

B A B Y

ABCs for Your
Growing Family™

Bringing your new baby home and, possibly, into your already existing family may seem like hard work, but it carries great rewards. Some of the job is already done; if you have children, then you have had experience with caring for a newborn.

This new addition to your family gives each family member a chance for emotional growth. Participating in this family bonding provides the cement for the type of loving, caring home in which your growing family can thrive.

What Is Bonding?

The term "bonding" has been given a great deal of attention over the past several years. Essentially, it describes the growth of a nurturing relationship between people. Many studies have been done on bonding, but none have shown enough evidence to make it a prerequisite for normal development. The desire for close human contact, however, is a basic need of infants, and all people in general. The early contact between a family and a newborn may influence their future relationship.

Mother-Infant Bonding

The time immediately following delivery is particularly important for both you and your baby. During this period, the mother is most receptive to forming an affectionate attachment to her infant. The infant is also very responsive. Within hours of birth, the infant starts to make its earliest observations of its new environment. Ensuring a sense of love and security at this time is just as necessary as feeding your infant.

Since your baby's sensory perception is not fully developed at birth, bonding results mainly from physical contact. You should try to spend as much time as possible with your baby, starting right in the delivery room. If there are no complications, ask your pediatric healthcare provider or nurse to



place your newborn at your breast. This is especially important if you plan to breast-feed, as your baby's first impression of the outside world will be the warmth and nourishment that your body provides.

In addition to the optimal nutrition that it supplies, breastfeeding contributes immensely to the bonding process. Cuddling, fondling, and the rhythm of the mother's heartbeat bring mother and infant closer physically and emotionally. But, although it does facilitate bonding, breastfeeding is not absolutely essential to baby's development.

Some hospitals offer arrangements for the infant to stay in the room with the mother when there are no complications. This gives both the benefit of full 24-hour contact during the crucial first days of new life.

Talking gently to your baby is also helpful in promoting bonding. Studies show that infants learn to distinguish their own mothers' voices from those of other people within the first week of life.

Preparing a Warm Reception

Fathers and the rest of the family are also key elements in successful family bonding. Although the mother traditionally spends most of the time with a newborn, fathers, brothers, and sisters can help ease the transition from the hospital to the infant's new home.

Infants thrive in a loving, stress-free environment. The rest of the family can participate in the bonding process by helping to provide this environment. Children could take on more chores to ease their mother's burden, and some fathers take short or extended leaves of absence to share responsibilities.

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Balancing the demands of motherhood and a busy career is by no means simple. Yet when successfully handled, this dual role can provide numerous emotional benefits and a profound sense of achievement—for both you and your baby.

Nevertheless, the decision to return to the work force after the birth of a child may be accompanied by guilt feelings and a sense of being torn between your two separate worlds of responsibility—even though you may be deeply committed to your career or miss the stimulation provided by the workplace.

Some mothers are compelled to return to work for financial reasons. In such cases, guilt feelings might be lessened—you do "what you have to do." There should be no "guilt trip." This is not to say that there may not be times when you wish you could just stay home with your baby. This may be the case, especially if you have an older child whom you were able to stay at home with when he or she was an infant.

In other instances, particularly when the mother has postponed motherhood until her career has really "taken off," prolonged absence from the workplace may be deemed too much of a gamble. You feel you've worked too hard to get where you are to jeopardize your career with an extended leave of absence.

Only you and your spouse can decide whether the financial and career gains obtained through returning to work compensate for the mixed emotions that may arise from leaving your child with another primary care giver.

When should you return to work?

This important decision will be based on a number of factors. An important one will be the pregnancy disability policy at your place of employment. Most likely, your employer will ask when you intend to return to work at the time you announce your pregnancy.

As a pregnant woman, you may be provided with leave of absence benefits on the same terms applicable to other persons absent from work for other disabilities. Ask someone in your Personnel Department about the company policy. If you feel the length of time is insufficient, be prepared to negotiate an alternative plan with your employer ahead of time. Perhaps you can use your vacation time or take a personal leave of absence if more time is needed. This will depend largely on the type of work you do and your company's policy.

Mothers who plan to breast-feed should allow enough time to establish a feeding routine that can be maintained upon return to the work force.

What about day care?

Many child development experts have begun to lament the loss of extended families—a situation in which several generations of a family live together under one roof or nearby. Although the conflicts between new parents and

grandparents are almost legendary, day care provided by a grandparent or some other close family member may be ideal.

If a grandparent is willing and able to care for your child, however, you may need to resolve differences in attitudes toward child rearing. In some instances, you may just have to learn to "close your eyes" to alternative approaches on the part of the care giver that do not harm your child. Remember, a grandparent, like you and your spouse, has the child's best interests at heart.

If a family member is not available, you may be able to hire someone to take care of your baby in your home or at that person's home. In the latter case, there will probably be other infants involved. This may be an advantage as your baby gets older—babies love the company of other babies.

Be sure to check the references of the potential care giver.



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There was a time when dad's role in the birth and infant-rearing processes was limited to getting the prospective mother to the hospital, pacing in the waiting room, and providing the proverbial cigars. Those days appear to be gone forever. And you know what, dad? You're bound to be glad they are!

What will I feel as a new father?

This is not a simple question by any means, and of course each man's response to fatherhood will be unique. Yet there are some predictable feelings, even in our rapidly changing society.

Chances are you have attended natural childbirth classes with your wife. Perhaps, if your baby has already arrived, you were there for his or her birth. If so, you can be counted among the growing number of fathers who report, "That was the most wonderful experience of my life." And, like fathers throughout the ages, you are likely to melt the first time you cradle your marvelous little creation in your arms.

This active involvement of fathers in the birthing process has done much to dispel some deeply entrenched notions that nurturing a baby is a mother's exclusive domain, but we still have a long way to go.

