Congratulations on the arrival of your baby!

Here is your first issue of *Parenting the First Year*, North Dakota’s own newsletter for parents of babies ages birth to 12 months. This newsletter is provided as a free service to North Dakota residents who are parents of a new baby.

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

Read free monthly issues of this newsletter online at www.ndhealth.gov/familyhealth.
Be Patient With Yourself

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

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

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

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

Your Newborn Wants You To Know

- I like to look at your face, contrasting colors, mirrors and patterns.
- I feel comforted when you hold me and talk to me.
- I recognize my mom’s and dad’s voices right away.
- I stare at things, but I don’t grab for them yet.
- I get scared by loud noises, bright lights and rough handling.
- I notice things around me when you change my position.
- I can see things best when they are about 8 to 12 inches away.
- I like to be cuddled and talked to while I eat.

Your Three-Month-Old Wants You To Know

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

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

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

How I Feel
- I need lots of cuddling and holding.

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

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

Children are very different from each other. Don’t worry if your child manages some skills earlier or later than other children. Get to know your unique baby and celebrate each new skill with him! If you have questions about your baby’s development, contact your health-care provider.

He or She, Him or Her

These newsletters give equal time to both sexes. That’s why we take turns referring to children as “he” or “she.” Keep in mind that we are talking about all children when we use “he” or “she.”
Your New Baby

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

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

Check Your Crib for Safety

More infants die every year in incidents involving cribs than any other nursery product. Use a crib that meets federal safety standards set by the U.S. Consumer Product Safety Commission (CPSC). Don’t use cribs made before 1974 or handmade cradles or cribs that don’t meet these standards.

Check your crib for safety:
♦ Crib slats should be no more than 2 3/8 inches apart (about the width of a soda can), so baby’s body cannot fit through the slats.
♦ Cribs that are assembled wrong, have missing, loose or broken hardware or broken slats can result in entrapment or suffocation deaths. Infants can strangle when their bodies slip through unsafe openings and their head and neck become entrapped in gaps created by missing, loose or broken hardware or broken slats.
♦ The mattress should be firm and fit tightly against all four sides of the crib. If you can fit two or more fingers between the mattress and the sides, get a better fitting mattress.
♦ Make sure corner posts of the crib are not greater than 1/16-inch high so baby’s clothing cannot catch.
♦ The headboard or foot board should not have cutouts so baby’s head cannot become trapped.
♦ Crib sides should be high enough so baby can’t fall or roll out, even when the sides are down.
♦ There should be no missing, loose, broken or improperly installed screws, brackets or other hardware on the crib or mattress support.
♦ Do not use pillows, quilts, comforters, sheepskins, stuffed toys, bumper pads and other soft products in the crib that may suffocate baby.
♦ Do not use a crib with plastic latches holding up the mattress. If the plastic breaks, one corner of the mattress can slip down and the baby’s head could get caught under the side.
♦ Keep baby’s crib away from the window so he can’t reach and become tangled in the blinds or curtain cords.
♦ Never leave an infant on an adult- or youth-sized bed, waterbed, bean bag, couch or other soft surface. An infant can get trapped and suffocate between the mattress and the wall or bed frame.

For mesh-sided cribs or playpens, make sure they have:
♦ Mesh less than 1/4-inch in size, smaller than the tiny buttons on a baby’s clothing.
♦ Mesh with no tears, holes or loose threads that could entangle a baby.
♦ Mesh securely attached to top rail and floor plate.
♦ A top rail cover with no tears or holes.
♦ No staples missing, loose or exposed.
♦ All sides locked in the up position before placing baby inside.

For information about crib safety or to check your crib for recall, visit the CPSC at www.cpsc.gov, or call 800.638.2772.

What Is Newborn Screening?

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

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

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

Vision
➢ Babies prefer to look at faces. For the first few weeks of life, they see best at a distance of 8 to 12 inches.
➢ Bright colors, high-contrast patterns and shiny things are more interesting to babies than pale colors.
➢ Babies may follow moving objects with their eyes for a few seconds. During the first weeks, their heads turn to the side when they lie down. As babies reach a couple months of age, they often show pleasure with parents and smile back when you smile.

Hearing
➢ Babies may turn their heads toward the source of an interesting noise.
➢ They prefer high-pitched, gentle voices. When your baby is upset, soft music may help calm her.
➢ Infants recognize their mom’s and dad’s voices within days or weeks after birth.

