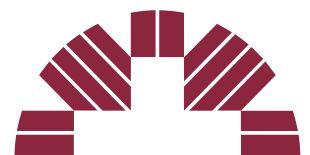


Newborn Care



MOUNT CARMEL



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Your Newborn

Preparing for Your Baby

Becoming a parent is a new journey with big responsibilities. Many first-time parents are nervous, but learning what to expect and how to care for your newborn can help you feel more confident. To help prepare:

- **Take classes** to learn about childbirth and newborn care. If you plan on breastfeeding, it is highly recommended that you take a breastfeeding class by a board-certified lactation consultant to help get you off to a good start.
- **Find a pediatrician** before the birth of your baby. It's a good idea to start looking a few months before your baby is due. Be aware that many times, a hospital pediatrician will examine and care for your baby during your hospital stay. You will take your baby to the pediatrician of your choice after you go home.
- **If you have a boy, think about whether you want him to be circumcised.** This procedure is typically done in the hospital. The pediatrician will ask if you want your son to have this procedure and answer any questions.
- Although there are countless baby items available, the main things you will need for your newborn are lots of diapers, a car seat, and a safe sleeping space, such as a crib or bassinet.

What to Expect in the Hospital

After Delivery

After birth, how soon you will be able to hold your baby depends on the type of delivery and the health of you and your baby. The goal is to place your baby against your bare chest right after birth, called "skin-to-skin" care. Your baby will be dried and examined while you hold them.

There may be times when you or your baby need medical care and you cannot hold them right away. Although immediate skin-to-skin care with mom is preferred, the most important thing is the health of you and your baby.

Your baby will likely be wide awake and alert right after birth. This is a great time to get acquainted! Softly talk to your baby and gently stroke their skin. The physical closeness of being skin-to-skin not only keeps your baby warm but also creates an emotional bond.

While in skin-to-skin care, your baby may try to suck and show signs that they want to breastfeed.

Your baby will be examined and have certain procedures after birth. Some things need to occur soon after delivery, and other things will be done later. The doctors and nurses will answer any questions you have.

Routine newborn tests and procedures:

- Antibiotic eye ointment
- Vitamin K
- Weight (will be checked after birth and daily)

- Hearing test
- Congenital cardiac screening
- Newborn metabolic screening
- Hepatitis B vaccine

Your baby may need other tests, such as to check their blood sugar or bilirubin level (jaundice).

Your baby will have a bath, but it is usually delayed until after your baby has fed well (12 to 24 hours).

Rooming in is encouraged in the hospital to help you learn your baby's feeding cues and sleep cycles. It's a good idea to limit visitors these first days. Give yourself a chance to rest, bond with your baby, and learn important skills, such as breastfeeding.

Your Newborn

Your newborn may not look like you expect right after they are born. The journey from womb to world takes hard work, and your baby's appearance may reflect that.

Your baby will change each day, and usually the swelling and marks from birth go away quickly. Your baby's pediatrician will let you know if there is anything that needs treatment. There are many normal findings that you may see on your baby, including:

- **Vernix:** a white, pasty material on baby's skin
- **Lanugo:** fine, soft hair on the face and body
- **Head molding:** caused by the head going through the birth canal, giving it an elongated shape
- **Milia:** tiny, whitish spots on the nose and chin

- **Stork bites:** harmless red marks found on the eyelids, neck, brow, or nose
- **Mongolian spots:** darker-pigmented areas that are often seen on the lower back or buttocks
- **Infant rash:** a harmless rash that will go away without treatment, usually within a week or so

Senses

Your baby's senses are present at birth, although some may be more developed than others. During your baby's first months of life, they develop and learn about the world around them. Although they don't make sounds or words at first, they are learning about language by listening to you. It's never too soon to read, sing or talk to your baby.

Vision: Your baby's eyesight is not fully developed at birth, so they will see best from about 8 to 12 inches. Crossed eyes are normal until the muscles in your baby's eyes get stronger. At around 2 to 3 months, your baby will have more control over their eyes and their ability to focus will improve.

