Growing Up Healthy
Growing Up Healthy

Child’s Name ____________________________
Date of Birth _____________________________

Photo
Child’s Health Insurance Plan and Member Number

______________________________________________
______________________________________________

Child’s Social Security Number

______________________________________________

If you find this book, please return it to:

Name _________________________________________
Address ______________________ Apt. _________
City _________________ State _________ Zip _______
Phone number ( _____ ) __________________________

Use the last page of this book to write down important phone numbers.
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Welcome to the World

Happy Birth Day

New parents have lots of questions. This book will help answer your questions. It has a guide for each visit to your child’s healthcare provider. For words you do not understand, use the glossary at the back of the book or ask your healthcare provider. There are places to write down things you want to remember or questions you want to ask.

The first time words defined in the Glossary (page 176) are used, they will appear in bold print in this book. To make the book easier to read, gender pronouns (he and she, him and her) have been used alternately.

Baby’s Name: _______________________________________

Date of Birth:________________________ Time of Birth: _____ a.m./p.m.

Weight: _____ pounds _____ ounces_ Length: _________ inches

Photo
Your Amazing Newborn

When your baby is born, there is so much she can do! A newborn can:

- See your face clearly when you hold her
- Look into your eyes
- Tell your voice from other voices

At birth, your baby is aware of many changes. Your baby sees, feels, smells, hears, and tastes things strongly. Here are some things you can do with your baby:

- Gently touch your baby – hold her next to your skin
- Make eye contact
- Talk softly to your baby while you look into her eyes
- Start breastfeeding

Your baby already feels very connected to you. Take time to get to know each other. Enjoy being together.
Your Baby’s First Exam

During the first 24 hours after birth, a doctor or nurse will do a physical exam. You can watch. They will:

• Weigh and measure your baby
• Listen to your baby’s heart
• Check your baby’s body and reflexes
• Check for jaundice
• Check your baby’s blood for several rare diseases
• Possibly check your baby’s hearing

Before discharge from the hospital, your baby may get the first hepatitis B immunization. You will get a New Hampshire Immunization Record. All the baby’s immunizations will be recorded on it. Bring this record to every healthcare visit. It is very important. Your child will need it for childcare, school, and camp.

Talking with Your Healthcare Provider

Your child’s healthcare provider will talk with you about what your baby needs: feeding, caring for the belly button, car safety seats and what position your baby should sleep in. This is a time to ask your questions. No question is silly or dumb. If you do not understand something, ask them to explain it to you. Writing down your questions may help you remember. Your healthcare provider will not know that you have a question unless you ask it.
Newborn Exam

Your healthcare provider may talk about:

- Deciding whether your baby boy should be circumcised
- How newborns sleep
- When and how to call your healthcare provider
- How to tell if your baby is getting enough to eat
- Getting help at home
- How to put your baby to bed
- Keeping baby’s environment smoke-free

Questions some parents ask:

- How many bowel movements should I expect each day?
- Does my baby need water?
- Is it okay to give my baby formula if I am breastfeeding?
- How often should I feed my baby?

Your questions:
Newborn Exam

Date of visit: ____ / ____ / ____ / _________________________

My child’s age: _______________ days or weeks

Birth Weight: _____ pounds _____ ounces

Discharge weight: _____ pounds _____ ounces

Length: _______________ inches

Head size: ____________ inches

Blood type: _______________

Immunizations my baby got today:* ________________________________

Things to remember about this visit:


Next visit: ____ / ____ / ____

Remember the first well-child visit in 1 to 2 weeks.

Date: ______________________ Time: ______________________

Healthcare provider’s name: __________________________

Address: __________________________ Phone: ________________

* Schedule of hepatitis B (hep B) vaccine may vary. Most babies receive hep B vaccine at birth. Be sure to ask your healthcare provider if your baby got the shot, and take the record with you.
What You May Expect After Your Baby is Born

Your baby has finally arrived!

In the Hospital
After delivery, a nurse will:
• Check the amount of bleeding you have
• Take your vital signs, including pulse and blood pressure
• Massage your uterus to make sure it stays contracted, to prevent heavy bleeding
• Check your ability to urinate

Your bottom may feel swollen and sore. An ice pack may help the swelling and pain. Ask your healthcare provider for medication if you need it. After 24 hours, you can take a “sitz bath,” a special warm bath for your bottom.

When You Go Home
Take time to adjust by:
• Taking it easy
• Asking for help with housework and cooking
• Limiting the number of people who visit if you are tired
• Getting the rest you need

Changes in Your Body
Your body will change quickly 6 to 8 weeks after you give birth. It is good to know what changes to expect from your body. Be sure to call your provider right away if you have fever, pain, or heavy bleeding. Here is a list of normal changes:

Breastmilk
For the first 2 or 3 days, your body makes a special kind of breastmilk called colostrum (col-os´-trum). Then your regular breastmilk will come in.
• Your baby can start breastfeeding on the colostrum right away.
• When your milk comes in, you may be sore and leak milk. See pages 17–21 for more information on breastfeeding and bottle feeding.
**Constipation**
You may be constipated for 2 or 3 weeks after your baby is born. Try this:
- Drink at least 8 large glasses of water each day
- Eat fresh fruits, raw vegetables, and whole-grain breads
- Put the baby in a stroller and walk for exercise each day
- Call your healthcare provider if constipation does not go away

**Feeling blue or depressed**
A number of new mothers feel “down” after their baby is born.
- The “baby blues” generally last a few weeks
- Call your healthcare provider if you feel overwhelmed or frightened

**Sexual desire**
Your body needs to get back to normal before you have sex. The amount of time this takes is different for each woman. Talk to your healthcare provider about ways to avoid getting pregnant again before you are ready or if you have difficulty with sexual activity.
- Wait until you aren’t sore before having intercourse
- Wait until the vaginal bleeding has stopped
- Start slowly – it may take some time before you are comfortable again
- Talk to your partner

**Stitches**
Keep the area around your stitches very clean. The stitches will heal in 2 to 4 weeks.
- Sit in a tub of warm water for 15 minutes, 3 times each day
- Wipe yourself from front to back after a bowel movement
- Contact your provider if the stitches get more sore over time
- Continue to use your peri-bottle as long as you are still bleeding; this will help to keep you clean
Uterus
You may feel afterpains or cramps every now and then as your uterus shrinks back to normal size.
- This is more common if you delivered more than one baby or are breastfeeding.
- Relax your muscles and use relaxed, even breathing.
- Ask your healthcare provider what medications are helpful.

Vaginal discharge
You will have a discharge from your vagina. The discharge will be bright red and heavy at first. In 2 or 3 days, the discharge will turn pinkish brown and then turn white. This white discharge may last up to 6 weeks. You may spot intermittently up to 4–6 weeks.
- Wear a sanitary napkin. Don’t wear a tampon.
- Don’t douche during this time.
- Call your healthcare provider if your discharge smells bad, itches, or burns. Call if white discharge turns red again.
How Do I Get Healthcare for My Child?

Choosing Your Baby’s Healthcare Provider
You may already have a healthcare provider for your baby. That’s great. Ask friends who they use. Find out why they like their baby’s healthcare provider. Ask your healthcare provider for names of baby healthcare providers. Then, call the healthcare provider yourself. Ask these questions when you call:

☐ Do you have evening and week-end hours?
☐ How long in advance do I need to call for a well baby check-up?
☐ Is this a group practice? Will I be able to see the same healthcare provider for my baby’s check-ups?
☐ Is there a special time during the day when I can call the healthcare provider with questions?
☐ How quickly do you return calls from parents?
☐ What are your thoughts about infant feeding and circumcision?

Find out about Payment
☐ How much does each visit cost?
☐ Is there a cost to me?

Meet the healthcare provider in person, then ask yourself these questions.
☐ Do I like how the healthcare provider relates to my baby?
☐ Do I like and trust the healthcare provider?
☐ Did the healthcare provider spend enough time with my baby?
☐ Did the healthcare provider answer my questions?

Choose a healthcare provider who seems concerned and caring about your baby’s health. It is important you trust the healthcare provider who cares for the health of your child.

Paying for Health Care
Sometimes your choice of healthcare provider is limited by your health insurance plan. Well-child visits may be covered by your health insurance plan.
If you have insurance, call the phone number on your insurance card to find out:

- If your child is covered
- What services are covered
- Which healthcare providers you can go to

Be sure to register your child on your health insurance policy. If your child is not covered or you have no health insurance, you may be able to get free or reduced-fee healthcare for your child through state and city programs. You can call New Hampshire Healthy Kids at 1-877-464-2447.

**“Healthy Kids” Coverage**

Your child may be eligible for free or low-cost health insurance through New Hampshire Healthy Kids. Healthy Kids, a nonprofit organization, works with the New Hampshire Department of Health & Human Services to provide access to affordable coverage for children up to the age of 19. **Eligible** children can be living in married or single-parent families, with parents who may or may not be working.

All Healthy Kids programs include full health services and dental benefits with an emphasis on the **preventive** and regular healthcare children need and use. **Benefits** include but are not limited to:

- Well-Child Check-ups and Immunizations
- Healthcare Provider Visits
- Prescription Drugs
- Eyeglasses and Hearing Aids
- Emergency Care
- Hospital Services
- Dental Check-ups and Cleanings
- Home Health Visits
- Physical, Occupational, and Speech Therapy
- Mental Health Services
Eligibility

Eligibility varies for each program and is based on information about your family. Teenagers living outside their parents’ home may apply and qualify with their individual information. In general, eligibility for Healthy Kids is based on:

- The ages of your children
- Where you live
- Your family’s income
- Whether your children are currently or have recently been insured

Cost

The cost of Healthy Kids insurance is based on family income. There is no cost for the Healthy Kids Gold program (formerly called NH Medicaid). Families with moderate incomes whose children qualify for Healthy Kids Silver will pay $20, $40, or $80 per month per child. Copayments of $5 or $10 also apply to some Healthy Kids Silver services. If your children qualify for the $20 or $40 premium, your total monthly premium cannot exceed $100, no matter how many children you have.

Applying for Healthy Kids

You may apply for Healthy Kids coverage through the mail or at any NH Health & Human Services District Office throughout the state. For more information, or to ask for an application kit, call 1-877-464-2447 toll-free.

Getting the Most Out of Your Health Insurance

More and more insurance plans are imposing rules that you must follow in order for health services to be paid by the plan. It is not uncommon for plans to require you to work through your primary care physician (PCP) to get care. Many plans also set limits on certain services. It is very important that you
understand how your plan works before you seek services. If you have questions about your plan and its benefits, call the member services department or work with your healthcare provider’s business office to get the information you need.

For more information about health insurance for your child, see pages 12–14.

At the Hospital

While you are in the hospital, ask the nurses about baby care. They can show you how to bathe and diaper your baby, and help you get started with breastfeeding.

Do not be afraid to ask questions – this is a learning time for you and your baby. It will take time for you to get to know your baby. Try to limit visitors, so you can rest and spend time with your baby. Ask about parenting classes in your community and places to borrow videos on new baby care.

Your stay in the hospital may be short. By law, your healthcare provider will decide when it is okay for you and your baby to go home. You may be eligible for a home visit from a nurse after you leave the hospital.

The Premature Baby

If your baby was born 3 or more weeks before your due date, your baby may need to be cared for in a special nursery. Ask the nurses all the questions you have and for help touching and holding your baby.

Premature babies will grow and develop as well as other babies. Talk to your healthcare provider about how to care for your baby and make sure he is growing okay. If you have any questions or concerns about your baby’s
development, you or your healthcare provider can call the Family Resource Connection at 1-800-298-4321 for the name of a Family-Centered Early Supports & Services program (FCESS) in your community. The FCESS program can set up a free screening or evaluation of your baby. For more information, see pages 50–51.

Premature babies may need to be fed more often than other babies. Small babies need extra help to stay warm. Rather than keeping the room warm, use several layers of clothes, so that your baby will not get too warm or cold.

Feeding Your Baby

Breastmilk is a perfect food for babies. It has everything your baby needs. It is easier to digest than formula. Your body will make the right amount of milk for your baby. Breastfed babies:

- Tend to have fewer colds, infections, diaper rashes, and other illnesses
- Gain weight more quickly in the first 3 months
- Have less constipation and fewer allergies
- Have a lower risk of Sudden Infant Death Syndrome (SIDS)
Breastfeeding helps your uterus return to its pre-pregnant size faster, and will reduce your risk of breast cancer. Breastfeeding also saves time and money.

You may choose to or need to give your baby formula. There are many reasons why parents use formula. Make a decision that feels right for you. Your healthcare provider can help you make the best choice for you and your baby.

You can combine breastfeeding and formula feeding. Your baby should have breastmilk and/or formula until he is at least 4 to 6 months old. After that your baby can have solid foods too.

Your partner can help with feeding by bringing the baby to you. Your partner can also prepare and give the baby a bottle. A bottle does not have to be formula – it can be breastmilk that you have pumped.

Breast pumps are available for mothers who cannot be with their infants and need to go back to work or school.

**Breastfeeding: Getting Started**

For the first 2 to 3 days, your body makes a special kind of breastmilk called colostrum. Then your regular breastmilk will come in. This is a normal process. It may take a while for you and your baby to learn how to breastfeed. Do not get discouraged. There are people to help you: maternity nurses and lactation consultants or breastfeeding consultants. Call:

- Women, Infants, and Children (WIC) Program at 1-800-WIC-4321
- Baby’s healthcare provider
- La Leche (“lay-chay”) League at 1-800-LA-LECHE (or www.lalecheleague.org)
In the hospital

- Let the nurses know that you are going to breastfeed and would like help getting started.
- Let the nurses know if you do not want to give sugar water, formula, or a pacifier to your baby.
- Ask to have your baby stay with you in your hospital room at night or be brought to you when the baby cries. This way you will know when your baby is hungry and ready to breastfeed again.

The first feedings

- Try to breastfeed your baby within the first hour after birth. If your baby is sleepy or does not want to breastfeed right away, try again in a little while.
- If you have had a cesarean birth, ask the nurses for extra help with breastfeeding.
- Practice breastfeeding on both breasts.
- Remember, breastmilk is the only food your baby needs right now.

How to breastfeed

- Breastfeed “nurse” when your baby shows signs of hunger, like lip and mouth movements, sucking motions, or sucking on his fingers.
- Breastfeed at least 8 to 12 times in 24 hours.
- Find a comfortable position. Use pillows for support.
- Hold your baby facing you, tummy to tummy.
- Support your breast by placing four fingers under your breast, and your thumb on top.
- Stroke your baby’s lips with your nipple.
- Bring your baby to your breast when his mouth opens wide.
- Give your baby as much as possible of the areola (the dark part of your breast around the nipple) to latch on to.
• Listen for suck and swallow sounds.
• When your baby’s sucking slows down (after about 10 to 15 minutes), you can switch sides. Slide one finger into the corner of his mouth, and he will let go of your breast. You can then offer the other breast. Some babies only feed on one side per feeding.
• Some babies may need to be burped during or after a feeding.
• Allow your breasts to air dry after breastfeeding.
• Try other breastfeeding positions.
• Try to drink a glass of milk, water, or juice each time you breastfeed.
• **Remember, the more often you breastfeed, the more milk your body will make.**

*Breastfeeding positions*

Cradle Hold

![Cradle Hold](image)

Clutch Hold

![Clutch Hold](image)

Side-Lying

![Side-Lying](image)
What to expect

• After 3 to 4 days, your breasts will feel full and heavy. Frequent nursing helps keep your breasts from becoming swollen. If you are uncomfortable, ask a nurse or lactation consultant what to do.
• Breastfed babies sometimes will feed every 1 and 1/2 to 3 hours, especially during growth spurts. This is normal.
• If your nipples get sore, gently rub a little breastmilk on them. This is normal. Do not use soaps or creams on your nipples. If you are concerned about the pain, call your healthcare provider.
• At times your baby may want to nurse more often. This could be a growth spurt. Feed her more often for a few days, and your body will make the extra milk she needs.
• If you want to use bottles also, wait until after the 3rd week. Then give your baby a bottle of pumped breastmilk or formula. For more information on pumping and storing breastmilk, call a lactation consultant or WIC.
• If you are going back to work or school, you can combine breastfeeding and bottle-feeding. You can breastfeed your baby at home. The caregiver can give your baby pumped breastmilk or formula when you are away.
• Caffeine, nicotine, alcohol, medicines, and drugs can get into breastmilk and may cause problems for your baby. Discuss this with your healthcare provider.
• Check with your healthcare provider before taking prescription or over-the-counter medications while you are breastfeeding.
• Check with your healthcare provider about vitamin D if your baby is totally breastfed.

Some babies get fussy when mothers eat certain foods (like onions or cabbage). Pay attention to your baby’s signals.
Formula Feeding: Getting Started

If you are not breastfeeding, formula is your other choice. Formula is made to have many of the nutrients found in breastmilk. Formula comes as powder, concentrated liquid, and ready-to-feed. **Powder or concentrate are less expensive.** Use only properly prepared iron fortified formula.

*When preparing formula:*

- Always wash your hands. Clean bottles, nipples, and utensils with hot soapy water. Rinse well before using, or use a dishwasher.
- Follow the directions on the can. Check with your health provider about the need to boil water. If water is needed, run it for 2 minutes before using. Once you open and prepare the formula, use it or refrigerate it **right away.** Use prepared formula within 48 hours.
- Use powdered formula within 1 month of opening the can. Use concentrate within 48 hours after opening.

If you warm a bottle for your baby, put it in a pan of hot water. Always check the formula to make sure it is not too hot. **Do not use a microwave oven.** This may cause serious burns.

Make sure that everybody who gives the baby formula follows these directions.

*How to give a bottle*

Always hold your baby while she is drinking from the bottle.

- Feeding the baby while she is lying flat on the baby’s back can contribute to ear infections.
- Hold the baby in a comfortable position. Do not “prop” the bottle.
- Tilt the bottle so that the nipple fills with milk.
- Never prop a bottle in your baby’s mouth.
• Most babies finish a bottle in 15 to 20 minutes.
• Burp your baby half-way through the feeding and at the end. If she spits up a lot, it may help to burp more often.
• If the bottle is not finished when your baby is done, throw away the leftover formula. Do not save it for the next feeding.
• Feed your baby as often as she wants. Babies using formula usually eat every 2 to 4 hours.
• Ask your healthcare provider if you have questions about nipples, bottles, or feeding.
• Prevent “baby bottle tooth decay.” Do not give bottles filled with juice or formula at bedtime or naptime.
• Do not give your baby kool-aid, sports drinks, soda, or sugar water.
• It is important that a breastfed baby knows how to drink from a bottle before being left with a babysitter.

