

any family with a new baby can use a helping hand



Postpartum Angel Training Manual

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About Good Beginnings

Our History

Good Beginnings of Central Vermont was founded in 1991 by three Northfield, Vermont mothers, Terry Howe, Maureen Larsen, and Sara Nevin, all experienced mothers who wanted to make a positive difference in the lives of new parents by supporting them during the crucial weeks and months following the birth or adoption of an infant. These women learned that a program, similar to the one they had envisioned, had originated in The Upper Valley of New Hampshire in 1986, through the work of Dorothy Campion Corcoran and her friends. The Upper Valley mothers knew as well, that all families face similar challenges when a baby is born - the sudden disruption of old patterns with one's partner and family, the possibility of postpartum depression, sleepless nights, and the necessity to quickly learn the nurturing skills that infants require.

It was through the common vision to support families that the Northfield mothers collaborated with The Upper Valley to incorporate their home visiting training method- and with some adaptations, designed to fit their Central Vermont initiatives of bonding,

carrying, literacy, reuse/recycling and fatherhood/male mentorship. Thus, the two programs became satellites with a shared purpose, and have since incorporated three more satellites in Wolfeboro, NH, Claremont, NH, and Bradford, VT all working independently but collaborating often to support families.

The mission of Good Beginnings of Central Vermont is: To bring community to families and their babies.

The vision statement for Good Beginnings is: We envision a society where communities come together to ensure all infants thrive.

Good Beginnings is a home visitor, primary prevention program that relies on trained volunteers to offer unconditional support and education to any family who is expecting or has a newborn. The program is “community based”, which means its vision, scope, and services are inspired and implemented by members of the community it serves. Good Beginnings’ purpose is to give every family a healthy start by providing parents with hands-on services at this critical juncture in their lives. This hands-on approach has been proven to reduce the risk factors associated with maltreatment of children, and even prevent it. The Good Beginnings model is straightforward, efficient, and understandable with no layers of complicated bureaucracy. Our services are free of charge to all families.

Goals

1. Develop an effective and caring relationship with parents.
2. Increase parents’ ability to be good caretakers by providing basic information and modeling regarding well-child care, development and nutrition.
3. Reduce isolation by connecting families with relevant community resources and with other recipients if so desired.
4. Promote independence and an improved self-image of both parent and child.

Menu of Services for Parents

Our services are free and open to all families

- **Home Visitation by Trained Good Beginnings Home Visiting Volunteers:** Weekly home visits, 2-3 hours, for about 3 months (any time after birth or adoption). GBCV home visitors provide hands-on-help and a nurturing presence, holding the baby, helping with errands, cooking, baby wearing support, light housekeeping, literacy support, giving attention to older siblings, etc.
- **In Loving Arms:** Volunteers provide frequent hospital visits to provide “in-arms care” and companionship for babies boarding at Central Vermont Medical Center.
- **The Birthing Year:** Free workshops for parents covering a wide range of prenatal, childbirth and postpartum topics. Support, education, encouragement, and a balm to isolation. Educational materials, free raffles, snacks, and hot drinks provided.
- **The Nest Parenting Resource Center:** Community space and parent resource center open Wed-Fri from 9:30AM-2:00PM. Parents of babies are invited to meet informally and enjoy hot tea/coffee in our family-friendly space. Parenting resources and monthly support groups are available at no cost.
- **Wholesale Baby Carriers & Babywearing Consultations:** Ergo, Maya Wrap, Moby Wrap carriers are available at wholesale prices or free for families who qualify. Make an appointment for a consultation.
- **Emergency Funds:** To address family needs during dire financial circumstances (for families who have received at least 3 visits with a Postpartum Angel volunteer).
- **Prenatal Resources:** Prenatal support and resources, free childbirth education, and help connecting with prenatal care.
- **Contact us:**
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Our Mission, Model and Philosophy

Good Beginnings was founded in 1986 by Dorothy Campion-Corcoran of Etna, NH, and several of her friends. The founders were all expecting mothers

and they wanted to make a positive difference in the lives of new parents. They knew that all families face similar challenges when a baby is born- the sudden disruptions of old patterns with one's partner and family, the possibility of postpartum depression, sleepless nights, and the necessity to quickly learn the nurturing skills that infants require. Couldn't everyone use some help at that time?

Good Beginnings' mission is twofold. The organization's primary commitment is to serve families at the time of a baby's arrival. At the same time, Good Beginnings strives to increase awareness among every member of the greater community about the importance of providing support at this crucial time in a family's and baby's life.

Good Beginnings: The Model

Good Beginnings is a home-visitor, primary prevention program that relies on trained volunteers to offer unconditional support and education to any family who is expecting or has a newborn. The program is "community based", which means its vision, shape, and services are inspired and implemented by members of the community it serves. Good Beginnings' purpose is to give every family a healthy start by providing parents with hands-on services at this critical juncture in their lives. This hands-on approach has been proven to reduce the risk factors associated with maltreatment of children, and even prevent it. The Good Beginnings model is straightforward, efficient, and understandable with no layers of complicated bureaucracy. Our services are free of charge to all families.

Our Foundation

The heart of our program is our personalized home-visiting service. An experienced volunteer visits a family for two or three hours each week around the time of a baby's birth. These visits typically extend over a three to six month period enabling volunteers to establish a trusting relationship with the family. The volunteer is there to offer emotional support, answer questions, and provide links to community resources. The volunteer is also available to help in other practical ways, whether it is to babysit, help with chores, or run errands. Good Beginnings may also serve families by providing meals, handmade layettes, Snugglis, books for babies and older children, and direct assistance funds.

Our Philosophy and Principles

Good Beginnings' hands-on support for all families with newborns is a departure from more traditional "formal" support services which often follow deficit-focused or fix-it models. A deficit model requires a child or family is "at risk" for various negative outcomes like abuse or neglect before services can be provided. In contrast, Good Beginnings emphasizes a primary prevention approach designed to building a family's strengths and prevent child abuse and neglect before they occur. Below is a list of principles embodied in Good Beginnings' unique and positive approach to family support.

Simplicity

The Good Beginnings model is straightforward, efficient, and understandable with no layers of complicated bureaucracy.

Wellness

Our program starts with the assumption that every mother and father has what it takes to be a good parent. That said we recognize that every family can use some help when the new baby arrives. This inclusive assumption eliminates the need to form judgments about who is at risk. Good Beginnings focuses on strengths not problems and this positive approach can be used with all families in a non-stigmatizing way.

Empowerment

By emphasizing and building on what is already healthy in a family, we help families function more effectively. In short, we strive to promote independence and an improved self-image for parents and children.

Family centered

Our philosophy recognizes the importance of parents and the key role that they play in the lives of their children. Each family leads the decision-making process concerning the timing and the services they receive from Good Beginnings. Our family centered services focus on supporting the parent as well as the parent child interaction and child development. As a family centered program our services enhance the development of both parents and children and strengthen the relationship between them. The services are delivered and driven in a way that is respectful of each family's individual beliefs, culture, and values.

Reciprocity

Recipients are considered vital partners in the success and sustainability of our program. Good Beginnings invites recipients to make referrals, share their unique talents and knowledge with the program or other recipients, and contribute financially. This idea of reciprocity also extends to the entire network of Good Beginnings programs because each contributes to the whole.

Definition: Primary Prevention

Educational and informational services designed to prevent child abuse and neglect before it occurs

The Characteristics of Primary Prevention Activities

- Universal accessibility – everyone is encouraged to participate
- Voluntary
- Intentional in their efforts to illuminate high-risk behavior
- Designed to promote positive family functioning rather than just preventing problems

Quality Family Programs Should

- Focus on the entire family
- Change as the family's needs, roles, and ages change
- Encourage families to express how their needs will be met
- Treat families with dignity by respecting their individual choices and preferences
- Respect cultural, economic, social, and spiritual differences
- Encourage families to use community resources
- Provide support and services that are easy to find and easy to use

Community Alliances

Just as we build on the strength of our program recipients, we also build on the strength

within the community. By working together with service providers and informal support networks within the community, we help to enhance the continuum of family support and avoid duplication of services.

Best practices

A best practice is a family driven, easy to use, and flexible service that has been finely tuned, improved, and implemented to produce superior outcomes. Good Beginnings demonstrates best practices by giving volunteers the thorough training and support they need, and by giving them ongoing opportunities to share their experiences and brainstorm solutions with other trained volunteers. While we encourage openness and collaboration; we also make a point never to compromise the privacy of the families we serve. Only the volunteer and director or Coordinator know the name of the family each volunteer is serving.

Best practice and family support

The main goal of family support is to make a positive difference in the lives of all family members. Quality family support programs focus on the entire family and are family driven, encouraging families to express their own needs and decide how those needs will be met. Family support programs are flexible changing as the family's needs, rolls, and age change. Family support services treat all families with dignity by respecting their unique differences, culturally, socially, spiritually and economically. They encourage families to use natural and formal community resources, and provide support and services that are easy to use. A best practice approach coordinates other available services into an integrated plan of care for the family. This wraparound approach not only avoids duplication of services, but ensures that short-term interventions like Good Beginnings are a bridge to long-term support.

Good family life is never an accident, but always an achievement by those who share it.

Volunteering with Good Beginnings

VOLUNTEER

Postpartum Angel: Volunteer Role and Responsibilities

Position Title:

Postpartum Angel Volunteer

Summary:

The volunteer offers ongoing support, community resources, education, and respite through home visits to families of birth and adopted babies in central Vermont.

Position qualifications:

The volunteer must have strong communication skills and knowledge of service agencies available to assist families with newborn babies.

Report to and is evaluated by:

Programs Director

Responsibilities

1. Provide weekly help at home for new parents 1 to 3 hours per week for a minimum of three months (or less depending on the needs of the family).
2. Attend orientation, ongoing training sessions, and occasional volunteer meetings for health updates.
3. Maintain strict confidentiality.
4. Offer education and support when needed with emphasis on maternal/infant bonding, breastfeeding, fatherhood, nutrition, and maternal wellness.
5. Provide support for pregnant women on bed rest if necessary.

6. Provide respite for families by entertaining siblings (30 min).
7. Provide links to community resources.
8. Encourage literacy awareness by providing books and other reading material for babies, young children and parents (included in Welcome Bag).
9. Stress the value of the father's role by sharing information about fatherhood services such as Dad's Playgroup.
10. Call-in or email visits to Program Director to report names of families served, hours worked, and brief account of activities completed.
11. Secure prior approval from the Program Director before incurring any expenses to be covered by Good Beginnings of Central Vermont.

Volunteer Policies & Guidelines

1. Volunteer Requirements

The following requirements need to be completed by each Good Beginnings volunteer before home visiting can begin:

- A complete, signed application listing three personal references
- A two-part training program:
 - Orientation/training
 - Review of health and safety topics
- A signed confidentiality statement
- A release for criminal record screening

2. Confidentiality

- Treat your parents'/recipients' lives as private and worthy of respect in that privacy
- Do not talk about your family matches with neighbors, family or friends. You can discuss your volunteer work, but avoid betraying confidences or gossip about an individual's problems or private life
- Discuss any issues or concerns with Good Beginnings staff, or at a volunteer meeting

3. Volunteer safety

- Never place involvement at a higher priority than your own safety and well-being. For example, end your visit immediately if you become aware of an unsafe situation including but not limited to:
 - Domestic violence crisis
 - Illegal drug or alcohol use
 - Involvement in criminal behavior
- If appropriate, state that you are uncomfortable with what is going on, that you need to leave and hope that you can talk again later. Appropriate actions after leaving the home would be to call the police, DCF, and Good Beginnings staff.