Hearing: Hearing is one of the most developed senses at birth. Babies can recognize voices while still in the womb. After birth, they may turn their head towards you when you talk to them.

Smell and taste: Babies have very well developed senses of smell and taste. They can find their mothers by smell, and they know the taste of their own mother's breastmilk.

Touch: Babies can feel, and they love the feel of their parents' skin. Hold your baby skin-to-skin after birth and often throughout the first weeks of life.

Reflexes

Your baby also has several inborn reflexes. These are indicators of good neurological health and will gradually go away as your baby gets older.

Babinski reflex: This reflex causes your baby's toes to spread when the bottom of the foot is stroked.

Moro reflex: Often called the startle reflex, it causes a newborn to extend their arms out then bring them back to their body. The startle reflex is often triggered by a loud sound or sudden movement.

Palmar reflex: This reflex allows your baby to grasp your finger.

Rooting reflex: If you stroke their cheek or mouth, the baby will turn their head toward your hand. This helps the baby find the breast or bottle to begin feeding.

Sucking reflex: When the roof of the mouth is touched, the baby will begin to suck. Some babies are born with sucking blisters on their hands or fingers because they have been sucking before they were born.

Other Common Concerns

Soft spots (fontanel): These are areas on the skull that haven't grown together yet. This allows the baby's skull to fit through the birth canal and also to continue to grow. The brain is covered by a tough membrane so it is fine to gently touch these areas.

Sneezing: This is a normal reflex and is not an indication of illness or allergies in a newborn.

Periodic breathing: Newborns tend to have an irregular breathing pattern. They will breathe fast, then breathe slow.

Genitals: Genitalia of boys and girls may be swollen at birth, and may even have bruising depending on their position in the womb and their delivery. Girls may have vaginal discharge from mom's hormones.



Comfort and Bonding

Handling Your Baby

Holding a newborn can be intimidating for new parents. Things to know:

- Wash your hands with soap and water or use alcohol-based hand sanitizer before picking up your baby. Ask others to do the same.
- Support your baby's head and neck. Cradle their head in your hand when you lay your baby down or pick them up.
- Smooth, gentle movements are soothing. Don't shake or roughly handle your newborn.
- When you aren't holding them, place your newborn in a safe place where they won't have a chance of rolling off.

Interacting with Your Baby

Interact with your baby as much as possible, especially during feedings, diaper changes, and bath time. Talk, sing, read and cuddle with your baby. Your newborn baby won't understand your words at first, but you are helping them learn about their world.

Crying and Comfort

Crying is normal, and is one way babies communicate. It doesn't mean something is wrong with your baby and it doesn't mean you're doing something wrong. Babies cry when they are hungry, tired, have a dirty diaper, or when there is too much noise or activity around them. They may cry for no apparent reason.

The amount of time babies cry each day usually starts to increase at about 2 weeks of age, and it often peaks at about 2 months. Your baby might cry as little as 30 minutes a day or as much as 6 hours a day. Many babies get fussy in the late afternoon or evening hours. There is a wide range of "normal."

Calming

Learning how to calm your crying baby is often a matter of trying different things to see what works. At times, nothing seems to work. If you are concerned that your baby is sick, it is important to talk to their doctor.

Be assured that you cannot spoil your baby by responding to their cries. It helps your baby learn that you are there to love and care for them. Here are some ways to help soothe your baby:

- Put your baby skin-to-skin.
- Feed your baby.
- Change your baby's diaper.
- Feel the back of your baby's neck to see if they are too hot or too cold.
- Turn off extra noise, such as the TV or radio.

- Lower the lights.
- Hold your baby close and breathe slowly and deeply.
- Wear your baby in a soft front carrier, tummy to tummy, with his head on your chest.
- Swaddle your baby.
- Rock, walk, sing, or dance with your baby.
- Use motion – put your baby in a swing or go for a ride in the car.
- Try soothing music or white noise.
- Give your baby a gentle massage.
- Try a soothing, warm bath.