It may take a while for breastfed babies to get used to drinking from a bottle.

**How to Tell if Your Baby is Getting Enough Milk**

At first, a breastfed baby will only have a few wet or soiled diapers each day. After 5 days, the baby should have 6 to 8 wet diapers a day. The baby should also have at least 2 to 3 bowel movements a day in the first few weeks. These are usually yellow and seedy-looking. Older breastfed babies may have as many as 8 bowel movements a day, or as few as 2 to 3 a week. Their bowel movements are soft and yellowish.

Formula-fed babies have darker and more formed bowel movements. Your healthcare provider or nutritionist will tell you how much formula to give your baby. If you have any questions or concerns, call your healthcare provider, nutritionist, or lactation consultant.
**Burping Your Baby**

Burping may make your baby feel better by getting the air out of his stomach. However, it is not always necessary to obtain a burp. Here are 3 ways to burp your baby:

- Put his head over your shoulder, and gently rub his back.
- Lay him over your lap, stomach side down, and gently rub his back.
- Sit him on your lap, with your hand supporting his chest and head. Gently rub his back.

It is common for babies to spit up a little milk when being burped. After burping, you can clean your baby’s gums with a soft, clean cloth.

**Home or Clinic Visit**

Your provider may suggest a home or clinic visit once you leave the hospital. A nurse will come to your home for about an hour. To get the most out of the visit, make sure friends are not visiting at the same time. This way you will get the attention you need! And don’t bother picking up the house. The nurse wants you to get rest and take care of yourself. The purpose of the visit is to:

- Answer your questions
- Give tips on new baby care
- Make sure you are doing well

The nurse will:

- Check your blood pressure
- Check your abdomen
- Look at your stitches if you had a cesarean birth
- Check your baby’s weight
- Ask about how often the baby is urinating and having bowel movements
- Check your baby’s color to see if there is any jaundice
- Ask how feedings are going
Protect Your Baby from Second-Hand Smoke

Caring for your baby also means protecting your baby. Keep your home smoke-free. Ask people not to smoke around your child. Babies who are exposed to smoke have more:

- Asthma attacks
- Ear infections
- Colds
- Flu
- Risk of SIDS
- Pneumonia
- Feeding problems
- Allergies
- Hospitalizations

Smoking takes away your energy and reduces the amount of breastmilk a mother makes. If you stopped smoking while you were pregnant, try not to start again. You may be tempted to smoke by the stress of being a new parent. There are many programs that can help you and your family quit smoking. Ask your healthcare provider.

You should never smoke while holding or feeding your baby. Make sure that people do not smoke inside your home.

**Smoking causes illness and injury.** Fires happen more often in homes where people smoke. In a fire, babies are hurt more often than anyone else.

Taking Care of Yourself

It is easy to forget about your own health when caring for a newborn. Remember, your baby needs you to be healthy. Ask your healthcare provider how to take care of yourself after the birth of your baby. Give yourself time – it takes at least 6 weeks to recover from childbirth. It takes longer if you have had a Cesarean birth. Limit visits from friends and family.
You may have some discomfort, such as constipation, hemorrhoids, painful urination, and soreness. Call your healthcare provider right away if you have any of the following:

- Bleeding that soaks more than 1 pad an hour for more than a few hours
- Bright red bleeding after the 4th day after delivery
- New or severe pain
- A temperature of over 100.4°F for 8 hours
- Any temperature over 101°F

Take it Easy

Getting adjusted to your new life with a baby can take time. While this is an exciting time in your life, it may also be a time you are very tired or stressed. Juggling your family, work, the household, and a new baby can be tough. Yet, having a baby in the house will soon feel natural.

Keep lines of communication open with your partner. Don’t let little things build up. If you feel overwhelmed or frightened, talk to your healthcare provider. Together you will find a plan that works for you. Make time for some fun.

- Set aside time each day for yourself and your partner.
- Fix something easy for dinner.
- Put up your feet and read a magazine, or talk to friends on the phone to relax.
- Take the baby in a stroller and go for a walk.

Enjoy the days with your new baby and delight as your child grows.

Postpartum Check-Up and Family Planning

6 weeks after delivery is time for your postpartum check-up. Your healthcare provider will check your recovery. Your healthcare provider can help you decide the best method of family planning for you.
You can get pregnant again right after your baby is born. **Condoms** are the best way to prevent another pregnancy before you have your check-up. **Be sure to get a check-up for yourself every year.**

**You Are Not Alone**

Taking care of a baby can be stressful. You may feel exhausted. You will have less time for housework and other things. Caring for your baby and yourself comes first.

All new parents need help and support. You can get help at home, answers to your questions, and emotional support by calling **NH Helpline** at 1-800-852-3388. You can also get help from:

- Your baby’s healthcare provider
- The nurses in the hospital where your baby was born
- Adoption support services, such as the Open Door Society
- Your childbirth instructor or breastfeeding consultant
- Your local Visiting Nurse Association
- New mothers’ support groups
- Breastfeeding support groups
- Parenting classes
- Postpartum exercise groups
- **Prevent Child Abuse NH** at 1-800-750-4494

For more information on these and other groups, see “Parenting and Family Support” on pages 168–169 or call the **Family Resource Connection** at 1-800-298-4321.

If possible, ask family and friends to help out. They can bring a pizza, buy some groceries, take care of your other children, or watch your baby while you take a nap.
**Postpartum Depression**

New mothers do not always get the help they need. They do not get enough sleep. Taking care of a baby can be lonely. It may be different from what you expected. Adjusting to the changes in your life takes time. You may feel depressed. Some mothers feel guilty about feeling badly.

You need care, just as your baby does. Emotional support can come from friends, family, other mothers, and support groups. You are doing a very important job. You need support to do it. Sometimes, new mothers have sadness that does not go away quickly – this is called **postpartum depression**. Talk to someone you trust, if you:

- Think about hurting yourself or your baby
- Feel like you cannot take care of your baby or yourself
- Lose interest in things you like to do
- Feel anxious, scared, sad, or hopeless
- Have sleeping problems
- Have a hard time thinking clearly
- Do not want to eat
- Cry easily

Call your healthcare provider. It is important for both you and your baby to get help.

**Looking Good and Feeling Good**

**Eating Right**

It is important to eat regularly. Try to eat the recommended number of servings each day. Choose a variety of foods from the picture on the next page.
Continue taking the vitamins you were taking while you were pregnant. To protect your health and the health of a baby you might have in the future, make sure to get 400 micrograms (mcg) of **folic acid** every day from the foods you eat and a vitamin. Foods high in folic acid are:

- Asparagus
- Broccoli
- Collard greens
- Orange juice
- Black-eyed peas
- Cereals with folic acid added
- Dried beans and peas
- Spinach

Taking folic acid every day can help prevent serious defects of the spine or brain in your baby while you are pregnant.
Staying Fit

Exercise is a great way to relieve stress and get more energy.

Walk. It is one of the easiest ways to keep fit. Take your baby for walks.

Use an exercise video. There are videos especially for new moms. They may be available at your local library. While you work out, put your baby in an infant seat or on a blanket on the floor. Your baby will probably enjoy the music and your movements.

Join an exercise class. Many HMOs, YMCA/YWCAs, community programs, and health clubs offer postpartum exercise classes. Some programs also offer child care.
Bringing Your Baby Home

Items to Have on Hand at Home
Gather the basics that are listed below before you give birth so you are ready when you bring your baby home.

Items for baby:
- A safety approved car seat. Read the directions and make sure you know how to use it the right way.
- A safe place for your baby to sleep such as a crib or bassinet, with a firm mattress
- Baby blankets
- Diapers – disposable, or cloth that have been washed
- Baby clothes that have been washed
- A digital baby thermometer (not mercury or ear thermometer)

Items for you:
- Sanitary napkins
- Thermometer (not mercury) that you put in your mouth

If you are breastfeeding:
- Nursing bras
- Nursing pads to put inside your bra for leaks
- Breast pump (optional)

If you are bottle feeding:
- 1 can of powder or 2 cans of ready-to-feed or concentrate. Have your water tested before mixing with any powder or concentrate. It helps to know if your water contains flouride.
- 6 bottles, nipples, a bottlebrush, and a nipple brush.
Safety Seats – Make Sure your Baby Travels Safely

Put your baby in a safety seat every time your baby rides in a car or taxi. Holding your baby in your arms will not protect your baby. Even though you might think you can hold onto your baby during a crash, the force of a crash makes it impossible.

A safety seat cannot protect your child unless you use it correctly. To make sure you install your seat correctly, follow the directions that come with it. Make sure your baby seems comfortable and your baby’s head and body are well-supported. You should wear a seat belt, too.

Infant safety seats should face backwards until the baby is at least 20 pounds and 1 year old. Children should ride in the back seat whenever possible. While it is natural to want to be close to your baby, no baby or young child should be in the front seat. Never put a baby in the front seat if there is a passenger-side air bag.

For more information about safety seats, call the Auto Safety Hotline at 1-800-424-9393.
A Safe Crib

At first, you may want to have your baby sleep in a bassinet (a small, low crib) or cradle by your bed. As your baby grows, move her to a regular crib. Most new cribs meet safety standards, but you should still check your crib. Avoid using an older crib, if possible. If you are not sure if your crib is safe, call 1-800-83-DANNY. Check to see that:

- The slats are no more than 2 and 3/8 inches apart
- Do a soda can test – if you can pass the can through the slats, the crib is unsafe
- The paint is not peeling and is lead-free
- The mattress is firm and flat
- The mattress fits snugly – no more than 2 adult fingers should fit between the mattress and the crib
- The rail height is at least 26 inches above the mattress

Keep crib sides up and locked whenever your baby is in it. Place the crib away from windows, window cords, curtains, electric outlets, space heaters, and shelves with things that could fall on her. Do not use pillows, quilts, sheepskins, down comforters, or a waterbed mattress in the crib, even if they fit a crib. To reduce the risk of Sudden Infant Death Syndrome (SIDS), put your baby to sleep on her back.
Caring for Your Newborn

Much of what you need to know about your baby’s care, you will learn by experience. The following information may help.

Holding your Baby

Your baby will not be able to support her head for a couple of months. Until then, she needs your help. Here are some ways you can hold her and offer good head support.

Hold your baby in front of you, so she can look out at the world. Put one hand under her bottom and the other hand across her chest. You can also hold your baby about 12" away from you but facing you for eye contact. Be sure to support her head.

Hold your baby in one arm – with your hand under her bottom, and your arm and elbow supporting her back and head.
Hold your baby on your shoulder – with one hand around his bottom, the other behind his head and neck.

**Bathing and Dressing**

At first your baby will have a plastic clamp on his or her umbilical cord. Hospital staff will remove the clamp when the cord gets hard. The cord will fall off on its own when the baby is about 7–14 days old. Once you are home:

- Keep the cord clean and dry.
- Fold the front of the diaper down, so it is below the cord.
- Call your baby’s healthcare provider if the area is red, swollen, smells, or has any pus.

For the first couple of weeks, give your baby sponge baths. For a sponge bath, wash your baby on a firm, flat surface such as a changing table or a counter with a towel on it. Keep your baby warm by covering the parts of his body you are not washing.

Babies get burned easily. Make sure the bath water is not too hot or too cold. Test it on the inside of your wrist or use a bath thermometer. Be sure the hot water heater in your home is set at 120°F or less. Put a washcloth in the tub and have your baby’s bottom rest on it – he will feel more secure this way.
Have all your bath supplies ready before you begin.

- Soft, clean washcloth
- Gentle soap and shampoo
- Fresh cotton balls
- Towels
- Clean clothes

Babies do not need to be bathed every day – once or twice a week may be enough. Once or twice a week, shampoo your baby's scalp. Rinse well – keep shampoo out of his eyes.

After his belly button has healed, your baby can have a bath in a tub. Hold him securely. Wet babies are slippery. Support his head the whole time. Some babies get upset when put in water, so be patient.

*Remember: NEVER leave your baby alone, even for a minute. A baby can drown quickly in very little water.*

**To Give your Baby a Sponge Bath or a Bath in the Tub:**

- Begin with the eyes. Use a cotton ball or corner of a soft washcloth soaked in warm water and no soap. Gently wash around his eyes, wiping from the nose outward.
- Use a washcloth to clean his face. A gentle soap is fine on the face, just not near his eyes. Wipe around the outside of his ears, but not inside his ears.
- Clean his neck, chest, arms, and legs. Be sure to wash under his arms and between folds of his skin.
- Clean his **genitals** and bottom last.
- Dry your baby gently with a clean towel.

**Dressing your Baby**

Your baby may squirm while getting dressed. Use clothes that are easy to put on and take off. Clothes with wide neck openings, snap closings, and stretch or
knit fabrics are good choices. Open the neck wide before pulling it over his head. Then reach through each sleeve, and pull his hands through. Stretch and pull at the clothes, not at the baby. Dress your baby as warmly as you are dressed. Keep the temperature where he sleeps the same as the rest of your home.

**Diapering**

Your baby may need a new diaper before or after every feeding, and after every bowel movement. This can mean at least 8 changes a day. Remember to clean your baby’s bottom from front to back. Parents can choose disposable or cloth diapers. Some children have an allergic reaction to disposable diapers, or to the soaps used to wash cloth diapers. If your child has a reaction, try another brand or type of diaper, or gentle soap.

**Umbilical Cord Care**

To prevent infection:

- Keep the cord clean and dry
- Fold the front of the diaper down, so it is below the cord

The cord usually falls off between 1 and 3 weeks after birth. If the area around the cord looks red, irritated, oozes or has a bad odor, call your healthcare provider.

**Circumcision Care**

If your baby has been **circumcised**, there may be some soreness and bleeding around his penis. Put a little petroleum jelly on a gauze pad and wrap it around his penis. Change the gauze pad each time you change his diaper. Staying in a wet diaper will irritate the penis. Healing takes 1 to 2 weeks.
To Change a Diaper

Change your baby often to avoid diaper rash. You will need a clean diaper and a soft, clean, wet cloth.

- Wash your hands
- **Always keep a hand on your baby**
- Take off the old diaper and set aside diaper pins
- Clean your baby: Girls should be cleaned from the front to the back to avoid spreading germs. Do not pull back the foreskin of a boy who is not circumcised.
- Dry your baby well.
- Put on a clean diaper – wet or soiled diapers should not be re-used.
- Rinse used cloth diapers and place in a diaper pail with a lid.
- Put used disposable diapers in bags and throw them away.
- Wash your hands again.

Diaper Rash

Most babies get diaper rash at one time or another.

- Wash the area using gentle soap and water, instead of wipes
- Dry thoroughly
- Use a diaper rash cream directly on the rashy area

If the rash does not get better in a few days, call your healthcare provider.
Sleeping

Put your baby to sleep on his or her back.

Newborns sleep from 12 to 20 hours a day. Each baby’s sleeping pattern is different. At first, babies often sleep more during the day than at night. Your baby may take many short naps or a few long ones. It may take some time for your baby’s sleeping pattern to become regular.

When parents lose sleep, it is stressful for the whole family. If you are too tired, you cannot care for your children well. Try to sleep when your baby does. To help your baby to sleep at night, you may need to keep daytime naps short. If you have questions about your baby’s sleep, talk to your healthcare provider.
Sudden Infant Death Syndrome (SIDS)

SIDS is the unexplained death of a healthy baby. SIDS is very rare. It happens most often to infants between 2 and 4 months old. We do not know the cause, but some things may reduce the chances of SIDS.

- Put your baby to sleep on his or her back.
- Do not overdress your baby.
- Do not overheat the room.
- Do not use a waterbed. Use a firm, flat mattress.
- Do not put pillows, quilts, comforters, or soft toys in her bed.
- Do not let anybody smoke near your baby.
- Breastfeed.
- In cool weather put baby in lower 1/3 of crib and tuck a light blanket under the sides of the mattress below baby’s armpits.

For more information, call the SIDS Program at 1-800-852-3345, ext. 4536 or 603-271-4536.

To reduce the risk of Sudden Infant Death Syndrome (SIDS), healthy babies should be placed on their backs to sleep for the first year. If your baby is premature or sick, ask your provider about the best sleeping position.
Your New Family

Everything changes when a new baby joins the family. It takes time for partners and older children, friends, and extended family to adjust to the new baby. Your own sense of who you are changes as you become a parent.

Your baby needs lots of attention from you. Other family members may feel left out. Let your family and your baby get to know each other right from the start. If you have a partner, let him or her spend time caring for the baby. Ask them to hold or rock the baby, change a diaper, or give a bottle.

Other children in the family may feel that they are not getting enough attention. Try to take special time with your other children. Tell them that you still love them very much, even though you are busy with the baby. Try to include them in your baby’s routine and care. You can also read or draw a picture together. A few minutes will mean a lot to a child.

A baby takes a lot of time and energy. It is hard for partners to find time for each other with a new baby around. Try to respect your partner’s feelings. Talk to each other. Tell your partner what you need.

Others Caring for Your Child

There will be times when you decide to ask other people to take care of your child. Never leave your young child alone. Sometimes, you may ask a trusted friend or relative to stay with him while you go out. At other times, you may choose to hire someone.

You may be eligible for financial assistance for child care. For more information about this, call the Department of Health & Human Services – Family Assistance Division at 1-800-852-3345. If you leave your child in someone else’s home, make sure the home is safe. See the checklist about childproofing a safe place for your child.
Choosing Out-Of-Home Child Care

Many parents put their children in child care so they can work or go to school. Choose a program that has been licensed by the state Bureau of Child Care. These programs are legal, meet certain standards, and are monitored. You can call the NH Bureau of Child Care Licensing at 1-800-852-3345, ext. 4624 for a report of proven complaints against a provider or for the results of monitoring visits. Licensed programs are also required to show you a copy of these reports on request.

The Child Care Resource and Referral Network of New Hampshire can tell you which providers have openings and about programs to help pay for child care.

Berlin/Littleton: North Country Education 800-268-5437
Claremont: Trustees of Dartmouth College 800-323-5446
Concord: Child and Family Services 800-445-5380
Conway: Families Matter 800-820-8138
Keene: Southwestern Community Services 800-529-0005
Laconia: Lakes Region Community Services 888-296-9164
Manchester: Easter Seals 800-870-8728
Nashua: City of Nashua 888-442-7785
Portsmouth/Salem: Rockingham CAP 800-310-8333
Rochester: Strafford County CAP 888-440-4914

Children can be cared for in two kinds of licensed programs: family child care or child care centers. Family child care is provided in someone’s home. The groups of children in child care centers are larger, but may be closer in age to each other than in family child care.