4. Loaning Money / Purchases

- Do not loan money or otherwise get in the habit of personally supplementing family income. Good Beginnings has a substantial direct assistance fund available to assist families in need. The volunteer or family can access funds by contacting Good Beginnings staff
- If there is an immediate situation for which you need to provide financial assistance (e.g. groceries, prescriptions), make sure the family is aware that you will be reimbursed through Good Beginnings funds. This allows for you to be responsive to the families' needs without undermining the relationship.

5. Boundaries

- Define short-term support at the beginning of your service
- Get to know the family before you consider blending your personal life and family with theirs
- Take care of yourself first and relax with volunteer/client boundaries gradually, if you choose to do so at all
- Selectively offer your home telephone number to families. Otherwise, ask them to convey messages to Good Beginnings if it is not appropriate for them to have your number

6. Respite

- Avoid providing child care. Brief “respite care” while parents are on the premises is appropriate and highly valued by the parents we serve, but it should not become the sole focus of your visits.
- Remember, the goal of the volunteer is to enhance parental capacity by building a relationship with the parents
- Each visit should include time to interact with parents, provide basic information regarding well-child care, development and nutrition, and to assist with baby care and household functions..



Postpartum Angel Roles and Responsibilities

1. To provide warm and consistent support and emotional back-up to a parent by visiting on a regular basis and by being an active listener.
2. To promote a parent’s self-esteem by recognizing his or her strengths and reinforcing them.
3. To focus on the primary caregiver- the mother or father- not the child.
4. To help create a feeling of trust and confidence by being a reliable, dependable special friend.
5. To act as a role model for appropriate parenting and basic life skills, such as keeping appointments, handling and expressing feelings, and exploring options for problem-solving.
6. To accept the parent’s individuality by not giving advice, criticizing, or imposing one's own values.
7. To respect the confidentiality of all information the parent shares, making provision for reporting suspected neglect or abuse to the Program Coordinator.

8. To be available as a support to the parent during a crisis.
9. To set limits on inappropriate behavior.
10. To make a commitment to visit the family for an agreed-upon timeframe.
11. To support parents' wishes to engage in new experiences which will not only be enjoyable but also result in feelings of success and achievement.
12. To attend scheduled supervision and training sessions.
13. To maintain all documentation required by the program.
14. To carry out the individualized family plan by supporting the parent, facilitating the learning of new skills and facilitating the parent's use of the community resources.
15. To complete the initial training session.

Stages of Home Visiting

The first home visit-

Keep it brief, focused and relaxed, about 30 to 60 minutes.

1. Becoming acquainted with the family – exchange simple conversation about everyday things. This allows the family to see you as the person you are. Share your enthusiasm for the program.
2. Review the purpose of the program- talk about anticipated activities and goals of the program.
3. Explain your role as a home visitor – discuss your responsibilities and limitations. This will probably need to be repeated throughout the project.
4. Clarify the role of the family – and stress the family as a partner of a mutual relationship to which both the family and the home visitor will make contributions. Let the family know you expect them to be available for scheduled visits.
5. Clarify the family's expectations – find out what the client expects of the program and clear up any misconceptions they might have.

6. Joining with the family or beginning to establish rapport – this is an ongoing process and there are many ways to approach this. Show a sincere interest in understanding the family's needs and a willingness to help. Don't probe too deeply into a family's personal life early on. A client may regret telling you things so freely. Some programs bring a small gift to their first visit as a way of welcoming them to the program.

Ongoing home visits

Points to consider:

- Focus on the family's needs rather than your own – while you may gain personal satisfaction, or feel frustrated, or gain new skills and insights: these should be outcomes of working on behalf of the client, not sought by you. Focusing on the client can be difficult. The client may ask you to meet with them during a time that is inconvenient for you. Talk with the Program Director about such issues. Timing may be a crucial element in joining with the family. You will have to decide whether to agree to the client's request or remain firm on a meeting time.
- Families have a right to self-determination – your role is to encourage and sustain the family to make their own decisions. This increases the family's sense of competence and control over their lives. The family will learn by their own experience even if they make some mistakes. Remember the client is an individual and you are not responsible for their actions.
- Foster family independence – there may be some initial or occasional dependence of the family on the home visitor. Keep in mind that doing for the client does not increase their own competence. The ultimate goal of the relationship should be for the client to have no dependent upon the home visitor. And trying to determine what is acceptable dependent behavior ask you whose needs are being met in the situation?

The Closure Process

- Do we see measurable increases in baby care skills, confidence, and energy? The closure of service is a great opportunity to give mom and the family recognition of growth! Is mom beginning to be more involved in the outside world, I.E. reconnecting with her friends, activities or community support?

- Remember, the birth experience reactivates old pain, memories regarding their childhood, previous loss, responsibility or abandonment. These issues may reside when the visitor is present. Anticipating that these latent issues may resurface after your closure; this may be the appropriate time to connect the family with professional – community support.
- Complete volunteer log and associated check lists.

Possible Ways to Make the Closure Process Less Abrupt

- You can gradually reduce your visits from once a week to every 2 to 3 weeks.
- Make the last visit special in some way; go on a special outing or allow mom and dad a “date night”.
- Consider saying, “I would love to hear from you, let me know how you are doing.” This can convey a message of caring beyond the job description.
- Send cards on Mother's Day, Father's Day, holidays, etc.
- When ending with a family with older siblings you'll need to have closure with the children also. Perhaps planning a special activity, outing or leaving them with a token of your time together. This also may be an opportunity to encourage a new step – with the parent consider a preschool for the child, student help or a cooperative play group?
- Be honest about your feelings and acknowledge that the closure is difficult for you as well.



Helpful Tips for Volunteers: Qualities to Role-Model for Parents

1. Optimism

Show a positive attitude toward everything. Always look on the bright side, especially in difficult situations. Reassure the mother and father that their job is the most vital and far reaching of any in our society.

2. Joy

Point out the rewarding aspects of parenting: watching your child grow and learn, loving this new creation. One can find amusement in chores, cooking, and child-rearing if you just have a sense of humor. Emphasize gratitude for all things to the parents and other children, and joy will undoubtedly follow.

3. Good Listening

First, listen very carefully to the words of the mother and or father. Without judgment, decide where you might be able to help and offer it. Don't take it personally if your first offer is declined, but when the timing is right offer another alternative. Always show empathy, not sympathy, and this will establish a rapport between you and the family. Even if it is outside of your personality, try to let the parents talk more than yourself.

4. Affirmation of Parenting Capabilities

Reinforce the healthy aspects that you observe in a family: good nutrition, calm attitude toward children, discipline, caring, etc. Ask applicable questions of the parent's. For example, "I noticed that you're using cloth diapers. How do you launder them?" If you are asked, share stories of your own parenting experiences. Bring books, videos or handouts with information on an inquired topic.

5. Faith in Community Resources

Encourage parents to develop relationships with neighbors and friends. If appropriate even accompany parents on visits, playgroups or other community events. Recommend outside resources that families may be eligible for. Offer to help them make the phone calls, complete an application, or arrange transportation to an appointment. Remind parents that it does in fact "take a village" to raise a child and not just one or even two people.

6. Care of Self

Encourage parents, especially mother, to take time to do something for themselves. Inquire about any hobbies or interests. Ask about the six week checkup and whether the

mother is recovering well from birth. Check on good hygiene in the household. Suggest a walk or fresh air if the weather is agreeable.

Other Appropriate Suggestions for Volunteers:

- A.** Spend time with older children so that mom and the baby can rest. Reading is a great quiet and enriching activity, and there are some children's books included in the welcome bag. Keep this time limited to about half an hour per visit.
- B.** Help with chores around the house. Washing dishes, sweeping, taking out garbage, folding laundry, or other tasks may be helpful. Often parents refuse help in this department, but if this is the case, don't be discouraged.
- C.** Demonstrate how to use one of the infant carriers and let the parents practice. Or carry the baby yourself so that mom can take a shower or take care of herself.
- D.** Assist parent on brief outings, such as trips to the grocery store. Help supervise older children and/or carry grocery bags.
- E.** Help with meal preparation for the family. Chopping vegetables, setting the table, or heating up meals are all suitable activities for the volunteer.
- F.** Communicate to families information about resources and/or services. Come prepared with the phone numbers of lactation consultant for breast-feeding questions, the schedule of car seat safety workshops, playgroup schedules, etc. These are all included in the welcome bag provided. Also provide contact information for fuel assistance, WIC, food stamps, adult basic education, and any of the programs that are listed on the important community contact sheet in your volunteer manual.
- G.** Identify where there may be an urgent need and contact the Program Director. In this case, you may be bringing emergency food, diapers, or clothes to the family on your subsequent visit.

Safety

Infection Control for Home Visitors

These simple but important measures should be taken each time a visit is made.

1. Wash your hands...

- When you arrive and before you leave
- Before and after diaper changing
- After you cough or sneeze into your hand(s)

2. Call ahead...

- If you have a cold, sore throat, etc. to make sure it is okay to visit

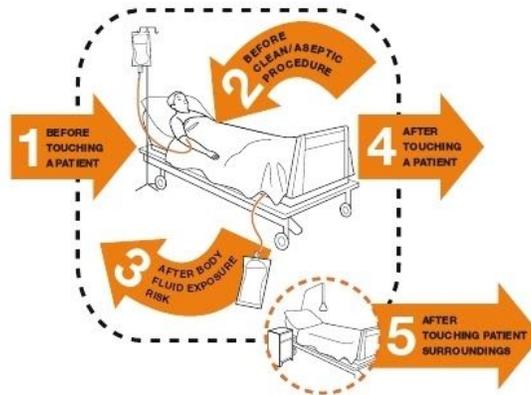
3. DO NOT VISIT IF YOU HAVE...

- Vomited or had diarrhea within the last 24 hours
- A contagious infection

Clean Hands are Safer Hands

Are yours clean?

When? YOUR 5 MOMENTS FOR HAND HYGIENE



1 BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
2 BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/aseptic procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
4 AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
5 AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.

How to Hand Rub and Hand Wash

SAVE LIVES
Clean Your Hands

August 2009

How to handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds



How to handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds



Hand Hygiene

When and How



World Health Organization

Patient Safety
A World Alliance for Safer Health Care

WHO acknowledges the National Universidade de Desenvolvimento (UNID) in particular the members of the Infection Control Programme, for their active participation in developing this material.

Postpartum Angel Safety Guidelines

We believe your safety is of the highest priority when volunteering with our organization. We will take every precaution to avoid an unsafe situation for volunteers. We expect our families to abide by the law at all times and to provide a safe environment for their children. The safety guidelines below are intended to address an abnormal circumstance in the unlikely event when a volunteer finds themselves in an unsafe situation. We believe in being prepared and aware!

General Safety

If you identify imminent danger to you or to anyone in the house:

- Leave Immediately
- Call 911 or your local emergency number – if anyone is in immediate danger including children.
- Call the DCF child protection line at 1-800-649-5285 as all Postpartum Angels are mandated reporters.
- Call the Good Beginnings staff to advise of the situation 802 595 7953

- Write down what you observed during the visit.
- Good Beginnings will contact the family as safety permits to ensure that everyone is safe.

