

B3789-04

Preparing to Parent

PREPARING TO BRING BABY HOME

Ways to be a good parent

Talk with people about parenting. Other parents with young children, family members, and child care providers are excellent choices.

Link your child to great people, places, food, and health care. Be good to yourself. Eat well, get enough rest, go for walks, and take time for yourself.

The little things you do—talking, singing, reading, laughing—are important. Notice and respond to the wonderful things your child does. Enjoy!

Do your best every day, but remember that no parent is perfect. If you have a bad day, wake up the next morning ready to start again.

Love your baby!

Dad—Remember, this newsletter is for you, too. You are an important part of your baby's life, even now. By supporting your partner and planning to take an active role in your baby's life, you are doing your part.

Contents Ways to be a good parent 1 Congratulations! 2 Welcome to the world! 2 **Newborns are amazing!** 2 **Baby blues** 3 What do dogs and cats think? Q and A 4-5 **Baby carrier** 5 Health insurance 6 6 Family planning waiver Safe sleeping 6 Baby's first week: keeping Mom and baby healthy 7 What if my baby has special 8 needs? Hey! I asked for a sister! Can we send him back? 8 Parenting as a couple 9 Can fathers care for babies as well as mothers can? 9 Money tips Starting breastfeeding **Keeping medical records** 12 **Bottle-feeding your baby** 12 Clip-and-save tips for calming crying babies 13 **Wisconsin resources** 13 **Print resources** 14 Development at birth 14 Online resources 15



Congratulations!

Soon your baby will be here.

You may be imagining what your baby will be like. Will baby be a boy or a girl? Will he look like you? Will she cry a lot? Will you know what to do?

We hope this final newsletter in our series will answer some of your questions about becoming a parent. Sit down, relax, read, and enjoy! We wish you the best as you prepare to be a parent.

Welcome to the world!

Many cultures and religions have special ceremonies to welcome new babies. It may be a christening or a naming ceremony. It may be a bris, a dedication, or other gathering of loved ones. What does your family do?

Perhaps you would like to create your own celebration to welcome your child. Which people are most important to you and your baby? Maybe each person could write a wish for your baby. Or maybe you can have a group of close friends and family over. Ask each person to take turns holding the baby and talking about how they will help the baby grow.

Newborns are amazing!

Newborn babies can . . .

- recognize your voice.
- follow your face with their eyes as you move your head.
- enjoy looking at your face, especially your eyes.
- imitate some of the faces you make.
- hold on tightly to your finger.
- quiet themselves when upset.

Watch, listen, and learn from your baby. You will be amazed at what your baby can tell you.



Baby blues

As a new mother, you may feel wonderful or confused. You may cry at little things.

These feelings are a normal part of your body adjusting to the hormones of pregnancy and delivery. If you talk with other mothers, you may find out they felt this way too. Let those close to you know how you feel, as they will want to help.

If the "baby blues" lasts longer than two or three weeks, or if these feelings keep you from caring for yourself or your baby, let your doctor, nurse, or midwife know. You may have a more serious form of the baby blues called postpartum depression.

Depressed mothers may . . .

- feel very tired, but not be able to sleep.
- feel very worried, as if they are having a panic attack.
- feel hopeless, worthless, and sad.
- have crying spells.
- not feel close to their babies.
- have thoughts of hurting themselves or their babies.

Postpartum depression can begin after baby is born, or any time during baby's first year. If you are worried about how you feel, please talk to your doctor or nurse. Postpartum depression can be treated.

You need to feel good to take care of your baby.

Near-term warning signs of problems

Call your doctor or nurse right away if you have any of the following signs:

- Vaginal or other bleeding
- Vaginal fluid leaking
- Severe abdominal pain, especially in the middle and upper abdomen
- Severe headache
- Swelling, especially hands or face
- Vision problems
- Chills or fever
- Painful or greatly decreased urination
- Yellowing of eyes or skin
- Decreased or absent movement of your baby

Remember, if you have any questions or concerns, CALL your doctor, nurse, or midwife!

Dad—If you think your partner may be depressed, encourage her to get help. Depression can be hard on baby, Mom, and your relationship.





What do dogs and cats think?

If a pet is well trained and well cared for, it is seldom a danger to baby. Pet dogs and cats are usually curious and gentle around babies. A dog may even become protective.

Even so, introduce your pets to your baby carefully and slowly. Never leave your baby or young child alone with a pet, no matter how gentle and well-behaved the animal.

The most common problem caused by pets is allergic reaction. Washing and brushing your pet regularly may help prevent allergic reactions in baby.