It's possible, and quite natural, for you to have doubts that too much involvement in caring for a new infant is out of sync with your traditional role. This is not at all surprising considering past stereotypes and prejudices widely held in our society.

You may want to do more for your baby, including tasks that have traditionally been the mother's. This, too, is entirely natural. According to leading child development experts,



you "should go with these feelings," for the mutual benefit of your baby, your wife, and yourself.

Superdads of the 1990s

At the extreme end of this new trend toward "superdadding" are those fathers who take extended leaves of absence from work to care for their new infants.

Others, because their type of employment allows it, opt to work at home. These "Mr. Moms," as they are sometimes called, still represent a small percentage of American

fathers. Most, however, provide glowing reports on the rewards of such an arrangement. Sometimes, in such cases, it is the mother who reports feeling envious of the stay-at-home father.

Again, this type of arrangement has still not won wide-scale acceptance, and might not be for you. But there are valuable lessons to be learned.

Take an active part

The most valuable lesson is that, with the exceptions of giving birth and breast-feeding, there's nothing a mother can do for a child that you can't.

Even if you won't be staying home to care for your child, it is not unusual for today's dad to take a short leave of absence after the birth of a child. This is not only a great boon to your wife, who needs your help and support, but a good opportunity for you and your baby to develop deep, lasting bonds.

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Your decision to breast-feed is a wise one, and both you and your baby will benefit from it. Breast milk provides your infant with the ideal source of nutrition, and may prevent or delay the development of some allergies. Breast milk is economical, and readily available at the right temperature!

Breast-feeding also provides you with physical benefits; your uterus will return to its normal state more rapidly, and you'll be able to get back into shape more quickly. Both you and your baby will benefit from the holding, cuddling, and contact when you breast-feed.

Breast-feeding should be a successful and rewarding experience for both you and your infant. All it takes is a little knowledge to prepare for breast-feeding and to take care of yourself.

The information presented here is intended to supplement the advice given to you by your pediatric healthcare provider, nurse, or lactation consultant. They should be consulted if you have any questions.

Preparing Your Breasts

Preparing your breasts and nipples for breast-feeding usually begins during the final weeks of pregnancy. Here are some simple techniques for preparing your nipples:

- When bathing or showering, avoid getting soap, shampoo, or perfumed body lotion on the nipples, as they have a drying effect. Instead, just use warm water.
- If your nipples are flat or inverted, at about six weeks before delivery your healthcare provider, nurse, or lactation consultant will instruct you on stretching exercises or the use of a breast shell to help make the nipple protrude.



Follow these suggestions:

- Continue to avoid using soap on the nipples when you take a bath or shower.
- Keep the nipples dry between feedings. Air-drying (or blowing warm air from a hair dryer) after each feeding reduces moisture and possible tissue irritation.
- Wear a comfortable, well-fitting, cotton bra for support (avoid underwire bras).
- If your breasts leak milk, use disposable, nonplastic-lined nursing pads to absorb the milk and keep breasts dry, or use a folded cotton handkerchief.

If Your Nipples Are Sore

A little soreness of the nipples for the first few days or so is natural, but if the soreness persists for longer than a few days, or if the nipples become cracked or bled, you should contact your healthcare provider or lactation consultant promptly. If you have persistently sore nipples, here are some ways to alleviate the soreness. Check first with your healthcare provider, nurse, or lactation consultant.

RESOURCES



Perinatal Health

MCH Home
 Program Directors
 Funding
 Information
 Pregnancy,
 Parenting
 and Depression
 Programs
 Publications
 Related Sites

Pregnancy, Parenting and Depression Resource List

(this page in spanish)

The Texas Legislature passed HB 341, Parenting and Postpartum Counseling Information, in the 78th Regular Legislative Session (2003). This law, effective Sept. 1, 2003, requires physicians, midwives, hospitals and birthing centers who provide prenatal care to a pregnant woman during gestation or at delivery to provide the woman with a current resource list of professional organizations that provide postpartum counseling and assistance to parents. The list is maintained by the Texas Department of Health (TDH). In addition, it must be documented in the client's chart that she received this information and the documentation must be retained for a minimum of three years. It is recommended that the information be given twice, once at the first prenatal visit and again after delivery. For more information on HB341 or postpartum depression, please contact Chan McDermott, Perinatal Health Program, at 512-458-7796 or chan.mcdermott@tdh.state.tx.us.

This list contains the names and addresses of professional organizations that can help you find a local resource that meets your needs. There are also some toll-free assistance phone lines. The list will be updated regularly. If you do not see an organization on this list that you feel comfortable contacting, we encourage you to check with your health care provider or a clergy member as he or she may be able to give you some ideas as well.

Statewide Resources:

Postpartum Resource Center Of Texas (Multi-lingual)
 811 Nueces
 Austin, TX 78701
 1-877-472-1002 - toll-free
www.texaspostpartum.org

Local Resources:

Mental Health Association of Abilene
500 Chestnut Street, Suite 1807
Abilene, Texas 79602
(915) 673-2300
www.abilenementalhealth.org

Mental Health Association of Beaumont and Jefferson County
670 North Seventh
Beaumont TX 77702
Phone in Beaumont area: 833-9657
Phone outside of Beaumont: 1-800-240-9657 - toll-free
<http://www.mentalhealthbeaumont.org>

Mental Health Association of Fort Bend County
10435 Greenbough Drive
Suite 200
Stafford, TX, 77477
Phone: 281-261-1876
www.mhafbc.org

Mental Health Association of Greater Dallas
624 N. Good-Latimer, Ste. 200
Dallas, Texas 75204
Phone: 214-871-2420
www.mhadallas.org

Mental Health Association of Greater Houston
2211 Norfolk, Suite 810
Houston, Texas 77098
Phone: 713-523-8963
Information & Referral Line: 713-522-5161
www.mhahouston.org