Before you choose a program, spend some time there. See if you and your child feel comfortable. Talk to other parents who use or have used the program. Their experiences can help you make this important decision. Only choose someone you trust to care for your child.
Leaving your child at any age may be hard for all of you. It takes time for everyone to adjust. Caregivers are trained professionals. They are there to help you and your child. If at any time you are concerned about your child – visit the program and talk to the caregiver. A good program will always let you visit to see what is going on.

**Choosing a Babysitter**

It is important to choose someone who is mature and old enough to understand what you expect (at least 13 years old and mature). Spend some time with the babysitter, to see if you and your child feel comfortable. Watch how the babysitter cares for and responds to your child. Ask about babysitting experience, training, and for the names and phone numbers of people you can call for references.

- Give the babysitter a list of instructions, emergency telephone numbers, and the telephone numbers where you can be reached.
- Make sure the babysitter knows how to prepare formula and a bottle.
- Ask the babysitter not to smoke and to keep your child away from places where there is smoking.
- Before you leave give your babysitter ideas on what to do if your child gets fussy or cries.
- Make sure that the babysitter knows that it is never okay to shake a child.
Choosing Child Care Checklist

☐ Do the children seem happy?
☐ Are the space, equipment, and materials clean and safe?
☐ Are there enough materials and equipment? Are they right for your child?
☐ What kinds of training and experience do the adults have?
☐ Does the staff work well together? How does the morning staff communicate with the afternoon staff?
☐ How will staff help your child begin the program?
☐ What is the discipline policy? Does it fit with yours?
☐ Look for pictures, books, puzzles, and games that show family and cultural differences.
☐ How are sick children cared for? How are the other children and staff protected?
☐ Will the program meet the special needs of your child and your family?
☐ How can parents be involved? Are there advisory committees, workshops, support groups, or social events?
☐ Is the program accredited? This means that the program meets better than minimum standards.
☐ Are there enough adults to take care of the children?
☐ What do other parents of the children there think about the program?

When looking for care for an infant or toddler, ask:

☐ Can you breastfeed there? Will you be able to bring pumped breastmilk?
☐ Are infants always held when bottlefed?
☐ Are children kept in cribs and high chairs for long periods of time?
☐ Is the program flexible or will your child be required to fit into a group schedule?
<table>
<thead>
<tr>
<th>Ages of children &amp; maximum group size per room</th>
<th>Minimum staff to child ratios &amp; staffing requirements</th>
<th>Minimum staff to child ratios &amp; staffing requirements</th>
<th>Minimum staff to child ratios &amp; staffing requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks to 12 months 12 Maximum</td>
<td>1 to 4 children 1 child care worker</td>
<td>5 to 8 children 1 child care worker &amp; 1 child care assistant</td>
<td>9 to 12 children 1 child care worker &amp; 2 child care assistants</td>
</tr>
<tr>
<td>13 months to 24 months 15 Maximum</td>
<td>1 to 5 children 1 child care worker*</td>
<td>6 to 10 children 1 child care worker &amp; 1 child care assistant</td>
<td>11 to 15 children 1 child care worker &amp; 2 child care assistants</td>
</tr>
<tr>
<td>25 months to 35 months 18 maximum</td>
<td>1 to 6 children 1 child care worker*</td>
<td>7 to 12 children 1 child care worker &amp; 1 child care assistant</td>
<td>13 to 18 children 1 child care worker &amp; 2 child care assistants</td>
</tr>
<tr>
<td>36 months to 47 months 24 maximum</td>
<td>1 to 8 children 1 child care worker</td>
<td>9 to 16 children 1 child care worker &amp; 1 child care assistant</td>
<td>17 to 24 children 1 child care worker &amp; 2 child care assistants</td>
</tr>
<tr>
<td>48 months to 59 months 24 maximum</td>
<td>1 to 12 children 1 child care worker**</td>
<td>13 to 24 children 1 child care worker &amp; 1 child care assistant</td>
<td></td>
</tr>
<tr>
<td>60 months and over 30 maximum</td>
<td>1 to 15 children 1 child care worker**</td>
<td>16 to 30 children 1 child care worker &amp; 1 child care assistant</td>
<td></td>
</tr>
</tbody>
</table>

* A second staff person shall be in the building in accordance with (c) 2 below when 5 or more children are present.

** A second staff person shall be in the building in accordance with (2) below when 11 more children are present.
Your Growing Child

Each baby has his or her own personality. Watch, listen, hold, talk, and play with your baby. Pay attention. Parents and children teach each other.

When your child’s needs are met, your child will develop a sense of trust. A child must feel safe in the world to feel secure. A child who feels safe will learn and grow by trying new things. Your child’s healthcare provider can always help you with questions about your growing child. This section has:

• A place to write down when your child does things for the first time
• What to do if you are concerned
• A special place for each well-child visit to the healthcare provider
• What your child may be able to do at different ages
• What you can do to help your child
• Things to do together
• A place to write memories about your child
• Common concerns
• What to expect at each visit
• Questions to ask your healthcare provider
• A place to write down things you want to remember
• What your child needs to start school
• A place to write down other health information about your child – see pages 113–116.
For the Very First Time

<table>
<thead>
<tr>
<th>My child:</th>
<th>Date</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smiles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laughs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolls over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holds a toy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds to his or her name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sits alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulls up to stand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stands alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First word:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walks holding on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puts 2 words together</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waves “bye-bye”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walks alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scribbles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinks from a cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child:</td>
<td>Date</td>
<td>Age</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td>Sings a song</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eats with a spoon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can answer “What is your name?”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reads first picture book</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names shapes: circle, square, triangle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names colors: red, blue, yellow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counts to 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names people in pictures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walks upstairs without help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Builds a block tower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dresses self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pedals a tricycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draws shapes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands and face</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brushes teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First day of school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loses baby tooth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your Child’s Development

If you have concerns about your baby’s development, talk to your healthcare provider. You may be referred to a program called Family-Centered Early Supports and Services (FCESS) for a developmental evaluation of your child. You can get these services throughout the state at 12 area agencies. You may also refer your child yourself. Call the Family Resource Connection at 1-800-298-4321 for the phone number of the services in your area or for a free tool that you can use to look at your child’s development. If you can get on the internet, you may also get this information through the Family Resource Connection web site address: www.state.nh.us/nhsl/frc. When you get there, click on ‘Directory of Children’s Services.’ Children may be eligible for FCESS who:

- Were born prematurely
- Show feeding, vision, or hearing problems
- Have difficulty sitting, standing, walking, talking
- Have difficulty doing things for themselves
- Show behavior or attention problems
- May be at risk because of where they live
- Were born with a disability or health condition that affects development

Family-Centered Early Supports and Services help you understand your child’s developmental needs and teaches you ways to help your child grow. In addition to evaluations, services include:

- Home visits by specially-trained staff
- Parent education
- Service coordination
- Family support
- Referrals to medical or social services

These services use a team approach with one person acting as the primary service provider. Teams include speech therapists, educators, counselors, occupational therapists, physical therapists, and others. The team works with
you and your family to figure out what help is needed and then develops and carries out an Individualized Family Support Plan. For more information about FCESS, call the NH Department of Health & Human Services at 1-800-852-3345, ext. 5122.

If your child is over 3 years old and you have concerns about her, talk with your healthcare provider. You can ask your local school department to evaluate your child for special education services. The school department should make sure your child gets the services she needs.
A Healthy Baby Needs Primary Care

Primary care is the regular healthcare your child gets from a healthcare provider. A well-child visit is a regular visit to a healthcare provider when your child is healthy. Well-child visits help keep your child healthy by preventing problems or treating them right away. When your child is as healthy as he can be, you will both be able to do the things you want.

What is a Primary Care Provider?

Your primary care or healthcare provider may be a:

- **Pediatrician** – a doctor who cares for children and adolescents
- **Family Physician** – a doctor who cares for people of all ages
- **Nurse Practitioner** – a nurse who cares for children or whole families
- **Physician’s Assistant** – a provider who cares for children or whole families

Your primary care or healthcare provider will:

- Provide regular check-ups, immunizations, and tests
- Follow your child’s growth and development
- Give you suggestions for keeping your child healthy
- Treat your child when he is sick
- Refer you to specialists, benefits, or services

Talking with Your Child’s Healthcare Provider

You know your child better than anyone else. Your child’s healthcare provider needs your help to give your child the best care. It is your healthcare provider’s job to listen to your concerns and to answer your questions. It is your job to speak up for your child.
If you want to know more about your child’s health, ask your healthcare provider. No question is silly or dumb. If you do not understand something, ask your healthcare provider to explain it to you. Your child’s healthcare provider will not know that you have a question unless you ask it. It can be helpful to write down questions ahead of time. Some healthcare providers have a special call-in time each day just to answer questions.

**Family Health History**

Information about your family’s health history may help your healthcare provider care for your child. This information is confidential and will not be shared unless you agree. Tell your healthcare provider about:

- Your health
- Your family’s health
- Concerns about:
  - Discipline and behavior
  - Drug and alcohol use
  - Physical, emotional, and sexual abuse
  - Stress, separation, loss, or trauma
- Any visits to hospitals, emergency rooms, or other healthcare providers
- Anything else you feel is important

If you have an adopted or foster child, you may not have this information. Write down as much as you know from the adoption agency or birth parents.
List the family members (parents, brothers and sisters, grandparents, aunts, and uncles) who have had any of the following:

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Family Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>Anemias</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Immune disorders</td>
</tr>
<tr>
<td>Asthma</td>
<td>Learning problems</td>
</tr>
<tr>
<td>Cancer</td>
<td>Metabolic disorders</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>Rh disease</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Tuberculosis</td>
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<tr>
<td>Eczema</td>
<td>Other conditions requiring medicine or treatment</td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
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<tr>
<td>Genetic disorders</td>
<td></td>
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<tr>
<td>Glaucoma</td>
<td></td>
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<tr>
<td>Hearing disorders</td>
<td></td>
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<tr>
<td>Heart disease</td>
<td></td>
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<tr>
<td>Hemophilia</td>
<td></td>
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</tbody>
</table>

Other conditions you may want to talk about with your child’s healthcare provider include mental illness, emotional problems, smoking, alcohol and drug use.

**Recommended Schedule for Well-Child Visits**

In the first year of life, your child should have a well-child check-up at 1 to 2 weeks, 2 months, 4 months, 6 months, 9 months and 1 year. After that, take your child at 15 months and 18 months, and once a year up to age 6. Your healthcare provider or insurance plan may give you a different schedule.
Immunizations are part of many well-child visits. Vaccines can protect your child from serious diseases including:

- **Hepatitis B** – can cause severe liver disease and liver cancer
- **Measles** – before 1996 there were 1/2 million cases of measles, with 500 deaths per year
- **Mumps** – can cause brain infection, deafness, and painful swelling of the testicles
- **Rubella** (German Measles) – can cause birth defects and retardation in infants whose mothers are infected during pregnancy
- **Diphtheria** – 1 in 10 children with diphtheria die from suffocation, heart failure, or paralysis
- **Tetanus** – causes spasms of muscles lasting several weeks – 30% of cases are fatal
- **Pertussis** (whooping cough) – causes severe cough, pneumonia, seizures – can result in death in infants
- **Haemophilus influenza type B** (Hib) – causes meningitis which can lead to deafness, learning disabilities, and mental retardation
- **Pneumococcus** – causes meningitis, blood stream infections, and ear infections
- **Polio** – can cause paralysis of the arms, legs, and muscles needed for breathing
- **Chicken Pox** – 9,000 people are hospitalized and over 100 people per year die from complications of chicken pox

Your child will need several visits to your healthcare provider to finish the basic series of immunizations by age 2. These include:

- Hepatitis B
- DTaP
- Pneumococcus
- Hib
- Polio
- Hib
- MMR
- MMR
- Chickenpox
- MMR

Your child will also need school-age boosters, including:

- DTaP
- Polio
- MMR

*Always remember to bring your baby’s immunization record to the well-child visit!"
One Week

Your baby may:
- Look at your face
- Respond to your voice and other sounds
- Hold your finger
- Suck on her hand
- Sleep more during the day than at night

What you can do:
- Rest when your baby sleeps
- Keep your baby safe when washing her
- Make sure your baby’s crib is safe
- Hold your baby so she can see your face
- Keep your baby protected from extreme weather

Things to do together
- Hold and cuddle your baby
- Sing and talk to her
- Watch how she reacts to your eyes and your voice
- Stroke and massage her

Memories

Write down things you would like to remember about your baby.
Crying

Crying is one way babies communicate. All babies cry – some cry more than others. It is common for babies to have a fussy time in the evening. Babies often cry the most around 6 weeks old. If your baby seems to be in pain, call your healthcare provider. Never shake your baby.

Holding your baby will not spoil him. Your baby will learn that someone cares about him. The following things may help calm your baby.

- Cuddle, comfort, massage, or rock him
- Talk and sing to your baby
- Feed him
- Burp your baby
- Use a baby carrier – the kind you wear
- Change his diaper
- Take him for a ride in the stroller or car
- Walk with your baby
- Play soothing music

It is normal to feel stressed when a baby is crying. Know when you are beginning to feel anxious. Plan some things to do for yourself when this happens. For more ways to cope with crying, see page 61.
One- to Two-Week Check-Up

Your healthcare provider may talk about:

- How your baby is growing
- Getting enough support at home
- How you are feeling about the baby
- How to take a temperature
- How to know if your baby is getting enough to eat
- Starting vitamin D if your baby is totally breastfed

Questions some parents ask:

- What does it mean when my baby is crying?
- How do I know if my baby is sick?
- Should I do anything about my baby’s dry skin?
- When can I take my baby on a trip?

Your questions:
One- to Two-Week Check-Up

Date of visit: \[ \text{month} / \text{day} / \text{year} \]

My child’s age: \[ \text{days or weeks} \]

Weight: _____ pounds _____ ounces

Length: _____ inches

Head size: _____ inches

Things to remember:

Next visit: \[ \text{month} / \text{day} / \text{year} \]

* Schedules may vary. Your healthcare provider will make recommendations.
One Month

Your baby may:

- Recognize familiar voices
- Lift his head briefly
- Cry when hungry, cold, wet, or lonely
- Stay awake for more than 1 hour
- Move arms and legs around
- Coo
- Look at faces and follow them with his eyes

What you can do:

- Accept help from others
- Schedule your own postpartum check-up
- Learn ways to cope with your baby’s crying
- Put pictures of interesting shapes and patterns safely around the crib

Things to do together:

- Use your baby’s name when you talk to him
- Talk and sing to your baby
- Carry your baby around with you
- When your baby coos, talk back to him
- Give your baby lots of hugs and smiles
- It is OK to place your baby on his tummy when he is awake

Memories
Coping with Crying

Most of the time, holding your baby or speaking to him will comfort him. If nothing works and you start to feel out of control – take a break, even if it means leaving your baby to cry for a few minutes. Put your baby in a safe place like the crib, and go to another room. Put on some music, turn on the television, or take a shower. Check your baby every 5 minutes. For help at any time, call the NH Helpline at 1-800-852-3388 or Prevent Child Abuse NH at 1-800-750-4494.

Shaking a baby will not stop the crying. A baby’s brain is very fragile. Shaking can cause brain damage, blindness, and death. Whatever you do, never hit or shake your baby.

If your baby cries a lot, try to get help from friends and family. Ask them to watch him while you take a break. You can ask your baby’s healthcare provider about crying. They will have other helpful ideas. Do not feel guilty about asking for help. You and your baby will be glad you did. Your baby will cry less as he gets older – it will not last forever. For more about crying, see page 57.
One Month Check-Up
(Not all healthcare providers feel this visit is necessary)

Your healthcare provider may talk about:
- Your baby’s weight gain
- How to protect your baby from the sun
- Keeping your baby away from tobacco smoke
- How you feel about the changes in your family

Questions some parents ask:
- When should I call the healthcare provider if I am concerned about my baby?
- What can I do when my baby will not stop crying?
- Should my baby have vitamin supplements?

Your questions

Don’t forget to bring your immunization record.
One Month Check-Up

Date of visit: _______________________________ month / day / year healthcare provider

My child’s age: ______________________________ days or weeks

Weight: _____ pounds _____ ounces

Length: _____ inches

Head size: _____ inches

Immunizations my baby got today:* ________________________________

Other health screenings: _________________________________________

_____________________________________________________

Things to remember


Next visit: _______________________________ month / day / year

* Schedules may vary. Your healthcare provider will make recommendations.
Two Months

Your baby may:
- Make gurgling and sighing sounds
- Smile back when you smile
- Grasp toys
- Lift head and turn head to one side
- Turn body from side to back

What you can do:
- Give her a safe, light rattle to hold
- Take an infant CPR class
- Continue to support your baby’s head
- Lie your baby on her stomach when she is awake to develop movement skills
- Do not hold hot liquids while holding your baby
- Try to fit exercise into your schedule

Things to do together
- Put your baby close to you in an infant seat. Do not put the infant seat on a bed or soft surface, where it may turn over.
- Greet your baby with a smile and her name. Talk to her about what you are doing and seeing. Copy and repeat the sounds she makes.
- Begin a bedtime routine such as a bath, a story, a song, and going into the crib.
- Play with different things your baby can touch: a stuffed animal, a wooden block, a metal spoon.

Memories
What Kinds of Toys are Good for a Baby?

Many low-cost toys and household objects will be fun for your baby:
• Brightly-colored mobiles or pictures placed out of reach
• Soft, light, sturdy rattles
• Cloth or vinyl picture books
• A mirror that cannot break
• Washable dolls and stuffed animals without loose parts

Babies like to put everything in their mouths. It is very easy for a baby to choke on small things. **Do not let your baby have a rubber balloon.** Balloons are the toy that babies choke on the most.

To find out if a toy is too small:
Drop it into an empty toilet paper tube.
If it is small enough to fall through the tube, it could cause choking.
Do not let your baby play with any toys that are too small.

For more information on preventing choking, see pages 138–139.
Two Month Check-Up

Your healthcare provider may talk about:

Possible reactions to the shots your baby gets
How your baby is growing
How your other children are reacting to the new baby
The right temperature for your baby’s room

Questions some parents ask:

How should I talk to my baby?
How do I find child care?
What is colic?
Is it okay to follow advice from family and friends?