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

Touch
➢ Touching is very important to babies. Being held close and cuddled helps babies know their world is a friendly place.
➢ Hold your baby, or “wear your baby” by using an approved baby sling or carrier. Being in your arms and hearing your heart beat makes your baby feel safe and secure.
➢ Cuddle and hold your baby whenever you want to. Don’t worry about spoiling her. Babies are supposed to be babied.
➢ Babies can sense movement from very early on. Motion, like rocking and walking, helps calm a crying baby. Remember, she spent nine months floating inside the uterus, so she is used to rocking and moving around.

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

Warning: Honey Is Harmful for Babies

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

Suggested Reading


Raising Twins, by Shelly Vaziri Flais, MD, FAAP, 1st edition, 2009. Stories from a mom of twin boys, coupled with important information only a pediatrician can offer.

New Mother’s Guide to Breastfeeding, by Joan Younger Meek, MD., 2002. Everything new mothers need to know, from preparing for the first feeding to adjusting to home, family and work life as a nursing mother.

If your child has a special need, we recommend:

Special Kids Need Special Parents, by Judith Loseff Lavin, 2001. The author, herself the parent of a child with special needs, draws on interviews with health-care professionals, nationally recognized authorities and other parents to give readers answers, advice and comfort.

Look for all these books at your local library, favorite local bookstore or online bookstore.
Crying …, Crying … and More Crying

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

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

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

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

If you think your baby is ill, call your health-care provider. If you need to talk to someone, you can call the North Dakota HELPLINE at 2-1-1, or 800.472.2911, 24 hours a day.

Why Do Babies Cry?

I’m hungry – Most newborns eat every few hours around the clock. Some babies become frantic when hunger strikes. This cry often has a very rhythmic quality.

I’m lonely – If your baby calms and stays calm as soon as you pick him up, he missed you!

I’m too hot or cold – Feel your baby’s back or tummy to see if he is too cool or too hot. Adjust clothing to make him comfortable. Dress him as you dress yourself. Newborns may want to be wrapped in a blanket to feel secure.

I’m tired – Tired babies are often fussy. Newborns often sleep 16 hours or more every day.

I’m overstimulated – Lots of people holding or talking to the baby at once may overdo it. Rocking him in a dimly lit room may help. White noise such as a recording of ocean waves or the monotonous sound of an electric fan or vacuum cleaner may help your crying baby relax.

I’m startled – Your baby may move suddenly, startle and cry. Wrapping a blanket securely around him and holding him firmly may calm him.

I’m wet – Some babies don’t mind; others do.

I want to suck on something – Sucking is a natural reflex. For many babies, it’s a comforting, soothing activity. If your baby isn’t hungry, give him a pacifier.

I’m hurting – Your baby may be uncomfortable because his clothes have sharp tags or zippers. Your baby may have a stomach ache. If you’re breastfeeding your baby, the flavor of the milk may change in response to a certain food or drink. These cries tend to be louder and higher pitched.

It’s just that time of day – Many babies have predictable periods of fussiness, often in the late afternoon and early evening. There may be little you can do but comfort your baby as the crying runs its course.

Comforting Crying Babies

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

- Provide steady, continuous sounds. The sound of a running vacuum cleaner, washer or dryer may be soothing. Try singing quietly to the baby. Sometimes a recording of a human heartbeat or white noise such as the sound of the ocean can be comforting.
- Cuddle your baby. Babies need lots of holding and touching.
- Nurse or feed your baby.
- Leave a soft light on in your baby’s room and turn on a fan.
- If she has diaper rash, wash her bottom with mild soap and water and leave the diaper off for a while to let her skin dry. Apply ointment to soothe and protect the skin.
- Take your baby for a walk. Use a safety-approved baby carrier, or strap your baby safely in a stroller.
- Take a warm bath with your baby. Remember safety first, and never fall asleep in the bathtub with your baby.
- Take your baby for a car ride. Remember to strap your baby safely in a car seat every time.
- Sing to your baby.

If you have questions about your child’s health-care needs, call 800.472.2286 for information and resources.
Keep Baby Safe, Use Car Seats Correctly

New car seats come with a registration card that you should fill out and send in. When your car seat is registered, the company will notify you in case of a recall. If you borrow a car seat from someone, call the manufacturer and register it.

Read and follow the manufacturer’s instructions for both the car seat and the vehicle regarding car seat installation before securing baby into the car seat and the car. Don’t wait until you have a crash to find out that the car seat was being used incorrectly.