Mental Health Association of Greater San Antonio
8431 Fredericksburg Road, Suite 110
San Antonio, Texas 78229
210-814-7566 Office

Mental Health Association of Tarrant County
3136 W. 4th Street
Fort Worth, Texas 76107
Phone: 817-335-5405
www.mhatc.org

Mental Health Association of Tyler
113 E. Houston St.
Tyler, Texas 75702
903-592-0582

Toll-Free Telephone Assistance Lines:
Postpartum Resource Center Of Texas (Multi-lingual)
811 Nueces
Austin, TX 78701
1-877-472-1002 toll-free
www.texaspostpartum.org

Texas Department of Health
Family Health Services, Information & Referral Line
1-800-422-2956

2-1-1- Texas

2-1-1 Texas, formerly First Call for Help, is a service for the entire community. 2-1-1 is the new abbreviated dialing code for free, bilingual information and referrals to health and human services and community organizations. 2-1-1 serves as the number to call for information about community organizations, and it links individuals and families to critical health and human services provided by nonprofit organizations and government agencies in their own community. 2-1-1 Texas is currently available in the following places:

- The Gulf Coast Region (Houston)
- Southeast Texas Region (Beaumont)
- South Central Texas (Austin)
- North Central Texas (Dallas regions)
- North Central Texas (Fort Worth regions)
- Panhandle (Amarillo)
- Bryan/College Station
- South Plains (Lubbock)
- Tip of Texas (Weslaco)
- Texoma (Sherman)
- Rio Grande (El Paso)
- Permian Basin (Midland)
- Central Texas (Belton)
- Alamo (San Antonio)

On-line Assistance:
Texas Information and Referral Network
www.hhsc.state.tx.us/tim/timhome.htm

[Click for Other Services](#)



Page updated 09/09/2003



ATTORNEY GENERAL OF TEXAS

GREG ABBOTT

DIVISION FOR FAMILIES AND CHILDREN

For more information,
call Margie Seeger at the
Birth Center 830-7400.

Voluntary Acknowledgment of Paternity

If you are not married to the father of your child but you want him listed as the legal father on the birth certificate, here is information you will need to know:

- Both parents must sign a document called an Acknowledgment of Paternity (AOP). **When the Acknowledgment of Paternity is filed with the Vital Statistics Unit, the biological father becomes the legal father.**

- The Acknowledgment of Paternity can be signed:
 - before the birth of the baby,
 - at the time of the birth in the hospital, or
 - after you leave the hospital.

- To sign the AOP before your baby's birth, both you and the biological father must go to a certified entity listed below to complete the AOP. When the form is completed, you should bring it to the hospital when you have the baby. The birth registrar will send it in with the birth certificate.

- The Acknowledgment of Paternity can be signed and completed at:
 - a child support office
 - the Texas Vital Statistics Unit in Austin
 - a local Vital Statistics office (county clerk, city secretary, or local health district)

- To sign the AOP after you leave the hospital, both parents must go to a certified entity listed above to complete the AOP process. To find the closest office that can help you with an AOP, you may call 1-866-255-2006.

Important Information

If you are married to someone other than the father of the child, your husband must complete the Denial of Paternity section on the Acknowledgment of Paternity form. If the husband does not complete and sign the Denial of Paternity, you cannot proceed with the AOP. You can still establish paternity by applying for services at a child support office or by seeing a private attorney.



*Information for Parents
of Newborns*

Welcome to Parenthood!

There is no instructional manual, and you will have lots of questions. It's a great idea to learn as much as you can about how to keep yourself and your baby healthy and safe. This booklet is one tool to help you do that.

This booklet will cover a variety of important health and safety topics for new parents. It will provide you with questions to think about and ask you to fill in information to help you plan for your baby's health needs. It will also provide you with phone and web resources in case you have questions or want more information.

For more information about women's or perinatal health issues, questions, or comments, contact us at infoforparents@dshs.state.tx.us



What Topics Are Covered?

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Newborn Screening

The Newborn Screening Program of Texas screens newborns for 29 genetic conditions that can be improved by early detection. This can lead to treatment early in life to help prevent developmental delays or other problems. There are two types of Newborn Screenings. These include:

Blood screening tests or "heel prick": Blood screening tests use a small amount of blood taken from your baby's heel. If the test results are not normal, your baby will need another test. The doctor may start treating your baby right away if the condition is serious.

Hearing Screening: Hearing loss occurs in 3 out of 1,000 babies. Because hearing loss is one of the most common birth defects, a hearing screen could catch a problem early enough so that services can begin right away. After the hearing screening in the hospital, you will get a "pass" which means your baby can hear well enough to learn language, or a "did not pass" which means your baby will need further testing. "Did not pass" does not mean that your baby has hearing loss. It is important to test your baby again. The hospital or your baby's health care provider will help you get this testing.

If your health care provider asks you to bring your baby in for a follow-up test, do it as soon as possible! Acting early is important. Give your correct address and phone number to the hospital or health care provider. If you don't have a telephone, leave the phone number of a friend, relative or neighbor with the health care provider or hospital. If you move soon after your baby is born, let your health care provider know right away so they can reach you if your baby needs a follow up test.

Use the following chart to make sure your baby receives all required newborn screenings:

| Type of Screening | When it's done | Follow up | Date Completed |
|-------------------|--|---|----------------|
| 1st Blood Screen | 24-48 hours after birth, in the hospital | A second blood screening is done 1-2 weeks after birth | |
| 2nd Blood Screen | 1-2 weeks after birth | If needed, your doctor will contact you for further testing and treatment | |
| Hearing Screen | Before you leave the hospital | If needed, your doctor will contact you for further testing and treatment | |

Resources:

For more information on Newborn Screening, please visit this page:

<http://www.dshs.state.tx.us/newborn/expandparent.shtm>

For more information on Newborn Hearing Screening, please visit this page:

<https://www.dshs.state.tx.us/audio/nbhsparent.shtm>

Hearing Checklist for Parents: Use the checklist as a guide to know if your baby continues to hear well as he or she grows older. <https://www.dshs.state.tx.us/audio/pdf/hearingchecklist.pdf>

To contact the Newborn Screening program, call 1-800-252-8023 x3957 or email Newborn@dshs.state.tx.us

Immunizations

Immunization occurs when a vaccine, often called a "shot", for a disease is given. When you get a vaccine, your body responds by building immunity against the disease. Some vaccines can protect against two or three diseases. Some of these diseases can cause life-long effects, even death. Keep your children healthy by getting their vaccines on time. Ask your doctor about the importance of vaccines.