Your questions
Two Month Check-Up

Date of visit: __/__/____ health care provider

My child’s age: __ weeks or months

Weight: ___ pounds ___ ounces

Length: ___ inches

Head size: ___ inches

Immunizations my baby got today:* _________________________________

Things to remember:


Next visit: __/__/____

*Schedules may vary. Your healthcare provider will make recommendations.
Four Months

Your baby may:

Lift head and chest
Roll over
Laugh and squeal with delight
Hold hands open
Bring hands together and hands to mouth
Drool
Reach for a toy – hold a toy

What you can do:

Check your smoke detectors
Listen to your baby and copy his sounds
Talk to your baby while you feed and dress him
Keep your baby’s clothes and blankets loose enough for moving in new ways
Try to take a break each day and do something for yourself

Things to do together

• Hold his favorite toys close in front of him. Let him practice reaching.
• Help your baby get used to other adults, like a babysitter, friends, and family. Let others hold and talk to him.
• Read nursery rhymes and sing songs.
• Ask your baby questions, such as “Would you like to go for a walk?”

Memories
Warning about Baby Walkers

Baby walkers with wheels can be dangerous. Every year almost 30,000 children get hurt in baby walkers. Many injuries are caused by babies falling down the stairs or tipping over. Baby walkers do not help a child learn to walk. In fact, they may even slow down walking, because the walker does the work, instead of the child. Think about using a seat that looks like a walker, but has no wheels. Your baby can stand, bounce and look around – and stay safe.

Walkers are not recommended, but if you use a walker, make sure to:

• Take off the wheels
• Never leave your baby alone in a walker
• Block off stairways and close doors
• Keep the walker away from uneven floors or carpet edges
• Never use a walker in rooms with hanging appliance cords, ovens, ironing boards, space heaters, or fireplaces
Four Month Check-Up

Your healthcare provider may talk about:

Possible reactions to the shots your baby gets
Not giving bottles in bed
Sleeping patterns
Setting routines for your baby
Making eye contact with your baby
Starting solid food

Questions some parents ask:

What does drooling mean?
How do I know if my baby is hearing?
When will my baby start to get teeth?
What should I feed my baby?

Your questions
Four Month Check-Up

Date of visit: _________________________/____________/________/_______________

My child’s age: _________________ weeks or months

Weight: _____ pounds _____ ounces

Length: _____ inches

Head size: _____ inches

Immunizations my baby got today:* ________________________________

Things to remember:

Next visit: _________________________/____________/________/_______________

* Schedules may vary. Your healthcare provider will make recommendations.
Six Months

Your baby may:

Know her own name
Push up onto her hands while on her stomach
Sit and balance for a short time
Stretch out her arms to be picked up
Try to put her feet in her mouth
Move an object from hand to hand

What you can do:

Use your baby’s name often
Offer her breastmilk, formula, water, or some juice in a cup
Do something nice for yourself, such as call a friend or go to a movie
Give your baby teething toys and safe objects she can mouth and chew on

Things to do together

• Play peek-a-boo.
• Go out together often. Name people, animals, and things you see.
• Offer your baby toys from above, behind, or below. Encourage her to stretch, turn, and crawl.
• Read to your baby and make reading a routine.

Memories
Childproofing – Making Sure Your Home is Safe

- Cover all electrical outlets.
- Keep all cords, sharp knives, and scissors out of reach.
- Put safety latches or locks on all cabinets and drawers with dangerous things, such as cleaning products, alcohol and drugs, medicines and vitamins, and make-up.
- Make sure your home is lead-free. See pages 130–131.
- Put gates on all stairways.
- Keep doors to the bathroom, other stairs, and outside closed tightly.
- Make sure the hot water temperature in your home is under 120°F.
- Make sure there is nothing that your baby can pull down, such as tablecloths, pots, or electrical cords.
- Keep all rubber balloons, small and sharp toys, and plastic bags away from your baby.
- Put the number for the Poison Control Center – 1-800-562-8236 – next to your phone.
- Keep a bottle of Syrup of Ipecac in your medicine chest. Only use this if the Poison Control Center or your healthcare provider tell you to.
- If you own a gun, keep it unloaded and locked up. Lock up bullets in a separate place.
- Install window guards at all windows above the first floor. See page 134.
- Anchor mini-blind cords
- Lock door to cellar and attic stairs
- Make sure your child is in a safe space
- Make sure a trusted adult is always with your child

When you take your child to other places, they may not be childproof. You will need to watch your child extra carefully.
Six Month Check-Up

Your healthcare provider may talk about:

- Protecting your baby from falls, choking, and poisonings
- Teething
- Starting a cup
- Checking for lead in the home
- Your baby’s personality
- Fear of strangers
- Sleeping through the night
- Fluoride supplements for your baby
- Checking well water fluoride content

Questions some parents ask:

- When will my baby sit up or crawl?
- Does my baby need to eat at night?
- Does my baby need to wear shoes?

Your questions
Six Month Check-Up

Date of visit: ____________________________ month day year healthcare provider

My child’s age: __________________ months

Weight: _____ pounds _____ ounces

Length: _____ inches

Head size: _____ inches

Immunizations my baby got today:* _________________________________

Things to remember:


Next visit: ____________________________ month day year

* Schedules may vary. Your healthcare provider will make recommendations.
Nine Months

Your baby may:

Get up on his hands and knees
Crawl or move by scooting on his belly
Be attached to a special blanket or toy
Feed himself soft finger foods
Be afraid when away from you
Drop or bang toys to see what happens
Put everything in his mouth
Look at picture books and children
Pull to a standing position
Wave “bye-bye”

What you can do:

Name the things your baby squeals for – say “crackers,” as you hand them to him
Allow your baby to feed himself with his fingers and make a mess
Keep daily routines simple
Let your baby give you a toy
Provide lots of safe space for exploring
Get together with other parents
Take older children someplace special
Go to a parenting class

Memories
Activities to Do Together

Your baby is now ready to take an active role in exploring his world.

• Roll a ball to your baby.

• Sing and dance with your baby to all kinds of music.

• Look through a magazine or picture book, pointing at and naming the objects you see – baby, dog, car, flowers and so on. Your baby will enjoy looking at colorful pictures and learning new words.

• Let your baby play with small pots and pans, strainers, spoons, plastic measuring cups, and blocks.

• Play “pouring and dumping games.” Your baby may like emptying a box or bucket. Outdoors, use a bucket or cup with sand or water. Indoors, use water in the bathtub, small blocks, or other things that are too big to choke on. At first, he may not be ready to put things back. This can become part of the game as he gets older.

• Put safe small toys in a plastic bowl or a box and have your child practice taking toys out of it.
Nine Month Check-Up

*Your healthcare provider may talk about:*

- Keeping the Poison Control number by the phone
- Feeding new foods
- Decreasing the number of bottles your baby gets
- Mealtimes
- Staying away from foods that cause choking (grapes, hot dogs, peanuts, hard candy)
- Giving your baby extra iron if needed

*Questions some parents ask:*

- What are good toys for my baby?
- How can I help my baby feel better when I am leaving?
- Should I brush my baby’s teeth?

*Your questions*
Nine Month Check-Up

Date of visit: ____________________________

My child’s age: ____________________________ months

Weight: _____ pounds _____ ounces

Length: _____ inches

Head size: _____ inches

Number of teeth: ___________

Immunizations my baby got today:* _________________________________

Things to remember:

Next visit: ____________________________

* Schedules may vary. Your healthcare provider will make recommendations.
**One Year**

*Your baby may:*
- Take a few steps alone
- Repeat behavior that gets attention
- Drink from a cup
- Pick up small things
- Point with her finger
- Try to climb stairs

*What you can do:*
- Keep a regular bedtime routine
- Give her chances to play alone and with others
- Praise your baby
- Test your smoke detectors
- Use helmets on you and your baby when going for a bicycle ride
- Read to your baby

*Things to do together*
- Help your baby touch your eyes, nose, and mouth with her hands. Name each body part.
- Look for stories with animal pictures. Make animal sounds: moo, oink, quack, and meow.
- Play hand games like pat-a-cake and peek-a-boo.
- Let your baby sit with your family during meals.
- Put on music and dance with your baby.

*Memories*
Helping Your Baby Learn Words

Your baby will start saying simple words such as “mama” and “dada.” In time, she will point to and name people and things. Then she will say 2 or more words together. These are her first sentences. The two most important things are:

Talk to your baby.
Read to your baby.

• When she says a word or sound, repeat it back to her.
• Follow your baby’s lead in making sounds to encourage turn taking – her turn/your turn.
• When you hear sounds around the house, talk about them. “I hear the telephone ringing.”
• Tell her what you are doing. “I am buckling your safety belt.”
• Label things. “Look at the brown dog.”
• Use picture books and magazines. Tell stories or point out people doing everyday things. “The family is eating pizza.”
• Ask questions. “Do you want more apricots?”
• When she points to something, encourage her to say the word. “Do you want the cookie or the cup?” Repeat the word as you give her the item.
• Avoid baby talk.
• It is okay to use 2 languages in your home. Babies do not get confused.
One Year Check-Up

Your healthcare provider may talk about:

- Ear infections
- Your baby’s daily routine
- Using whole milk
- Stopping formula
- Constipation
- Stopping the bottle
- Keeping your baby away from smoke
- Preventing injuries
- Risk of lead exposure

Questions some parents ask:

- How can I be sure my baby is safe at the pool or beach?
- How can I get my baby to obey me?
- How do I help my baby learn words?

Your questions
One Year Check-Up

Date of visit: _______________________________ month / day / year / healthcare provider

My child’s age: _______________________________ months

Weight: _____ pounds _____ ounces

Length: _____ inches

Head size: _____ inches

Number of teeth: _______________________________

Immunizations my baby got today:* _______________________________________________________________________________________

Blood lead test: _______________ Lead screening: _______________

Things to remember:

Next visit: _______________________________ month / day / year

* Schedules may vary. Your healthcare provider will make recommendations.
### Fifteen Months

**Your toddler may:**
- Eat with a spoon
- Copy other people
- Listen to a story
- Like to pull or push toys
- Say “No,” as a way to feel independent
- Point to things he wants
- Mark paper with crayons

**What you can do:**
- Use the same rules all the time
- Use the right size car seat
- Be honest – say what you mean
- Respect him when he says “No”
- Cut hood strings out of clothes to prevent choking
- Tell him when you are happy with his behavior
- Use door latches so he cannot leave the house alone

#### Things to do together
- Hold and cuddle your toddler – tell him you love him.
- Sing songs with hand movements such as “Itsy-Bitsy Spider.”
- Name feelings: sad, scared, happy, angry.
- Practice going up and down stairs, with you staying close by.
- Take short walks. Be careful near dogs, driveways, and streets.
- Let him touch a wet towel, a rough tree, a soft blanket. Go outside to feel rain, snow, grass, and bricks. Name these different feelings.
- Introduce him to other children.

#### Memories
Growing Independence

As your toddler grows, she will want to try lots of things for herself. This is a necessary part of growing up. She is excited about the world. She wants to find out all about it.

As a parent, your job is to make safe places for her to explore. Imagine how she feels – happy when things go her way, unhappy when they do not. Give her a chance to do things for herself. Let her make her own mistakes. This is the way she will learn. You can offer to show her how to do it or to help her. When you need her to do something, give yourself plenty of time. Toddlers go at their own pace.

- Prepare her to finish what she is doing. Tell her: “It will be time for your bath in a few minutes.” Remind her again. You can use an egg timer to count down the minutes.
- Give her simple choices when possible. “You can wash your hands in the bathroom or in the kitchen.”
- Do not ask questions with answers you do not want, like “Will you clean up your toys now?”

There will be times when children cannot do what they want to do. These times might turn into temper tantrums – a toddler’s way to show frustration or anger. For ideas about dealing with tantrums, see page 156.
Fifteen Month Check-Up

Your healthcare provider may talk about:
Reading to your child
Communicating honestly with your child
What you can expect your child to be able to do
Showing your child how to solve problems without hitting
Teaching your child to cope with disappointments
Joining a play group

Questions some parents ask:
What should I do when my child says “No”?
When can I begin teaching my child to use the toilet?
What can I do if my child is constipated?

Your questions
Fifteen Month Check-Up

Date of visit: ______ / ______ / ______ / ______

My child’s age: __________ months

Weight: ______ pounds ______ ounces

Length: ______ inches

Head size: ______ inches

Number of teeth: __________

Immunizations my toddler got today:* _______________________________

Blood screening: ________________________________________________

Things to remember:

Next visit: ______ / ______ / ______

* Schedules may vary. Your healthcare provider will make recommendations.
Eighteen Months

Your toddler may:

Say 15 to 20 words
Use 2 or 3 words together
Look at pictures and name things
Throw a ball
Follow simple directions
Listen to a story
Give hugs and kisses

What you can do:

Discuss rules with family members
Give her 2 simple choices – “Do you want milk or juice?”
Brush your child’s teeth
Get a potty
Do not expect her to share her toys
Get non-toxic paint, clay, crayons, and markers for your child

Things to do together:

• Take short family trips – to a zoo, an aquarium, or a children’s museum.
• Do simple chores together. Have her put clothes in the laundry basket or put away boxes of cereal or paper towels.
• Encourage make-believe. Play pretend cooking with pots and pans, or use old clothes for dress-up.
• Let her explore safe places. Let her try new activities.

Memories
Activities to Do with Your Toddler

Young children learn by playing. You and your child can:

- **Make homemade clay.** Mix 3 cups flour, 1 cup salt, 3 tablespoons oil, and about 1 cup of water with your hands. Add food coloring. Add more water until the dough is soft and smooth. After playing, keep it in a container with a lid. It will last a few weeks.
- **Make giant blocks.** Your child can color paper grocery bags. Stuff the bags with crumpled newspaper. Fold the opening down to make a box shape. Tape it shut.
- **Make bubble solution.** Mix 4 cups water, 1/2 cup liquid dish detergent, and a tablespoonful of corn syrup.
- **Make finger paint.** Mix 1/2 cup cornstarch and 1 cup cold water. Pour into 3 cups boiling water. Keep boiling water away from your child. Stir until shiny. **Do not allow her to play with it until it’s cool.** Add food coloring. Finger paint on trays or special shiny paper.
Eighteen Month Check-Up

Your healthcare provider may talk about:

- Changing to a toddler car safety seat
- Letting your child make choices
- Limit TV watching
- Napping
- Feeding your child healthy foods

Questions some parents ask:

- Is it normal for my child not to share toys?
- How do I set rules that are right for my child?
- Is my child getting enough to eat?

Your questions
Eighteen Month Check-Up

Date of visit: ______ / ______ / ______ / ______

My child’s age: ____________ months

Weight: ______ pounds ______ ounces
Height: ______ inches
Head size: ______ inches

Number of teeth: ____________

Immunizations my toddler got today:* _______________________________

Things to remember:

Next visit: ______ / ______ / ______

* Schedules may vary. Your healthcare provider will make recommendations.
Two Years

Your toddler may:

- Go up and down stairs one at a time
- Kick a ball
- Want to do more things without help
- String large beads
- Begin to dress and bathe himself
- Be ready for toilet training

What you can do:

- Show interest in his activities
- Expect him to play beside others more than with them
- Help your child use words to express feelings
- Expect him to be frustrated when things do not go his way
- Try not to say “no” all the time
- Use praise often

Things to do together

- Sorting things is fun. Cut or tear out magazine pictures. Sort the pictures into groups. “Let’s make a pile for big things and another one for little things.” Ask him questions about the pictures.
- Help your child find ways to calm down – give him simple, quiet things to do, such as coloring, reading, or playing with clay or puzzles.

Memories
How Do I Know if my Child is Ready for Toilet Training?

Sooner or later your child will be ready to use the potty, or toilet. You cannot make him be ready. Your job is to watch for signs that it might be the right time. Being ready means several things. Your child may be ready when he:

- Stays dry for at least 2 hours at a time, or wakes up dry after naps
- Follows simple directions
- Has bowel movements that come at about the same time each day
- Lets you know by words or sounds that he is about to have a bowel movement
- Is uncomfortable in dirty diapers
- Can pull his pants on and off
- Shows an interest

Toilet training is something your child will do when he is ready. Talk with your healthcare provider for help. There are also books and videos for you and your child to watch. Be sure that your child learns to wash his hands after using the toilet.

Toilet training can be slow. Problems come when parents feel that training is not happening fast enough. Let the child set the pace. Be patient.
Two Year Check-Up

Your healthcare provider may talk about:

Vision and hearing
Letting your child drink low-fat milk

Masturbation
Choosing TV shows, movies, and games that are okay
Your family’s health habits

Questions some parents ask:

How can I encourage good behavior?
What can I do when my child is having a tantrum?
When should my child see the dentist?

Your questions
Two Year Check-Up

Date of visit: __/__/__

My child’s age: __________ years

Weight: _____ pounds _____ ounces

Height: _____ feet or inches

Number of teeth: __________

Immunizations my toddler got today:* _______________________________

Blood test:* _______________ Lead screening: _______________

Hearing screening:* ____________ Vision screening:* ______________

Things to remember:

Next visit: __/__/__

* Schedules may vary. Your healthcare provider will make recommendations.
Three Years

Your child may:

Know her name and age
Draw shapes
Dress herself
Ask “Why?” a lot
Pedal a tricycle
Play with others
Play make-believe

What you can do:

Find out about preschool programs
Make a dentist appointment for your child
Go to story hours and children’s museums
Be patient when she asks “Why?”
Give a simple answer
Teach your child to use a bike helmet
Use correct words for body parts
Go to the library, get her a library card

Things to do together

Try out clean and safe playgrounds. Look for ones with:
• soft surfaces
• rubber or canvas swings
• climbers with more than one way to climb up and down
• slides no higher than 5 feet
• platforms with guardrails
• no peeling or chipping paint
• no spaces for fingers and hands to be pinched

Memories
Make-Believe

A new kind of thinking develops in most 3-year-olds – imagination. Play gives many chances to use imagination. Your child can pretend to be a parent, a bear or a baby. She can imagine that a shoe is a car, a telephone, or a bottle. Pretend play allows a child to become what she cannot be in real life. Pretend play helps learning.

Your child may have an imaginary friend. This friend can do the things a child dreams about. Imaginary friends are common. Do not be concerned. Respect your child’s privacy. Imaginary friends give your child a safe way to try out who she wants to be.

An active imagination is healthy, even when it includes changing the truth. A make-believe story might begin as a way for your child to feel safe. Your child is trying to take care of things the best way she knows how. Try to understand what is happening and respect her feelings. If you react harshly, your child could become fearful.
Three Year Check-Up

*Your healthcare provider may talk about:*
- Toilet training
- Giving your child some choices and control
- Choosing a preschool program
- Your child’s speech
- Changes or stresses in your family
- Increasing the dosage of your child’s fluoride supplement
- Your child’s first dental visit

*Questions some parents ask:*
- Is it okay if my child enjoys playing indoors more than playing outdoors?
- What can I do about my child’s fears?
- Is it okay for my child to masturbate?