The basics of using your car seat:

♦ Adjust the straps to the slots at or below your baby’s shoulders for rear-facing car seats.
♦ Harness straps must fit over the shoulders and between the legs, so dress your baby in clothes that keep the legs and shoulders free. The straps must fit tightly against your baby’s body and you should not be able to pinch any webbing.
♦ If you need to cover your baby, secure him in the harness first, then put blankets over him.
♦ The harness clip should be centered on the chest between the child’s armpits.
♦ Your baby needs to ride rear-facing until a minimum age of 1 and a weight of at least 20 pounds.
♦ Never use a rear-facing car seat in front of an airbag. Airbags deploy at speeds of up to 200 miles per hour. Babies have been killed and seriously injured from the force of air bags when placed in front of them.
♦ Your baby should ride in a semi-reclined position so his head does not fall forward. Many seats have position indicators so you will know when the seat is at the proper angle.
♦ Use the seat belt or LATCH attachments to secure your car seat into your vehicle. Tighten the car seat enough so that it does not move more than one inch. To check for a tight fit, hold the car seat where the seat belt or LATCH holds the car seat. Pull forward and from side to side.

For more information about selecting or using car seats or to find a car seat checkup near you, visit www.ndhealth.gov/injury or contact the North Dakota Department of Health at 800.472.2286 (press 1).

Need a Car Seat?

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

Buckle Up Baby

Protect your baby every time you travel. Vehicle crashes are a leading cause of injury and death to babies and toddlers.

Using a car seat is the only way to protect your baby in a moving vehicle, but the seat must be used correctly.

Everyone riding in a vehicle should wear a seat belt. Any person or object not strapped down could be thrown into and injure your baby. Tools or other heavy objects become dangerous flying missiles in a crash or even during a sudden stop. Keep all equipment strapped down or in the trunk.

The North Dakota child passenger safety law requires children younger than age 7 to ride in a car safety seat. Children ages 7 through 17 must use a safety seat or seat belt.
Feeding Your Baby

Feeding is an important learning time for a new baby. The American Academy of Pediatrics recommends:

- Infants should be breastfed for a year.
- Healthy, non-breastfed babies should be given only an iron-fortified formula.

Babies usually give cues when they are hungry. Watch your baby, not the clock. Cues that your baby is hungry include rooting (turning her head to the side), putting her hand to her mouth, making sucking movements, clenching her fingers or making a tight fist over her chest or tummy and crying. Be flexible. Many babies, if fed when they’re hungry, will start to get on a regular schedule by themselves in about a month. Don’t wait too long between feedings because she may cry, gulp lots of air and spit up.

Breastfeeding Tips

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

- By the end of the first week, she has six to eight wet diapers and four or more poopy diapers a day.
- She seems satisfied and relaxed after nursing.
- You can hear or see her swallow when she nurses.
- She wants to nurse eight to 12 times in 24 hours.
- She gains weight (about four to eight ounces a week).

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

Breastfeeding moms should avoid using a pacifier for the first two to four weeks in order to establish a good milk supply. Offer the breast to comfort your newborn instead of a pacifier.

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

Formula Feeding Tips

- Find a comfortable place in your home for feeding.
- Interact with your baby in a calm and relaxed manner in preparation for and during feeding (e.g., by cuddling and talking gently to the infant).
- Show your baby lots of love, attention and cuddling while feeding.
- It is never appropriate to prop a bottle while feeding your baby. Do not use a pillow or another object to hold the bottle while the baby eats.
- Do not put your baby to bed with a bottle or let your baby carry a bottle around. This may lead to tooth decay.
- Don’t force your baby to finish what is in the bottle. Your baby is the best judge of how much she needs.

Is it safe to make my baby’s formula with well water?

Water from private wells may contain levels of bacteria, nitrates and other contaminants that may be harmful for babies, children and pregnant women. Nitrates prevent a baby’s blood from carrying enough oxygen. This is called blue baby syndrome, and babies affected may turn bluish around the mouth, hands and feet. Boiling water won’t help because this increases water nitrate content.

If you suspect your well has too many nitrates or other chemicals, use water from a safe source until you have spoken with a health official about this problem.

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

Is it safe to make my baby’s formula with bottled water?

The fluoride mineral combines with tooth enamel to strengthen it against tooth decay. The most effective way for your baby to get fluoride protection is by drinking formula made with water containing the right amount of fluoride.