Texas law requires certain vaccines. Children cannot start childcare or school without them. The schedule below lists the required vaccines by age. Follow the schedule and your child will meet the requirements.

Required Immunizations and Medically Recommended Schedule

| Vaccine | Birth | 2 mos. | 4 mos. | 6 mos. | 6-23 mos. | 12-15 mos. | 12-18 mos. | 15-18 mos. | 24 mos. | 30-36 mos. | 4-6 years | 14 years |
|--|-------|--------|--------|--------|-----------|------------|------------|------------|---------|------------|-----------|----------|
| Hepatitis B | ✓ | ✓ | | ✓ | | | | | | | | |
| Diphtheria, Tetanus Toxoid (lockjaw) and Pertussis (whooping cough) (DTaP) | | ✓ | ✓ | ✓ | | | | ✓ | | | ✓ | |
| Haemophilus influenza, Type b (HIB) | | ✓ | ✓ | ✓ | | ✓ | | | | | | |
| Polio (IPV) | | ✓ | ✓ | ✓ | | | | | | | ✓ | |
| Pneumococcal (PCV7) | | ✓ | ✓ | ✓ | | ✓ | | | | | | |
| Influenza (flu) | | | | | ✓ | | | | | | | |
| Measles, Mumps, Rubella (German Measles) (MMR) | | | | | | ✓ | | | | | ✓ | |
| Varicella (Chicken Pox) | | | | | | | ✓ | | | | | |
| Hepatitis A | | | | | | | | | ✓ | ✓ | | |
| Tetanus/Diphtheria (Td) | | | | | | | | | | | | ✓ |

Flu vaccine should be given every year after the first one

As children get older, a tetanus and diphtheria booster should be given every ten years. Beginning at 6 months, a yearly flu shot is recommended. The meningococcal vaccine is recommended for teens as it can prevent a severe brain infection.

Resources

DSHS Immunizations website: www.immunizetexas.com
 Contact the Immunization Program:
 call 1-800-252-9152



Planning for After Delivery

You will have lots of feelings before and after your baby is born. Some of these feelings include joy, excitement, nervousness, and stress. All of these feelings are normal. Below are some things you can do now to plan for after your baby is born.

- **Be realistic about being a new parent:** There is so much to learn about your baby and about your role as a parent. Be patient with yourself. You may not always feel like having visitors or you might be too tired to dress up for a dinner party. It takes time to get used to your baby's eating and sleeping schedule.
- **Ask for support:** You can ask friends and family to help you with chores at home. You can ask co-workers or friends to bring you easy to heat meals so you don't have to cook. Also, ask grandparents and family to plan their visits at different times so that you are not overwhelmed with visitors.
- **Stay connected:** There are lots of emotional and physical changes that happen after having a baby. Because of that, it is important to have people in your life you can talk to. This could mean having a cup of coffee with a friend, joining a new moms' support group or joining an online group for new moms. Look for new mom yoga classes or walking groups. Exercise is a great way to stay healthy.
- **Pay attention to your emotions:** You can do this by talking with your health care provider or a counselor. You can also try writing in a diary or talking with a friend or partner. If you feel very sad before or during pregnancy, it is important to get help.
- **Learn about breastfeeding:** Postpartum depression rates have been found to be lower in breastfeeding moms. Breastfeeding is the best way to feed your baby. It costs less than bottle feeding. Breastfeeding helps you bond with your baby, but it doesn't always come naturally. Learn about breastfeeding during your pregnancy. Ask for help in the hospital with positioning and latching your baby. Free information and referrals are available from Texas' Statewide Lactation Support Hotline: 1(800) 614-6667.
- **Spend quality time with your baby.** Spending time in skin-to-skin contact with your baby has been shown to reduce stress and anxiety. It's good for your baby too! Talking and smiling at your baby makes your baby feel loved. Playing simple games or showing baby a toy helps stimulate your baby's brain. Getting outside and taking your baby for walks helps you stay healthy and gives your baby some new things to look at and learn about.



Postpartum Mood Disorders

Perinatal Depression

Perinatal depression is a word used to describe depression during or after pregnancy. It is not the same thing as the "baby blues," which go away within a week or two of birth. It can occur during pregnancy or within a year after the end of your pregnancy. Without treatment, symptoms may last a few weeks, months, or even years. In rare cases, the symptoms are severe and can be potential danger to the mother and baby.

Use the checklist below to decide if you have symptoms of perinatal depression. If you check more than one box, talk with a health care provider who can help you find out if you are suffering from perinatal depression and talk to you about treatment options.



During the past week or two –

- I have been unable to laugh and see the funny side of things.
- I have not looked forward to things I usually enjoy.
- I have blamed myself unnecessarily when things went wrong.
- I have been anxious or worried for no good reason.
- I have felt scared or panicky for no good reason.
- Things have been getting the best of me.
- I have been so unhappy that I have had difficulty sleeping.
- I have felt sad or miserable.
- I have been so unhappy that I have been crying.
- The thought of harming myself, my baby, or others has occurred to me.

If I Have Perinatal Depression, What Can I Do?

You may find it hard to talk about it if you are feeling depressed. Know that you are not alone. Perinatal depression affects thousands of women and can be treated successfully. It is possible to feel better. Here are some things that can help.