Sometimes, no matter what you do, your baby will still be crying. If nothing you have tried is working, place your baby in a safe place — a crib, a bassinette, a pack-n-play — and walk away. Do something that relaxes you. Check on your baby every 10 minutes. If your baby is still crying after an hour, gently pick your baby up and try again.

If you have reached your limit for crying, call a family member or friend to provide support or who will come and give you a break.

REMEMBER: Crying doesn't hurt a baby — shaking does!

To learn more about crying in healthy infants, go to **The Period of Purple Crying** at purplecrying.info/ or download the App.

Safe Swaddling

Swaddling can help babies regulate their body temperature and be comforted in the first few days of life. This is why babies are swaddled in the hospital, but swaddling at home is a bit different.

While swaddling can help babies adjust to being outside the womb, there are safety concerns. Swaddling too tightly can cause hip dysplasia (dislocation). It may also lead to overheating and cause infants to sleep more deeply, which may be linked to SIDS.

Most pediatricians recommend that babies are no longer swaddled at around 2 months of age. Stop swaddling as soon as your baby shows any signs of rolling over.

To safely swaddle your little one in a "hip healthy" way:

- Lay the blanket out flat, with one corner folded down. Place the baby face up on the blanket with their head above the folded corner, about shoulder level.
- Bring one arm down and wrap the blanket across their chest, tucking the blanket behind the baby to keep it in place. Bring the other arm down, and wrap the blanket across the chest and tuck it behind the opposite side of the baby.
- Bring the bottom of the blanket up and tuck each side under the baby, leaving the blanket loose around the legs. It is important to leave room for the hips to bend up and the legs to move.

Alternately, if you want to leave your baby's arms out, place the folded corner at the nipple level to wrap the blanket under the arms.

There are sleep sack-swaddle products that you can purchase, if you prefer.

For more information on swaddling, please visit:

<https://www.healthychildren.org/English/ages-stages/baby/diapers-clothing/Pages/Swaddling-Is-it-Safe.aspx>

<http://hipdysplasia.org/developmental-dysplasia-of-the-hip/hip-healthy-swaddling/>



Photo courtesy of International Hip Dysplasia Institute



Bonding with Baby

Bonding is the sense of love and concern you have for your baby. You may feel intense feelings of love from the moment you found out you were pregnant; sometimes it happens when your baby is born. Not everyone feels an instant connection. Bonding can take longer in some cases, especially with a difficult pregnancy or delivery, or if issues prevent you from being with your baby right after birth.

Attachment is the emotional relationship between you and your baby. It is a two-way process that focuses on the nonverbal interactions between you and your baby. This relationship builds over time and is an important foundation for your baby's emotional, social, and cognitive development.

Ways to Foster Attachment

Interacting with your baby is one of the most important things you can do strengthen this connection.

- ▶ **Eye-to-eye contact:** Look at your baby in the eyes. Newborns respond most to human faces within minutes after birth. By holding your baby's steady gaze you can build a powerful bond very quickly.
- ▶ **Touching:** Hold your baby gently, skin-to-skin as much as possible.
- ▶ **Respond to your baby:** Respond quickly and sensitively to your baby's cries. This helps your baby learn they are safe and secure.
- ▶ **Talking:** Talk to your baby in a soft, soothing voice.
- ▶ **Breastfeeding:** The contact, cuddling, and hearing the sounds of your heartbeat and breathing help remind your baby of being in the womb. It comforts them.

Infant Development

All babies are different and develop at their own pace, but there are milestones that most babies reach by a certain age. You will know your baby best and should check that your baby reaches developmental milestones as they grow. See below for a list of important milestones as reported by the CDC. If you have concerns about your baby's health and development, talk with their pediatrician.