Dad—You could bring baby's blanket or dirty clothes home from the hospital so pets can get used to the new family member's scent before the baby arrives. If baby's scent is familiar, then baby won't be such a stranger.



"Can I get pregnant while I'm breastfeeding?"

Yes, you can get pregnant while you are breastfeeding. Although breastfeeding may reduce the probability of you getting pregnant and cause you not to get your period, it is not a reliable form of birth control.

Talk with your nurse or doctor if you are interested in birth control. For your health and the health of your baby it is best to wait more than 12 months before you get pregnant again.

"What will my baby want?"

Your baby wants **you!** Babies like...

Looking—Babies love to look at your face and see you smile. Watch how baby responds to you. Make the faces your baby makes, and your baby may make them back!

Listening—Talk to your baby about what is going on around you and what you are doing. Speak in a gentle voice. Sing songs.

Being close to you—Hold, hug, and kiss your baby. Little babies cannot be spoiled. Hearing your voice and being close to you helps your baby feel loved. Studies show that holding babies for more hours each day causes them to cry less.

Knowing you are there—Respond quickly to your baby's cries. Baby will feel more secure knowing you are there. When little babies are responded to quickly they stop crying sooner.

Being read to—Ask for simple books as presents. Even little babies like hearing parents' voices. Reading to baby is a good way of making books a part of baby's life from the get-go.

Taking a break—Babies may turn away when they get too excited. That's okay. That is the way babies take a break and calm themselves. Give baby some time. Soon he or she will look back and be ready to play again.

"YIKES! How do I take care of a baby?"

For now...

Learn the basics. How do you bathe a baby? Feed a baby? Change a diaper? Ask your doctor or nurse, your parents, and other parents. Read. Take a parenting class. Some clinics, hospitals, and libraries have DVDs you can check out.

Spend time with babies. Find someone with a baby and spend time with them. Watching other moms and dads with babies will help you learn about babies. Chances are, after you spend time with babies and their parents you will be able to say, "Hey! I can do this!"

Bringing Baby Home

Later...

Ask for help. Ask someone with experience to help you the first few times you feed, diaper, and do other baby care. Ask for help in the hospital or from your home visitor.

Spend time with your baby. Ask your friends and family to help you with laundry, shopping, cleaning the house, or meals. This gives you and your partner a chance to get to know your baby. If someone offers help, say *yes*!

"Can baby sleep in my bed?"

Around the world many babies sleep in their parents' bed. But studies of co-sleeping have found this to be unsafe.

Babies can die from falling off a bed or from lack of air when they are covered by a pillow or blanket, or when adults roll over on them. This is why the American Academy of Pediatrics now warns parents to avoid sleeping in the same bed with baby. It isn't safe. In addition, babies who frequently sleep in the same bed with an adult have more disrupted sleep, which may be stressful for them.

A safer way

A great idea is to move baby's crib or bassinet right against your own bed. That way you and the baby feel close, but baby sleeps in a safe place. Baby is also close for nighttime feedings. And this sleeping arrangement reduces the risk of Sudden Infant Death Syndrome (SIDS).

What makes co-sleeping dangerous?

- Soft pillows and blankets can stop a baby's breathing. Babies have also suffocated on water beds and on sheepskins.
- Babies can roll off the bed, or roll between the bed and the wall or headboard.
- Baby can get trapped under or between adults.
- When adults drink alcohol, use drugs, or smoke, babies are more likely to die either from suffocating in the bed or falling out of the bed.

Baby carrier

Around the world moms and dads have many ways to carry their babies close to their bodies. A soft front pack or sling may help you and your baby feel close. Babies cry less when carried in a sling or soft baby carrier (front pack).

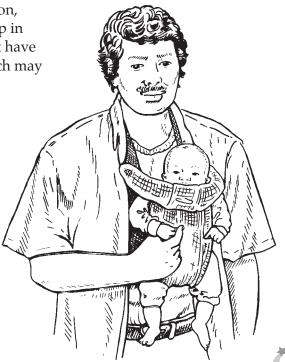
You may need to try a few before you find one that is comfortable. Borrow one from a friend to try it out.

"I carried our baby in the front pack around the house and when we were out around the town. She seemed to really like being close to me."

— Amy, mom to Gabrielle

"I carried my daughter around the house at nights in the front pack. It really seemed to help when she was crying or crabby. And it gave my wife a break."

—Chris, dad to Elisabeth



Health insurance

Remember to call your insurance company after your baby is born. They will need to know you have a new family member.

If you do not have health insurance, you may qualify for a special program that provides insurance for children. Ask your doctor or nurse for more information, or call your health department (listed in the government pages of your phone book). You can also find more information and apply for services online at www.dhs. wisconsin.gov/badgercareplus.