- 1. Lean on Family and Friends:** Ask for help with a few hours of weekly child care so that you can take a break. Get help cleaning the house or running errands. Share your feelings openly with friends and family. Let them help and support you when you need it.
- 2. Talk to a Health Care Provider:** An easy way to raise the subject is to bring the above checklist with you to your next appointment. Show the items you checked and talk about them. If you feel that your provider does not understand what you are going through, please do not give up. There are many providers who do understand, who are ready to listen to you, and who can help you.
- 3. Find a Support Group:** Find other women in your community experiencing perinatal depression. This can give you a chance to learn from others and to share your own feelings. Ask your health care provider how to find and join a support group.
- 4. Talk to a Mental Health Care Professional:** Many mental health professionals have special training to help women with perinatal depression. They give you a safe place to express your feelings and help you manage and even get rid of your symptoms. If you can, choose counselors who have experience in treating perinatal depression.

5. Focus on Wellness: An important step toward treating perinatal depression is taking care of your body. A healthy diet combined with exercise can help you gain your lost energy and feel strong. Eat breakfast in the morning to start your day right. Eat two servings of fruit and three servings of vegetables each day, choose healthy snacks and avoid alcohol. Also, fit exercise into your day. It will make you feel good and can even reduce your stress level.

6. Take Medication as Recommended by Your Health Care Provider: Sometimes, medications are needed to treat depression. You should talk to your health care provider about which medication, if any, may be best for you. Ask questions about your treatment options; be active in deciding how you will get better. Make sure to tell your provider if you are taking any other medicines.

Postpartum anxiety and psychosis

A very small number of women suffer from a severe form of perinatal depression called postpartum psychosis. Women who have a bipolar disorder or other psychiatric problems may have more of a risk for postpartum psychosis. Symptoms may include:

- Extreme confusion
- Hopelessness
- Cannot sleep (even when exhausted)
- Refusing to eat
- Distrusting other people
- Seeing things or hearing voices that are not there
- Thoughts of hurting yourself, your baby, or others

If you or someone you know fits this description, please seek medical help immediately. This is a medical emergency requiring URGENT care.



Resources

2-1-1 Texas: Dial 211. This service helps you to find resources in your area. From your cell phone, you can reach 2-1-1 services by dialing 1-877-541-7906

PPD Moms: 1-800-PPD-MOMS or 1-800-773-6667
DSHS Pregnancy, Parenting and Depression Resource List:
<http://www.dshs.state.tx.us/mch/depression.shtm>

The National Women's Health Information Center: <http://www.womenshealth.gov>

Postpartum Support International (PSI): <http://www.postpartum.net/>

Parents Anonymous: <http://www.parentsanonymous.org/paIndex10.html>

Depression During and After Pregnancy:
<ftp://ftp.hrsa.gov/mchb/pregnancyandbeyond/depression.pdf>

When Baby Cries

It is normal for babies to cry every day. It is not always easy to know what your baby needs when he or she is crying. This can be stressful or frustrating for you as a parent. Every parent has to learn what works for their baby. Here are some things you can try to calm your baby:

| Why baby might be crying | What to try |
|--------------------------|--|
| Hungry or gassy | Feed or burp the baby |
| Dirty diaper | Change the baby's diaper |
| Uncomfortable | Check to see if the baby's clothes aren't too tight, and that there are no pins or tags sticking or itching the baby |
| Sick | Check the baby's temperature, look for a runny or stuffy nose, use a humidifier; call the doctor if you think baby is sick |
| Temperature | Make sure baby is not too hot or cold |
| Sleepy | You can gently rock, sing, sway, "shush", and hold your baby to try and get him or her to take a nap |
| Bored | Take the baby for a walk, a car ride, to a different room, outside, show baby a new toy or a mirror, sing or play music |
| Other things to try | Change the way you are holding the baby, rub baby's back or belly, try a baby swing, give baby a bath |

If you are feeling frustrated by your baby's crying, put the baby in a safe place and leave the room for five minutes. This can include a crib, a play pen, or a swing chair that is buckled. Take some deep breaths to calm yourself down. Things you can do to calm down include:

- Go outside, stretch, take deep breaths,
- Call a friend, neighbor, or partner,
- Do five minutes of exercise (push ups, sit ups, jumping jacks, etc.) to get your nervous energy out,
- Just sit still and breathe.

If you don't think you can calm down after five minutes, check on the baby to make sure he or she is physically okay, then call a friend, neighbor or family member to come and help you. Every parent should have a plan in case they are in a situation where they cannot get their baby to stop crying. Fill in the following box to help you think about what your plan will be.

When my baby won't stop crying:

A safe place I can leave the baby for five minutes is _____

A calm and understanding person I can call to talk to is _____

One thing I can do to calm myself down is _____

If I need help caring for the baby I will _____

No matter how upset you feel, **NEVER SHAKE** your baby. Shaking or treating your baby roughly can cause brain damage, blindness, hearing loss and death. Shaken Baby Syndrome is the name for all the different problems that can happen when a baby is shaken.

If you are worried that someone you know is having a hard time when their baby cries, offer to help. You may be able to offer new ways of calming the baby. Also, you may be able to give the caretaker a break. If you think someone is hurting a child, you need to report it. You can call 1-800-252-5400 or use the Department of Family and Protective Services secure website: <https://www.txabusehotline.org>. If it is an emergency, call 911.

If you think your baby may have been shaken and you see any of the following signs, take your baby to a hospital. Be sure to tell them you think your baby may have been shaken.

- Baby is very sleepy or fussy, or baby does not seem like him or herself
- Baby vomits or does not want to eat
- Baby is not smiling or making noises like usual
- Baby's arms and legs are rigid or stiff for any period of time – this may be a seizure or something worse
- Baby has a hard time breathing
- Baby's eyes look different or you think baby's eyes have been hurt



TIP: Consider sharing this information with your baby's caretaker and find out how they handle a baby that won't stop crying. Also, consider sharing it with your partner and other friends with babies to help them plan.