Overall Safety

Immediately prior to visiting with a family:

- Ask again if there are animals there and if so, can they be placed in a bedroom or backyard during the visit.
- Confirm that the participating parent and/or any other people are home for the visit prior to leaving for the visit.
- If additional people are at the house or are visiting, determine if you'd rather reschedule the visit.
- Schedule to avoid visits after dark; avoid scheduling late afternoon visits on Fridays or before a holiday.
- If traveling to an area that is new to you, check out Google Earth, online maps, or drive by to note road conditions, safety, and cell service.
- Be aware of resources in the area where help could be obtained if an emergency occurs.
- Make sure someone knows when you are visiting and where (spouse, friend, neighbor, or GB staff).
- Keep vehicle well maintained with at least a half-tank of gas
- If carrying a cell phone, program the phone so that a call to 911 or other emergency services can be easily made
- Leave valuables at home or place in the trunk of your car before leaving for the visit. Do not attempt to place valuable items in the trunk while parked for a visit.
- Carry in your pocket your driver's license and a small amount of cash
- Wear comfortable clothing and shoes.
- When preparing to park and leave your vehicle:

Observe the safety of the home/neighborhood before stopping. If there are questionable activities, continue driving and return home, inform GB staff immediately. Be alert, do not become preoccupied. Turn off radio – look, listen and feel. Park in the open and near a light source that offers the safest walking route to the home. Park on the road/street rather than the driveway and in the direction in which you will leave. When possible, locate the family's building before exiting to the car when the family lives in an apartment complex. Take only the items necessary for the home visit.

Purses and/or wallets should be left in the car. Do not leave valuables visible in your car. Lock your car at all times.

**Safety first! If it doesn't feel right, follow your gut.
Please talk to us. We will support you without judgement.**

There are 10 ways that you and others who care for your baby can reduce the risk of SIDS

Safe sleep top 10

1. Always place your baby on his or her back to sleep, for naps and at night. The back sleep position is the safest, and every sleep time counts
2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskin, or other soft surfaces
3. Keep soft objects, toys and loose bedding out of your baby's sleep area. Don't use pillows, blankets, quilts, sheepskin, and pillow-like crib bumpers in your baby's sleep area, and keep any other items away from your baby's face
4. Do not allow smoking around your baby. Don't smoke before or after the birth of your baby, and don't let others smoke 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 in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside cosleeper (infant bed that attaches to an adult bed) when finished
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but don't force the baby to take it. (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)

7. Don't let your baby overheat during sleep. Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult
8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions talk to your health care provider
10. Reduce the chance that flat spots will develop on your baby's head: provide "tummy time" when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

Babies sleep safest on their backs.

One of the easiest ways to lower your baby's risk of SIDS is to put him or her on the back to sleep, for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Placing your baby on his or her backs to sleep is the number one way to reduce the risk of SIDS.

But won't my baby choke if he or she sleeps on his or her back?

No. Healthy babies automatically swallow or cough up fluids. There has been no increase in choking or other problems for babies who sleep on their backs.

A Parent's Guide to Safe Sleep

DID YOU KNOW?

- About one in five sudden infant death syndrome (SIDS) deaths occur while an infant is in the care of someone other than a parent. Many of these deaths occur when babies who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."

- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.

You can reduce your baby's risk of dying from SIDS by talking to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on his back during naps and at night.

WHO IS AT RISK FOR SIDS?

- SIDS is the leading cause of death for infants between 1 month and 12 months of age.
- SIDS is most common among infants that are 1-4 months old. However, babies can die from SIDS until they are 1 year old.

KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

WHAT CAN I DO BEFORE MY BABY IS BORN TO REDUCE THE RISK OF SIDS?

Take care of yourself during pregnancy and after the birth of your baby. During pregnancy, before you even give birth, you can reduce the risk of your baby dying from SIDS! Don't smoke or expose yourself to others' smoke while you are pregnant and after the baby is born. Alcohol and drug use can also increase your baby's risk for SIDS. Be sure to visit a physician for regular prenatal checkups to reduce your risk of having a low birth weight or premature baby.

MORE WAYS TO PROTECT YOUR BABY

Do your best to follow the guidelines on these pages. This way, you will know that you are doing all that you can to keep your baby healthy and safe.

- Breastfeed your baby. Experts recommend that mothers feed their children human milk for as long and as much as possible, and for at least the first 6 months of life, if possible.
- It is important for your baby to be up to date on her immunizations and well-baby check-ups.

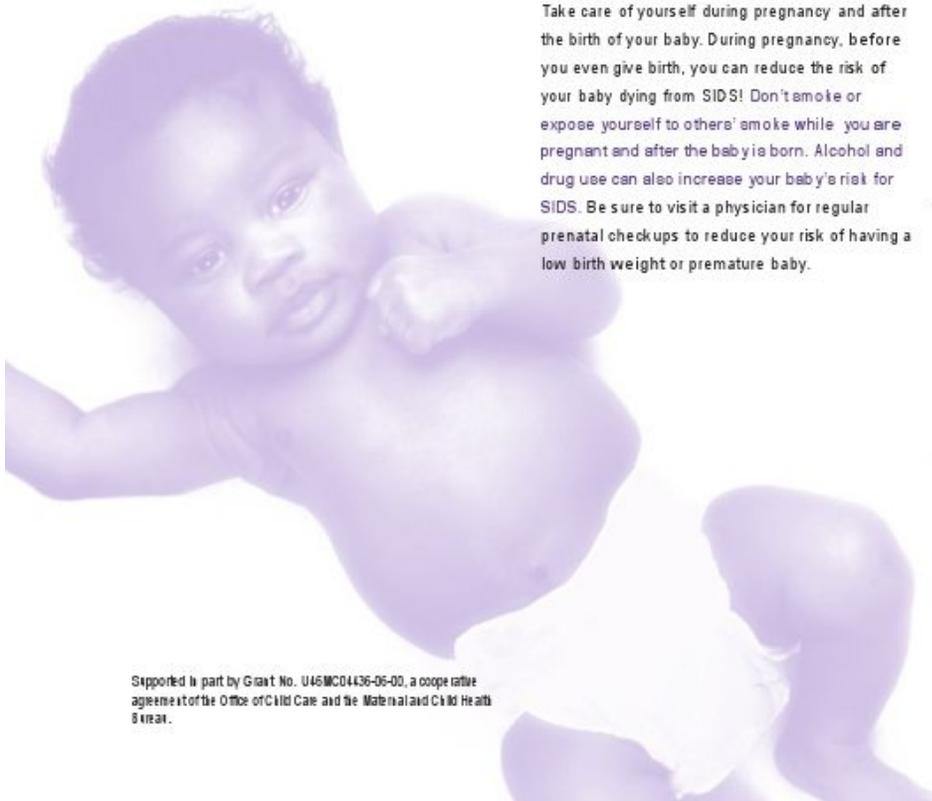
WHERE IS THE SAFEST PLACE FOR MY BABY TO SLEEP?

The safest place for your baby to sleep is in the room where you sleep, but not in your bed. Place the baby's crib or bassinet near your bed (within arm's reach). This makes it easier to breastfeed and to bond with your baby.

The crib or bassinet should be free from toys, soft bedding, blankets, and pillows. (See picture on next page.)

TALK ABOUT SAFE SLEEP PRACTICES WITH EVERYONE WHO CARES FOR YOUR BABY!

When looking for someone to take care of your baby, including a child care provider, a family member, or a friend, make sure that you talk with this person about safe sleep practices. Bring this fact sheet along to help, if needed. If a caregiver does not know the best safe sleep practices, respectfully try to teach the caregiver what you have learned about safe sleep practices and the importance of following these rules when caring for infants. Before leaving your baby with anyone, be sure that person agrees that the safe sleep practices explained in this brochure will be followed all of the time.



Supported in part by Grant No. U46MC04436-06-00, a cooperative agreement of the Office of Child Care and the Maternal and Child Health Bureau.



Face up to wake up – healthy babies sleep safest on their backs.



Do not place pillows, quilts, toys, or anything in the crib.



Supervised, daily tummy time during play is important to baby's healthy development.

WHAT ELSE CAN I DO TO REDUCE MY BABY'S RISK?

Follow these easy and free steps to help you reduce your baby's risk of dying from SIDS.

SAFE SLEEP PRACTICES

- Always place babies to sleep on their backs during naps and at nighttime. Because babies sleeping on their sides are more likely to accidentally roll onto their stomach, the side position is just as dangerous as the stomach position.
- Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Consider using a pacifier at nap time and bed time. The pacifier should not have cords or clips that might be a strangulation risk.

SAFE SLEEP ENVIRONMENT

- Place your baby on a firm mattress, covered by a fitted sheet that meets current safety standards. For more about crib safety standards, visit the Consumer Product Safety Commission's Web site at <http://www.cpsc.gov>.
- Place the crib in an area that is always smoke free.
- Don't place babies to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. Loose bedding, such as sheets and blankets, should not be used as these items can impair the infant's ability to breathe if they are close to his face. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets are better alternatives to blankets.

IS IT EVER SAFE TO HAVE BABIES ON THEIR TUMMIES?

Yes! You should talk to your child care provider about making tummy time a part of your baby's daily activities. Your baby needs plenty of tummy time while supervised and awake to help build strong neck and shoulder muscles. Remember to make sure that your baby is having tummy time at home with you.

TUMMY TO PLAY AND BACK TO SLEEP

- Place babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.
- "Tummy time" is playtime when infants are awake and placed on their tummies while someone is watching them. Have tummy time to allow babies to develop normally.

WHAT CAN I DO TO HELP SPREAD THE WORD ABOUT BACK TO SLEEP?

- Be aware of safe sleep practices and how they can be made a part of our everyday lives.
- When shopping in stores with crib displays that show heavy quilts, pillows, and stuffed animals, talk to the manager about safe sleep, and ask them not to display cribs in this way.
- Monitor the media. When you see an ad or a picture in the paper that shows a baby sleeping on her tummy, write a letter to the editor.
- If you know teenagers who take care of babies, talk with them. They may need help with following the proper safe sleep practices.
- Set a good example – realize that you may not have slept on your back as a baby, but we now know that this is the safest way for babies to sleep. When placing babies to sleep, be sure to always place them on their backs.

If you have questions about safe sleep practices please contact Healthy Child Care America at the American Academy of Pediatrics at childcare@aap.org or 888/227-5409. Remember, if you have a question about the health and safety of your child, talk to your baby's doctor.

RESOURCES:

- American Academy of Pediatrics
<http://www.aappolicy.org>
SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment
<http://aappolicy.aappublications.org/cgi/lookup/pediatrics;128/5/e1341.pdf>
- Healthy Child Care America
<http://www.healthychildcare.org>
- National Resource Center for Health and Safety in Child Care and Early Education
<http://hrc.uchsc.edu>
- Healthy Kids, Healthy Care: A Parent Friendly Tool on Health and Safety Issues in Child Care <http://www.healthykids.us>
- National Institute for Child and Human Development Back to Sleep Campaign (Order free educational materials)
<http://www.nichd.nih.gov/sids/side.cfm>
- First Candle/SIDS Alliance
<http://www.firstcandle.org>
- Association of SIDS and Infant Mortality Programs <http://www.asip1.org>
- CJ Foundation for SIDS
<http://www.cjids.com>
- National SIDS and Infant Death Resource Center <http://www.sidacenter.org/>
- The Juvenile Products Manufacturers Association <http://www.jpma.org/>

American Academy of Pediatrics
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Revised 2012

Home Safety Tips

From DHMC Women's Health

- Don't use baby walkers
- Stock your kitchen cabinets with things your baby might love to explore
- Purchase a toilet lock to prevent accidental drowning
- Place a soft wrap around the bathtub faucet
- Lock all cabinets containing medicines, cleaning supplies, or sharp objects
- Secure pens, scissors, staplers, paper clips, etc. in latched drawers
- Install guards for your stove knobs
- Set your water heater temperature to 120° F
- Use a rubber bath mat or another slip-resistant surface in the bottom of the bathtub
- Install latches on doors to prevent unsupervised entrances or exits
- Use door stops to prevent doors slamming on your baby
- Use window and door locks
- Test all painted surfaces for lead, especially in houses built before 1978
- Keep blind and drapery cords out of baby's reach
- Install smoke and carbon monoxide detectors on each floor of your home
- Place non-skid mats under slippery area rugs
- Install gates at the top and bottom of staircases
- Enclose open deck railings with wire mesh and fence in swimming pools at least four feet high
- Cover sharp edges and corners of furniture with guards
- Keep appliance cords well away from the edges of kitchen or bathroom counters
- Place covers on all electrical outlets to prevent electrical shock
- Cribs and playpens should have slats no more than 2 3/8 inches apart
- Make sure crib mattresses are snug to prevent entrapment
- Crib sheets must be snug so baby cannot pull them loose
- High chairs must have waist and crotch safety straps
- Toys with pieces small enough to fit into baby's mouth are a choking hazard

One Minute Safety Car Seat Safety Check-up



A. Infant-only seat



B. Rear-facing convertible seat



C. Convertible seat turned to face forward

Using a car safety seat correctly makes a big difference. Even the “safest” seat may not protect your child in a crash unless it is used correctly. So take a minute to check to be sure...