*Your questions*
Three Year Check-Up

Date of visit: __________/ __________/ __________/ _________________________

My child’s age: _______________ years

Weight: _____ pounds _____ ounces

Height: _____ feet or inches

Speech development: ___________ Blood pressure screening: ________

Hearing screening:* ____________ Vision screening:* ______________

Things to remember:

Next visit: __________/ __________/ __________

* Schedules may vary. Your healthcare provider will make recommendations.
Four Years

Your child may:

Understand that other people have feelings too
Make friends
Show a sense of humor
Brush teeth with help
Test limits
Make up rhymes

What you can do:

Teach your child how to express feelings with words
Provide safety scissors, paper, crayons, and glue for artwork
Limit TV to 1 hour a day or less
Ask about daily activities

Things to do together

• Talk to your child about protecting himself. He should never go with strangers. He should tell a trusted adult if anyone touches him in an uncomfortable way.
• After your child watches a TV program, talk to him about it. Ask him what part he liked best.
• Teach your child that different people come from different cultures. Go to festivals and celebrations in your community.

Memories
Helping Your Child Feel Good about Himself

“Self-esteem” or self-image means how we feel about ourselves. It is important for your child to feel that he is loved and wanted. Children with high self-esteem often:

- Do better in school
- Cooperate well with others
- Know how to show their emotions
- Make friends more easily
- Make healthier decisions

Take time to be with your child
Tell your child that he has the right to strong feelings
Find ways for your child to succeed
Praise his successes and encourage him for trying
Avoid name-calling or labeling
Teach him about his family traditions and culture
Give hugs and affection
Treat your child the way you want to be treated – with respect
### Four Year Check-Up

**Your healthcare provider may talk about:**

- Being ready for school
- Teaching your child about strangers
- How well people understand your child’s speech
- Dental cavities
- What your child likes to do

**Questions some parents ask:**

- How can I get my child to stop using bad words?
- Is it okay to let my child play at someone else’s house?
- What should I do if my child sucks his thumb?

**Your questions**

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<th>Your questions</th>
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Four Year Check-Up

Date of visit:   month / day / year   healthcare provider

My child’s age: 

Weight:   pounds   ounces
Height:   feet or inches

Blood pressure screening:   
Hearing screening:*   Vision screening:*   
Immunizations my child got today:*   

Things to remember:

Next visit:   month / day / year

* Schedules may vary. Your healthcare provider will make recommendations.
Five Years

Your child may:

Choose her own friends
Know her address and phone number
Play simple board games
Draw a person
Recognize letters and numbers
Be left- or right-handed
Skip, skate, jump rope

What you can do:

Sign your child up for school
Give her time to adjust to her new school
Read for your own enjoyment
Speak with her teachers often
Teach her to cross streets safely
Ask your child about her day
Get involved with school activities

Things to do together

• Bike ride, ice skate, roller skate with the right clothes and safety equipment. Always wear a helmet.
• Make books. Ask her to tell you a story. Write it down in her own words. Ask her to add pictures.
• Practice counting things in your home. Count the chairs, pillows, mirrors, or toothbrushes.
• Prepare her for starting school. Read books about going to school. Visit the new school together. Ask her how she feels about it.

Memories
Getting Ready for School

Before your child starts school, most learning happens during play. Being ready for school is more than knowing letters and numbers. Children need to feel secure at school and about being with others.

- Encourage her to do lots of different things
- Give her chances to be away from you
- Encourage her to dress and use the bathroom herself
- Let her take care of her own things
- Teach basic safety rules such as crossing streets, riding buses, stranger danger, and playing safely
- Encourage her to say what she needs and wants
- Give her chances to play with others, take turns, and share toys
- Let her do things on her own
- Encourage her to finish tasks
- Help her pick out her clothes the night before
- Pack her backpack with homework and lunches before it is time to leave for school.

All children are different – even children from the same family. School is a place for your child to keep growing – at her own pace. If she feels good about herself and with others, she will learn.
## Five Year Check-Up

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<th>Your healthcare provider may talk about:</th>
<th>Questions some parents ask:</th>
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<tr>
<td>How your child is growing</td>
<td>How can I help my shy child when she starts school?</td>
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<td>Concerns about your child’s personal safety</td>
<td>How much sleep should my child be getting?</td>
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<tr>
<td>Wearing a seat belt in the car</td>
<td>What chores can I give my child to do at home?</td>
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<td>What happens in your family when there are disagreements</td>
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### Your questions

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Five Year Check-Up

Date of visit: ______________________

My child’s age: ________________ years

Weight: _____ pounds _____ ounces
Height: _____ feet or inches

Immunizations my child got today:* _________________________________

Things to remember:

Next visit: ______________________

* Schedules may vary. Your healthcare provider will make recommendations.
Six Years

Your child may:

Do regular chores
Read some words
Play games with rules
Start a hobby
Have a “best” friend
Be more patient
Ride a bicycle
Learn how to swim
Tie shoelaces

What you can do:

Give your child simple jobs
Get to know your child’s friends and their families
Provide a quiet place for him to read, write, draw, and do homework
Make sure he is in a safe place after school
Talk about feelings more clearly
Give praise for a job well done

Things to do together

• Teach your child how to answer the telephone. Make sure he does not tell strangers who is home and who is not. Teach him to dial 911 in an emergency.
• Find out about local teams, classes, and recreational groups. Visit them. Try out new activities before joining.

Memories
**Physical Activity**

Children love moving around. Exercise will help shape your child’s body and his sense of self. It gives your child coordination and balance, strength, speed, and flexibility. If he is part of a group, he will learn cooperation and responsibility for others.

As your child gets older, he may become more social, more coordinated, and better able to follow rules. He may want to take lessons or join organized sports. Dancing classes, biking and hiking groups, or neighborhood basketball can all offer him a chance to develop physically.

Some children prefer group activities such as soccer, basketball, or baseball. Others like individual ones such as tennis, dance, gymnastics, or swimming. Your child may try several activities before he finds the one he most enjoys. It may not be the activity he is best at or the one you imagined for him. Having fun is what counts.
Six Year Check-Up

Your healthcare provider may talk about:

How your child likes school
How much exercise your child gets every day
Your child’s friendships
Increasing the dosage of your child’s fluoride supplement

Questions some parents ask:

What can I do to help my child do well in school?
How should I talk about sex with my child?
What can I do if my child’s teacher says he has trouble sitting still?

Your questions
Six Year Check-Up

Date of visit: _______________  
My child’s age: _______________  
Weight: _______________ pounds _______________ ounces  
Height: _______________ feet or inches  
Blood pressure screening: _______________ Other screenings: _______________  
Immunizations my child got today:* _______________  

Things to remember:

Next visit: _______________  

* Schedules may vary. Your healthcare provider will make recommendations.
**Keeping Your Child Healthy at School**

The school nurse is a partner in keeping your child healthy and ready to learn. It is important for the school to have information about your child’s health. You will need to give the following to the school:

- A record of a physical examination is required before school starts. Your healthcare provider can give you a written record of the exam to give to the school. The school will give you a form to bring to the healthcare provider’s office to fill out.
- A record of your child’s immunizations
- Your telephone numbers, the numbers of another person to contact in case of an emergency, the name of your child’s healthcare provider, and the name of your health insurance plan.

If your child has a special health condition, it is important to meet with the school nurse before your child enters school. Together you can develop a healthcare plan for your child. This way your child’s health needs can be taken care of during the school day.

There are special procedures if your child needs medicine or treatments at school. The school nurse cannot give your child any medicines or treatments without your permission and a healthcare provider’s order.

If your child seems to be having trouble in school, talk to your child’s teacher or your healthcare provider. There are many things that can be done to help your child. Your family, the school, and your healthcare provider can work together to make the best plan for your child.
**Important Medical Information**

Use the next 4 pages to write down health information about your child.

**Allergic Reactions**

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<th>Date</th>
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## Serious Illnesses

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## Chronic Medical Problems

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Keeping Healthy

When to Call Your Child’s Healthcare Provider

You should call your child’s healthcare provider any time you are concerned or have questions. When you call the healthcare provider, have the following information ready:

- Your child’s temperature and how you took it (see page 119)
- The phone number of your drug store
- Your health insurance number

Call your healthcare provider if your child has any one of these symptoms:

- Any fever over 100.4°F, for babies under 3 months
- A fever of:
  - 101°F, for babies 3 to 12 months old
  - 103°F, for children 1 year or older
- A stiff neck or convulsions
- A lot of vomiting or diarrhea
- A very bad headache or pain
- A hard time staying awake
- Possible poisoning (call the Poison Center first at 1-800-562-8236)
- Any burn
- A lot of bleeding
- Blood in the urine or bowel movements
- A hard time breathing or very fast breathing
Call your healthcare provider within 24 hours if your child has any one of these symptoms:

- Any fever that lasts for more than 3 days
- Fever with repeated vomiting
- Cough that lasts more than 2 days or makes it hard for your child to sleep
- Sore throat that lasts more than 2 days

These are guidelines. Always call your healthcare provider if you are worried, even at night or on weekends. If you think your child needs to be seen right away, call your healthcare provider. They will tell you where to take your child. If you do not call first, you may be asked to pay for all services at a hospital emergency room. If you do use the hospital emergency room:

- Be prepared to wait
- Know if your insurance plan will cover this type of visit
- Bring your immunization record
How to Take a Temperature

You should use a digital thermometer. The digital thermometer will “beep” when it is time to read the number. There are 3 ways to take a child’s temperature:

- Rectal (in the anus – rectum) for infants
- In the armpit – for infants and children
- In the mouth – for children 5 years and older

The rectal temperature

The rectal temperature is the most accurate. First dip the narrow end of a digital thermometer in petroleum jelly. Then, lay your child on your lap, with his bottom facing up. Hold the thermometer between your thumb and other fingers. Gently insert the narrow end into the rectal opening an inch. Only push as far as it will slide in easily. Keep the thermometer in for 2 minutes and do not let go.

The armpit temperature

The armpit temperature is a little less accurate, but it can be easier to take. Remove your child’s shirt, and insert the narrow end in the center of the armpit. Hold your child’s arm and press it to his side. Keep the thermometer in place until it beeps.

The oral temperature

When your child is old enough to keep the digital thermometer in his mouth without biting down, usually around age 5, you can take a temperature by mouth. Digital thermometers are quick and are recommended.

Temperature strips that change color or give you a number when placed on the skin are not accurate. Ear thermometers are expensive, but quick and reliable if used correctly. Carefully follow the instructions on the package.
How to Give Medicine

When giving medicine, be sure to:

• Check with your healthcare provider before giving any medicine.
• Use the right amount, or dose, at the right time. For the right dose, ask your healthcare provider.
• Check the date on the bottle or package. Do not use medicines after the expiration date.
• Always give all the medicine the healthcare provider says, even if your child seems better.
• Never call medicine “candy”.
• Be patient. Many children do not like medicine.
• Never leave medicine where your child can reach it. Keep medicine caps tightly closed.

By mouth (orally)

• Read the label carefully to find out how much and when to give the medicine.
• Measure the exact amount you need. Use a medicine spoon or medicine dropper. You can get these at drugstores.
• If your child spits up the medicine, ask your healthcare provider what to do.
• If your child has trouble taking pills, crush them into little pieces, and mix them with applesauce, chocolate pudding, ice cream, or syrup.
**Ear drops**

- Lay your child on his side, and gently pull his ear toward the back of his head.
- Give the exact number of drops prescribed.
- Try to keep child in the same position for 1 minute to allow the drops to flow into his ear.
- Put a small cotton ball into his ear canal so the drops will not fall out.

**Eye drops or ointment**

- Lay your child on his back, put your finger below his eyes, and gently pull down the lower eyelid.
- Put the drops or ointment in the lower lid, or into the eye without touching the eye or eyelid with the dropper or tube.

**Nose drops**

- Lay your child on his back.
- Put in the right number of drops.
- For nose sprays, your child can sit up or stand.

**Suppositories**

Suppositories are medicines that are put in your child’s rectum. **Do not give your child a suppository without specific instructions from your healthcare provider.**
Healthy Teeth

All baby teeth and some permanent teeth are formed before birth. Starting at birth, it is important to care for your child’s teeth.

Birth to Six Months

- After feedings, you may want to clean your baby’s gums with a damp, soft, clean cloth.
- Sucking pacifiers and fingers is natural. Keep them clean. Never dip them in honey or sweet substances. Never tie the pacifier around your baby’s neck – this is dangerous.
- A special bacteria starts the tooth decay process. Infants are born without this bacteria. It gets passed by direct contact from you to your baby by your saliva. Do not put pacifiers, spoons, etc. that were in a parent’s mouth directly into the infant’s mouth.
- The first teeth usually appear between 6 and 12 months. Signs of teething may include: swelling or redness of gums, drooling, chin or face rash, biting or gumming things, runny nose, crying, pain and irritability, fussiness at night or at feedings, and diarrhea. It is not unusual for a child to occasionally run a low-grade fever while teething. These signs could also mean that your baby is sick. Call your healthcare provider if you are worried.
- For teething babies, give them something to chew on. Try a chilled teething ring or a teething cookie. Do not use numbing gels or alcohol on your baby’s gums.
- Ask your healthcare provider about fluoride supplements. Fluoride prevents cavities. Call your City Water Department to find out if your community water supply is fluoridated. If so, you don’t need a fluoride supplement. If your drinking water is from a well, the water should be tested to see how much fluoride is already in it. To arrange for well water testing, call the NH Bureau of Oral Health at 271-4535 or 800-852-3345, ext. 4535. If a fluoride supplement is needed, your child’s dentist or healthcare provider can prescribe the correct dosage.
Six to Twelve Months

- Prevent “baby bottle tooth decay.” Do not give bottles filled with juice or formula at bedtime or naptime. Only plain water (not sugared) should be used in bottles at naptime and bedtime. Start brushing your baby’s teeth with a soft toothbrush after feedings. Do not use toothpaste. It is not good for your baby to swallow toothpaste. Avoid sweet and sticky snacks, such as dried fruit, raisins, or candy. Offer small pieces of fruit, vegetables, and cheese as snacks.
- Sweets are best introduced as part of a meal – not as a snack. If you do give sweets, give them at one time and not all day long.
- If your child has an injury of his mouth or teeth, call a pediatric dentist immediately. If you can’t get one, call a general dentist.
- His first birthday is considered a great time for your baby’s initial dental visit with a pediatric dentist or general dentist.*

Beyond Twelve Months

- Eliminate or reduce all bottle feedings
- Once your child is able to spit on his own, use pea-sized amounts of fluoridated toothpaste. It is important to supervise toothbrushing. Although fluoride will reduce dental decay, too much fluoride could stain your child’s teeth.
- If you give your child mouthwash, make sure it is alcohol-free.

Between Ages Three and Five

- If your child has not had a dental exam by age 3, he should have one now.
- He should get a teeth cleaning every 6 months, unless your dentist gives you a different schedule.
- If your child is still sucking his thumb or fingers at the age of 5, talk to your healthcare provider about what to do.

You can find a dentist by asking your child’s healthcare provider, your local community health center, or by calling the New Hampshire Dental Society at 225-5961.

* Dentists’ schedules may vary
**Healthy Ears**

It is important to make sure your child’s ears are healthy. Babies and children with hearing problems can have speech and problems talking, too. Some babies are born with hearing problems. Some children may begin to have hearing problems as they grow older. Hearing problems can be temporary or permanent. They can happen because of ear infections, injuries, or disease.

The healthcare provider will screen your child’s hearing at well-child visits. Talk to your healthcare provider if your child does not respond to sounds. Look for these signs:

- A family history of hearing problems
- Illness, injury, drugs, or medications during pregnancy
- Premature birth
- Physical problems at birth
- Meningitis
- Frequent rubbing or pulling of ears
- Ear infections, colds, or allergies at least once a month

An ear infection can be very painful. Possible signs are: fever, headache, vomiting, crying, crankiness, pulling at her ear, holding her head, or a bad-smelling discharge from her ear. If you think your child might have an ear infection, call your healthcare provider for an appointment. If medicine is prescribed, be sure to use it all up or follow your healthcare provider’s directions.
Healthy Eyes

Your child should get a vision screening from a healthcare provider at her check-ups. Screening is an easy and painless way to find vision problems. If a problem is found, your child will need a complete eye exam.

You must also watch for possible problems. Your child will not know if she has a vision problem. Be sure to tell your healthcare provider if your child has any of these signs:

- Blinking or rubbing her eyes a lot
- Tilting her head
- Squinting
- Tripping, falling, or bumping into things
- Difficulty using small toys or tools
- Putting her head very close to toys
- Crusty, red, or watery eyes

To help your child have good vision:

- Encourage active, outdoor play like jumping, running, hopping.
- Limit TV. When she does watch TV, have her sit at least 8 feet away.
- Encourage the use of puzzles, crayons, scissors, lacing toys, and blocks.
Allergies

An allergy is a bad reaction to something – like a certain food or animal hair. Common allergic reactions are:

- Runny nose
- Watery, itchy eyes
- Itchy skin rash
- Breathing problems

Some people are allergic to one or more of these things:

- Dust mites
- Pollen from trees, weeds, and flowers
- Mold from plants, dead grass, and leaves
- Animal fur and feathers, especially from cats
- Insect venom, like bee stings
- Foods, such as eggs, nuts, chocolate, shellfish, milk, berries, peanut butter, or wheat
- Tobacco smoke
- Medicines or chemicals

If you think your child may have an allergy, talk to his healthcare provider. The best way to treat a mild allergy is to keep your child away from whatever causes the allergic reaction. For other allergies, your child may need to take medicine. Some children may be advised to wear a medical alert bracelet. Some allergies can cause severe problems. For these allergies, your healthcare provider may give you medicine to treat the reaction right away. Be sure to inform all caregivers about your child’s allergies!
Asthma

Asthma is a disease of the lungs. People with asthma have very sensitive air passages in their lungs. During an asthma attack, the airways get smaller and become swollen with mucus. It becomes hard to get air out of the lungs. This causes breathing problems.

Each person may have different warning signs for asthma. If you notice any one of these, call your healthcare provider:

- Shortness of breath
- Fast breathing
- Pale or bluish skin color
- Problems sleeping because of coughing
- Wheezing – a whistling sound while breathing out
- Coughing – worse at night, after exercise, in a smoky room, or in cold air
- Trouble breathing, talking, walking, or playing
- Pain or tightness in the chest

Triggers of Asthma

Triggers are things that cause an asthma flare-up. Different people may react to different triggers.

- Cold air
- Air pollution
- Colds and flu
- Exercise
- Cats, dogs, birds, mites, rodents, and roaches
- Pollen, house dust, mildew, mold, or grass
- Cigarette smoke, smoke from a wood stove, or chemicals, such as perfume
If your child has asthma, you and your healthcare provider should be able to work out a plan to control it. A plan often includes both treatment and avoiding the things that cause it. Your healthcare provider will tell you what to do. You need to tell anyone else who takes care of your child what to do, too.