	2 months	4 months	6 months
Social-Emotional	<ul style="list-style-type: none"> ▶ Begins to smile at people ▶ Begins self-soothing (sucking on hand) ▶ Looks at parents' faces 	<ul style="list-style-type: none"> ▶ Smiles spontaneously ▶ Likes to play and may cry when play stops ▶ Responds to others' facial expressions (smiling or frowning) 	<ul style="list-style-type: none"> ▶ Likes to look at self in the mirror ▶ Likes to play with others ▶ Knows familiar faces and if someone is a stranger
Cognitive (thinking)	<ul style="list-style-type: none"> ▶ Follows objects with his/her eyes ▶ Learning to recognize parents and caregivers 	<ul style="list-style-type: none"> ▶ Recognizes familiar people at a distance ▶ Responds to affection ▶ Lets you know they are happy or sad ▶ Can see an item and reach for it 	<ul style="list-style-type: none"> ▶ Shows curiosity about things ▶ Tries to get things that are out of reach ▶ Starts to pass things from one hand to the other
Physical (motor)	<ul style="list-style-type: none"> ▶ Begins to be able to push head and chest off the ground ▶ Movements become smoother 	<ul style="list-style-type: none"> ▶ Can hold a toy & swipe at dangling toys ▶ Pushes to elbows when on tummy ▶ Begins to sit without support 	<ul style="list-style-type: none"> ▶ Rolls over in both directions ▶ When standing, supports weight and can bounce ▶ Rocks back and forth, might crawl backward before going forward
Communication (language)	<ul style="list-style-type: none"> ▶ Turns head towards sounds ▶ Coos 	<ul style="list-style-type: none"> ▶ Babbles and copies sounds they hear ▶ Cries in different ways to show they are hungry or tired ▶ Responds to his/her own name 	<ul style="list-style-type: none"> ▶ Strings sounds together ▶ Takes turns with parent while making sounds ▶ Begins to say consonants ("m," "d," "b")

For more information on infant development, please visit:

- ▶ <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>
- ▶ <https://www.zerotothree.org>
- ▶ <https://www.cdc.gov/parents/infants/index.html>

Baby Wearing

Baby wearing is a very old practice that had almost disappeared in the U.S. The practice of wearing one's child in a wrap, sling, or soft carrier has become more common, and for good reason. Research has shown that infants who are worn are happier – infants worn for 3 hours a day cried 43% less overall and 54% less at night. Baby wearing can be especially helpful for premature or special needs infants and children.

There are several different carrier types, and just like swaddling, some are better for baby's hips than others. When looking for a carrier, consider:

- ▶ Does the fabric extend to the back of baby's knees (supporting the entire thigh)?
- ▶ How long will you be wearing your baby?
- ▶ Who will be using the carrier?
- ▶ What is your budget?

Baby Wearing Safety

- ▶ Make sure you can see your baby's face at all times. Keep them close enough to kiss!
- ▶ Be aware of your infant's airway. Keep your baby's chin off their chest and their mouth and nose uncovered at all times.
- ▶ Be sure the carrier provides support to baby's developing spine (neck and back). Baby should be seated with knees slightly higher than his/her bottom and thighs supported to the knees.

- ▶ Always check the carrier before every use for wear and tear. Do not use a damaged carrier.
- ▶ Practice carries with someone close by or over a soft surface.
- ▶ Do not swim, ride a horse, bounce on a trampoline, or run with your infant in a carrier.

For more information on baby wearing, please visit:

- ▶ <http://hipdysplasia.org/baby-wearing/>

On social media:

- ▶ Columbus Babywearing (Facebook, closed group)

For more information on hip-healthy products, please visit:

- ▶ <http://hipdysplasia.org/developmental-dysplasia-of-the-hip/prevention/baby-carriers-seats-and-other-equipment/hip-healthy-products/>



Sleep

It is typical for newborns to sleep between 14 to 20 hours in a 24-hour period. Babies sleep in short stretches, usually 2 to 3 hours at a time, because they need to eat often. As your baby grows, how long he sleeps at one stretch will increase.

The American Academy of Pediatrics (AAP) recommends that babies sleep on their backs, on their own sleep surface, in the parents' room for their first year of life.