▶▶ **Does your car have a passenger air bag?**

- An infant in a rear-facing seat should NEVER be placed in the front seat of a vehicle that has a passenger air bag.
- The safest place for all children to ride is in the back seat.
- If an older child must ride in the front seat, move the vehicle seat as far back as possible, buckle the child properly, and make sure he stays in the proper position at all times.

▶▶ **Is your child facing the right way for weight, height, and age?**

- Infants should ride facing the back of the car until they have reached at least 1 year of age **AND** weigh at least 20 pounds (A and B).
- A child who weighs 20 pounds or exceeds the height limit for the car safety seat before she reaches 1 year of age should continue to ride rear-facing in a car safety seat approved for use at higher weights and heights in the rear-facing position.
- A child who weighs more than 20 pounds **AND** is older than 1 year may face forward (C). It is safest for a child to ride rear-facing until she reaches the top weight or height allowed by the seat for use in the rear-facing position.
- Once your child faces forward, she should remain in a car safety seat with a full harness until she reaches the top weight or height allowed by the seat. When changing the convertible seat for use in the forward-facing position, you must make adjustments. Check your car safety seat instructions.

▶▶ **Is the harness snug; does it stay on your child’s shoulders?**

- Harnesses should fit snugly against your child’s body. Check the car safety seat instructions on how to adjust the straps.
- The chest clip should be placed at armpit level (C) to keep the harness straps on the shoulders.

▶▶ **Has your child grown too tall or reached the top weight limit for the forward-facing seat?**

- Children are best protected in a car safety seat with a full harness until they reach the top weight or height limit of the car safety seat.
- Once your child outgrows his car safety seat, use a belt-positioning booster seat to help protect him until he is big enough for the seat belt to fit properly. A belt-positioning booster seat is used with a lap and shoulder belt (D).
- Shield boosters: Although boosters with shields may meet current Federal Motor Vehicle Safety Standards for use by children who weigh 30 to 40 pounds, on the basis of current published peer-reviewed literature, the American Academy of Pediatrics (AAP) does not recommend their use.
- A seat belt fits properly when the shoulder belt crosses the chest, the lap belt is low and snug across the thighs, and the child is tall enough so that when he sits against the vehicle seat back, his legs bend at the knees and his feet hang down.

▶▶ **Does the car safety seat fit correctly in your vehicle?**

- Not all car safety seats fit in all vehicles.
- When the car safety seat is installed, be sure it does not move side-to-side or toward the front of the car.
- Read the section on car safety seats in the owner’s manual for your car.



D. Belt-positioning booster seat

▶▶ **Is the seat belt in the right place and pulled tight?**

- Route the seat belt through the correct path (check your instructions to make sure), kneel in the seat to press it down, and pull the belt *tight*.
- A convertible seat has 2 different belt paths, 1 for use rear-facing and 1 for use forward-facing.
- Check the owner's manual for your car to see if you need to use a locking clip. Check the car safety seat instructions to see if you need a tether to keep the safety seat secure.

▶▶ **Can you use the LATCH system?**

- Lower Anchors and Tethers for Children (LATCH) is an anchor system that allows you to install a car safety seat without using a seat belt.
- Most new vehicles and all new car safety seats have these attachments to secure the car safety seat in the vehicle.
- Unless both the vehicle and the car safety seat have this system, seat belts are still needed to secure the car safety seat.

▶▶ **Do you have the instructions for the car safety seat?**

- Follow them and keep them with the car safety seat. You will need them as your child gets bigger.
- Be sure to send in the registration card that comes with the car safety seat. It will be important in case your car safety seat is recalled.

▶▶ **Has your child's car safety seat been recalled?**

- Call the Auto Safety Hotline or check the National Highway Traffic Safety Administration (NHTSA) Web site for a list of recalled seats. (See below.)
- Be sure to make any needed repairs to your car safety seat.

▶▶ **Has your child's car safety seat been in a crash?**

- If so, it may have been weakened and should not be used, even if it looks fine.
- If you must use a secondhand car safety seat, first check its full history. Do not use a car safety seat that has been in a crash, has been recalled, is too old (check with the manufacturer), has any cracks in its frame, or is missing parts. Make sure it has a label from the manufacturer and instructions.
- Call the car safety seat manufacturer if you have questions about the safety of your seat.

Questions?

Ask your pediatrician, a local safety group, or NHTSA. A certified Child Passenger Safety (CPS) Technician can help you use your child's car safety seat correctly. On the NHTSA Auto Safety Hotline or Web site, you may give your ZIP code to find the nearest CPS Technician.

The NHTSA Auto Safety Hotline
888/DASH-2-DOT (888/327-4236) (8:00 am to 10:00 pm ET, Monday through Friday) www.nhtsa.dot.gov/people/injury/childps/

The AAP offers more information in the brochure *Car Safety Seats: A Guide for Families*. Ask your pediatrician about this brochure or visit the AAP Web site at www.aap.org.

Although the American Academy of Pediatrics (AAP) is not a testing or standard-setting organization, this guide sets forth AAP recommendations based on the peer-reviewed literature available at the time of its publication and sets forth some of the factors that parents should consider before selecting and using a car safety seat.

Please note: Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this brochure. Phone numbers and Web site addresses are as current as possible, but may change at any time.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

American Academy
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The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.
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Caring For Baby and Family



Raising Connected Kids

When you respond sensitively to your baby's cry...

baby learns to trust their ability to communicate: "When I speak, someone listens."

When you feed your baby on demand...

baby learns to trust that people are caring and responsive and that their hunger can be satisfied.

When you make eye contact with your baby...

baby learns that faces reveal feelings and information.

When you hold your baby in your arms...

baby learns comfort and is calmed by your touch. Physical contact provides security, stimulation and improves intellectual, emotional, and motor development.

When you sleep close to your baby...

baby learns sleep is a safe, peaceful, and pleasant state in which to be.

When you reflect love and happiness to your baby...

baby learns that they bring happiness to the world and the seeds of contentment are planted.

Inspired by Dr. William Sears and Martha Sears title "The Successful Child." (2002) and the work of Attachment Parenting International.

Pregnancy and parenting message from The Women's Health Resource Center

First months at home

The birth of your baby is becoming more real with each passing day. The nursery is ready, the names are chosen and your classes are nearly completed. You've probably done a lot of thinking and planning about how to care for this new family member. But what new parents often discover after bringing the baby home is that many of the things they spent so much time learning and worrying about (diapering, bathing, cord care) turned out to be a piece of cake, while a whole set of larger, tougher issues were more difficult than they expected. We know from research that parents who anticipate the changes realistically fare much better than parents who don't. With that in mind, here's a list of common issues new parents face. Giving them some thought – and discussion ahead of time will make dealing with them easier when they arise.

Baby care is very hard work

I know what you're thinking: how could a sweet little seven-pound baby be that tough to handle? The answer lies in the sheer amount of time infant care takes. If you are not convinced, do the math: in a 24 hour period, newborns need to eat 8 to 12 times (with each feeding lasting 20 to 40 minutes); their diapers (and often they're cute outfits as well) need changing a dozen or more times; and they will need to be bathed, cuddled and comforted. An experienced parent can tell you that anything done with the baby takes five times longer than it should. Add to that the increased household responsibilities (think laundry) and you've got a significant amount to accomplish each and every day.

Each family has to negotiate these things in a way that seems fair to all involved. Resentment about inequality of work is one of the most common, and potentially one of the most destructive, issues couples face. Take time now to talk about how you can

fairly divide the increased work. The future of your relationship hinges on the two of you working as a team – and being partners in every sense of the word.

Parents have needs, too

One of the biggest mistakes new parents make is trying to do too much too soon. New mothers, in particular, tend to take care of everyone but themselves. But it's essential that they figure out how to meet their needs as well as the needs of the baby.

All of us need balance in our lives. Time for ourselves is not time stolen from our families – in fact, it's necessary to replenish ourselves so that we have something left to give and it isn't self-indulgent to take a nap, sit with a cup of tea, exercise or spend time with a friend.

This is not to say that there won't be a major priority shift when the baby is born. Things that seem vital before the baby's birth may fall into the "who cares" category afterward. Keep talking with each other about what's important. Taking care of a baby is not "showy" work – you can work yourself silly all day long and have nothing to show for it except a happy baby. Having a partner who understands and values that is worth its weight in gold.

Recovering from childbirth takes longer than six weeks the notion of a four – to six week recovery period is unrealistic for the great majority of women. The truth is, the physical and emotional recovery should be thought of in months rather than weeks. At six weeks, most women have not even had one good night's sleep and are only beginning to think about the world outside the four walls of their home. Mothers who don't push their recovery, but rather allow themselves the time they need to adjust physically and emotionally, recover better than those who try to do too much too soon.

Birth is not the end of the pregnancy experience

And you thought it was over in nine months! Actually, some of the most important work a mother does is to process the birth afterward – to work through it in her mind, to make sense of what happened and to match what she felt on the inside with what other people saw on the outside. The greater the discrepancy between what she expected and what she got, the tougher this task is.

It's very important that a new mother have supportive people around who will listen to her birth story nonjudgmentally – and as many times as she needs to tell it. By

reviewing the experience with someone else, she can better understand it herself – and successfully move on to other issues of mothering.

There is no such thing as a perfect mother or father

We all have a picture of the ideal mom or dad. But, no one is born that way! In truth, most parenting skills are learned. The first time you give your baby a bath it will probably take an hour and make a major mess. But a month later, you'll be ready to teach a baby care class. All of us have had to learn the ropes through lots of trial and error. So give yourself a break! Love and enjoy your baby, let your baby love and enjoy you and don't forget a sense of humor. The craziest days make the best stories later.

Sleep deprivation is a big deal

There's nothing like having a baby to change the value you place on sleep. Never again in your entire life will you take sleep for granted; it moves right up there with food and water as a life necessity.

How can you make sure everyone in the family gets as much sleep as possible? Here are some suggestions:

- Make your sleeping arrangements based on where and how all of you can get the best sleep. This is different for each family. Some parents want the baby in bed with them (if you do this, get rid of fluffy bedding), while others want the baby in a bassinet right next to the bed. Some families sleep better with the baby in his own room. What works may change with baby's age.
- Think about sleep on a 24-hour continuum, with daytime sleep just as important as nighttime sleep. If you're not a day sleeper, you may have to fool your body into thinking it's night by putting on your pajamas and pulling down the shades.
- Learn how to breastfeed lying down so that you rest as you feed. See if both you and your baby can take a nap after a long, peaceful feeding.
- Let dad occasionally participate in a feeding – even if you're breastfeeding. How? He can bring the baby to you, change the diaper before you switch to the second breast and then get the baby to sleep afterward. This way, you hardly have to wake up.