Family planning waiver

Wisconsin women, aged 15 through 44, can now receive free family planning services and supplies through the Wisconsin Family Planning Waiver Program. The goal of the program is to help lowincome women avoid unplanned pregnancies. Women can sign up for this program at any local family planning clinic. More information on the Family Planning Waiver Program is available at www.dhs.wisconsin. gov/dph_bfch/MCH/ familyplanning.htm.You can apply for the program online at https://access.wisconsin.gov.

Safe sleeping

Always put your healthy baby to sleep on his or her back. This helps reduce the risk of Sudden Infant Death Syndrome (SIDS). Do this for naptime and nighttime.

This advice is new! Your mother was probably told that babies should sleep on their tummies. Now doctors and nurses have learned that fewer babies will die of SIDS if infants sleep on their backs.

When your baby is awake, give him time to play on his tummy. This helps him grow, and lets him look at his world in a new way.

Make sure everyone who watches your baby knows that baby needs to sleep on his or her back. This includes babysitters, child care providers, friends, and family members. Explain that we now know that having baby sleep on his or her back is very important. Your baby's doctor or nurse may have some information you can share with others.

Here are some more safe sleeping tips

Do . . .

- Use a firm mattress that fits tightly into a safe crib. (See "Choosing a crib" in issue two of this series.)
- Remove all pillows, quilts, comforters, bumper pads, blankets, sheepskins, stuffed toys, and other soft things from baby's crib to avoid suffocation.
- Dress baby in a sleeper or other sleep clothing instead of using blankets.
- Make sure your baby's head remains uncovered during sleep.

Do not ...

- Have the room too warm.
- Put too many clothes on baby.
- Place baby on a water bed, couch, soft mattress, pillow, or other soft surface to sleep.

Baby's first week: keeping Mom and baby healthy

Two or three days after leaving the hospital . . .

- Take baby in to the doctor or nurse to be weighed.
- Check the color of your baby's skin. Babies who are too yellow need to be seen by a doctor or nurse. These babies may have a serious condition called jaundice. Jaundice is treatable and should be treated right away.
- Soothe sore breasts. Your breasts may feel warm, full, and tight (engorged). This is because your breasts are producing more milk for your baby. Breastfeeding often can make you feel more comfortable. Cool, wet cloths or ice packs may also feel good.

When baby is five to seven days old, check:

- Does baby breastfeed at least eight times a day?
- Does baby have at least four bowel movements a day?
- Is breastfeeding going well for Mom?
- Does baby look good?
 Does baby's skin color look healthy—not pale, yellow, or ashy?

If you answer no to any of these questions, call your baby's doctor or nurse. You may need to get some extra help.

Baby's health

In their first few weeks and months, being sick can be very bad for babies. A fever above 100.4°F may mean that your baby is very sick. You should learn in the hospital how to take baby's temperature.

Other signs that can mean your baby is sick

- Not eating as usual
- Being more fussy than usual
- Being more sleepy than usual
- Changes in breathing

Call your baby's doctor or nurse with any concerns you have.

Washing hands is the best way to prevent illness. Wash your hands often with soap and hot water, especially after changing diapers, using the toilet, or petting the cat or dog. Ask others to wash their hands before holding your baby. Try to keep sick people away.

Babies cannot receive the **flu shot** until they are six months old, but pregnant and breastfeeding women and other family members can be vaccinated so they don't get the flu and pass it to the baby.

Mom's health

Remember, breastfeeding mothers need more calories, plenty of healthy liquids, and extra rest.

As you recover from childbirth, call your doctor or nurse with any concerns about your body. Call or be seen if you have a fever, bleeding that concerns you, one-sided leg swelling, blues, depression, or other concerns. Pelvic rest (no sex or tampons) is recommended for at least four weeks. A clinic check-up is recommended six weeks after delivery. Your baby needs a healthy mother!



What if my baby has special needs?

If your baby has special health care needs, you are not alone. About one in 13 children, aged birth to five years, has special needs. Being a new parent is challenging, but being a parent to a baby with special needs may seem overwhelming. You may feel strong emotions—such as anger, sadness, or fear which is a normal reaction to an unexpected and challenging life event.

What should you do? Ask your baby's doctor how to find services for your family. The American Academy of Pediatrics website (www.aap.org/ healthtopics/specialneeds.cfm) may help you find resources.

Wisconsin First Step is a statewide information and referral hotline that serves Wisconsin families with special needs children. The hotline, (800) 642-7837, is available 24 hours/day, 7 days/week. In addition, there are five Regional Centers in Wisconsin for Children and Youth with Special Health Care Needs that provide resources, parent support, and links to local community agencies. Check out their website at www.mch-hotlines. org/?id=4578&sid=33.