It’s important to discuss your fluoride concerns with your dentist or health-care provider. Water must be tested to determine fluoride levels before supplements are used. If you have questions, contact your local public health unit or call the North Dakota Department of Health, Oral Health Program, at 701.328.4930, or the Drinking Water Program at 701.328.5258.
Preterm Babies

Preterm babies (preemies) can be a special challenge for parents. Since they are not as fully developed as full-term babies, they have a somewhat higher risk for certain health problems. The good news is that most preterm babies “catch up” to their full-term peers, and within a year, you will not be able to pick out which babies are preterm in most cases. Some hints for caring for your preterm baby:

➤ Remember to be patient for your baby to reach certain milestones. For example, if your baby was born six weeks early, he will probably not start smiling until he is about 12 weeks old.
➤ Preterm babies have a very hard time with loud noises and bright lights. Keep his surroundings quiet and dim. You can gradually introduce your baby to brighter colors and noises after the first few weeks.
➤ Preterm babies have a very hard time making eye contact. Many parents find this frustrating and feel as though their baby isn’t interested in them. Be patient. Before you know it, your baby will be making eye contact.
➤ Preterm babies usually cry more and have a higher-pitched cry. This will improve as your baby gets older.
➤ Preterm babies need to be fed more often.
➤ Most preterm babies are not very responsive to what is going on around them. Many parents feel like they should work harder (talk louder, be more animated) to make their baby respond to them. The harder they try, the more overstimulated the preemie becomes and the louder she cries. The best advice is to keep your conversations and actions very calm and gentle; you will have plenty of time for more active play when the baby is older.
➤ Preemies want and need a lot of gentle touch in their lives. They love to snuggle against the warm skin of their parents and are soothed by the sound of their parents’ heartbeats.
➤ Remember that even premature babies should be placed to sleep on their backs in a crib without any blankets, pillows, soft bedding or toys. If your baby has special health-care needs, talk to your health-care provider about the safest way for your baby to sleep.

What is a birth defect?

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

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

If your baby was born with a birth defect and you need more information, call Children’s Special Health Services at 800.755.2714 or 701.328.2436. You may also send an email to dohchshsadm@nd.gov or go to www.ndhealth.gov/cshs.

Right Track

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

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

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


Babies Sunburn Easier Than Adults

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

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

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

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

Be sure to keep a copy of your baby’s immunization record. This record is required before your child can enroll in a child-care center or school. Baby shots are available from your health-care provider and local public health unit. Programs are available to receive immunizations at little to no cost to you. For more information, call the North Dakota Department of Health at 800.472.2180, visit www.ndhealth.gov/Immunize or contact your clinic or local public health unit.

**When To Call Your Health-Care Provider**

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

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

Call if your baby experiences any of the following symptoms:

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

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

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

**Post your emergency phone numbers.**

North Dakota Poison Center 800.222.1222  
Health-Care Provider ______________________  
911 or Local Emergency ______________________  
Ambulance ______________________  
Police ______________________  
Fire ______________________

**REMINDER:**

Your baby should have a health-care provider visit at 1, 2 and 4 months of age.
Q&A

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

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

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

When should I start cleaning my child’s teeth?

Parents should start cleaning their baby’s mouth soon after birth. After each feeding, wipe the baby’s gums with a clean, damp washcloth or gauze pad. Switch to a small infant-size soft-bristled toothbrush as soon as the first teeth appear. No toothpaste is necessary at this age.

Some Babies Develop Colic

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

Try these ideas:

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

You may have been told that feeding your baby solid foods like cereal will help him sleep through the night. Babies don’t need solid foods until age 5 to 6 months. Breast milk and iron-fortified formula have all the nutrients babies need. Sometimes solid foods given too early can cause choking, food allergies, excess weight gain or digestion problems. You’ll know your baby is old enough for solid foods when he can:
- Sit up, alone or with support.
- Hold his head steady.
- Open his mouth when he sees food coming.
- Keep food in his mouth and swallow it rather than pushing it out.

Thumb or Pacifier?

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

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

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

**Use a clean pacifier:** Never dip a pacifier in sugar, honey or other sweeteners before giving it to an infant. Never tie a pacifier around the neck, as this poses a strangulation hazard.

**Pacifier use may help prevent sudden infant death syndrome (SIDS):** Studies show that infants who took a pacifier when laying down to sleep had a decreased risk of dying of SIDS. (See page 9 for more tips on reducing the risk of SIDS.)