Moms and dads are different

Several research studies in the last decade have shown that both men's and women's styles of parenting bring valuable benefits to babies. Fathers tend to be more playful and physical, which encourages large muscle development and motor skills, whereas mothers tend to interact in quieter, more soothing ways that stimulate language and cognitive development. The best thing for babies is to have both parents actively involved in daily care.

Sometimes men come into parenting with less baby-handling experiences and therefore stand back, worried about doing something wrong. But the only way to learn baby care is to just get in there and do it. Don't worry if you don't do it the same as the mother; as long as the result more or less the same, you're ok. And mothers: don't give too much unsolicited advice. Unless safety is an issue, bite your tongue and let dad discover his own ingenious way of doing things.

With every change, there is loss

We're all aware of the indescribably wonderful joys that come with having a new baby. There's nothing quite like the feeling of having a sweet-smelling newborn nuzzled into your neck. But the birth of a baby also brings some necessary losses – loss of your familiar lifestyle, loss of freedom, loss of income. The appropriate reaction to loss is grief, and the only way to get to the other side of grief is to move through it. Our culture tends not to allow new parents to express their grief. We tell parents they should feel only joy and gratitude, but this doesn't make sense. Having a baby is no doubt the biggest life adjustment you will ever make; it's only natural that you'll feel emotions from both ends of the spectrum. The best thing to do is to be honest with yourself and acknowledge the losses, ambivalence and moments of regret. It's part of the process of letting go of the old – and moving on.

Get by with a little help from your friends

Parenting was never meant to be done alone. We all need people around us who can show us the ropes, lend a helping hand and provide reassurance and encouragement. How well your new family copes with various postpartum adjustments is directly related to the quality and extent of your support system. In this culture, extended families are often not close by to provide the guidance new mothers and fathers need. So you need to be more creative about arranging and asking for help.

Remember, adjusting to parenthood takes time. Recognizing and discussing these nine issues before your baby is born can give you a real head start as you begin your journey.

Haliborange THE 5 S's TO SOOTHE A CRYING BABY

- 1 Shushing**
Making A "shhh" sound is soothing to a newborn because it sounds similar to the sound of your blood whooshing around your veins, when your baby was in your womb. Make the noise repetitive, dull and of course louder than your baby's cries to make sure they hear it.
- 2 Swaddling**
Wrapping your baby up in a blanket or cloth may make you feel as though you're putting them in a straightjacket, but it will prevent their limbs from twitching and help them fall asleep.
- 3 Side Lying**
Inside your womb, your baby spent most of his/her time on his side in the fetal position. Carry them in the a position they are familiar with to help them get comfortable. Clutch the baby with one arm, your hand supporting the head and the legs under your armpit.
- 4 Swinging**
Varied, rhythmic movements like swaying, swinging and rocking back and forth remind your baby of their experience being inside your womb. The more agitated your baby, the more vigorous you should make the motion.
- 5 Sucking**
For a baby, sucking on a finger or pacifier provides comfort. They are stimulated and can relax, which helps them to calm down.

Soothing a Crying Infant

One of the most stressful experiences for new parents is dealing with a crying baby. Babies cry for all sorts of reasons, and it's sometimes difficult to figure out why your baby is crying and how to soothe your baby. It's important to remember that crying is one of the main ways that babies communicate, and they're crying can mean lots of different things. With the new baby, it may be difficult to distinguish different types of crying; as babies get older, parents may be able to tell "wet-diaper crying" from "I'm hungry" crying.

Here are some things to check for in a crying baby:

- Is the baby sick? Take the baby's temperature, and call a healthcare provider if there is a fever or if you're not sure about any other symptoms. If your baby cries for hours at a time, be sure to have him or her checked out by a pediatrician

- Is the baby hungry? Try feeding the baby. Newborns like to eat frequently. Even if the baby isn't hungry he or she may respond to sucking on a pacifier
- Is the diaper wet or dirty? This is a common cause for crying
- Is the room too hot or cold, or is the baby overdressed or underdressed?
- Is the baby lonely or afraid? Try holding the baby and comforting him or her
- Is the baby overstimulated? Try turning down the lights and the noise level

Calming the baby. Often, a parent has made sure that the problem is not hunger or sickness or wet diaper – but the baby is still crying! What are some other ways to calm a crying baby?

- Swaddle the baby in a soft blanket and hold the baby next to you
- Sing or hum to the baby
- Rock the baby in a chair swing, or gently sway your body while holding the baby close
- Take the baby for a ride in the stroller or car. Motion often puts a baby to sleep
- Distract the baby by making faces or quiet noises
- Give the baby a warm bath to relax him or her
- Use some "white noise" such as running a vacuum cleaner or hairdryer to help lull the baby to sleep

Calming yourself. There are few things more stressful than a crying baby. It is normal for babies to cry – sometimes as much as 2 to 4 hours a day – and sometimes nothing parents try to soothe the baby will work. Coupled with the parents on lack of sleep and the general adjustment to having a new baby in the house, a crying baby can seem overwhelming. There are some things parents can do to maintain control over the situation, even when the baby continues to cry.

- Take a break. Put the baby safely in a crib, and take a few minutes for yourself in another room
- Call a friend or relative who will listen to your problem and be sympathetic
- Ask a trusted friend or neighbor to watch your child while you take a short break or a brief nap
- If you feel as though you are losing control and might hurt your child, call a hotline, such as the 24 hour national child abuse hotline, (1-800-4-A-CHILD) offered by Childhelp USA.

It's normal for babies to cry sometimes, and is certainly normal for parents to feel frustrated by the crying. Different babies respond to different soothing techniques, and

parents will eventually learn what works best with their baby. In the meantime, it's helpful for new parents to have some support in the form of friends, relatives, and neighbors who can lend a sympathetic ear or even some babysitting help!

For more information about soothing infant crying, visit the national center on shaken baby syndrome website at www.dontshake.com.

Sibling Rivalry

The word "sibling" refers to brothers and sisters, and "sibling rivalry" means the competitive feelings and actions that often occur among children in the family. There are things that you can do to try to reduce sibling rivalry.

- Treat each child as an individual. Help children understand that they are treated differently by you and have different privileges and responsibilities because they are different individuals
- Respect each child's space, toys and time when he wants to be alone, away from his sibling
- Avoid labeling or comparing one child to another. This feeds into their competitiveness
- When a new child comes into the family, prepare the older sibling for her new important role. Make her feel like it's her baby, too
- Play detective. Watch and know when siblings aren't getting along (before dinner, in the car, before bed) and plan separate quiet activities for those times
- Watch how you treat each child to see if you are contributing to the rivalry. Make sure you are not playing favorites
- Have realistic expectations of how they should get along, cooperate, share, and like each other
- Positively reinforce them when they are getting along or when they saw their own conflicts
- Make each child feel special and important. Try to spend one-on-one time with each child every day
- Take time out for yourself to re-energize. Remember, sibling rivalry is a normal and expected part of family life.



Building on Strengths: Enhancing Protective Factors for Children and Families

Researchers, practitioners, and policymakers are increasingly thinking about personal, family, and environmental factors that strengthen families and reduce the risk of abuse and neglect with and families. Research shows that while certain risk factors have detrimental effects on children and families, other "protective" factors

can mitigate those effects and provide benefits, resulting in greater resilience for parents and children. Successful family support activities and child abuse prevention programs are designed to promote these protective factors.

A body of research has identified protective factors known to be correlated with reductions and child abuse and neglect:

- Parental resilience
- Nurturing and attachment
- Social connections
- Knowledge of parenting and child development
- Effective problem solving and communications skills
- Concrete support in times of need
- Social and emotional competence of children
- Healthy marriages

Family Support Strategies for Building on Strengths*

Research has found that the following are effective strategies that family support and child abuse prevention programs can use to promote these protective factors:

- **Facilitate friendships and mutual support.** Offer opportunities for parents in the neighborhood to get to know each other, develop mutual support systems, and take leadership roles. Strategies may include sports teams, potlucks, classes, advisory groups, board leadership, and volunteer opportunities
- **Strengthen parenting.** Develop ways for parents to get support on parenting issues when they need it. Possibilities include classes, support groups, home visits, tip sheets, pediatrician's offices, and resource libraries

- **Respond to family crisis.** Offer extra support to families when they need it, as in times of illness, job loss, housing problems, and other stressors.
- **Link families to services and opportunities.** Provide referrals for job training, education, healthcare, mental health, and other essential services in the community.
- **Value and support parents.** The relationship between parents and staff is essential to a program's ability to connect with parents. The support, training, and supervision of staff are central to help them do this effectively.
- **Facilitate children's social and emotional development.** Some programs use curriculums that specifically focus on helping children articulate their feelings and get along with others. When children bring home what they learn in the classroom, parents benefit as well.
- **Observe and respond to early warning signs of child abuse or neglect.** Train staff to observe children carefully and respond at the first sign of difficulty. Early intervention can help ensure children are safe and parents get the support and services they need.

*Adapted from Doris Duke Charitable Foundation and Center for Social Policy. Strengthening Families through early care & education. Find more information at http://www.cssp.org/dorris_duke.index.html.

Educating Families Through Teachable Moments

A teachable moment is simple any time during the course of a home visit when the Postpartum Angel identifies an opportunity to teach the child and family. Teachable moments are the moments when the new parent and family are ready to learn.

1. Recognize “teachable moments” in visit
2. Clarify learning needs of child and family
3. Set a limited agenda and prioritize needs together
4. Select teaching strategy
5. Seek and provide feedback
6. Evaluate effectiveness of teaching

Four characteristics of the teachable moment

- Provides “information bites” (small amounts of information)
- Is directed to the child’s or family’s specific need
- Is brief (e.g., a few seconds)

- Requires no preparation time

Teaching strategies Advantages

Telling- Works well when giving initial (explain, provide information, explanations or clarifying concepts give directions)

Showing- Illustrates concepts for visual (demonstrate, model, draw) learners

Providing resources- Serves as reference after (handouts, videos, Web sites after family leaves the office/clinic)

Questioning- Promotes problem-solving, critical thinking (ask open-ended questions, thinking; elicits better information (allow time for response), stimulates recall)

Practicing- Reinforces new concepts (apply new information)

Giving constructive feedback- Affirms family's knowledge; (seek family's perspective, corrects misunderstandings, restate, clarify)

Source: Adapted with permission from Green M, Palfrey JS, Clark EM, Anastas JM, eds. 2002 Bright Futures: Guidelines for Health Supervision of infants, Children, and Adolescents (2nd ed., rev.)-Pocket Guide. Alrlington, VA: National Center for Education in Maternal and Child Health.



Tips for being a nurturing parent

A healthy, nurturing relationship with one's child is built through countless interactions over time. It requires a lot of energy and work, but the rewards are well worth it. When it comes to parenting, there are few absolutes (one, of course, being that every child needs to be loved) and there is no one "right way." Different parenting techniques work for different children under different circumstances. These tips provide suggestions as new parents discover what works best in their family. Do not expect parents to be perfect: parenting is a difficult

job.