**What You Can Do to Help Control Asthma at Home**

- Keep your home clean and dust-free
- Keep your child away from:
  - Pets
  - Rugs and carpets
  - Stuffed animals
- Cover your child’s mattress with a plastic mattress cover
- Make sure you have enough asthma medicine. Remind your healthcare provider when the prescription is running out or you have no more refills
- Do not smoke at home or in the car
Sun Safety

Getting too much sun can be dangerous, especially for children. Even children with dark skin need protection. Umbrellas and shade do not give enough protection. Protect your child in other ways, too.

- Do not use sunscreen on babies younger than 6 months old. When taking your young baby outside, be sure his skin is covered and he is wearing a hat.
- Apply sunscreen when your child will be out in the sun, even in the winter. Use sunscreen with a Sun Protection Factor (SPF) of 15 to 30. Apply it evenly to all exposed skin a half-hour before going out.
- Dress your child in loose-fitting clothes that cover his arms and legs.
- During the hours of 10 a.m. to 3 p.m., keep your child out of the sun as much as possible. Try to find shade or use a large umbrella.
- Have him wear a wide-brimmed sun hat.
- Cover up on cloudy days, too – the sun can be just as strong even then.
- Put more sunscreen on after swimming.
- Have plenty of juice and water for your child to drink. Babies can quickly become dehydrated in the sun.
- Never leave your child alone in a car, especially if it’s sunny.
Preventing Lead Poisoning

Lead poisoning is a disease caused by swallowing or breathing in lead. It is very dangerous, especially to children under 6 years old. It can cause permanent damage to a child’s brain and kidneys. Even small amounts of lead can cause serious learning and behavior problems. Talk with your child’s healthcare provider about having your child tested for lead. A blood test is the only way to measure the amount of lead in your child’s body.

Avoid lead poisoning by finding the lead before your child does! Have your home tested for lead by a licensed inspector. The New Hampshire Childhood Lead Poisoning Prevention Program provides case management to families with a lead-poisoned child under age 6. For more information, call the New Hampshire Childhood Lead Poisoning Prevention Program at 1-800-897-5323, 1-800-532-9571, or (603) 271-4507.

• Keep children away from peeling or chipping paint. Cover loose paint with contact paper or paneling. Do not use sandpaper to remove paint – it fills the air with lead dust.
• Wipe up paint chips and dusty areas with a wet mop or cloth, and a cleaner called TSP. You can get TSP at most hardware stores. You can also use dishwasher machine detergent with phosphates in it. Do not vacuum up paint chips – the lead gets back into the air.
• Clean floors, window wells, window sills, and other surfaces weekly using a mop or sponge with warm water and a general household cleaner.
• Be careful when renovating. Lead dust stirred up during renovations is one of the major causes of lead poisoning.
• Run your tap water for several minutes until you feel it get cold. Use only cold water for cooking or preparing drinks.
• Wash your child’s hands and toys often.
• **Feed your child a diet high in iron and calcium** – they help stop lead from being absorbed in the body.

<table>
<thead>
<tr>
<th>Iron</th>
<th>Calcium</th>
</tr>
</thead>
<tbody>
<tr>
<td>lean meat</td>
<td>milk and yogurt</td>
</tr>
<tr>
<td>beans</td>
<td>cheese</td>
</tr>
<tr>
<td>green leafy vegetables</td>
<td>spinach</td>
</tr>
<tr>
<td>cereals with added iron and calcium</td>
<td>broccoli</td>
</tr>
<tr>
<td></td>
<td>orange juice with added calcium</td>
</tr>
</tbody>
</table>

Federal law says that landlords and homeowners of housing built before 1978 must tell potential buyers or tenants about known lead paint hazards. New Hampshire law requires that de-leading – the removal of lead paint – be done by a licensed contractor. Owners cannot evict or refuse to rent to someone because of lead paint. Financial assistance may be available to homeowners for de-leading.
Carbon Monoxide

Carbon monoxide (CO) is a gas without color, taste, or smell. It is very dangerous. CO poisoning can kill. CO is made by burning fuel such as gas, wood, kerosene, oil, or coal. Any fuel-burning appliance, such as a heater, generator, or wood stove, may cause poisoning if it is not working right. Children are poisoned more quickly than adults.

- Never use the gas stove or oven to heat a room
- Never use fuel-burning appliances in a closed room
- Never burn charcoal indoors or in a garage
- Never leave a car running in a garage
- Never try to fix an appliance that burns fuel

The symptoms of carbon monoxide poisoning may feel like the flu. The symptoms are:

- Headaches
- Dizziness
- Nausea
- Unclear thinking
- Shortness of breath
- Weakness
- Fatigue
- Vision problems
- Loss of muscle control

If you or your child has any of these symptoms and you think it might be CO poisoning, you and your child should get out of your house. If you do think it is CO, call 911.
Keeping Safe

In Case of Emergency

For serious injury or sudden, severe illness, call 911. If you think your child may have swallowed something poisonous, first call the Poison Control Center at 1-800-562-8236. Keep this number close to your telephones. Try to stay calm. When you call, be prepared to give:

- Your child’s age
- Your child’s weight
- Your child’s temperature
- A description of the problem
- The address where you are and the phone number there

Do not hang up the phone first, in case more information is needed. To be prepared for an emergency, have these things together and out of a child’s reach:

- Syrup of Ipecac
- Bandages
- Scissors
- Gauze
- Thermometer
- Cotton balls
- Tweezers
- Antiseptic spray or ointment
- Children’s non-aspirin pain reliever, such as acetaminophen or ibuprofen

Never give your child aspirin unless your healthcare provider tells you to.
Preventing Falls

Falls are the biggest cause of injury to children under age 5.

- Do not ever leave a baby alone – even a newborn – on a changing table, bed, chair, sofa, or any furniture.
- If you cannot hold him, put your baby in a playpen, on the floor on a blanket, or in an infant seat. Put infant seats on the floor only.
- Make sure you strap your child into high chairs, changing tables, grocery carts, and other seats that he could fall from.
- Baby walkers are dangerous. They are not recommended.

When your baby starts crawling and walking, he can fall down the stairs. Install and use safety gates at stairways and at open patio doors.

Many children fall out of windows each year. Window screens do not protect your baby from a fall. Prevent your child from falling:

- Lock all closed windows.
- Open windows from the top, not the bottom.
- Install window guards at all windows above the first floor. Make sure they are the kind that can be opened in case of an emergency.

Safety gates, window guards, and safety latches can be bought at hardware and discount stores.
Preventing Scalds and Burns

In case of a burn:

☐ Cool a burn by running it under cool water for 10 to 15 minutes.
☐ Call your healthcare provider.
☐ Do not put anything on the burn unless your healthcare provider tells you to.

In the kitchen:

• Keep hot food and drinks away from the edges of tables and counters.
• Never carry hot food and drinks near your child, or while holding him.
• When cooking, keep your child away from the stove.
• Turn pot handles toward the back of the stove. Use the back burners when possible.
• Always test your child’s heated food or drink. If you use a microwave oven, stir the food and test it before serving. Microwaves heat unevenly.
• Never heat bottles in the microwave.

In the bathroom:

• Set your water heater to 120°F or less. If you rent, ask your landlord to set the temperature no higher than 120°F.
• Always check the water before putting your child in the tub.
• Do not leave your child alone in the bath – even for a moment. She may turn on the hot water or even drown in the tub.

To prevent electrical burns, make sure to cover all electrical outlets. Keep unused outlets blocked with plastic guards so your child cannot get an electrical burn.
Fire Safety

Protect your family from fires:

• **Install smoke detectors in sleeping areas** and in every level of your home. Landlords are required by law to provide them. Make sure your smoke detectors work right.
  - Test them on the first day of each month by pushing the test button.
  - Do not take the batteries out of them.
  - Put in new batteries twice a year – when you change your clock.

• **Keep matches and lighters out of reach.** Even if the lighter has a “childproof lock” – it is not.
  - Teach your child that matches and lighters are not safe for them and are not toys.
  - It is safer to keep bedroom doors closed when sleeping. A closed door will help hold back deadly smoke.

Teach your family what to do in case of a fire:

• **Crawl on the ground.** The best air is close to the ground.
• If clothes catch fire – **Stop, Drop** to the ground, cover your face, and **Roll** to put out the flames.
• Get out of the house fast, and stay out.
• Call 911 from a neighbor’s home.

Prepare your family for a fire:

• Plan 2 escape routes. Choose a spot outside for everyone to meet.
• Practice your escape routes once a month.
Space Heaters and Wood Stoves

Space heaters and wood stoves can be dangerous. Avoid burns and fires:

- Place the space heater on a firm, flat surface where it cannot tip over. Place fire-resistant materials all around stoves.
- Keep curtains, furniture, sheets and blankets, or anything else that can catch fire at least 3 feet away from heaters and stoves.
- Keep children away from heaters. Never leave a child alone in a room with a space heater.

Use only UL-approved space heaters. Gas ovens and charcoal should not be used for heat – the fumes can cause carbon monoxide poisoning (see page 132). Never use kerosene heaters in a closed space.

If you need help heating your home, call the Fuel Assistance Program at 271-2611.
Preventing Choking and Strangulation

Children can choke or strangle very quickly. The best way to prevent choking is to never leave small things in their reach. Take a CPR class to be more prepared for a possible choking. Broken or deflated rubber balloons are the biggest cause of choking from toys.

Have your child sit down, and never leave your child alone while eating. Round, hard foods are especially dangerous to children under 4. Hot dogs are the biggest cause of children choking on food. Be sure to cut them into small pieces, not round slices. Thickly-spread peanut butter can also cause choking.

Babies and toddlers put everything in their mouths. Keep small things out of reach, such as:

- Jewelry
- Small toys or toy parts
- Buttons
- Coins
- Batteries
- Safety pins
- Paper clips
- Crayon pieces
- Nails, tacks, screws
- Peanuts and other nuts
- Hard candies
- Raw carrots
- Popcorn
- Grapes
- Raisins
- Gum

A “no-choke” tube or 35 mm film can be used to check if toy parts are a choking risk for young children. You can buy one at many toy and baby goods stores. Anything that fits completely into it is a choking risk. Or use an empty toilet paper tube – if the object passes through, it would choke your child.
Anything that hangs can cause strangulation. Get rid of:

- strings, necklaces, and straps around a child’s neck, especially when at the playground
- drawstrings on hoods
- electrical cords
- dangling cords from window shades and curtains

Babies and young children can be smothered or trapped, especially while sleeping. **Avoid**:

- soft pillows or cushions
- adult beds and water beds
- mattresses that do not fit the crib or bed frame
- plastic bags

CPR classes teach you how to save your child’s life. CPR is a way to start the heart and lungs after they have stopped. Classes are available at your local YMCA, the American Red Cross, and many HMOs and health centers.

**Preventing Poisoning**

Most poisonings happen to children under age 5. Children are likely to be poisoned by swallowing common things in your home such as over-the-counter drugs, prescription drugs, toothpaste and other personal care items, cleaners, and plants.

- Keep all medicines, cleaners, and other poisons out of sight and out of reach.
- Vitamins with iron, especially prenatal vitamins and plain iron tablets, are very poisonous
- Remember that pocketbooks may have medication in them and need to be kept out of reach
• Keep cleaners, other poisons, and medicine in the containers they came in
• Use safety latches on drawers and cupboards
• Lock all poisons that are stored in the garage, especially windshield washer fluid
• Many plants are poisonous. Keep all plants out of your child’s reach. Children under 12 months often choke on them. Tell your child not to eat plants.
• Know the names of your plants and hang them or place them out of reach
• Keep the Poison Center’s number by each telephone: 1-800-562-8236 within NH. Outside NH, 1-603-650-8000. Stickers for your telephone are available by calling this number.
• Keep 1 bottle of Syrup of Ipecac in your home for each child 5 years old and under. You can purchase this from most drugstores. Never give Ipecac before you call the Poison Center.

If you think your child may have swallowed a poison:

1. Look in his mouth. Remove any pills, pieces of plant, or whatever you find. Save these things for identification. Wipe his mouth out with a wet cloth.
2. If your child is having trouble breathing or not responding, call 911.
3. Otherwise, call the Poison Center at 1-800-562-8236. Do not give anything to drink first.
4. Bring the container and child to the phone when you call.
5. The specialist at the Poison Center will tell you what to do. The Poison Center is open 24 hours a day and is staffed by nurses and pharmacists. Interpreters are available through 911.
6. Do not call your healthcare provider until after you call the Poison Center.
Traffic Safety

Riding in Cars

Car safety seats and seat belts are the best way to prevent injury and death in cars. New Hampshire has a law that requires all children under 18 to buckle up. The law says:

- Infants and small children must ride in car seats until they are at least 4 years old.
- Children who are at least 4 years old and weigh more than 40 pounds must still be properly belted. Most children who weigh 40 to 80 pounds will need a booster seat for their seat belt to fit right.
- This law applies to all cars.
- A police officer may stop your car and fine you for each child who is not seatbelted. The fine increases for a second offense.

Be sure to wear a seat belt every time you are in the car, too. It will not only keep you safe and keep you from injuring your child in a crash – it will set a good example for your children.

The safest place for any child is in the back seat. Children should never ride in seats where an air bag could open.

For more information about keeping kids safe in cars, call 1-603-650-1780.
Walking

Once your child begins to move around, you need to watch him all the time. Young children should only play in fenced areas.

- Teach your child to always stop at the curb, look both ways, and listen for cars before crossing the street.
- Never allow him to walk in the street.
- Make sure there are no children behind your car before you back out of a driveway.

Bicycle Safety

Biking is fun, but it can also be dangerous. Help your child learn safe riding habits. Make sure your child wears a bike helmet every time he rides. Look for ASTM, SNELL, or ANSI stickers on bike helmets to make sure they meet national safety standards. A football helmet or hardhat will not work.

- Young children should not ride in the street.
- Never let your child ride at dusk or after dark.
- Teach your child to stop, look both ways, and listen for cars when going across driveways and streets.
- Teach your child to use hand signals when turning.
- Teach your child to obey the rules of the road when they are biking.

If you want to take a young child as a passenger on your bike:

- Babies under 1 year old should never be carried on a bike. Children older than 1 should ride in rear-mounted bike seats. Do not let your child ride on handlebars or on the adult bike seat.
- The bike seat should have spoke guards, a high back, and a sturdy shoulder harness. Attach it securely.
- Children should not be passengers on bicycles when it is dark.
- You and your child should always wear a bicycle helmet to prevent serious head injury.
- To work right, a helmet must fit right and be worn right. Read the instructions on the box or ask a local bike dealer.
Water Safety

It only takes seconds for a young child to drown – even in just an inch or two of water. Drowning happens in all kinds of places, not just pools and beaches. Any open container of water can be dangerous to a baby or young child. Drowning happens quietly. A drowning child cannot yell for help.

- Never leave your child alone near water – a bathtub, toilet, swimming pool, or a bucket of water – even for a moment.
- Empty the bathtub, bucket of water, or wading pool right after using it.
- Keep the bathroom door closed. Keep the toilet lid down.
- If you have a swimming pool, put up a 4-sided fence around it, at least 5 feet high, with a self-closing, locking gate. If your neighbors have pools, tell them to put up fences and gates.

It is important for all children to learn to swim. Swimming classes are offered at many YMCAs, YWCAs, NH lakes and ponds, or local community centers. The recommended age to start swimming lessons is 5 years. Never let your child swim alone. Always actively supervise your child when she is around water.

Gun Safety

Children in homes with guns are more at risk of being shot by themselves, friends, or family members than of being injured by a robber or other criminal. If you choose to keep a gun:

- Keep it unloaded and in a locked place
- Store ammunition in a separate locked place
- Use a trigger lock
- Always handle them safely

If your child visits or receives child care in someone’s home, ask if they have guns in their home. If so, make sure they are stored safely.

Teach your child to assume all guns are loaded and never touch a gun. Have her tell an adult right away if she sees one.
Playground Safety

Taking your children to the playground is fun and good exercise. Each year many children are injured on playgrounds seriously enough to go to the emergency room. Many injuries can be prevented. Follow these rules:

• Actively supervise children at the playground.
• Make sure children play only on equipment that’s right for their ages and abilities.
• Check that the playground surface is soft enough to cushion falls. Look for wood mulch, pea stone, sand, or rubber surfaces – not dirt or asphalt. The higher the equipment, the more shock-absorbing material there should be.
• Survey the playground for potential hazards and remove or report any you find. Include broken glass and other debris, tripping hazards, or moving equipment too close to other activities.
• Examine the equipment regularly to be sure that it is in good repair and does not have places that can strangle, trip, pinch, crush, or cut children.

For more information about Playground Safety, contact the Injury Prevention Center at (603) 650-1780.
Healthy Eating

Starting Solid Food

Up until 1 year, your baby should drink breastmilk or formula. At about 4 to 6 months, you can begin to add soft solid foods to her diet. For breastfed infants, water, juice, and other foods may not be needed until 6 months of age. Talk with your baby’s healthcare provider, nurse, or a nutritionist about introducing solid foods.

Your baby may be ready to start solid foods when she:

- Is at least 4 months old
- Can sit or hold her head up by herself
- Weighs at least double what she did at birth
- Will open her mouth for the spoon

Begin by feeding your baby a small amount of rice cereal on a baby spoon. At first, your baby may spit it out. This is normal. It takes time for your baby to get used to new foods and eating. Keep trying – a little bit at a time. It is okay to have a mess!

Do not put cereal or any food in a bottle unless instructed by your healthcare provider. It can cause your baby’s teeth to decay and your baby to gain too much weight.
Keep Baby Food Safe

- Place the food in a dish – feeding from the jar may put germs in leftover food.
- Do not put leftover food or the used spoon back into the jar – it can cause the food to spoil.
- Cover and refrigerate what is left in the jar.
- Use the food within 2 to 3 days after opening the jar.

If you make your own baby food, do not add butter, oil, margarine, sugar, or salt, unless your healthcare provider has told you to. Homemade baby food is cheaper than buying prepared food. When introducing a new food, prepare and serve it without adding anything. Food should be pureed, strained, or mashed. **Do not add honey to any of your child’s food before age 1.** There is a bacteria in honey that is dangerous for babies under 1.
What to Feed Your Baby

Introduce one new food at a time. Wait 3 to 5 days before you add a new food. Put a check (✓) in the box when you start each new food. Watch for signs of allergies: skin rash, runny nose, vomiting, diarrhea or other change in bowel movements, watery, itchy eyes, or breathing problems. Foods that may cause allergies include cow’s milk, citrus juices and foods, egg whites, and wheat products.