Joining a parent group will give you a chance to talk with other parents who have babies with similar needs.

Hey! I asked for a sister! Can we send him back?

Chances are, your older children will be very excited to meet their new brother or sister. If the hospital allows, have them visit to meet the new baby. Your children will be glad to see you and know that you are okay.

When baby comes home, be sure to give your other children special attention. Because you will be busy with baby, this can be hard to do! Maybe you can ask a friend or family member to take a turn with baby, so you can spend time with your other children.

When they see the baby getting so much attention, young children may start acting like babies again. Children who were potty-trained may begin wetting their pants again. Or children who have given up bottles or breastfeeding may want to start again when they see the new baby feeding. Your children may

Here are some ideas that might help

Think of ways older children can help. This can make them feel important.

Have a special bag of toys or an activity for your older child to play with when you feed the baby. Or read to your other children when baby is eating. They can help hold the book and turn the pages.

Ask other parents what they do. When family and friends come to visit the newborn, make sure everyone pays attention to the older children, too.

Do not leave a child under the age of four alone with the baby.



baby.

Parenting as a couple

Most couples find that having a baby changes their relationship. Becoming parents can be a time of great love and joy. It can also be a time of worry and stress. It may be hard to find time for yourself. It may be hard to find time for you and your partner.

Take time now, before the baby is here, to talk about concerns or worries you may have.

Having a new baby will change a lot around your house. In addition to taking care of baby, all that other work will still need to be done. To make daily life easier when baby is here, take time to talk now.

Who will ...

- Go grocery shopping?
- Cook dinner? Clean up after?
- Change diapers?

- Get up in the night? Get to nap?
- Do laundry?
- Clean the house?

You may make other choices later. But it is good to start talking now. Can friends or family help?

When the baby gets here, remind yourselves that parenting is hard work! Be patient with each other.

It helps to ...

- Take time each day to talk with your partner.
- Work on being a good listener for your partner.
- Ask for help from others.
- Remember the little things such as giving hugs and saying "thank you" and "I love you."



Money tips

- Avoid paying late fees. With a new baby your routines may be thrown off, but your bills will keep coming. If bills are paid late you will be hit with late fees. Set up a time each week to pay bills.
- Review your beneficiaries.
 Update any financial accounts, investments, retirement plans, and life insurance policies when your child is born.
- Ask for gifts of savings. For holidays and birthdays, ask grandparents to contribute to savings accounts. One idea is to create a college savings account for your child's future. Another idea is to purchase U.S. Savings Bonds, which have no fees, are guaranteed by the government, and don't require a bank account.

Can fathers care for babies as well as mothers?

What if moms have special "maternal instincts" that dads don't have?

Researchers have looked for maternal instincts that might help mothers more than fathers. In one study they used medical equipment to test whether mothers' and fathers' bodies reacted differently to tape recordings of babies' cries. No difference.

In another study they videotaped mothers and fathers in the hospital with their newborn babies to see if mothers were more sensitive in how they held and talked to baby. The answer: no difference between fathers and mothers.

With some families that were bottle-feeding, the researchers measured whether mothers or fathers got the baby to drink more. The answer: no difference.

It looks like men have the same instincts for parenting that women do. Of course, there are big differences between people in how they care for babies, but some of these are due to differences in what they have learned. If they try to learn, men can be just as good with babies as women.

"The first few days of breastfeeding were harder than I thought. I was glad that I had gone to a class with my husband so he could help me out those first few days. The lactation consultants and nurses at the hospital were also great! They helped me get started and answered all my questions. Even after I got home I called them a few times."

—Kristine, mother of Daphne and Spencer

"We went to a breastfeeding class together. I didn't think I needed to go, but I did."

—John, expectant father

Dad—What do you think about having a breastfed baby? The first few days and weeks of breastfeeding are hard for some parents. Knowing what to expect can make this time easier.

Starting breastfeeding

Most mothers in the United States try breastfeeding. Even breastfeeding for only a short time can help your baby be healthier.

When your baby is born your body will make breast milk. Even if you do not plan to breastfeed, you can feed this breast milk to your baby.