Tips to share with new parents:

Help your children feel loved and secure

We can all take steps to strengthen our relationships with our children, including:

- Make sure your children know you love them, even when they do something wrong
- Encourage your children
- Recognize the skills they are developing
- Spend time with your children. Do things together that you both enjoy.
- Listen to your children
- Learn how to use nonphysical options for discipline. Many alternatives exist. Depending on your child's age and level of development, these may include simply redirecting your child's attention, offering choices, or using "time out".

Make sure your children are well cared for

To take good care of your children, be sure they:

Eat nutritious foods. Try to make mealtime a fun, learning experience. Regular mealtimes help you to be sure your children are getting the right nutrition at the right time. Be prepared for messy mealtimes when children begin feeding themselves.

Receive good medical care. Care begins before babies are born. After birth, regular medical visits allow your children's doctor to monitor their development, immunize them against various diseases, and address any questions, concerns, or frustration you have about your children's health or behavior.

Develop good sleep habits. Healthy, happy children need regular sleep. Most infants sleep a lot. As babies grow older, they sleep less during the day. Soon, their routine includes regular time awake combined with naps; eventually, they no longer even need naps. Children feel best if they have a regular bedtime. Having a bedtime routine helps children settle down and prepare for sleep. Most children under the age of 12 need 10 to 12 hours of sleep to feel their best.

Are kept safe. Infants should never be out of a parent or caretaker's sight unless they are in a crib or another equally safe place. As soon as children begin to crawl, it is important to childproof your home. Toddlers need supervision and frequent reminders about behaviors that are dangerous. Children this age will usually listen when you say "no" but may quickly forget what you said and may also be testing the limits of what they can do. Choose the caregivers carefully to be sure your children are safe, even when you can't be with them.



The Birth Story

The experience a woman has during childbirth will no doubt influence other aspects of her life, perhaps in obvious and easily explained ways, perhaps in subtle ways that are more difficult to identify. Giving birth and becoming a mother is a rite of passage and an experience that requires emotional adjustment and processing. Each birth is unique and has a profound effect on the woman. When she sees her birth as positive, her self-esteem increases, her mothering is uplifted...the benefits are plentiful. When her birth experience is negative or traumatic, it can bring about lasting pain or a longing for a change in future pregnancies and births. In its own way this too, can be very

empowering, especially if the woman is supported and honored as she takes on the work of healing from the experience.

Guidelines for Working with New Mothers/Families Regarding the Sharing of the Birth Story:

Take the time to simply ask “so what was the birth like?” Women need a safe space to tell their birth stories. There are many emotional factors which come into focus for women going through the experience of childbirth. By telling their stories they validate these feelings and gain perspective. For many women, the story sharing will simply be a time of sharing the overwhelming joy and excitement of the birth day. For many others, it will be a key to unlock a door towards healing if the birth did not go as planned or if the new mom feels as if she was mistreated.

Many moms who have experienced a traumatic birth hear this “oh but you have a healthy baby and that is all that matters!” You have a special role which allows you to break free from this reaction. Listen to the mom. Hear her story without cutting her off or invalidating it. Often times she will simply need to express her emotions (sadness, anger, fear, etc.) without having someone distract her from these feelings. What a release she is allowed to have if simply left to state her experience. If more support is

needed above and beyond what you can offer, your role may shift to one of helping her find the support she needs.

Try to detach from your ideas of what a “good birth” may be. For every woman is unique and every woman's level of sensitivity is different. For some, the simple act of not having her baby brought to her chest right after birth may have lasting negative feelings. For others, it would take something much more traumatic to dampen the special day. Be sensitive to this variance among women. It is safe to say that most modern birth stories include some aspects which can negatively affect the birthing woman (routine testing, inability to be mobile, bright lights, unnecessary interventions, separation from her baby, etc.) Listen for key language that would suggest a mother felt disrespected or that her authority as a new mom was challenged. Validate her feelings and support her in this place.

As much as you can, remove your own birth experiences from the picture while you are in role of “birth story listener”. Often times it is easy to compare other stories to our own. This may be helpful later on in your relationship with the mom, but this time of sharing her story should be just for her.

Be very mindful that the experience a woman has in childbirth will affect the level of confidence she has in herself and her ability to be a good mother to her child. This is a documented fact. Some woman will have had an empowering experience which will put them in complete confidence “momma bear” mode, while others will be left feeling as though they do not have what it takes to parent their child. This is especially the case in instances where there has been mother – baby separation, particularly if the separation was not medically necessary. Be on the lookout for this and help the mom come into her own as a parent. Avoid the temptation to just do it for her when it comes to diapers/feeding/etc. This will only make the situation more trying. The mom needs to see that she has that instinct and ability to do it on her own... with support from loved ones and you of course!

Breastfeeding success is key to the physical, emotional, and psychological health of baby and mama. If you need support in supporting the nursing couple, do not be afraid to seek it out.

Thanks for all you do for Vermont mamas!

If you have any questions, please do not hesitate to call.
Sarah Keely, Certified Doula

10 Little things that can make a big difference in your relationship

A strong, supportive relationship is built from a couple's words and actions. With work, children and other responsibilities, sometimes it is easy to take one's spouse for granted or forget to do the things that strengthen the marriage. Here are some little things to do that can have a big payoff for a marriage. Keep these in mind when visiting couples in the beginning chapter or parenthood, when marriages are put to the test.

1. **Give your spouse a compliment.** Better yet, brag about your spouse to others when your spouse is in earshot. It will boost self-confidence, and your spouse will want to continue making you happy and proud.
2. **Find something to laugh about.** Laughter helps us cope with stress and the pressures of our busy lives. A sense of humor helps marriages survive problems, large and small.
3. **Have a shared activity both of you enjoy.** It can be anything from going out to dinner, dancing, or gardening. You may need to make time to do them together, but this is a great way of keeping intimacy alive and well.
4. **Treat your spouse the way you want to be treated.** Be respectful if you want to be respected. This approach helps establish the fact that both parties have a responsibility in the marriage.
5. **Take time to touch.** The value of human touch is amazing. 8 to 10 meaningful touches a day help you maintain physical and emotional health.
6. **Be willing to compromise.** Give up some of your wants for the sake of what your spouse wants. Identify the situation as a compromise to avoid having unresolved anger or resentment later.
7. **Give a smile.** An easy but powerful way to value your spouse is to smile and tell your spouse how you feel.
8. **Discuss the things that bother you.** Letting things build up day after day without discussing or resolving them leads to anger and resentment that hurt your marriage. The more quickly something can be addressed and taken care of, the more time you will have for the enjoyable and healthy parts of your relationship.
9. **Communication is key.** Without communication, any team is in trouble. It is important to communicate your thoughts, plans, ideas, and opinions on a consistent basis. Equally important is communicating your feelings – the joys, sorrows, and frustrations we all experience.

10. **Chart your course.** Charting a course establishes a shared vision for your marriage. It also can be used to establish some markers to ensure you are moving towards your goal.

For more information about strengthening marriages and families, visit the website of the Coalition for Marriage, Family and Couples Education (www.smartmarriages.com) or the Oklahoma Marriage Initiative (www.okmarriage.org).

Why is it so important to read aloud to children?



Children love to hear stories. For many adults, some of their most cherished memories are of when they were young and an adult read to them. Research indicates that the *most* important thing an adult can do to help prepare children for success in school and reading is to read aloud with them. While listening to a book read aloud children build listening skills, language skills, vocabulary, and memory. When you read to children it helps them to develop an imagination, a longer attention-span, positive behavior patterns, and positive attitudes towards themselves and others. Reading aloud to your children is a wonderful way to help build a strong and positive relationship with them.

What kinds of books should I choose?

Feel free to experiment with various types of books. Notice the kinds of books your child seems to really like. When in doubt, trust your instincts. You probably know the kind of book your child will enjoy. To start, here are some ideas for choosing books to read aloud:

Ages 0-3: It is never too early to start reading to your child. For children from birth to age 3 choose books with simple pictures and text. Children at this age are listeners, and they respond well to books with simple texts and good rhymes. These children enjoy relating to familiar topics, animal books, and predictable and repeating storylines. Some books do not have any text, and you can tell the story in our own words based on the picture.

Ages 4-6: Young children enjoy books with bright pictures and interesting storylines. You might want to select books about animals, problem solving, or books that challenge a child's imagination. Predictable and rhyming books are also popular. Mother Goose and other books describing familiar objects and experiences are enjoyable.

Ages 7-10: You can choose a book that will interest your child or that might address a subject, experience or emotion that you think is important. Children of this age often like chapter books or books in a popular series.

Suggestions for reading aloud to your child

Anyone can 'read' a book: If you are not a strong reader you can still read to your children! There is no rule that says you have to read every word in a book. Read what you can, or simply make up a story based on the pictures. It's the experience of sharing a story together that matters most.

Prepare: When possible, read the book to yourself first and think about how you will make it sound. Notice patterns/rhythms of language and picture that you can use for your expressiveness or to help child make predictions as to what will happen. Think about ways to relate story, characters, or place to child's life.

Get close: Sit close to your child and make sure they can touch and see the book and its pictures. Let child participate by turning pages if she/he wishes.

Change your voice: Your voice is a powerful way to hold your child's interest and attention. Use plenty of expression when reading. Vary the tone of your voice to fit the dialogue and action. Growl like a lion, or yawn when a character is tired!

Slow down: Many people make the mistake of reading too quickly. Take your time. This gives the child the opportunity to listen to the words and build mental pictures of what is happening in the story. Allow time to enjoy and comment on the illustrations (their colors, facial expressions, picture clues as to story).

Ask questions or make a comment: Involve your child in the story and art. (without quizzing) "Remember when we found a baby bird?" "What do you think is going to happen next?" Save time after the story to talk about it with your child. "What was your favorite part?" Children love to be part of the narration. Ask them to join in with animal noises or the refrains.

Have fun: Above all, relax and enjoy! Your enthusiasm will be contagious and it's more likely your child will enjoy the experience, too. Remember that children do not always listen quietly like adults. If they want to move around or if they love one part or story over and over, it's OK. As a great role model, you are showing your child that reading is fun.

Postpartum Depression



What is Postpartum Depression?

Postpartum depression is the term used to describe the range of physical, emotional, and behavioral changes that many new mothers experience following the delivery of their babies. A new mother's depression may range from a mild form of the baby blues; or may be a more serious form of PPD. In the most severe cases, a new mother may suffer from the rarest form of PPD, postpartum psychosis.

WHO IS AFFECTED?

Any woman who is pregnant, had a baby in the past year, miscarried or recently weaned a child from breastfeeding may be at risk. Postpartum depression (PPD) can occur regardless of how many previous non-complicated pregnancies and/or postpartum adjustments one has had. Most women have never experienced anything like postpartum depression in their lives prior to their first experience with the symptoms.

WHAT CAUSES POSTPARTUM DEPRESSION?

It is not 100% clear. At this time research suggests that the rapid changes of hormone levels such as estrogen, progesterone and thyroid have a strong effect on women's moods. These hormonal changes, along with the dramatic changes that women experience in their daily living, such as lack of sleep and isolation from the world they once knew greatly contribute to PPD.

DIFFERING DEGREES OF POSTPARTUM DEPRESSION

Baby Blues- This condition occurs in many new mothers in the days immediately following childbirth. It is characterized by sudden mood swings, which range from euphoria to

intense sadness. Symptoms may include crying for no apparent reason; impatience; irritability; restlessness; anxiety; feelings of loneliness, sadness, and low self-esteem; increased sensitivity; and heightened feeling of vulnerability. The “Baby Blues” may last only a few hours or as long as one to two weeks after delivery. The condition may disappear as quickly and as suddenly as it appeared, without medical treatment.