HOURS OF SLEEP																	
	2		4		6		8		10		12		14		16		
Age of Child																	Total hours of sleep
1 week	■								■		■		■		■		16½
1 month	■								■		■		■		■		15½
3 months	■								■		■		■				15
6 months	■								■		■		■				14¼
9 months	■								■		■		■				14
12 months	■								■		■		■				13¾
18 months	■								■		■		■				13½
2 years	■								■		■		■				13
3 years	■								■		■		■				12

Encouraging Your Baby to Sleep

- Try to have your baby sleep in the same place as much as possible.
- Find soothing routines that work for you and your baby. Bath time, rocking, or feeding can all be calming activities.
- You do not need to change the environment during the day while your baby sleeps. Your newborn will likely sleep through most noises. In fact, it is best that they adapt to the normal household noises and activity. As they get older, if they have trouble sleeping you may try a fan or other "white noise."

- At night, keep interaction to minimum – dim lights, quick/quiet diaper changes. Daytime equals Playtime.
- Change your baby's clothes in the morning and then again at night, even if changing him from one sleeper into another.
- Start your "bedtime routine" from the very beginning.

In the first few weeks, sleep may seem scarce. Nap when your little one naps.



Feeding

The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of your baby's life. Solid foods are now introduced at 6 months, and the AAP recommends continued breastfeeding through your baby's first year of life.

Getting Breastfeeding Off to a Good Start

To help get breastfeeding off to a good start in the hospital, try these suggestions:

- Keep your baby skin-to-skin as much as possible in the early days. Skin-to-skin care helps:
 - You and your baby learn to breastfeed
 - Keep your baby calm, decreasing stress hormones
 - Regulate baby's temperature, breathing, and blood sugar
 - Boost baby's immune system and brain development
- Keep your baby in your room with you, called "rooming in."
- Watch for your baby's feeding cues and feed when they are hungry, "on demand." Crying is a late sign of hunger. Feeding cues include:
 - Smacking lips
 - Making sucking sounds
 - Bringing one or both hands to the mouth
 - Opening mouth
 - Moving head from side to side
 - Rooting or seeking behavior
 - Starting to fuss
- Limit visitors in the hospital and at home if you are not comfortable breastfeeding in front of others yet.
- Delay baby's first bath. Delaying the bath for at least 12 to 24 hours helps with womb-to-world transition by allowing for temperature regulation, reserving energy, decreasing stress hormones, and increasing blood sugar levels.
- Wait until breastfeeding has been well established, at least 3 to 4 weeks, before introducing a pacifier.

Frequent Feedings

Your newborn's stomach is very small at birth (about the size of a grape) and grows to about the size of an egg by 2 weeks of life.

- Your baby needs to feed at least 8 to 12 times in a 24-hour period.
- At first, feedings may last 30 to 45 minutes.
- Sometimes feedings may be more frequent.
- Breastfeeding is all about supply and demand – the baby needs to nurse often (demands milk) so the body knows to make (supply) milk.



How to Tell if Baby's Getting Enough

- ▶ Your baby is alert and content, and seems relaxed and satisfied after a feeding.
- ▶ Your baby is gaining weight as expected and is back to birth weight by two weeks old.
- ▶ Your baby breastfeeds 8 to 12 times in 24 hours.
- ▶ You hear your baby swallow.
- ▶ Your baby has enough wet and dirty diapers. By the 6th day of life, a baby should have at least 6 diapers in a 24-hour period. By the 4th or 5th day, they should have at least 3 to 4 stools in 24 hours.

Breastfeeding Education and Support

- ▶ It is highly recommended that you take a Breastfeeding Basics course, taught by a Lactation Consultant. Call 614-898-MOMS to register.
- ▶ Breastfeeding Support Group (dates and time found online at mountcarmelhealth.com)
- ▶ Breastfeeding Helpline 614-234-MILK
- ▶ One-on-One, Private Outpatient Lactation consults. Call 614-234-MILK to schedule.

Baby Basics

Stools

Your baby's bowel movements will change during the first 2 to 3 days after birth. The first bowel movement will appear black and sticky and is called a **meconium** stool. As your baby takes more breast milk or formula, the stools will become green, then yellow or tan. A breastfed baby will have loose, yellow, seedy stools. A formula-fed baby will usually have tan, soft-formed stools.