CAUTION: Avoid foods that can cause choking – popcorn, nuts, seeds, grapes, hot dogs, raisins, raw carrots, chunky peanut butter, and any other small, hard foods. You can try smooth peanut butter after 2 years of age. Moisten it with applesauce or jelly and spread it thinly. Do not leave your child alone when he is eating.

<table>
<thead>
<tr>
<th>4-6 months</th>
<th>Your baby is ready for baby cereals. Try rice cereal first – it is the easiest to digest. After cereal, you can try fruit juices with vitamin C. You can start a few mashed-up fruits and puréed vegetables. Babies do not need desserts – offer fruit instead!</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4 months</strong></td>
<td><strong>4 months</strong></td>
</tr>
<tr>
<td>□ rice cereal</td>
<td>□ apple juice</td>
</tr>
<tr>
<td>□ barley cereal</td>
<td>□ white grape juice</td>
</tr>
<tr>
<td>□ oat cereal</td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>
Try new mashed fruits and soft vegetables. Fruits can be fresh or cooked. From 6–9 months it is also time to add small amounts of protein foods such as poultry, beans, fish, and meat. Always strain or cut them into small tender pieces. At about 8 months, your baby will like to pick up small pieces of food and feed herself. Good finger foods include pieces of cheese, chicken, fresh fruits, and soft cooked vegetables. Give bits at a time. Let her feed herself while you are watching. Avoid baby food jars “dinners.” They can be low in iron and protein. Always strain or cut table food into small pieces.

<table>
<thead>
<tr>
<th>6 months</th>
<th>9 months</th>
<th>6-9 months</th>
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<tbody>
<tr>
<td>mango</td>
<td>sweet potato</td>
<td>chicken</td>
</tr>
<tr>
<td>papaya</td>
<td>cooked carrots</td>
<td>turkey</td>
</tr>
<tr>
<td>peaches</td>
<td>spinach</td>
<td>cooked beans</td>
</tr>
<tr>
<td>cantaloupe</td>
<td>peas</td>
<td>mild cheese</td>
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<tr>
<td>plums</td>
<td>plantains</td>
<td>fish</td>
</tr>
<tr>
<td>pears</td>
<td></td>
<td>beef</td>
</tr>
</tbody>
</table>

Your baby is now ready to eat many chopped table foods. Try egg yolks now, but do not give egg whites until your baby turns one year old.

<table>
<thead>
<tr>
<th>9 months</th>
<th>9 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>crackers</td>
<td>egg yolk</td>
<td>egg white</td>
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<tr>
<td>wheat cereal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>rice</td>
<td></td>
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</tr>
<tr>
<td>noodles</td>
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<tr>
<td>toast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pita bread</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bagels</td>
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</tr>
</tbody>
</table>
Drinking from a Cup

At about 6 months of age, your child may want to try drinking from a cup. Let her hold an empty plastic cup to get used to it. Drinking from a cup is a new skill and takes practice. Use a spill-proof cup with small amounts of water, formula, breastmilk, or juice in it.

Make sure the juice is 100% juice – not juice drinks. You may want to dilute juice with water. Limit juice to 4 to 8 ounces a day, so that your child will have an appetite for other foods.

Do not use cow’s milk before 12 months. At 12 months, your child is ready for whole milk. Your child needs whole milk until age 2 – not low-fat or skim milk.

As your child learns to use a cup and feed herself, she may begin to breast-feed less often. When you decide to stop breastfeeding, it is best to do it slowly. You can continue to breastfeed as long as you and your child want to.

Giving Up the Bottle

At around 12 months of age, encourage your child to use the bottle less and the cup more. Slowly cut down the number of bottles and increase the number of cups each day. Morning and evening bottles are often the hardest to give up. If you still give a bottle after her first birthday, fill it with water only. All other beverages should be offered from a cup.

As your child learns to drink from a cup, she may still want a bottle for comfort. To help her feel more secure, try reading a story, singing, or cuddling while she drinks from a cup. When she seems distressed, try giving her a hug instead of a bottle. With your help, she will soon learn other ways to comfort herself. Using a bottle too much can cause:

- Tooth decay
- Poor nutrition
- Overweight
Here’s What Your Child Should Eat Most Days

To keep your child healthy and strong, offer a variety of foods from each food group every day. This pyramid shows the kinds of food in each group. The foods can be served at meals or snacks. Servings are smaller for children than for adults. An average serving size is about 1 tablespoon per each year of life (for example, a 3-year-old would get 3 tablespoons of mashed potatoes). Around age 1, your child will be growing more slowly. He may want to eat less. That is okay. He may only like a few foods. That is okay, too, but keep offering other foods.

Food Pyramid for Young Children
Snacks Are Meals, Too

Snacks are a good way for your child to get what he needs to grow. Your child may not want to eat at breakfast, lunch, or dinner. Maybe he is too tired or excited. That is okay. Help your child make good food choices. Offer different healthy foods as a snack. A healthy snack is:

- Low in sugar, fat, and salt
- Food from one or more of the food groups

**Good Snacks**

- Bananas
- Oatmeal
- Rice cakes
- Applesauce
- Crackers
- Cornbread
- Fruit juice
- Frozen fruit juice on a stick
- Milk
- Yogurt
- Cheese
- Cottage cheese
- Baked cold/warm sweet potatoes
- Hard-boiled eggs
Special Feeding

There may be times when your child needs special foods. Be sure to ask your healthcare provider, nurse, or nutritionist if you have any questions about what your child should be eating or drinking.

Foods to help children gain weight:

- Puddings made with whole milk
- Cheese made with whole milk
- Peanut butter on bread or crackers after age 2
- Ice cream
- Milk shakes made with whole milk, ice cream, banana, and peanut butter

If your baby is under 12 months and needs to gain weight, make sure that you are mixing his formula correctly. Offer it to him more often and for longer. If you are breastfeeding, talk to your healthcare provider.

Foods to loosen hard stools

- Lots of water and juices
- Prunes
- Foods with bran – cereals, muffins
- Raw fruits and vegetables
- Soft, cooked fruit

Liquids for children who are vomiting

- Oral electrolyte maintenance solutions like “Pedialyte” or Kaolectrolyte if your healthcare provider advises
- “Pedialyte” freezer pops
- Avoid high-sugar juices and drinks like apple juice and Gatorade

Foods for children with diarrhea

- Regular diet for solid foods
- Encourage extra fluids
- Avoid high-sugar juices and drinks
Healthy Families

Families Learn Together

You are your child’s first teacher. When children learn at home, they do better in school. Children want to learn. They need to see learning in action. Try doing these things together:

- Pick a special time each day to read together – start when your child is a baby
- Make books special – make a special space on a shelf for your child to keep her books
- Go to the library for books and activities
- Make family albums with pictures and stories
- Go to a children’s museum
- Limit TV watching
- Use everyday activities for learning:
  - Make shopping lists
  - Read street signs
  - Read signs and labels at the store
  - Count money
  - Read recipes and measure ingredients when cooking
- Keep a calendar of family birthdays and discuss each month’s events. Include pictures of each family member with their birthday.

For parents who need help with reading, family literacy programs give you and your child a chance to learn together. They teach basic reading skills and child development to adults. They also teach your child. Call the Family Resource Center at 1-800-298-4321, NH Bureau of Adult Education at 271-6698, or the NH Department of Education at 271-6698 for:

- Family literacy programs
- English as a second language (ESL) classes
- Basic skills classes

Call your school department or local community center to find out about computer classes.
Discipline Means Teaching

Your job as a parent is to teach your child what behavior is okay and safe, and what is not. This is one of the hardest things you will do as a parent. Different behaviors are okay in different families. Discipline takes time and patience.

Discipline does not mean punishment. It is not harsh. Discipline is for teaching your child. It is not a way for you to express your feelings. The goal of discipline is for your child to learn to choose healthy behaviors. To help your child learn good behavior:

- Create a safe and secure environment
- Make clear and consistent limits
- Set a good example – be a role model
- Reward good behavior

Discipline is very different for an infant, a 2-year-old, and a 4-year-old. Babies, until about 15 months of age, are too young to understand rules.

- Remove things from his reach that are not safe
- When your baby is doing something you don’t want him to do, distract him with toys or activities that are okay
- Never shake or hit your baby

Toddlers, until about age 3, need very simple rules.

- Make rules that your child is able to understand and follow
- Explain the rule ahead of time. Be sure he understands it
- Keep the same rules every day
Your child will be better able to follow rules if you:

- Keep simple daily routines
- Give your child something to do when he needs to sit quietly
- Give healthy snacks when meals are late
- Avoid long visits and trips

Almost all children between the ages of 1 and 3 have temper tantrums to get your attention or to get their way. If your child has a tantrum:

- Try to be calm and speak calmly to your child. If you are loud, angry or hit him, he will copy your behavior.
- Make sure he is safe – that he will not hurt himself or others.
- If possible, ignore the behavior. Attention is usually what your child wants the most.
- If you can, take your child with you to a different room or go outside.
- Avoid arguing. It does not work.
- If tantrums occur outside of home – in the supermarket, mall, church, or other places – try not to be embarrassed by the behavior, and take your child to a calmer setting if possible.

Children need to know what to expect.

- A rule tells your child what you expect of him. He also needs to know what will happen if he chooses not to follow the rule. Follow through on the consequences of the behavior.
- Set a simple daily routine. Remind your child about what will happen next.
Children need to be praised and to hear that they are loved.

- Reward your child for good behavior
- Tell your child what you like about what he is doing
- Even if your child’s behavior upsets you, make sure he knows that you still love him
- Tell your child why his behavior upsets you
- Give him a chance to understand what he has done

Children learn by copying what their parents do.

- Tell and show your child what behaviors are okay
- Show your feelings in ways that do not hurt
- Try to remain calm. Never take your anger out on your child
- Do not hit or spank your child. Do not use words that hurt

You can get help learning how to manage your child’s behavior.

- Ask your child’s healthcare provider
- Talk with other parents
- Join a parent support group
- Find out about home visiting programs in your area
- Take a parenting class

It is normal for your child’s behavior to upset you. Take a break. You can call someone for advice or just to calm down. Call a friend or a parent hotline.

Family Resource Connection: 1-800-298-4321

*Free materials, referrals and community and online information sharing to parenting classes and home visiting programs*

www.state.nh.us/nhsl/frc
When Behavior is a Problem

There may be times when certain behaviors become a problem. Your healthcare provider can give you a referral to a different healthcare provider or counselor for help. Counseling may involve the child, the parents, or the whole family. The goal of counseling is for the parent and child to feel more able to make good choices. When you speak with the counselor, she may ask:

- What is the problem behavior?
- When does it happen?
- Did the problem start at the same time that something else happened in your family?
- Does your child have habits or fears that concern you?
- Is there a struggle for control between you and your child?
- What are your child’s relationships like with other people?
- How is the rest of the family doing?
- What are your child’s strengths?

Loss and Grief

Every human being experiences losses. For a child, a loss can be when someone leaves, when a person or a pet is very sick, when someone dies, or when he loses something. As your child gets older, a loss may mean different things. An adopted or foster child may grieve the loss of birth parents at different times. A child may need to talk about a loss again and again. Help her to:

- **Understand** – When someone dies, this means knowing that the person is no longer alive. A 2-year-old will not understand death in the same way a 4-year-old does. Prepare your child if you expect someone you know will die.
• **Grieve** – Help your child express her feelings. She may not seem sad when you expect it. Allow her to grieve at her own pace. A child who expresses her feelings can better adjust to the changes death brings.
• **Remember** – You can help your child remember the person who has died by marking her loss. This can be a religious ceremony or a “remembering ceremony” that your family makes. Your child might want to write a letter to the person who has died, have a backyard funeral, or carry around an object that belonged to the person.

Talk to your healthcare provider about the loss and how your child is reacting. You can also call the Family Resource Connection at 1-800-298-4321. They can recommend books and videos and give you referrals for counseling.

## Family Violence

Family violence can take many forms: a husband, boyfriend, or lover hurting his or her partner; parents, siblings, relatives, or caregivers hurting children; or an adult hurting an older person. Some types of abuse and common examples are:

### Emotional Abuse
- Name-calling
- Controlling
- Making threats
- Making it hard to stay close to family and friends

### Physical Abuse
- Hitting or slapping
- Pushing
- Kicking
- Choking
- Burning
- Shaking
**Sexual Abuse**
- Any sexual contact that is not wanted
- Any sexual behavior with a child by someone older
- Making sexual remarks or showing body parts in a hurtful way
- Refusing to practice safer sex or birth control

**Children, Violence, Abuse, and Neglect**

Children are hurt by seeing violence and by being victims of violence. Children can be abused by almost anyone. Children are also affected by watching someone get hurt. Signs that children may have seen violence or been abused:

- Bruises and other injuries
- Fear and anxiety
- Sleeping or eating problems
- Learning problems
- Aggressive behavior
- Very shy behavior
- Problems being close to others
- Sexually transmitted diseases
- Inappropriate sexual talk, behavior, or knowledge

**Always** believe your child if he says someone is hurting him. Protect your child:

- Teach your child what abuse is
- Tell your child that he **never** deserves to be hurt
- Teach him the correct names for body parts
- Let your child know that you want to be told if anyone touches him or makes him feel uncomfortable

**Never** leave your child with someone you do not feel comfortable with and trust.
Getting Safe

If you feel that you cannot protect yourself or your children, you need to get help. There are many people who want you to be safe. Talking about it with someone you trust is the first step in getting help and protecting yourself.

Get support and information from a hotline, advocate, counselor, or trusted friend. These people can help you find a way to get safe. These ways can be:

- Staying in the relationship safely
- Leaving the relationship or place in a safe way
- Getting to a new, safe place
- Staying safe
- Getting help with housing, food, and clothes

You can call the police for help getting to a hospital or another safe place. To find help near you, call 911 or the numbers below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Coalition Against Domestic &amp; Sexual Violence</td>
<td>224-8893</td>
</tr>
<tr>
<td>Prevent Child Abuse NH</td>
<td>225-5441</td>
</tr>
<tr>
<td>Battered Women’s Hotline</td>
<td>1-800-992-2600</td>
</tr>
<tr>
<td>Child-At-Risk Hotline</td>
<td>1-800-792-5200</td>
</tr>
<tr>
<td>Rape Crisis Center</td>
<td>1-800-922-8772</td>
</tr>
<tr>
<td>Disabled Abuse Hotline</td>
<td>1-800-426-9009</td>
</tr>
<tr>
<td>NH DHHS – DCYF Intake</td>
<td>1-800-894-5533</td>
</tr>
<tr>
<td>Prevent Child Abuse NH</td>
<td>1-800-244-5373</td>
</tr>
</tbody>
</table>
Violence, TV, Movies, and Toys

Children learn violent behavior from seeing it, doing it, and believing it is okay. Some movies, television shows, and toys made for children encourage violence. Watching people hitting and shooting each other on TV can make your child more likely to hit and kick. It can also make her more afraid and less aware of other people’s feelings. Violent toys, movies, and TV teach that:

• Violence is the best way to solve problems
• Violence is heroic
• Violence is fun and entertaining

You can help your child:

• Limit or avoid TV
• Select non-violent programs and videos
• Watch TV together and talk about any violence you see
• Talk about non-violent ways to solve problems or disagreements
• Choose toys that help your child be creative
• Do not choose toys that are linked to violent characters
• Do not choose to buy toy weapons
Resources to Help You and Your Family

Everyone needs help sometimes. There are lots of services for parents in New Hampshire. Do not be afraid to call. Services are listed in the following categories:

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- Child Care and Early Education 164
- Health 165
- Safety 167
- Parenting and Family Support 168
- Disability Services 169
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- Food, Clothing, and Housing 171
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- Support for Kids 175
- Websites for Parents 175

Information and Referral

NH Helpline
1-800-852-3388 or 225-9000 (24 hours a day)
www.nhhelpline.org
The NH Helpline database contains over 6,000 resource entries allowing you to use “keywords” to search for information and resources available within the state, a particular county, or town. Search for 24-Hour Emergency Health Care, Transportation, Food, Battered Women’s Shelter, etc.

Family Resource Connection – NH State Library
1-800-298-4321
www.state.nh.us/nhsl/frc
Free statewide information and referral resource connecting New Hampshire families with services, programs, and information to meet the needs of their children. It also maintains a free lending library of books and videos on all aspects of raising, caring for, and educating children, particularly children with special needs.
**Child Care and Early Education**

*Family Assistance Division, NH Dept. Health & Human Services*

1-800-852-3345

For information on eligibility for assistance with the cost of child care.

**NH Child Care and Referral Network**

Offers referral services to families and assistance and training to healthcare providers.

Listings of child care and preschool programs.

- Berlin/Littleton: North Country Education 800-268-5437
- Claremont: Trustees of Dartmouth College 800-323-5446
- Concord: Child and Family Services 800-445-5380
- Conway: Families Matter 800-820-8138
- Keene: Southwestern Community Services 800-529-0005
- Laconia: Lakes Region Community Services 888-296-9164
- Manchester: Easter Seals 800-870-8728
- Nashua: City of Nashua 888-442-7785
- Portsmouth/Salem: Rockingham CAP 800-310-8333
- Rochester: Strafford County CAP 888-440-4914

**Child Care Aware**

1-800-424-2246

www.childcareerr.org/childcareaware/index.htm

Information for parents looking into child care.

**Headstart**

- Belknap County: 524-7050; Pittsfield 435-6618
- Carroll County: Conway 447-3161; Ossipee 539-2000
- Cheshire County: Keene 357-0129
- Coos County: Tri – County 752-7318
- Grafton County: 632-9209; Littleton 444-6022
- Hillsborough County:
  - Southeastern NH Services 668-8010
- Merrimack County: 225-3295
- Rockingham County: 431-2911
- Strafford County: 742-1334
- Sullivan County: Claremont 542-2721; Newport 863-3112
Health

Alcoholics Anonymous
24-hour hotline: 1-800-593-3330
An informal fellowship of men and women who are alcoholics and who meet together in order to help each other and themselves to abstain from alcohol. Call for meeting listings.

American Academy of Pediatrics
1-800-433-9016
www.aap.org    NH Chapter: www.nhps.org

American Academy of Family Physicians
1-800-274-2237
www.aafp.org

American Medical Association
www.ama-assn.org

American Academy of Pediatric Dentistry
www.aapd.org    NH chapter: www.nhps.org
Find a pediatric dentist in your area. Information on dental care for children.

