



Congratulations on the birth of your new baby. Once again, thank you for choosing TriHealth as your health care provider for maternity services. It is our hope that your care has been outstanding, your stay has been comfortable, and your experience has been exceptional. May your life as a mother be one filled with joyous memories.

TriHealth Mother/Baby Nurses and Staff

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Your body went through tremendous changes during pregnancy and birth. In upcoming weeks, you will continue to undergo physical changes as well as experience emotional changes as you return to your normal, pre-pregnancy state. During this adjustment period, it will be very important to take care of yourself. To help make the adjustment easier, please review the information provided in this section.

I. Self-Care for New Mothers

Uterine Contractions

After delivery, your uterus will begin shrinking. By the eighth week after delivery, uterine contractions will cause it to return to its normal size. You may feel cramping as your uterus contracts. Contractions may feel stronger to women who have had prior children because the uterus has been stretched more, and it must contract harder to get back into shape. These contractions can be uncomfortable, but keep in mind that they are temporary and important for getting the uterus back into shape. An added benefit is that the more quickly your uterus shrinks, the more quickly your bleeding will subside. To get your uterus back in shape:

- Empty your bladder frequently (every three to four hours).
- Lie on your stomach.
- Massage your uterus (ask your nurse how to do this).
- Walk.

If you are very uncomfortable with the contractions, you can try relaxation and breathing techniques. If these suggestions do not help, you may try pain medication as prescribed by your physician. The pain should subside naturally in four to seven days.

Lochia (bleeding after delivery)

Lochia is the term used to describe the shedding of the uterine lining after delivery. This vaginal discharge of blood, mucus and tissue occurs in three stages with both vaginal and Cesarean births. It begins as a red, bloody color that lasts three to four days. During the first couple of days after delivery, you may notice small clots on your sanitary pad or in the toilet. This is normal. In the second stage, your blood flow will be pinkish and mixed with mucus. Lochia eventually will turn a brownish color and last until the ninth or 10th day. The final stage lasts two to three weeks and is a yellowish-white color. The process generally lasts four to six weeks. (Time frames are approximate and vary from person to person.)

You may notice an increase in bleeding during the first days at home due to an increase in activity. **If your bleeding increases, your body may be telling you that you need more rest.**

Do **not** use tampons, douche or have intercourse until you have the approval of your physician/midwife.

Call your physician/midwife if:

- Your vaginal bleeding returns to a bright red color after beginning to lighten or returns to a heavy flow after beginning to slow. Occasional clots may be passed but should not be larger than a golf ball. In general, the more babies you have delivered, the heavier and longer you will experience bleeding.
- Your discharge has a foul smell, unlike your menstrual flow.

The first one or two menstrual periods after delivery are seldom the same as the periods you had before. They usually are somewhat heavier in flow and longer in duration, but may be lighter in flow or shorter in duration. Do not let this alarm you. The first period usually will begin anywhere from four to six weeks after delivery. However, some women may go longer before resuming their periods.

Perineal Care

The area between the vagina and the rectum is called the perineum. Even if you do not have an episiotomy or tear during delivery, it will be important to keep this area clean and dry to prevent infection and promote healing. Your perineal muscles will be stretched and weakened during the delivery and may be swollen, bruised and painful. The discomfort generally will decrease each day. Kegel exercises will provide comfort and aid in the healing process. Details on performing Kegel exercises are given later in this section.

At delivery, you may have had an episiotomy or a tear that required stitches. You can expect stitches to dissolve in as soon as seven to 10 days or as long as four weeks, depending on the type of suture used. Depending on the type of suture your physician/midwife used, you may notice tiny black “strings” (stitches) on your sanitary pad.

Caring for the perineum at the hospital and at home

- Always wash your hands with soap and water before and after you care for your perineum.
- Change your sanitary pad every time you go to the bathroom or at least every three to four hours.
- With each pad change, use the squirt bottle provided by the hospital to rinse the perineum from front to back with warm water.
- You may pat, blot or wipe gently from front to back.

- Use ice packs to help reduce swelling and increase comfort. Ice packs will be provided during your hospitalization immediately after delivery and for the next six to 12 hours depending on your physician/midwife recommendation.
- Medications applied directly to your stitches, such as foams or creams, sometimes are ordered by your physician/midwife. These medications are designed to increase comfort and should be discontinued if irritation occurs. Use only one medication at a time and apply directly to affected area.
- Per physician order, you may be given a portable sitz bath to take home. Your physician may prescribe that you start using sitz baths after you are finished using ice packs. Sitz baths should be taken at least three times a day, and more if you prefer.

Instructions for sitz bath use

- Fill the sitz bath pan and bag with water as warm as you can tolerate. Be sure to have the tubing clamp shut.
- Raise the toilet seat and place the sitz bath pan on the commode, suspending the bag.
- Sit in the water and open the clamp.
- When the bag is drained, the sitz bath is complete.
- Pat the perineum dry and replace your sanitary pad with a clean one.

Medications that may be prescribed for perineal care include:

- Epifoam - Apply quarter size amount in the middle of your sanitary pad directly to affected area. Use no more than three to four times a day. Epifoam contains hydrocortisone and a local anesthetic.
- Hydrocortisone cream - Apply quarter size amount directly to affected area with your fingertip.
- If your physician/midwife prescribed both Epifoam and hydrocortisone cream, do not use both medications at the same time to the same area. Use the Epifoam first before you switch to the hydrocortisone cream.