Resources

211 Texas: Dial 2-1-1 – Help finding local resources. From a cell phone, dial 1-877-541-7905.

Childhelp USA: 1-800-4-A-CHILD (1-800-422-4453) – 24 Hour hotline with counselors to help you cope with babies crying

National Committee to Prevent Child Abuse: 1-800-CHILDREN (1-800-244-5373)

Shaken Baby Alliance: <http://www.shakenbaby.com/>

National Center on Shaken Baby Syndrome: <http://www.dontshake.org>

National Shaken Baby Syndrome Campaign: <http://www.preventchildabuse.com/sbs.shtml>

Safe Sleep & SIDS: Babies Need Room to Breathe

SIDS is the sudden, unexpected death of an apparently healthy infant under one year of age that remains unexplained after the performance of a complete postmortem investigation, including an autopsy, an examination of the scene of death and a review of the medical history.

SIDS occurs in all socio-economic, racial and ethnic groups. African American and Native American babies are 2-3 times more likely to die of SIDS than Caucasian babies. Most babies that die of SIDS appear to be healthy prior to death, and 60% of victims are male, 40% are female. There is no known way to prevent SIDS in all cases, but parents and caregivers can reduce the risk of SIDS by acting on the following:

- Baby should always sleep on his or her back.
- Baby should never sleep on waterbeds, sofas, recliners, futons, bean bags chairs, soft mattresses or other soft surfaces.
- Don't allow smoking in homes where babies live, especially near where baby sleeps.
- Don't use soft bedding such as like quilts, sheepskins, fluffy blankets, comforters or bumper pads.
- Baby's head should always be uncovered when he or she is sleeping.
- Keep baby away from drapes, curtains, venetian blinds and their cords.
- Use a firm, well fitting mattress. Don't use loose fitting bedding.
- Never have spaces between the mattress and the crib where the baby could be trapped.
- Don't use hand-me-down cribs that don't meet safety standards. See the crib safety site <http://www.cpsc.gov/cribs.html> for more info.
- Place the crib in the room where the parents sleep.

Co-Sleeping Precautions

The safest place for baby to sleep is in a safety-approved crib or bassinet in the same room with a parent or caregiver. Adult beds are not made for babies and may carry a risk of accidental entrapment and suffocation. If parents choose to share a sleep surface (co-sleep) with their infants, the following warnings are offered:

- No one other than the parents should ever sleep with an infant.
- Avoid crevices between the mattress and a wall that could entrap an infant.
- Don't smoke while you're pregnant, it is one of the biggest risk factors for SIDS after your baby is born. Don't allow smoking in homes where babies live, especially near where baby sleeps.
- Parents should never sleep with their infant if the parent is:
 - a smoker or under the influence of alcohol
 - using illegal drugs,
 - sick, unusually tired or taking medication that causes sleepiness,
 - very upset or angry, or
 - obese or severely overweight

TIP: Share this checklist for safe sleep with your baby's caregiver, friends, relatives, babysitters and anyone that may put your baby to sleep when you are away.



How to Choose a Child Care Provider

Choosing child care is one of the most important decisions a parent can make. Below are some helpful tips about choosing child care that is right for you and your child.

What kind of care is best for my child?

This depends upon you, your child's needs and the setting you think would be best for your child. Always look for the education, experience, and training of caregivers as well as the group size for your child's age.

What are the types of child care operations?

Licensed Child-Care Center: Centers provide care for 7 or more children under 14 years old. Care is provided for less than 24 hours a day at a place other than the permit holder's home. Centers are inspected at least once a year for health and safety standards.

Licensed Child-Care Home: The caregiver provides care in her own home for children from birth through 13 years old. The total number of children in care varies with the ages of the children. The total number of children in care at any given time must not exceed 12. Licensed homes are inspected at least once a year.

Registered Child-Care Home: The caregiver provides care in her own home for up to 6 children from birth through 13 years old. They may also provide after school care for up to 6 additional elementary school children. The total number of children in care at any given time must not exceed 12. Registered homes are inspected at least once every two years for health and safety standards.

Listed Family Home: The caregiver provides care in her own home for 3 or fewer children unrelated to the caregiver, birth through 13 years old. Care is given for at least four hours a day, three or more days a week, and more than nine consecutive weeks. The total number of children in care may not exceed 12.

Choosing to use an unregulated caregiver outside of your own home may seem less expensive or easier for you. However, these operations are illegal. This means no oversight, and no guarantees that the caregiver is properly trained. This care may be more dangerous for your baby.

Steps to Choosing a Child Care

- Start at our website - www.txchildcaresearch.org
- Click on "Search for Child Care Center or Home."
- Enter your preferences. The search will give you a list of providers, including locations and phone numbers.
- Select the child care you want to learn about. Each child care's licensing history and compliance with minimum health and safety standards is given.
- Visit the day cares that interest you. Watch the interaction between the staff and the children. Talk to parents whose children attend. Once your child is in care, stay involved and keep asking questions.

Financial Assistance for Child Care Program

You may qualify for financial assistance with child care. Dial 2-1-1 (1-877-541-7905 from a cell phone) to learn more. Knowledgeable staff in your area will answer your questions.



Child Safety Seats

Car crashes are one of a child's biggest health risks. Make sure you use the proper child seat. Use it correctly on every ride. Read below for some tips about your baby's car seat.

Pick a rear-facing seat. Most rear-facing child seats fit children at five pounds. Some fit children at even lower weights. There are two types of rear-facing seats:

1. Infant-only seats often come with handles so that they can be used as carriers. If using as a carrier, always keep the child secured in the seat's harness straps. Infant seats of this type usually have a maximum weight limit of 20–30 pounds and have height limitations.