Facts for Families
1-800-333-7636
The American Academy of Child & Adolescent Psychiatry provides up-to-date information on issues that affect children, teenagers, and their families. Languages: Spanish, German, French.

NH “Healthy Kids” Health Insurance
1-877-4NH-CHIP (1-877-464-2447)
Information and application for health insurance program for children.

The NH Dept. of Health and Human Services’ Bureau of Maternal and Child Health
1-800-852-3345, ext. 4517
Supports community agencies throughout the state that provide a variety of programs including family planning, prenatal, child health, adolescent, primary care, home visiting, and preschool vision and hearing screening services. Sliding fee scales are available at all agencies.
Home Care Association of NH
1-800-639-1949
Call for a directory of home care/hospice organizations around the state.

LaLeche League International
1-800-LA-LECHE (1-800-525-3243)
www.lalecheleague.org
Telephone counseling on breastfeeding, new mothers’ groups, and information on breast pump rentals and sales.

Medicaid, NH
1-800-852-3345—Department of Health and Human Services
1-800-735-2964—Telecommunication Devices for the Deaf (TDD)
Information on Medicaid program

National AIDS Hotline
1-800-342-AIDS (2437)

New Hampshire Childhood Lead Poisoning Prevention Program
1-800-897-5323
www.dhhs.state.nh.us/childlead
Part of NH Department of Health and Human Services. Information and referrals both about the health effects of lead and how to maintain lead-safe housing units.

NH Public Health HIV/AIDS Hotline
1-800-752-AIDS (2437)

Planned Parenthood of Northern New England
1-800-230-7526
Call for a referral to the nearest clinic. Affordable and high-quality reproductive healthcare services to women and men. Confidential services. Charges are based on a sliding fee scale.

NH Sexually Transmitted Diseases Hotline
1-800-228-0234

WIC – Women, Infants, and Children
1-800-WIC-4321 (1-800-942-4321)
Provides free food and nutritional education to pregnant women, new mothers, infants, and preschool children under age 5. There are income guidelines to obtain services.
New Hampshire SIDS Program
1-800-852-3345, ext. 4536
The NH Dept. of Health and Human Services’ SIDS Program offers information, support, and resources to families and care providers of infants suspected to have died of SIDS.

Safety

NH State Police
1-800-852-3411 – Emergencies ONLY!

Poison Control Center, New Hampshire
1-800-562-8236
Emergency advice about poisoning, and information on poisons.

Prevent Child Abuse NH
1-800-750-4494
(Monday through Friday, 8 a.m. to 5 p.m.)

Child Help National Child Abuse Hotline
1-800-4-A-CHILD (1-800-422-4433)
1-800-2-A-CHILD (TDD – hearing impaired)
Staffed 24 hours daily by professional crisis counselors who can help arrange local assistance. Children, troubled parents, individuals concerned that abuse is occurring, and others requesting child abuse information can call. Languages: 138 languages.

National Center on Child Abuse & Neglect (NCCAN)
1-800-394-3366
National clearinghouse on child abuse and neglect information.

NH Division for Children, Youth & Family
Statewide Intake Unit: 1-800-894-5533

NH HelpLine
1-800-852-3388 or 225-9000 (24 hours a day)
www.nhhelpline.org
The NH Helpline database contains over 6,000 resource entries, allowing you to use “keywords” to search for information and resources available within the state, a particular county, or town. Search for 24-Hour Emergency Health Care, Transportation, Food, Battered Women’s Shelter, etc.
US Consumer Product Safety Commission
1-800-638-2772

Injury Prevention Center
650-1780

**Parenting and Family Support**

*Child and Family Services of NH*
1-800-640-6486
E-mail: info@cfsnh.org
Social service agency providing a range of social and support services to strengthen family life.

*Parent Line*
1-800-640-6486
Advice line for parents: a place to call to discuss issues and concerns (through Child and Family Services of NH).

*Parent Link*
1-800-852-3388
Parental stress line.

*Parents Anonymous of NH*
1-800-750-4494
Telephone counseling and referrals to free and confidential self-help support groups for parents throughout the state. Parent-to-parent program. Free child care for parents who attend. (Monday through Friday, 8 a.m. to 5 p.m.)

*Compassionate Friends*
National Office: 630-990-0010
www.compassionatefriends.org
A voluntary, self-help organization of parents who are facing “the ultimate grief” with the death of their child. Regular meetings, newsletters, reading material, and 24-hour “telephone friends.”

*Family Strength*
**General Information and Referral: 1-877-444-0288**
In-home family preservation services. Crisis intervention, family counseling, and parent education. The service is time-limited and includes intensive family contact and 24-hour on-call availability.
Network New Hampshire – Family Resource Programs

Antrim: The Grapevine 588-2620
Center Ossipee: Families Matter in Carroll County 539-8223
Concord: The Children’s Place 224-9920
Concord: Heights Neighborhood Family Center 225-0832
Concord: Riverbend Parent-Child Centers 228-1551, ext. 3215
Dover: The HUB Family Support Center 749-9754
Gorham: Family Resource Center at Gorham 466-5190
Plymouth: The Whole Village Family Resource Center 536-3720
Portsmouth: Families First 334-6016
Rochester: Rochester Parent-Child Center 335-0207
Greenfield: F.A.C.T. Parent Child Connection Program 547-6681
Woodsville: The Community Resource Center 747-8108
Claremont: Alliance Parent Child Resource Ctrs. of Sullivan Co. 543-3781
Newport: Alliance Parent Child Resource Ctrs. of Sullivan Co. 863-7072
Londonderry: Londonderry Family Network 434-2298
Derry: The Upper Room, Education for Parenting Inc. 437-8477

Disability Services

Family-Centered Early Supports and Services (FCESS)
1-800-298-4321
Early intervention services for children from birth to 3 are available for children with a diagnosed developmental delay or who are at risk for a delay.

Easter Seal Society of NH
1-800-870-8728
Early childhood services available.

ATech Services
1-800-932-5837
Assistive technology information and resources provided to individuals and families affected by physical, sensory, communication, or cognitive impairments.

New Hampshire Family Voices
1-800-852-3345, ext. 4525
Financial assistance, community-based specialty clinics, and case coordination are offered through this state program for children with special healthcare needs, disability, or chronic illness.
Parent to Parent of NH
1-800-698-3465
Networks parents of children with special needs.

Parent Information Center
1-800-947-7005 or 224-7005
Information, support, and training around educational issues, including Individual Educational Plans (IEPs) and advocacy

NH Department of Education
1-800-339-9900
Responsible for ensuring that school districts provide a free and appropriate education for students with disabilities.

NH Area Agency System for Developmental Services
12 area agencies provide services to children and adults with developmental disabilities and their families.

Groveton: 1-800-862-8634
Manchester: 668-5423
Claremont: 542-8706
Portsmouth: 1-800-660-4103
Laconia: 1-800-870-7555
Dover: 749-4015
Bow: 1-800-499-4153
Atkinson: 893-1299
Keene: 352-1304
Conway: 1-800-290-0905
Nashua: 882-6333
Hanover: 643-5439

National Information Center for Children & Youth with Handicaps (NICHCY)
1-800-695-0285
www.nichcy.org E-mail: nichcy@aed.org.
National information and referral center that provides information on disabilities and disability-related issues. Languages: English and Spanish.

The National Center for Learning Disabilities
1-888-575-7373
www.ncld.org
Information and referral.
**Disabilities Rights Center**
1-800-834-1721
Provides legal services and advocacy assistance for persons with disabilities.

**Financial Aid**

**Consumer Credit Counseling Service of NH**
1-800-327-6778
Provides help to families having financial problems. Free, confidential, and professional counseling.

**NH Division of Human Services, Dept. of Health & Human Services**
State Office: 1-800-852-3345
Financial assistance, including Temporary Assistance to Needy Families, Aid to the Needy Blind, Aid to the Permanently and Totally Disabled, medical assistance, food stamps, child care, and child support enforcement services.

**Supplemental Security Income (SSI)**
1-800-772-1213
Financial assistance for eligible children and adults with disabilities.

**Welfare**
Contact town clerks, selectmen, or welfare officers at local town halls. Temporary financial assistance is provided for basic needs of persons who have no other resources and who qualify by residence. Referrals are made to agencies and community organizations for other services.

**Food, Clothing, Transportation, and Housing**

**American Red Cross**
Disaster relief – clothing, food pantry, housing and household goods, and classes on health topics including First Aid and CPR. The phone number of your local Red Cross chapter is in your phone book.
Community Action Programs
Programs include Headstart, Women, Infants and Children, Commodity Foods Distribution, Fuel Assistance, Weatherization, etc.

Belknap County – Laconia: 524-5512
Carroll County – Ossipee: 539-4165
Cheshire County – Keene: 352-7512
                Claremont: 542-6502
Coos County –   1-800-552-4617
Hillsborough County – Manchester: 668-8010 or 1-800-322-1073
Merrimack County – 225-3295
Rockingham County – Portsmouth: 431-2911
                Salem: 893-9172
                Raymond: 895-2303
                Seabrook: 474-3507
Strafford County – Dover: 749-1334
                Milton: 652-9893
                Rochester: 332-3963
Sullivan County – 542-2578

Food Stamps Hotline, NH
1-800-852-3383, ext. 4238
Through NH Department of Health and Human Services. Monday through Friday, 8:00 a.m. to 4:30 p.m.

New Hampshire Housing Finance Authority
1-800-640-7239 or 472-8623
Programs for low-income families include rental assistance and single-family home purchases below market mortgage interest.

Rideshare Program – New Hampshire Department of Transportation
1-800-462-8707
Dedicated to finding alternative ways for people to travel to and from work by providing ridematch information via Geographical Computer Matching. A match can be made using place of origin, destination, and similar work schedules. Personal information is kept confidential.
Salvation Army
Food, clothing, and other material and financial assistance to transients, individuals, and families living in the community who are unable to obtain immediate assistance from other public or private services. Counseling, information and referral services, social, educational, recreational, and religious programs for adults and children. The phone number of your local Salvation Army program is in your phone book.

United Way
www.unitedway.org
Help with housing, food, utilities, legal support, and other basic needs. The phone number of your local United Way is in your phone book.

WIC Nutrition Services and Commodity Supplemental Food Program (CSFP)
1-800-WIC-4321 (1-800-942-4321)
Provides free food and nutritional education for pregnant women, new mothers, infants, and preschool children under age 5. There are income guidelines to obtain services.

Jobs and Training
New Hampshire Job Training Council
1-800-772-7001
Provides a variety of job assessment, training, and placement services.

New Hampshire Employment Security
224-3311
Free public employment service through a statewide network of job and information centers. Providing a broad range of assisted and self-directed employment and career-related services, and labor market information for employees and the general public. One-stop, self-directed workforce development center.

NH Dept. of Education, Division of Vocational Rehabilitation
271-3471
Vocational rehabilitation provides counseling, diagnostic exams, testing, evaluation, training, education, physical restoration, job placement, and related services to individuals of working age impaired by physical, mental, or emotional disabilities.
Legal Aid

New Hampshire Legal Assistance
1-800-634-8989
Legal assistance in the areas of income maintenance (Welfare, Food Stamps, Social Security); landlord/tenant (including public housing and Farmers Home Administration); Health (Medicaid, Medicare); education; unemployment; and individual rights.

New Hampshire Public Defender Program
357-4891
Free legal representation to eligible indigent defendants charged with felony or misdemeanor offenses in state courts.

New Hampshire Bar Association
224-6942
Lawyer Referral Services
1-800-639-5290
For a small referral fee, this program will provide an attorney in your area who has experience in the area of law relating to your problem. You will receive a 1/2 hour consultation with the referred attorney at no additional cost. If you chose to hire an attorney, fees must be arranged between you and the attorney.

Pro Bono Referral Program
1-800-639-5290
Civil legal services to low-income persons through volunteer attorneys primarily in family law, but also in areas of consumer finance, bankruptcy, landlord/tenant, guardianship, and other matters.

Reduced-Fee Referral Program
229-0002
This program provides reduced-fee legal services for eligible clients whose income and assets may exceed financial guidelines for the Pro Bono Program, yet who cannot afford to pay an attorney’s regular rate.
Support for Kids

YMCA/YWCA
Refer to phone book for local listing. Programs differ for each location. Recreational activities, child care programs, programs for teens, physical activities.

NH Parents as Teachers
1-800-947-7005

Websites for Parents
www.healthfinder.gov/justforyou/infants.htm
Health topics and information on infants and kids through the Dept. of Health & Human Services. Links to other sites.

www.zerotothree.org/
National nonprofit organization’s information dedicated to the healthy development of infants and toddlers.

www.family.go.com
Educational family website.

National Parent Information Center
1-800-583-4135 (voice/tty)
www.npin.org
Clearinghouse of information for parents. Includes resource list of links to related websites.

www.state.nh.us
Official homesite of New Hampshire state government. Links to state services, businesses, and organizations.

www.parentsoup.com
Information from pre-pregnancy to parents of teens.
Glossary

advocacy  helping people get the services they need
bacteria  organisms in our bodies that can make us sick
benefits  healthcare services from your insurance company
blood type  not all types of blood match – a mix of blood types can cause problems
bowel movement  this is commonly called “poop”
breastfeeding  when a woman feeds her baby the milk in her breasts
Cesarean birth  surgery to deliver a baby
child development  how a child grows and changes
childproof  to make a place safe for young children
chronic  lasting for a long time
circumcision  surgical removal of skin from the tip of the penis
colic  uncomfortable cramps that make a baby fussy or cry
colostrum  special breastmilk a mother makes for the first 2 to 3 days after her baby is born
community health center  a health center that provides primary care services
concentrate  food or liquid that has had most or all of the water taken out
condoms  thin rubber or latex balloons that fit over a man's penis
consequences  what happens next. Consequences of going outside in winter without a hat, for example, will be that your ears will get very cold
constipation  when bowel movements are very hard and do not come regularly
convulsions  uncontrollable shaking or stiffness of the muscles
CPR (cardio–pulmonary resuscitation)  getting the heart and lungs working again after someone has stopped breathing
dehydrated  when the body does not have enough fluid; often caused by diarrhea or vomiting
diarrhea  very loose, watery stools (sometimes called “poop”)
digest  how food is broken down so it can be used by your body
discharge weight  how much your baby weighs when he or she leaves the hospital
evaluation  a test to see if your baby is growing normally
fluoride  element needed in small amounts to prevent tooth decay; sometimes added to water supply
folic acid  an important part of some foods that helps prevent spinal and other birth defects
foreskin  the loose piece of skin that covers a boy’s penis, which is removed if a boy is circumcised
formula  a powder or liquid food especially designed to help babies grow
eligible  meeting certain requirements for receiving services
genitals  the penis and testicles of a boy and the labia, clitoris, and vagina of a girl
growth spurt  a time of faster growth or development
health insurance  a plan that helps pay for healthcare
hemorrhoids  when parts of the lower intestine near the anus pouch out, either outside or just inside the anus
HMO (Health Maintenance Organization)  a healthcare plan of healthcare providers and other medical specialists that provides and/or pays for healthcare services and referrals
immunization  medicine given to protect your child from getting certain diseases
infection  an illness or condition caused by germs
jaundice  a problem caused by the liver not working right, when the skin and white part of the eyes look yellow
lactation consultant  a specially trained nurse who helps mothers with breastfeeding
lead poisoning  when a person eats, drinks, or breathes in too much lead
masturbation  good feelings when a boy touches his penis or a girl touches her clitoris and labia
pacifier  a rubber or plastic nipple that can comfort a baby
parenting education  classes for learning how to take care of and understand your child
phosphates  parts of a cleaning solution that are very strong
postpartum  the time after the birth of a baby
postpartum depression  feeling sad, hopeless, or even suicidal for a long time after your baby is born
premature  when a baby is born 3 or more weeks before the due date
premiers  money that is paid every month to buy your insurance
preventive  things that can be done so that illness, birth defects, or other bad things are avoided
primary care  the regular healthcare your child gets from a healthcare provider, such as immunizations, tests, treatments, and referrals
pumping  when a woman needs to gather milk from her breasts using a hand-held or motorized machine
qualify  meeting guidelines in order to get services
rectal  in the opening between the buttocks
referral  information and recommendation for services
reflexes  an inborn response to something
screening  testing for possible problems
SIDS (Sudden Infant Death Syndrome)  the unexplained death of a healthy baby
temperature  how hot or cold it is
smoke-free  living without any cigarette or cigar smoke in the house or workplace
testicles  the two small “balls” under a boy’s penis which make sperm
umbilical cord  a thick cord inside the uterus that carries food from a mother to her baby. When the umbilical cord drops off a few days after birth, what is left is the belly button
urination  letting liquid come out of the penis in a boy or from near the vagina in a girl (sometimes called “pee”)
uterus  a pear-shaped organ below the stomach, where a baby grows
well-child visit  regular visits to the healthcare provider when your child is healthy to prevent problems or treat them right away
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Editorial and Book Design: Linden Jackett
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Reminder for Well-Child Visits

Write in your child’s next check-up here.

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*Always remember to bring your child’s immunization record!*
Important Phone Numbers

Healthcare Provider or Clinic Name _______________________________
Phone Number _______________________________________________

If you change healthcare providers, write your new healthcare provider's name here.

Healthcare Provider or Clinic Name _______________________________
Phone Number _______________________________________________

Healthcare Provider or Clinic Name _______________________________
Phone Number _______________________________________________

Pharmacy____________________________________________________

Family member or friend to call in case of emergency

____________________________________________________________

Emergency 911
Poison Control 1-800-562-8236
Parent Link 1-800-852-3388
Parent Line 1-800-640-6486
SIDS Hotline 1-800-852-3345, ext. 4536 or 271-4536

Police _______________________________________________________

Fire ________________________________________________________
Dear Parents:

Congratulations on the birth of your child! As the mother of three daughters, I know that you are about to begin one of the most wonderful and challenging journeys of your life. No other work we do is as important as our work as parents.

Research shows that the most important time in your child’s development is the first three years. That is why we asked a group of New Hampshire professionals – pediatricians, child development experts, social workers and child care professionals – to put together for you this guide with the latest information on parenting and child development.

We hope you will find this guide an important and helpful reference in your new role as parents. In this guide, you can find answers to your questions ranging from your child’s first few days of life through your child’s school days. The guide also provides places for you to record important health information. Use it with your pediatrician to review your questions about infant care, nutrition, and other health care issues.

I would like to thank the Foundation for Healthy Communities for their leadership in this project, the members of my Kids Cabinet, and all of the other agencies and professionals who donated funds and time to make this book possible. My hope for your child, and all of New Hampshire’s children, is for them to grow up healthy, happy and ready to take on the world.

Very Truly Yours,

Jeanne Shaheen
Governor