Postpartum Depression (PPD)- Postpartum Depression can occur after the birth of any child, not just the first. This condition is characterized by more intense feelings of sadness, despair, anxiety, and irritability. It often disrupts a woman’s ability to function, which is the key sign that medical attention is necessary. Left untreated, symptoms may worsen and linger for as long as a year. Women with postpartum depression should seek help. It is a diagnosable and treatable condition.

Postpartum Psychosis- This serious mental illness affects approximately 1/500 - 1/1000 new mothers. Onset is severe and quick, usually within the first three months after delivery. Women who suffer from postpartum psychosis may completely lose touch with reality, often experiencing hallucinations and delusions. Other symptoms may include insomnia, agitation, and bizarre feelings and behavior. Postpartum psychosis should be treated as a medical emergency. Patients need immediate medical assistance, which almost always includes medication. In many cases, women who are suffering from this condition are hospitalized.

SYMPTOMS OF POSTPARTUM DEPRESSION INCLUDE:

- ★ Restlessness, irritability, or excessive crying
- ★ Headaches, chest pains, heart palpitations, numbness, hyperventilation
- ★ Inability to sleep or extreme exhaustion or both
- ★ Loss of appetite and weight loss, or conversely overeating and weight gain
- ★ Difficulty concentrating, remembering, or making decisions
- ★ An excessive amount of concern over or disinterest in the baby
- ★ Feelings of inadequacy, guilt, and worthlessness
- ★ A fear of harming the baby or one’s self
- ★ A loss of interest or pleasure in normal activities

TREATING POSTPARTUM DEPRESSION

Postpartum depression is treated much like other types of depression. The most common treatments for the depression are antidepressant medication, psychotherapy, participation in a support group, or a combination of these treatments. Women who

breastfeed and are interested in using an antidepressant medication option should talk with their doctors about how antidepressants may affect breast milk. The most appropriate treatment depends on the nature and severity of the postpartum depression. Remember postpartum depression is a biological-based illness. Seek help, effective treatments are available.

NEED TO KNOW MORE

If you still have questions about postpartum depression you should talk to a mental health professional about your concern. Private assessments are available for individuals and families. During an appointment, you can learn more about the signs, symptoms, and treatment for postpartum depression. Take the next step. Relief and recovery are the reward.

Who is at risk for postpartum mood reactions?

Everyone is! Most new mothers experience some degree of stress with this transition from pregnancy to motherhood. The risk factors below may predispose women to more serious postpartum concerns about stress. Not every woman with these risk factors will experience postpartum stress, just as some women with no risk factors will experience some form of postpartum illness.

Remember that this transition is stressful for everyone. One key to lowering any of these risk factors is knowing your own coping mechanism for stress and then building your support systems.

Risk factors include:

- Personal or family history of psychological problems
- Previous postpartum depression or psychosis
- History of sexual abuse
- History of substance abuse
- History of premenstrual syndrome or depression
- Previous birth loss, including miscarriage and abortion
- Recent stressful life events such as a new job, moving, death in family
- Not feeling loved by partner, or lack of partner support
- Lack of emotional support through pregnancy, labor, and postpartum
- Social isolation

- Strong ambivalence during pregnancy
- Traumatic birth experience or unexpected birth outcome
- Unrealistic expectations about parenthood
- Sudden weaning from breastfeeding
- Poor self-esteem

Signs of Stress to Look for After Birth

- ♡ Frequent crying for no apparent reason
- ♡ Ongoing feelings of being sad, hopeless, worthless, depressed
- ♡ Loss of interest or pleasure in activities once enjoyed
- ♡ Irritability, agitation, worrying or self-blame
- ♡ Loss of sense of humor
- ♡ Inability to concentrate, remember things, or make decisions
- ♡ Overly concerned about the baby or having no feelings for baby
- ♡ Thoughts of harming yourself or the baby
- ♡ Feeling distant from people to whom you usually feel close
- ♡ Inability to cope or feeling overwhelmed
- ♡ Frightening feelings, not feeling safe, feeling scared or feeling like you cannot trust anyone
- ♡ Feeling disconnected from yourself (e.g., "I know something isn't right."; "What's happening to me?")
- ♡ Exaggerated emotional high or lows
- ♡ Racing thoughts
- ♡ A compulsive need to talk
- ♡ Inability to fall asleep or sleeping more than usual
- ♡ Severe weight loss or gain
- ♡ Racing heart or chest tightness

If you are concerned about one or more of the symptoms listed above, please consult with a healthcare professional that is knowledgeable in postpartum care.

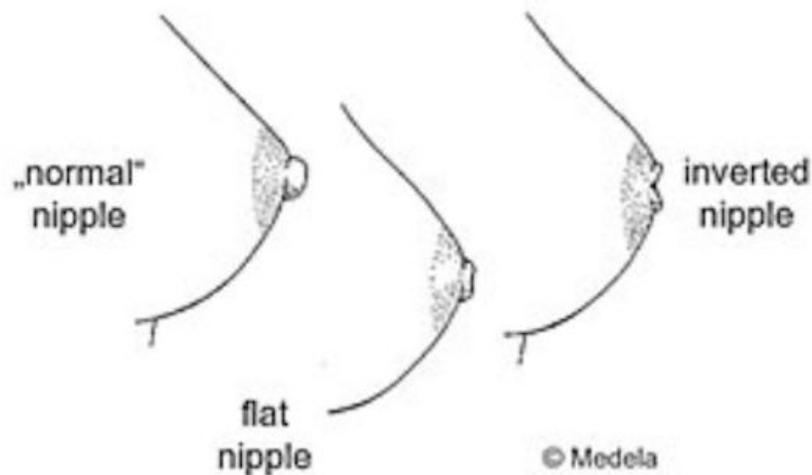
Breastfeeding

Breastfeeding made easier at home and at work

Breastfeeding is a unique experience for each woman and her baby, and each woman has to find her own routine, setting, and positions that work best. Today, many mothers return to jobs outside of their homes after their babies are born, and the breastfeeding

routines that they've set up while on maternity leave has to change. Many women continue to breastfeed successfully through, with the help of a breast pump. Whether you choose to stay at home to care for your baby, or choose to return to a job outside your home, here are some tips about breastfeeding and pumping to make breastfeeding easier and safe for you and your baby.

Before your baby is born, it is helpful to know what type of nipples you have. A flat nipple lies flat against the areola (darker circular area around the nipple) instead of protruding outward like a normal nipple. Inverted nipples seem pushed inward to the areola. Both flat nipples and inverted nipples can make correct latch-on more challenging for your baby since they are not easy for the baby to place in his or her mouth. One solution is to wear a breast shell (a round plastic shell that fits around the breast) in your bra to create a moist environment around the nipple to help it protrude for easier latch-on.



Medications

Before the birth of your baby, know what medications you are taking or may have to take after the birth, and how they will affect your baby through breast milk. Talk with your healthcare provider about their safety, and about the possible alternative treatments that won't affect your baby. While breastfeeding, if you become ill and have to take medication, tell your healthcare provider that you are breastfeeding. It may be possible to temporarily pump and discard your breast milk or formula feed your baby, but you will be keeping your breast milk supply at a level that will meet your baby's needs when your treatment is over.

Family Support

Fathers and other special support persons can be involved in the breastfeeding experience. Breastfeeding is more than a way to feed your baby, it becomes a lifestyle. While no one but the baby's mother can provide breast milk, it is helpful for the mother and the baby if the father or support person encourages this healthy relationship. Fathers or support persona play a major role in the breastfeeding experience by being sensitive and supportive. They can encourage breastfeeding when the mother is feeling tired or discouraged. They can affirm their love, approval, and appreciation for the mother's work and time that she puts into breastfeeding. They also can be good listeners and provide understanding to the mother's and baby's needs to accommodate breastfeeding in the home or when traveling. All of this support helps the mother feel better about herself and proud that she is giving her baby the best. Many people also feel warmth, love, and relaxation just sitting next to mother and baby during breastfeeding. Fathers and support persons also can help when the mother begins to wean the baby from breastfeeding by giving emotional nourishment to the child through playing, cuddling, and giving a bottle/cup.

Pumping

No matter what type of job you have, if you go back to work after having a baby, it should be possible for you to take time to pump your breast milk. You can talk with your employer about why breastfeeding is important, why pumping is necessary, and how you plan to fit pumping into your work schedule. Pumping while away from your baby on the same schedule that he or she breastfeeds ensures that you keep up your milk supply to meet your baby's needs. If you are staying home to care for your baby, having an effective pump at home is also helpful. You can use it to help relieve engorgement, especially when your milk supply first comes in, or for when you need to be away from your baby for any amount of time, such as an evening out with your partner. If you have to temporarily take medication that may harm your baby, you can pump and discard your milk during this time.

Prepare for pumping before you go back to work. Let your employer know that you are breastfeeding and explain that, when you're away from your baby, you will need to take breaks throughout the day to pump your milk to give to your baby at a later time. Ask where you can pump at work, and make sure it is a private, clean, quiet area. Also make sure you have somewhere to store the milk. Discuss how you plan to fit pumping into your workday. You can offer to work out a different schedule, such as coming in earlier or leaving a little later each day to make up for any lost work time. Make sure to discuss the benefits of breastfeeding with your employer, especially that breastfeeding

mothers miss fewer days from work. If your direct supervisor cannot help with your needs, you should be able to go to your Human Resources department to make sure you are accommodated.

Some mothers start pumping and storing their milk ahead of the time they will be returning to work in order to have a supply available for the first week when they are separated from baby. The number of times you will need to pump your milk depends on the length of time you are away from your baby. But, it is usually not best to go for more than three hours without removing some milk from your breasts. If you are leaving a very young baby who eats very often, you may have to pump your milk more often at first so that your breasts do not become uncomfortable or leak.

Expressing milk through pumping is a learned skill that's both physical and psychological. It takes about the same time as breastfeeding, unless you are using a “double” automatic breast pump. The let-down reflex is important during pumping in order to express a good amount of milk. If you are having problems getting your milk to “let-down” at the start of pumping, you may find it helpful to have a picture of your baby close-by. You also can try other things to stimulate the let-down reflex, like applying a warm, moist compress to the breast, gently massaging the breasts, or just sitting quietly and thinking of a relaxing setting. Try to clear your head of stressful thoughts. Use a comfortable chair or pillows. Once you begin expressing your milk, think about your baby.

It is best to wash your hands before pumping your breast milk and to make sure the table or area where you are pumping is also clean. Each time you are done pumping, it is best to thoroughly wash your pumping equipment with soap and water and let it air dry. This helps prevent germs from getting into the breast milk.



Storing Breast Milk

It is important to know the guidelines for storing breast milk properly so that you always give your baby fresh milk. Any container used to store milk should be clean and sterile. Always try to leave an inch or so from the top of the container since frozen milk expands. After pumping your milk, it is helpful to label the storage container. Always use the oldest dated milk first. Colostrum, or the first milk expressed in the first few days after delivery, can

be stored at room temperature for up to 12 hours. Mature milk, or breast milk that comes in six days after the birth of your baby can be stored in the following ways:

At room temperature:

- At 60 degrees for 24 hours
- At 66-72 degrees for 10 hours
- At 79 degrees for 4-6 hours

In the refrigerator:

- At 32-39 degrees for up to 8 days

In the freezer:

- In a freezer compartment contained within the refrigerator for up to 2 weeks
- In a self-contained freezer, either on top or on the side of the refrigerator for 3-4 months
- In a deep freezer for 6 months to 1 year

**It is helpful to freeze the milk in small amounts, such as 2 to 4 ounce servings, so there is less waste and you can choose the amount of milk depending on the baby's hunger.*

Bottles and Containers

You can store breast milk in bottles that fit directly onto your breast pump. After pumping, simply remove the pumping tubing, cover with the bottle lid, label the milk, and put it in the refrigerator. Many breast pump carrying cases also comes with built-in, cooler type compartments for storing ice pack and/or the freshly pumped bottles of milk. If used correctly, these do stay cold enough to leave your pumped milk in until you can get home to store the milk in the refrigerator or freezer.