Each baby has their own bowel pattern. Babies will often have a bowel movement after they eat. Babies often grunt and turn red when having a bowel movement. This is normal and not a sign of constipation. However, if your baby has hard or dry stools, let the pediatrician know. Also, call your baby's doctor if the stool seems more liquid than normal or if there is any major change in your baby's bowel movement pattern.

Wet Diapers

The number of wet diapers your baby has should increase over the first few days of life, at least 1 wet diaper for each day (3 wets at 3 days) of life until day 6. After that, your baby should have at least 6 wet diapers each day.

Diapering

Newborns need many diaper changes — up to 10 to 12 times a day. Each time you change a diaper is a good time to play with and talk to your baby (during the day).

How to Diaper Your Baby

1. Gather all of your supplies first and have them within easy reach. You will need:
 - Diapers
 - Wipes
 - A change of clothes, just in case

You may also need:

- Diaper ointment
 - Washcloth
2. Remove the wet or soiled diaper and wipe the diaper area, from front to back.
 3. Close the dry diaper securely with the tabs or snaps in the front.
 4. Until the cord falls off, fold the diaper down in front below the cord to help the cord dry out.



Bathing

Your baby does not need a bath every day. In fact, bathing too much can dry out your newborn's sensitive skin. Bathe your infant every 2 to 3 days. On non-bath days, wash your baby's face, hands, and diaper area.

Give your baby a sponge bath until the umbilical cord falls off. If you have a son who was circumcised, wait to tub bathe until the cord falls off or the circumcision heals, whichever comes later.

Skin Care

Most newborn's skin will peel in the days after birth. This is normal and usually does not need lotion unless there is cracking of the skin.

Fingernail Care

It is recommended to use a soft emery board (nail file) to file your baby's nails.

Umbilical Cord Care

After birth, the umbilical cord stump will quickly become hard and dry. It usually falls off within the first three weeks. Keep the area clean and dry-there is no need for any other care. Fold the diaper to be under the cord until it falls off. If the it gets wet, dry the area well.

Circumcision Care

If you have a son that is circumcised in the hospital, you will be given instructions on how to care for the area.



Health and Safety

Sleep Safety

Current safe sleep guidelines recommend that babies sleep **A**lone, on their **B**ack, and in their **C**rib.

Babies sleep safest on their backs, every time! Babies who usually sleep on their backs but who are then placed to sleep on their stomachs, such as for a nap, are at much higher risk for SIDS.

SUID and SIDS

Sudden unexpected infant death (SUID) is the sudden and unexpected death of a baby less than 1 year old. Sudden infant death syndrome (SIDS) a type of SUID in which the cause of death remains unknown even after a full investigation. These deaths often happen during sleep or in baby's sleep area.

To reduce the risk of SIDS and sleep-related causes of death:

- Follow the ABCs of safe sleep.
- Use a flat, firm sleep surface with a tight-fitting crib sheet. This may be a crib, bassinet, or a portable crib. Infants should not sleep on an adult bed or a couch.
- Nothing should be in the crib except for baby. **No** pillows, blankets, bumper pads, stuffed animals, wedges, or any positioning devices.
- Car seats, bouncers, strollers, and swings should be used for their intended purpose under adult supervision, not for routine sleep.
- Breastfeeding reduces the risk of SIDS. After breastfeeding is well established (3 or 4 weeks) consider giving your baby a pacifier.

- Prevent overheating — do not have the room too warm or have too many clothes on your infant.
- Do not smoke, drink alcohol, use marijuana or illicit drugs during pregnancy or after the baby is born.
- Do not expose baby to secondhand smoke. Do not allow anyone to smoke around the baby or in the home.
- The use of home cardiorespiratory monitors to track baby's heart rate and breathing is **not** recommended. There is no evidence that their use prevents SIDS in healthy babies.

Back to Sleep... Tummy to Play!

All babies need tummy time to strengthen their necks, arms and chest.

When: Tummy time is safe only when babies are awake and being watched.