2. Convertible seats are larger and cannot be used as carriers. They can be used for infants starting at five pounds. These seats fit children to higher weights than rear-facing. They can also become forward-facing seats for older children.



- A new seat is best. If the seat is not new, it should have its instructions, all its parts, be free of recalls, and in good working condition. Also make sure the seat is no more than six years old, and that you know the seat's history. A seat should be replaced according to manufacturer's instructions if it has been involved in a collision.
- Read the instructions. Before you bring your baby home, practice using the seat by putting a doll or stuffed animal in the seat according to instructions.
- Read the section in your car owner's manual about how to install a child seat in your vehicle. Practice installing the seat in your car. The seat needs to be installed tightly and the child secured snugly in the seat's harness system.
- Remember that your child will need other seats in the future as he/she grows.

Use a child seat on every ride

- As a parent, decide that your baby will always ride in a car seat. Don't break that commitment. Find a safe place to pull over and stop the car if the baby needs attention when you are driving. Never remove your child from the child seat or hold the baby when driving.
- Use the back seat for the child seat installation. Never install in front of an active passenger airbag.
- If you can, have an adult ride in the back with the baby as much as possible, especially with newborns.
- Remember that staying home is the safer option. Limit trips with your baby as much as possible.
- Never leave your child unattended in a vehicle, even for a short time.

Resources

Child seat distribution program for low-income families. A caregiver can receive one child seat after attending a one-hour class. In order to qualify, someone in the household must have a car. Call Safe Riders at 800-252-8255 for more information.

Telephone assistance is available from child passenger safety technicians regarding laws in Texas. They also offer help with picking, installing and using a child seat. Call Safe Riders at 800-252-8255. The website is www.dshs.state.tx.us/saferiders.

Checkups and inspection stations offer you the chance to have your child's safety seat checked to make sure it is safe and used correctly. Find inspection stations online at www.seatcheck.org.



Special Needs and Early Intervention

Children with Special Health Care Needs Services Program

This program helps children through age 20 with special health care needs and people of any age with cystic fibrosis. Some of the services include, but are not limited to:

- Medical, dental and mental health care
- Special therapies
- Medicines
- Medical equipment and supplies
- Family Support Services
- Travel to health care visits
- Case management

The Children with Special Health Care Needs Services Program is available to anyone who:

- Lives in Texas
- Is under 21 years old (or any age with cystic fibrosis)
- Meets family income limits
- Has a physical condition that is expected to last at least 12 months (may also have a mental health condition as well as the physical condition)

To learn more about the program, call 1-800-252-8023 or go to www.dshs.state.tx.us/cshcn

Early Childhood Intervention Program (ECI)

Early Childhood Intervention (ECI) helps families with children birth to 36 months with developmental delays or disabilities. All children need support as they grow and learn, but some children need extra help. It is important to start early. For some families, ECI services may begin soon after their baby is born.

If you have questions about how your baby

- Sees
- Plays
- Sits
- Hears, or
- Stands,

Call the Department of Assistive and Rehabilitative Services (DARS) Inquiries Line at 1-800-628-5115 or the TDD/TTY Line at 1-866-581-9328 for people with a hearing impairment. You can also visit the DARS Web site at www.dars.state.tx.us/ecis. DARS contracts with local programs to provide services in every Texas County.



For more information about women's or perinatal health issues, questions, or comments, contact us at infoforparents@dshs.state.tx.us

This booklet made possible with funding from the Maternal Child Health Title V Block Grant.

Credits:

Postpartum Mood Disorders pages adapted from HRSA's *Depression During and After Pregnancy*.
<ftp://ftp.hrsa.gov/mchb/pregnancyandbeyond/depression.pdf>



Why is Safe Sleep Important?

- Placing babies in a safe sleep position is very important to reduce the risk of Sudden Infant Death Syndrome (SIDS) or "crib death." When a baby, usually between the ages of 1-12 months old dies suddenly without a clear cause, the death is often referred to as SIDS.
- More babies between 1-12 months of age die from SIDS than any other cause. SIDS has also been called "crib death" but cribs do not cause SIDS.

What is the Safest Way for Babies to Sleep to Reduce the Risk of SIDS?

- Babies that are put to sleep and to nap on their backs are much less likely to die from SIDS.
- The safest place for babies to sleep or nap is in a crib or on a firm sleeping surface with a fitted sheet. The place where the baby sleeps or naps should not have toys, pillows or other soft items that could get near the baby's face.
- Everyone who takes care of babies like grandparents, friends, and baby-sitters, should know about safe sleep. Parents should share this information with anyone who will be taking care of their baby.
- Babies can get hot while they are sleeping, which can make them more at-risk for SIDS. It is safest to put babies to sleep with light clothing and the temperature of the room should feel comfortable to you.
- Babies do best when they are not exposed to tobacco smoke. Babies that are around people who are smoking are more at-risk for SIDS. It is safest to make sure babies are in a "smoke-free" zone at home, away from home, and in cars.

If you would like to learn more about Safe Sleep you may contact:

Texas Department of State Health Services
<http://www.dshs.state.tx.us/mch>

Texas Department of Family and Protective Services
<http://www.dfps.state.tx.us>

National Institute of Child Health and Human Development
<http://www.nichd.nih.gov/sids/>

Sources:

National Institute of Child Health and Human Development.
Back to Sleep Campaign 2005.

Available from: <http://www.nichd.nih.gov/SIDS>

Centers for Disease Control and Prevention.
Sudden Infant Death Syndrome 2007.

Available from: <http://www.cdc.gov/SIDS/index.htm>



QUESTIONS AND ANSWERS ABOUT CORD BLOOD BANKING AND DONATION

This brochure is designed to provide basic information about cord blood banking and donation. Public cord blood banks are regulated by the federal government, and there are some restrictions that impact donation. Cord blood banks should be contacted for more specific information on the process for donation and storage.

