children Program, call 800.342.4718 or visit www.ndcaring.org.

Children's Special Health Services (CSHS) helps families pay for medical services for eligible children, including health-care visits and tests to diagnose chronic health conditions early and specialty care needed for treatment. For more information about medical or financial eligibility, call CSHS at 800.755.2714 or 701.328.2436. You also may send an e-mail to dohcshsadm@nd.gov or go to www.ndhealth.gov/cshs.

Women, Infants and Children (WIC) is a special supplemental nutrition program.

WIC nutritionists provide nutrition education and counseling for eligible pregnant women, breastfeeding and new mothers, and children younger than 5. WIC provides free nutritious foods like fresh fruits and vegetables, whole wheat bread, milk, juice, eggs, cereal, peanut butter and beans, plus infant formula, baby food and cereal. They also provide breastfeeding support, including breast pumps. WIC has clinics in every county in North Dakota. Income guidelines for WIC are higher than most assistance programs. For more information about WIC, call 800.472.2286 or visit www.ndhealth.gov/wic.



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