Here are some tips to help you get started

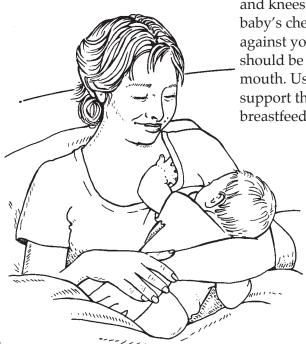
Get help. The hospital's lactation consultant or nurse can help you the first few times you breastfeed your baby. Before you leave the hospital, get the phone number of someone you can call when you have questions about breastfeeding. You can also ask your doctor or nurse, a public or tribal health nurse, the La Leche League (www.lalecheleague.org), or a WIC (Women, Infants, and Children) clinic (www.fns.usda. gov/wic).

Breastfeed your baby as soon as possible after birth. Inform hospital staff of your plans to breastfeed. Ask to breastfeed baby soon, within the first hour after birth, if possible. Just after birth your baby will most likely be alert and interested in breastfeeding. The first few days after birth your body produces colostrum, a special kind of thick milk that is very good for your baby. Your first breast milk may be yellowish, orange, or clear. This is normal.

Take time to relax. Find a comfortable place to breastfeed your baby. It may be easier to breastfeed lying down or sitting in a chair with a footstool and pillows to help you hold the baby in a comfortable position. When you are relaxed your body's natural "let down reflex" releases the milk.

Use a good breastfeeding position.

Turn your baby's face, tummy, and knees toward you. Your baby's chest should be pressed against your chest. Your nipple should be well inside baby's mouth. Use pillows to help support this position during breastfeeding.



Bringing Baby Home

Help baby latch on effectively.

Your baby needs to have your nipple and about one inch of the darker skin around your nipple ("areola") in the mouth. To do this your baby's mouth needs to be wide open. First get in a good feeding position. Then touch your baby's cheek with your hand or nipple. Next tickle your baby's lips with your nipple, and the baby's mouth will open. When baby's mouth opens wide, move baby's mouth quickly onto your breast. Be patient with baby. It may take a few tries to latch on.

Listen to your baby. You will know your baby is getting your breast milk if you hear baby swallowing. Babies will suck several times in bursts, then pause. Your baby may even pull away from your nipple, pause, and want to return to breastfeeding. This is normal.

Breastfeed your newborn every 1½ to 3 hours. This will mean you are breastfeeding 8 to 12 times in 24 hours. Babies need to feed this often because their stomachs do not hold a lot of milk. The more often you feed your baby, the more milk you will make. As

babies get older they do not need

Breastfeed before baby cries.

to feed as often.

Crying is not the only way that babies tell us they are hungry. It's best to feed your baby before crying begins.

Watch for hunger signs. A hungry baby may make sucking noises, put his hand in his mouth, and turn towards whoever is holding him. When your baby does these things, it is time to try feeding.

Breastfeed until baby is finished.

Babies tell us they are full by pushing away, falling asleep, arching their backs, or stopping sucking. Some babies are quick eaters, while other babies take their time. Don't be surprised if a feeding takes 30 minutes or more.

Stick to breast milk. During the first few days and weeks it is best to stay away from giving your baby formula, pacifiers, juice, or water unless these are recommended by your doctor for a specific problem. Baby will be getting used to breastfeeding, and sucking or drinking from a nipple other than yours may be confusing.

Keep track of baby's diapers. This helps you keep track of whether baby is getting enough breast milk. Keep a pencil and paper near the diapers and record baby's bowel movements. By the end of the first week your breastfed baby should have at least four bowel movements a day. These will be yellow and loose. If baby still has fewer than four bowel movements a day by the end of the second week, call your baby's doctor or nurse.

Take this time to watch and listen to your baby. You will be learning about breastfeeding together.

If breastfeeding hurts, ask for help. Breastfeeding is not supposed to hurt. There are simple things you can do to make breastfeeding comfortable.

Take care of yourself. Rest often and drink at least six to eight glasses of healthy liquids a day. Water is a good choice. Nap when baby naps, if possible.

Collecting and storing breast milk safely

When Dad takes his turn at night feedings, or Mom returns to work or school, make sure expressed breast milk stays safe for baby.

Wash the breast pump or milk container in hot, soapy water, rinse with clear water, and air dry.

Wash your hands before expressing breast milk.

Use hard plastic baby bottles.

Wash bottles and nipples in warm, soapy water. Rinse with clear water. Allow to air dry. Concerns have been raised over the possible harmful effects of the chemical BPA (bisphenol A), used in many hard plastic baby bottles. Concerned parents can reduce their baby's exposure to BPA by purchasing bottles certified as BPA free, or by avoiding clear plastic bottles with the number 7 and the letters PC on them. Also, never boil plastic baby bottles since this can release BPA from the plastic.

Store just enough breast milk for one feeding in each clean sterile bottle or disposable nurser bag. Do not overfill. Discard what baby does not finish at one feeding.