1. What is cord blood?

Umbilical cord blood or cord blood is the blood that stays in the umbilical cord and placenta after the birth of an infant. This blood contains stem cells that are special cells that can help treat diseases in children and adults. In the past, all cord blood was thrown away after the infant was delivered. Cord blood can now be donated or saved in cord blood banks for future use.

2. How is cord blood used?

Stem cells from cord blood can be used to treat over 70 diseases, including and adults. The stem cells in the blood help to build new healthy cells and replace cells that have been damaged. Cord blood has been used to treat certain cancers, inherited diseases, and diseases of the immune system. Scientists are also studying whether cord blood can be used to treat other common diseases like heart disease, stroke, and brain diseases.

3. Who can benefit from the stem cells in cord blood?

Cord blood transplants can benefit immediate family members, extended family members, and non-related children and adults with certain diseases. One of the benefits of cord blood is that an exact match to the person receiving the cord blood is not required. Cord blood may be able to help people who are waiting for life-saving treatments. According to the Institute of Medicine, transplants of cord blood cells have already saved the lives of tens of thousands of Americans with a variety of diseases.

4. How is cord blood collected?

After the infant is born, medical staff collect the cord blood and places it in a special container that is then sent to the cord blood bank. The cord blood and mother's blood samples are then processed and tested. If the mother's blood sample identifies the presence of infectious disease, the mother will be notified. Once the cord blood bank determines the blood can be used, it is stored for future use.

5. What are the risks with cord blood collection?

There are no risks to the mother or infant when cord blood is collected. It is collected from the umbilical cord after the infant is born. Collecting the blood will not affect delivery or cause pain to the mother or infant.

6. Are stem cells in cord blood different from embryonic stem cells?

Yes, stem cells from cord blood are different from embryonic stem cells. Embryonic stem

cells come from developing human or animal embryos. Cord blood stem cells do not involve the use of embryos.

7. Is there a demand for cord blood?

Yes, thousands of patients who might benefit from a cord blood transplant die every year waiting for treatment. There is an especially great need for more cord blood donations from ethnic and racial minorities. Tissue types among ethnic and racial minorities can vary, therefore, it is desirable to have a larger "pool" of donated stem cells to meet the needs of these populations.

8. What options are available for cord blood to be donated or saved?

Cord blood is collected at the hospital shortly after delivery. There are several options if families want to donate or save their cord blood:

- ◆ donate it to a public bank, where it is made available to others, much like blood banks;
- ◆ save it through a family or sibling-directed banking program, so it will be available for family members, for a fee, or
- ◆ save it to a private bank so it will be available for family members, for a fee.

Families can call their local hospital or health care provider to find out which options are available, or they may contact the resources provided on the back of this brochure for a list of public and private cord blood banks. Families that decide to donate or save cord blood should make plans with a cord blood bank and their doctor before their infant's delivery.

9. Is there a cost to donate or save cord blood?

There is no cost to donate infant cord blood to a public cord blood bank. There may be costs associated with family or sibling directed donor programs. If the unit stored is reserved for a family. Some parents choose to save or "bank" cord blood in a private cord blood bank so family members can use the blood if it is ever needed. If parents choose to store their infant's cord blood, private banks charge a collection fee that ranges from \$900 to \$2000 and an annual storage fee of approximately \$90 to \$150. These fees may vary between private banks.

10. How do families decide if they want to save or donate cord blood?

The decision to donate or save cord blood is a choice that only expectant parents can make. It is important for expectant parents to talk to their health care provider so that they have all the information they need to make the decision that is right for their family.

Families do not have to donate or save infant cord blood.

For more information on cord blood banking and donation, you may contact the following resources:

National Marrow Donor Program-Provides a list of hospitals that accept cord blood donations.

Phone: 1-800-627-7692

Web Address: www.marrow.org

Parent's Guide to Cord Blood Banks-Provides information for parents on cord blood banking, and a list of private and public cord blood banks.

Web Address:

www.ParentsGuideCordBlood.com

South Texas Blood & Tissue Center-Provides information on the process and benefits of cord blood banking and donation.

Phone: 1-800-292-5534

Web Address:

www.bloodtissue.org/texas/cordbloodbank.asp

You may view or download this brochure online at:

Texas Department of State Health Services
www.dshs.state.tx.us/mch/default.shtm#whatsnew

For ordering information, go to:

www.dshs.state.tx.us

Or call

(512) 458-7111 x 7761



**INFORMATION ON
UMBILICAL CORD BLOOD
BANKING AND DONATION**



Participating hospitals

Cord blood bank to contact

Valley Baptist Hosp.
Brownsville, TX
Texas Cord Blood Bank

<http://www.bloodntissue.org/texascordbloodbank.asp>

Medical City Hospital
Dallas, TX
Texas Cord Blood Bank

<http://www.bloodntissue.org/texascordbloodbank.asp>

Valley Baptist Hospital
Harlingen, TX
Texas Cord Blood Bank

<http://www.bloodntissue.org/texascordbloodbank.asp>

Ben Taub General Hospital
Houston, TX
M.D. Anderson Cord Blood Bank

<http://www2.mdanderson.org/app/cbb>

Memorial Herman Southwest
Houston, TX
M.D. Anderson Cord Blood Bank

<http://www2.mdanderson.org/app/cbb>

The Woman's Hospital of Texas
Houston, TX
M.D. Anderson Cord Blood Bank

<http://www2.mdanderson.org/app/cbb>

McKenna Hospital
New Braunfels, TX
Texas Cord Blood Bank

<http://www.bloodntissue.org/texascordbloodbank.asp>

Methodist Hospital
San Antonio, TX
Texas Cord Blood Bank

<http://www.bloodntissue.org/texascordbloodbank.asp>

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