Why: Tummy time helps babies strengthen their upper body muscles (neck, arms and chest). It is also a great way to spend quality time and bond with your baby!

How: Place your newborn across your lap for short amounts of time. Then work toward placing your baby on a blanket or play mat on the floor with toys in front of them.

Cautions

- Watch for signs that your baby is getting tired and change their position/activity.
- If your baby falls asleep during tummy time, immediately place them on their back in their crib for a nap.

When to Call the Doctor

Pediatric practices provide parent handbooks which list when parents need to call their office. These are often on their website. Follow all guidelines offered by your baby's doctor.

Call 911 for emergencies such as accidents, dehydration, breathing problems, or choking. Many parents feel more comfortable after taking a CPR class. To find a class and register call 614-234-LIFE.

Car Seat Safety

The correct use of car seats can prevent death and injuries during a vehicle accident. Always follow safety recommendations when using a car seat to keep your baby as safe and secure as possible. Loose or improperly buckled straps put babies at risk for strangulation or asphyxiation (lack of oxygen). Falls (while baby is strapped in the car seat or if baby falls out of the car seat) can lead to serious head injuries. Follow these car seat safety tips:

- Always read and follow the instructions in your car seat manual.
- Keep your baby rear-facing for as long as possible. Rear-facing is safest.
- Make sure the harness straps and crotch buckles are snug to prevent baby from slouching and keep baby's head in a safe, upright position. Baby's head may naturally turn to the side, but should not fall forward (chin on chest).
- Coats, snow suits or bulky clothing should not be worn under the car seat harness.
- Tuck a blanket over your baby after they are strapped in, if needed.
- Straps need to be tight and need to pass the "pinch" test.
- The chest clip needs to be placed at chest/armpit height.
- Do not add anything to your car seat that was not included in the manufacturer's packaging.

- Be cautious of head inserts that come with some car seats. They may not keep baby's head in a safe position.
- Drive safely and decrease distractions.
- Place something in the back seat that you need near the baby so you don't forget to take baby out, especially when your routine is different.

To schedule an appointment with a child passenger safety (CPS) technician to learn how to properly install a car seat, call 614-636-3131 or go to: <https://www.safekids.org/coalition/safe-kids-central-ohio>.

Positive Parenting Tips from the CDC

- Talk to your baby. They will find your voice calming.
- Answer when your baby makes sounds by repeating the sounds and adding words. This will help your baby learn to use language.
- Read to your baby. This will help them develop and understand language and sounds.
- Sing to your baby and play music. This will help your baby develop a love for music and will help brain development.
- Praise your baby and give them lots of loving attention.
- Spend time cuddling and holding your baby. This will help them feel cared for and secure.
- Play with your baby while they are alert and relaxed. Watch your baby closely for signs of being tired or fussy so they can take a break from playing.
- Distract your baby with toys and move them to safe areas when they start moving and touching things they shouldn't touch.
- Take care of yourself physically, mentally, and emotionally. Parenting can be hard work!

Resources

- ▶ **American Academy of Pediatrics Parenting Website**
HealthyChildren.org
Toy safety, allergies, pediatrician referrals, immunizations, how to keep your child healthy.
- ▶ **American Red Cross**
redcross.org
Home fire safety, drowning prevention, basic first aid.
- ▶ **Centers for Disease Control and Prevention — CDC**
<https://www.cdc.gov/parents/infants/index.html>
Information for parents of infants and toddlers.
- ▶ **Consumer Product Safety Commission**
cpsc.gov 800-638-2772
Website where you can file reports and gain information about unsafe products.
- ▶ **Safe to Sleep**
<https://safetosleep.nichd.nih.gov/>
Information about safe sleep and preventing SIDS.
- ▶ **The Car Seat Lady**
thecarseatlady.com
Information about car seat safety
- ▶ **The National Center on Shaken Baby Syndrome**
dontshake.org/
- ▶ **The Period of Purple Crying**
purplecrying.info/
- ▶ **Zero to Three**
zerotothree.org
Evidence-based research site on the social-emotional development in the first three years.







MOUNT CARMEL