Store breast milk up to 48 hours in the refrigerator at 40°F or colder, two weeks in the refrigerator freezer (at the back), or up to four months solidly frozen in a self-contained freezer. Label with the date and use older milk first.

Thaw frozen breast milk overnight in the refrigerator. Do not boil or microwave.

Keeping home medical records

It is a good idea to keep records of your family's medical information. You will need these records if you change doctors or move, and also when your child starts school.

What do you need for your records?

- 1. Each family member's current health information, such as any health problems, medications, or allergies.
- 2. Medical history of your family, including previous surgeries.
- 3. Immunization records with dates of childhood vaccinations, boosters, etc.
- 4. Current names and phone numbers of each family member's doctors.

Bottle-feeding your baby

If bottle-feeding your baby with breast milk or infant formula. remember to . . .

Boil and then cool water for formula. Or talk to your baby's doctor or nurse about other kinds of safe water. Do not use hot water from the tap to make formula. (See "Safe water" in issue one of this series.)

Always use fresh breast milk or formula to feed baby. If your baby does not finish the bottle, throw the rest away. Breast milk lasts up to 48 hours and formula lasts up to 24 hours when refrigerated, but less than one hour at room temperature. Babies can get sick from drinking old breast milk or formula.

Warm the bottle in warm water.

Do not heat a bottle in the microwave; hot spots in the milk can burn your baby's mouth.

Check temperature before feeding baby. Shake a few drops on the back of your hand. If this feels just warm to the skin, it is right

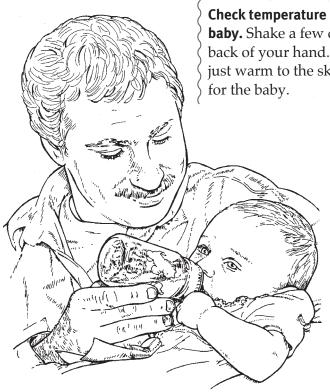
Never put cereal in your baby's **bottle.** Infant cereal should be given with a spoon. Your baby will be ready for cereal by four to six months of age. At this age, your baby's stomach can digest it. Why cereal for the first solid? Because it provides vitamins and minerals your baby needs, and most babies aren't allergic to cereal.

Always hold your baby's bottle.

Do not prop it. Propping a bottle can cause your baby to choke.

Make feeding time a cozy time.

Hold your baby, sometimes with the head to the left, sometimes with the head to the right. Let your baby see your face. Feeding is more than food; it is a special time to spend with your baby.



Clip-and-save TIPS for calming crying babies

Check...

- **Is baby hungry?** Newborns need to eat a lot! A baby who ate only an hour ago might be hungry again.
- Does baby need to burp?
- Does baby's diaper need changing?
- Is baby's skin cold or hot?
- Are clothes bunched up or twisted? Some babies are bothered by these things.
- **Is baby lonely?** If baby calms when you pick him up, he missed you! Baby's need for closeness is very real.
- Did baby startle herself? Baby may move suddenly, get startled, and cry.
- **Is baby in pain?** Baby may be ill or uncomfortable because a pin is pricking her or because her clothes have sharp tags or zippers.

Try . . .

- Sounds. Steady, low sounds may help calm your baby.
 Singing or the sounds from a vacuum cleaner, radio, fan, or running water may be soothing.
- Holding baby close or swaddling. Snuggle baby close to you. Most (but not all) babies like this. Baby may feel more secure wrapped in a light blanket, or swaddled. Ask the nurse at the hospital to show you how to swaddle your baby.

- Movement. Some babies are comforted if you rock or walk while holding them. It may help to use a front pack, sling, or swing. Some babies enjoy a car ride in their car safety seat.
- A pacifier. Sucking on a pacifier may soothe your baby. For breastfeeding babies, wait until baby is a few weeks old before offering a pacifier.

Remember, you cannot spoil a baby with too much love and holding.

If you try all these and nothing works, talk to someone.

Call . . .

- A friend
- Baby's doctor or nurse
- The family resource center

Ask someone you trust to give you a break. Or put the baby down in a safe place—the crib or bassinet—and take a break where you can still hear your baby.

Never shake a baby!

Even gentle shaking can cause permanent damage, especially to baby's brain. Shaking a baby can cause blindness, deafness, and even death.

Make sure that everyone who cares for your baby knows this.

Keep this list of tips on your refrigerator.