Jaundice and Your Newborn

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

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

Attention, Dads

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

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

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

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

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

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

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

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

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

Hearing and Language Milestones

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

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

Newborn

- Cries.
- Startles to loud, sudden sounds.

2 to 3 Months

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

4 to 6 Months

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

6 to 12 Months

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

By 12 months

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

12 to 18 Months

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

By 18 months

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

Your baby is beginning to know your voice and likes to look into your eyes when you talk. Why not make a game out of it? Put your baby on your lap facing you with his face about 8 to 12 inches away from yours. Lean toward him and talk happily. Pause and give him a chance to smile, gurgle, wiggle or move his mouth back at you.

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

Other things that help a baby learn are:

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

Safe Food for Baby

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

- For breastfeeding moms, a daily shower or bath is all that is needed to keep breasts clean.
- Make sure that bottles and pump accessories are clean.
- Do not allow bottles of breast milk or formula to sit at room temperature. Refrigerate prepared bottles until ready to use.
- Never use a microwave to heat bottles of breast milk or formula. They may explode or the milk may get too hot. The bottle may feel cool on the outside, but hot spots may cause burns in your baby’s tender mouth. Microwave heating can destroy special substances in breast milk.
- If your baby likes a warm bottle, hold the bottle under warm (not hot) running water right before feeding.
- Freshly expressed breast milk should be stored in a refrigerator and used within 48 hours. Breast milk can be kept frozen in a home freezer for up to six months. Frozen breast milk should be thawed in the refrigerator or in a pan of warm water. Thawed breast milk should be used within 24 hours and should not be refrozen.
- Formula, once mixed, should be refrigerated and used within 48 hours.
- If traveling, store breast milk or mixed formula in a cooler with ice.
- Throw out unused breast milk or formula left in the bottle. Wash bottles with soap and water before reusing them.

Breastfeeding and Returning to Work or School

Many mothers return to work or school and continue breastfeeding.

- If possible, wait to return to work or school until your baby is 4 to 6 weeks old to make sure breastfeeding is well established.
- Rent or purchase an electric breast pump.
- Practice pumping or expressing breast milk before returning to work or school.
- Ask about breastfeeding support at your work or school. Some may have supportive breastfeeding policies such as allowing breaks or flexible work hours for pumping or breastfeeding.
- Your baby’s care provider can offer a bottle of breast milk or formula when you are away. Breastfeed your baby when you can be with him. Consider spending your lunch break feeding your baby.
- While at work or school, pump milk to feed your baby later and to keep your milk supply up.
- If you have questions about breastfeeding and working, talk to your health-care provider, a lactation consultant, a WIC or public health nutritionist, or visit www.ndhealth.gov/NutrPhyAct.
Child Care: What To Look For

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

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

**Does the home or center have:**
- A license?
- Few children? Infants do better in small groups.
- A clean and comfortable look?
- Equipment that is safe and in good repair?
- Flexible feeding and napping schedules to meet the needs of your baby?
- Primary caregivers assigned to children in larger groups?
- Policies regarding sickness, payment, vacations, safe sleep, etc.?

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

For help in finding quality child care, visit the Child Care Resource and Referral agency website at www.ndchildcare.org. You may also contact the North Dakota Children and Family Services at 800.245.3736 for a list of child-care providers who have completed a child-care criminal background check.

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

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

North Dakota Parent to Parent

North Dakota Parent to Parent is a project of Family Voices of North Dakota. This program matches support parents with referred parents. Support parents have experience with children with disabilities or those with special health-care needs. They are able to help the referred parents who have just learned of a child’s diagnosis with a disability or special health-care need.

Support parents can give specific guidance about care, share tips for day-to-day coping and provide a shoulder to lean on. Children with special needs may require special services. Locating and negotiating one’s way through a maze of needed programs and interacting with a range of professionals are skills that support parents can teach. The support parent who has successfully learned how to be an advocate for their child has a unique and valuable set of skills to share with another family.

Parents who find out their child has a special health-care need often feel helpless and alone. Talking with another parent who has experienced a similar situation can help families feel less alone and more hopeful for the future.

For more information, call Family Voices at 888.522.9654 or 701.493.2634. You may also send an email to fvnd@drtel.net or go to www.fvnd.org.

Health Insurance or Coverage Options for Children

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

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

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

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