Storage Bags

If you want to freeze your breast milk in bags, you can purchase storage bags that fit directly onto your breast pump and that are made for freezing milk. They are pre-sterilized, thick, have an area for labeling, and seal easily. After pumping, simply remove the pumping tubing, fold the bag over, making sure all air is out of the bag, and

seal it. Make sure to label the bag with the date before freezing. When you want to use the milk, you can cut the storage bag with sterile scissors. The the storage bag has a built-in pouring spout, it is easy to pour the milk into a bottle. Other storage bags can be used in the kind of bottle that uses disposable liners, so there is no need to transfer the milk.

Thawing and Handling Stored Breast Milk

It's normal for stored breast milk to separate in its container into two parts, what looks like cream and then a lighter colored milk. Some human milk also varies in color and can be blueish, yellowish, or brownish. Just gently shake the milk before feeding to mix it back together.

Breast milk doesn't take long to thaw or warm up. Never place a bottle or bag of breast milk in the microwave. Milk doesn't heat uniformly in the microwave, so you won't have control over the temperature and could burn your baby. All you have to do is hold the bottle or frozen bag of milk in under cool and then warm water for a few minutes. If warm running water is not available, you can heat up a pan of water on the stove. Remove the pan from heat and place the container into the warm water. Never warm the container directly on the stove. Shake the milk, then test it on your wrist to see if it's warm enough for your baby.

One frozen milk is thawed, it can be refrigerated, but not refrozen.

Breastfeeding and pumping accessories

Clothing

You don't have to buy a new wardrobe to breastfeed. While no extravagant "breastfeeding clothing" is necessary, you should try to wear clothing that will make breastfeeding and/or pumping easier. Wearing jumpers or one-piece dresses are not as convenient as a blouse or two-piece outfits. Nursing bras and nursing clothes, like blouses that have hidden openings near your chest are available but are not necessary.

You can buy disposable or cloth breastfeeding pads to line your bra. These help prevent any leaking from soaking through your blouse. The disposable pads can be thrown away, and the cloth pads can be tossed in the washing machine and used again.

If you want to breastfeed your baby in public wish to be discreet, you can use a receiving blanket or a breastfeeding blanket that discreetly covers your chest and your baby's upper body. In Vermont breastfeeding mothers have the legal right to breastfeed their babies anywhere that the mother would otherwise have the legal right to be.

Pumps

There are several types of breast pumps available. Some are manual, or require you to use your hand and wrist to squeeze a bulb-type device to pump the milk. There are also automatic pumps that run either on battery or hook up to an electrical outlet and automatically stimulate your baby's natural sucking action. These pumps are easier to use, and do not require a lot of practice or skill. They can collect more milk in less time, however they cost more than manual pumps.

Think about your pumping needs before you buy a breast pump. If you plan on going back to work, either full-time or part-time, it may be worth investing in an automatic pump. If you plan to never be away from your baby except an occasional outing, you may want to use a hand pump or hand express the milk without a pump. Both hand expressing and using a hand pump require practice, skill, strength and coordination.

Pumps also come in "single" or "double" meaning you can either pump the milk from one breast or from both breasts at the same time. Most electric pumps are double pumps, but you can choose whether to pump one or both breasts at the same time.

Although many breast pumps look different, they all operate in basically the same way. Each comes with a plastic "shell" that covers your nipple and breast, that is also connected to tubing that carries the milk from your breast to a bottle or bag that collects the milk. Experts caution against using the "bicycle horn" type or pump because it cannot be sterilized, can be ineffective, and can cause damage to the breast tissue.

Most automatic pumps comes in convenient, discreet carrying cases that match your other accessories you may carry to work, such as your purse or briefcase.

If you purchase a pump, **make sure to follow the manufacturer's instructions for cleaning and caring for the equipment.**

Some pumps can be purchased at baby supply stores or general department stores, but **most high-grade, professional quality automatic pumps have to be purchased or rented from a lactation consultant at a local hospital, or from a breastfeeding organization.**

Milestones



Important Milestones by the end of 3 months

Babies develop at their own pace, so it's important to track when your child learns a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

Social and Emotional

- Begins to develop a social smile
 - Enjoys playing with other people and may cry when playing stops
- Becomes more expressive and communicates more with face and body
 - Imitates some movements and facial expressions

Movement

- Raises head and chest when lying on stomach
- Supports upper body with arms when lying on stomach
- Stretches legs out and kicks when lying on stomach or back
- Opens and shuts hands
- Pushes down on legs when feet are placed on a firm surface
- Brings hand to mouth
- Takes swipes at dangling objects with hands
- Grasps and shakes hand toys

Vision

- Watches face intently
- Follows moving objects
- Recognizes familiar objects and people at a distance
- Starts using hand and eyes in coordination

Hearing and Speech

- Smiles at the sound of your voice
- Begins to babble
- Begins to imitate some sounds
- Turns head towards direction of sound

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Does not seem to respond to loud noises
- Does not notice hands by 2 months
- Does not follow moving objects with eyes by 2 to 3 months
- Does not grasp and hold objects by 3 months
- Does not smile at people by 3 months
- Cannot support head well by 3 months
- Does not reach for and grasp toys by 3 to 4 months
- Does not babble by 3 to 4 months
- Does not bring objects to mouth by 4 months
- Begins babbling, but does not try to imitate any of your sounds by 4 months
- Does not push down with legs when feet are placed on a firm surface by 4 months
- Has trouble moving one or both eyes in all directions
- Crosses eyes most of the time (occasional crossing of the eyes is normal in these first months)
- Does not pay attention to new faces, or seems very frightened by new faces or surroundings

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Important Milestones by the end of 7 months

Social and Emotional

- Enjoys social play
- Interested in mirror images
- Responds to other people's expressions of emotion and appears joyful often

Movement

- Rolls both ways (front to back, back to front)
- Sits with, and then without, support on hands
- Supports whole weight on legs
- Reaches with one hand
- Transfers objects from hand to hand
- Uses hand to rake objects

Vision

- Develops full color vision
- Distance vision matures
- Ability to track moving objects improves

Language

- Responds to own name
- Begins to respond to "no"
- Can tell emotions by tone of voice
- Responds to sound by making sounds
- Uses voice to express joy and displeasure
- Babbles chains of sounds

Cognitive

- Finds partially hidden object
- Explores with hands and mouth
- Struggles to get objects that are out of reach

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll
- Head still flops back when body is pulled to a sitting position
- Reaches with one hand only
- Refuses to cuddle
- Shows no affection for the person who cares for him or her
- Doesn't seem to enjoy being around people
- One or both eyes consistently turn in or out
- Persistent tearing, eye drainage, or sensitivity to light
- Does not respond to sounds around him or her
- Has difficulty getting objects to mouth
- Does not turn head to locate sounds by 4 months
- Does not roll over in either direction (front to back or back to front) by 5 months
- Seems impossible to comfort at night after 5 months
- Does not smile on his or her own by 5 months
- Cannot sit with help by 6 months
- Does not laugh or make squealing sounds by 6 months
- Does not actively reach for objects by 6 to 7 month
- Does not follow objects with both eyes at near (1 foot) and far (6 feet) ranges by 7 months
- Does not bear weight on legs by 7 months
- Does not try to attract attention through actions by 7 months
- Does not babble by 8 months
- Shows no interest in games or peek-a-boo by 8 months

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www.cdc.gov/actearly

Child Abuse and Neglect

Recognizing Child Abuse and Neglect

Child abuse affects children of every age, race and income level. It often takes place in the home and comes from a person the child knows and trusts- a parent, relative, babysitter, or friend of the family. Often abusers are ordinary people caught in stressful situations: young mothers and fathers unprepared for the responsibilities of raising a child; overwhelmed single parents with no support system; families placed under great stress by poverty, divorce, or sickness; parents with alcohol or drug problems.

A first step in helping or getting help for an abused or neglected child is to identify the signs and symptoms of abuse. There are four major types of child maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse.

Neglect is failure to provide for a child's basic needs such as food, clothing, shelter, medical care, education, or proper supervision.

Possible symptoms:

- The child shows signs of malnutrition or begs, steals, or hoards food
- The child has poor hygiene: matted hair, dirty skin, or severe body odor
- The child has unattended physical or medical problems
- The child states that no one is home to provide care

Physical Abuse is intentional injury inflicted upon a child. It may include severe shaking, beating, kicking, punching, or burning that results in minor marks, bruising, or even death.

Possible symptoms:

- The child has broken bones or unexplained bruises, burns, or welts in various stages of healing
- The child is unable to explain an injury, or explanations given by the child or caretaker are inconsistent with the injury
- The child is unusually frightened of a parent or caregiver, or is afraid to go home
- The child reports intentional injury by parent or caretaker.

Sexual Abuse refers to any sexual act with a child by an adult or older child. It includes fondling or rubbing the child’s genitals, penetration, incest, rape, sodomy, indecent exposure, and using the child for prostitution or the production of pornographic materials.

Possible symptoms:

- The child has pain or bleeding in anal or genital area with redness or swelling
- The child displays age-inappropriate play with toys, self, or others
- The child has inappropriate knowledge about sex
- The child reports sexual abuse.

Child Abuse and Neglect Reporting

As a Good Beginnings volunteer you hold the responsibility of being a legally recognized “mandated reporter”. This status requires you to report suspected child abuse to our Program Director or Executive Director within 24 hours. Vermont’s DCF reporting system has become synthesized and simplified into a powerful new feature called the Child Protection Line. With one call (anytime 24 hours a day), our Program Director is connected to an intake social worker who will walk you through every step of the reporting process in a responsive and reassuring way. Your reporting identity is confidential and you are granted civil and criminal immunity for your information, allaying any concerns about the possible repercussions of reporting. (Additionally, failure to report can result in a \$1,000 penalty.)

The hotline accepts information on the suspicion of all of the following:

- Physical abuse
- Sexual abuse
- Neglect
- Risk of harm

- Emotional maltreatment

The report of suspected abuse by our Program Director is like a pebble dropped in water. It initiates an investigation and perhaps a prosecution of a case. You are not responsible for every ripple effect, or element of the process. You hold the great responsibility (and gift) of protecting a child. Once your report has been given to our Program Director, you must seek to let go of some of the sense of holding that accompanies this work.

Child Protection: How to report abuse and/or neglect

1. If the child is not in immediate danger, call 911 to report the emergency. Then notify Good Beginnings staff that you need to make a report to DCF. They will be able to offer you support and guidance with the reporting process
2. Write down what you observed and when
3. If at all possible, involve the parent in the reporting process from the beginning
4. Call the Department of Children and Families Child Abuse and Neglect reporting hotline at **1800 649 5285**,
 - a. Tell the receptionist, "I need to make a report of suspected child abuse."
 - b. An intake social worker will take your call and ask a lot of questions about the situation
 - c. The information will be recorded and then a decision will be made as to whether or not future investigation is needed
 - d. In most cases, preliminary steps of an investigation will be initiated within 72 hours
 - e. In emergencies, they will send a protective service worker out to check on the child that same day.

Know the law as it pertains to reporting your rights and your responsibilities. DO NOT BE AFRAID TO ADVOCATE FOR CHILDREN.

Thank you from The Good Beginnings Team!