Wisconsin resources

Wisconsin Maternal & Child Hotline

Offers referrals to services and resources for families before, during, and after pregnancy. (800) 722-2295

Public Health Information and Referral Services for Women, Children, and Families

Provides Resource House, a searchable database of more than 3,000 programs and services for women, children, and families. www.mch-hotlines.org

Wisconsin Tobacco Quit Line

Presents free, practical guidance to help stop smoking. (800) 784-8669 (877) 266-3863 (Spanish) www.ctri.wisc.edu/quitline2.html

Wisconsin Women's Health Foundation First Breath Program

Gives information and support to help pregnant smokers quit smoking. (800) 448-5148 www.wwhf.org/pg_firstbreath_2. asp

Child Care Information Center

Offers free materials for parents on how to select and pay for child care. Available in English and Spanish.

(800) 362-7353

dpi.wi.gov/ccic/mat_parents.html

Supporting Families Together Association Child Care Resource & Referral Agencies

Helps parents find child care and assess child care settings. (888) 713-4537 www.supportingfamilies together.org/CCR_R.html

The Wisconsin Department of Health Services

Provides information on popular programs and websites. www.dhs.wisconsin.gov

Print resources

Denise and Alan Fields's *Baby Bargains* (2009) offers advice on what to buy and what not to buy.

Kathleen Huggins's *Nursing Mother's Companion* (2010) is a great breastfeeding resource.

Arlene Eisenberg's *What to Expect When You Are Expecting* (also available in Spanish) covers various topics relating to early pregnancy (2008).

Penelope Leach's *Your Baby and Child: From Birth to Age Five* (also available in Spanish) covers health and child development from the start of life (2010).

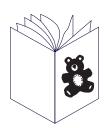
La Leche League International's (www.lalecheleague.org)

Womanly Art of Breastfeeding (2010) presents friendly, easy-to-read, factual information (also available in Spanish).

Mayo Clinic Guide to a Healthy Pregnancy (2004) provides information on pregnancy, childbirth, and your newborn.

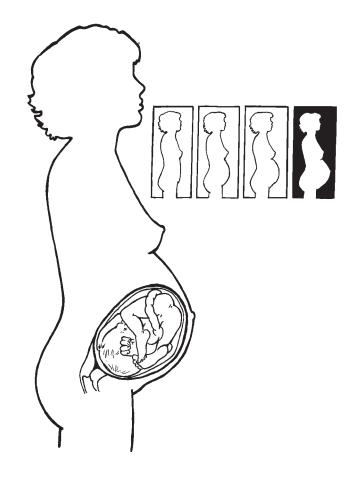
American Academy of Pediatrics, Caring for Your Baby and Young Child: Birth to Age 5 (2009).

Harvey Karp's The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Sleep Longer (2002).



Development at birth

What is baby doing now?	What is baby feeling now?	How is Mom feeling?	What can partners do?
When born, baby likes to look at your face the most. She also likes to look at bright colors, mirrors, and patterns. If you touch her palm, she may grab ahold with surprising strength!	A newborn baby feels comforted when you hold her close and talk softly to her. Babies who are held more tend to cry less. Loud noise, bright light, and rough handling can scare baby.	In the days after giving birth, Mom may feel everything and feel it strongly! She may feel sore and tired, and in the next minute thrilled. She may feel afraid or blue, ready to cry for no reason at all, then feel proud and on top of the world. Enjoy these strong feelings if you can. Your life will soon become steadier	You will have strong feelings of your own, much like Mom's. Some partners also feel a need to work extra hard at their jobs in the weeks after baby is born, making sure the family income is OK. But try to take some time off to help at home. Mom really needs you, too.



Bringing Baby Home

Online resources

American Academy of Pediatrics

Offers books and advice on child health and development, immunizations, and safety. www.aap.org

Child Care Aware

Offers help finding and paying for safe and healthy child care. (800) 424-2246 www.childcareaware.org

Consumer Products Safety Commission

Offers safety alerts and recalls. Spanish help is available weekdays. (800) 638-2772, www.cpsc.gov

La Leche League

Provides breastfeeding resources. Look here to find local mother-to-mother support, good books in English and Spanish, and breastfeeding advice in many languages. www.lalecheleague.org

March of Dimes

Provides information on pregnancy health and on preventing birth defects. (914) 997-4488 www.marchofdimes.com www.nacersano.org (Spanish)

Wisconsin Tobacco Quit Line

Presents free, practical guidance to help stop smoking. (800) 784-8669 (877) 266-3863 (Spanish) www.ctri.wisc.edu/quitline2.html

WIC—Women, Infants, and Children

Provides nutritious food, advice on healthy eating, and referrals to health care for women, infants, and children up to age 5. www.fns.usda.gov/wic, or call directory assistance for the phone number of a local office.

MyPyramid for Moms

Helps you plan healthy meals for you and your baby. www.choosemyplate.gov/ mypyramidmoms/index.html

text4baby.org

This free mobile text messaging service provides information for pregnant women and new moms.

Centers for Disease Control and Prevention

Provides information on preventing problems during pregnancy www.cdc.gov/ncbddd/pregnancy_gateway/during.html

Mayo Clinic website

Provides information for a healthy pregnancy and answers many questions you may have.
www.mayoclinic.com/health/
pregnancy-week-by-week/
MY00331

Most libraries have a computer you can use.

Want more newsletters?

In some communities you will continue to receive newsletters for new parents. If not, you can sign up to receive the newsletters by email each month at http://parenting. uwex.edu, or you can find good ones at "Just in Time" Parenting Information, www.parentinginfo.org.

Select the newsletter for your baby's age in months; they are also available in Spanish.

Credits

Authors: Marguerite (Peg) Barratt, dean and professor, Columbian School of Arts & Sciences, George Washington University, Washington, D.C.; Kari Morgan, assistant professor of child & family studies, University of Wyoming; David A. Riley, professor of human development and family studies, University of Wisconsin-Madison and UW-Extension, and Carol Ostergren, child development specialist, University of Wisconsin-Extension. The authors thank an anonymous donor to the Child Abuse Prevention Fund of Milwaukee, whose support contributed to the production of this publication. Cooperative Extension publications are subject to peer review.

Advisory committee: Michelle Bailey, public health nurse, Burnett County Department of Health; Bev Baker, family living educator, Racine County UW-Extension; Laura Berger, public health nurse, Madison Department of Public Health; Colleen Cantlon, Wisconsin Bureau of Family and Community Health; Michael Collins, assistant professor, Department of Consumer Science, University of Wisconsin-Madison; Mari E. Douma, associate professor, Department of Pediatrics, Michigan State University; Lee Dresang, associate professor of family medicine, University of Wisconsin-Madison; Sara E. Gable, Department of Human Development and Family Studies, University of Missouri; Kate Gillespie, maternal/perinatal nurse consultant, Wisconsin Division of Public Health; Mary Gothard, Joseph Schirmer, Reghan Walsh and Anthony Zech, Wisconsin Department of Health Services; Patti Herman, family living educator, Columbia County UW-Extension; Michelle Johnson, associate outreach specialist, Nutritional Science Department, UW-Madison/Extension; Kelli Jones, public health nurse consultant, Southeast Regional Department of Health and Family Services; Dori Schattel, health writer, Madison, Wis.; Rachel Schiffman, associate dean and professor, College of Nursing, UW-Milwaukee; Michelle Snyderman, pediatrician, All Saints HealthCare, Racine, Wis.; Deborah Strong, executive director, Michigan Children's Trust Fund.

Copyright © 2011 by the Board of Trustees of Michigan State University and the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Extension division of Cooperative Extension. All rights reserved. For copyright inquiries, contact Manager, Cooperative Extension Publishing, 432 N. Lake St., Rm. 231, Madison, WI 53706; pubs@uwex.edu.

Ilustrations: Nancy Lynch.

Produced under joint agreement with Michigan State University by Cooperative Extension Publishing, University of Wisconsin-Extension.

To order, call toll-free (877) 947-7827 (WIS-PUBS) or visit our website, learningstore.uwex.edu.



Copyright © **2011** by the Board of Trustees of Michigan State University and the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Extension division of Cooperative Extension. All rights reserved. For copyright inquiries, contact Manager, Cooperative Extension Publishing, 432 N. Lake St., Rm. 231, Madison, WI 53706; pubs@uwex.edu.

University of Wisconsin-Extension, Cooperative Extension, in cooperation with the U.S. Department of Agriculture and Wisconsin counties, publishes this information to further the purpose of the May 8 and June 30, 1914, Acts of Congress. An EEO/AA employer, the University of Wisconsin-Extension, Cooperative Extension provides equal opportunities in employment and programming, including Title IX and ADA requirements. If you need this information in an alternative format, contact Equal Opportunity and Diversity Programs, University of Wisconsin-Extension, 432 N. Lake St., Rm. 501, Madison, WI 53706, diversity@uwex.edu, phone: (608) 262-0277, fax: (608) 262-8404, TTY: 711 Wisconsin Relay.

This publication is available in English or Spanish (Preparación para ser padres, B3789S) from your county UW-Extension office (www.uwex.edu/ces/cty) or from Cooperative Extension Publishing. To order, call toll-free (877) 947-7827 (WIS-PUBS) or visit our website, learningstore.uwex.edu.

Preparing to Parent: Preparing to Bring Baby Home B3789-04 R-10-2011