Cesarean Birth and Incision Care

If you had a Cesarean delivery, your incision may be closed with internal stitches that will dissolve by themselves, or with metal staples that may be removed in the hospital before you go home, or in your physician's office at a later date. A special tape called Steri-strips may be placed over your incision upon removal of the staples. Your physician will give you instructions on when to remove the Steri-strips. It is important to keep the incision clean and dry. Air drying will help promote healing. Cotton underwear is preferred to nylon or other material. Most physicians will permit showering the day after surgery. Along with information regarding your care, your physician will give instructions for showering.

Call your physician if you experience:

- Increased redness at the incision site.
- Increased swelling or tenderness at the incision site.
- A fever greater than 100.4 degrees Fahrenheit.
- Separation of the incision.
- Continued bleeding or drainage from the incision site.

Hemorrhoids

Hemorrhoids are varicose veins of the rectum. You may develop them during your pregnancy or during delivery. Hemorrhoids often cause a persistent dull pain and a feeling of pressure in the rectal area. Hemorrhoids usually shrink on their own with time.

To ease discomfort:

- Apply ice packs or take sitz baths.
- Use Tucks or other medications prescribed by your physician.
- Rest on your side and avoid prolonged sitting.
- Drink six to eight glasses of water per day.
- Eat plenty of fresh fruits, vegetables and whole grains.
- Perform Kegel exercises frequently.

Elimination (ridding the body of waste products)

After vaginal and Cesarean deliveries, the body will begin to produce more urine due to IV fluids given during the birth process and as the body begins to rid itself of extra fluids retained during pregnancy. With this in mind, it will become important to keep track of how frequently you empty your bladder. If your bladder becomes too full, it can inhibit the uterus from contracting, thus increasing your bleeding. A full bladder also can cause you not to be able to urinate and can add discomfort by putting more pressure on your uterus and surrounding tender tissues. Your nurse will assist you to the bathroom the first time. The first attempt to urinate may be difficult. To help ease this process:

- Drink plenty of water.
- Use the squirt bottle to spray water over the perineum.
- Turn the faucet on and listen to the water run.
- Use the sitz bath or shower (your physician will give you instructions for showering) to allow warm water to help you relax.
- Perform Kegel exercises.

Constipation is a common problem after giving birth. It occurs for a variety of reasons, including inactivity, relaxed abdominal muscles and narcotics contained in some pain medications. Some women become concerned about episiotomy stitches and worry that a bowel movement will pull the stitches loose. This should not be a concern, because the stitches generally are stronger than that. It is important not to delay bowel movements. Bowel movements will relieve the feeling of abdominal and perineal pressure. To assist this process:

- Get up and begin walking as soon as your physician/midwife allows.
- Drink plenty of fluids and eat plenty of fresh fruits, vegetables and whole grains.
- Drink warm fluids to help soothe and promote intestinal activity.
- Avoid gas-forming foods such as cauliflower, broccoli and cabbage, and carbonated and ice cold beverages.

Nutrition

You can expect a weight loss of about 12 to 15 pounds during the first week after giving birth. You should continue gradually to lose the weight you gained to support your pregnancy. It is important not to diet until after the follow-up visit with your physician/midwife. Healthy eating habits include a wide variety of foods to obtain essential nutrients, vitamins and minerals.

Breast Care

Almost immediately after delivery, a hormone is secreted that stimulates milk production in the breast. There will be some milk present in your breasts. You may experience milk leakage for several weeks. If your breasts are not stimulated or emptied, no additional milk will be produced. Engorgement occurs when breasts fill and are not emptied. Your breasts will become firm, tender, swollen and sometimes painful 48 to 72 hours after delivery and symptoms may last for about 24 to 48 hours. To relieve discomfort during engorgement:

- Begin wearing a well-fitting, supportive bra within six hours after giving birth and wear it continuously until milk production is inhibited.
- Apply ice packs to the top of the breasts (above the nipple area, toward the armpit) as needed for comfort for 20 minute intervals.
- Turn your back toward the water when showering to avoid direct stimulation of the breast.
- If discomfort continues, you may try medication as directed by your physician/midwife.

Activity and Rest

It usually takes about six to eight weeks after you have your baby for your body to return to its normal state. Recovery is a progressive process. You will feel stronger each day. You must remember you have just been through the equivalent of a major operation and you should give your body time to recover.

It is very important to rest after giving birth. It will be easier to cope with the physical and emotional demands of parenting if you are well rested. Allow family members and friends to take care of household chores such as cooking, cleaning and laundry. (Family members feel useful when they know they are helping you recover.)

If stair climbing is necessary, limit frequency by planning trips. Do not lift more than 10 pounds. If you have other small children, you will need to sit down and encourage them to climb next to you to snuggle rather than lifting them.

Entertaining is tiring. Ask your partner to help you limit the number of visitors and time that they stay.

Many women are eager to regain their figure and will want to begin exercising. An exercise program should begin only after your physician/midwife has approved the types of exercises you can perform. When you begin, start slowly and gradually increase as your strength improves.

If you had a Cesarean delivery, your recovery process will take a week or two longer. Your physician/midwife will advise you of limitations on other activities such as driving and exercising.

The Kegel Exercise

The pelvic floor muscles form a hammock that extends from the pubic bone to the tailbone. These muscles support the uterus and other organs in the pelvic cavity. The pelvic floor muscles surround the three openings in the perineum — the urethra (where urine is passed), the vagina and the rectum (where stool is passed). To locate the muscle group, pull in as if you are stopping a stream of urine. Then pull in as if you are stopping a bowel movement. This action of tightening the muscles is called the Kegel exercise.

- To perform the Kegel exercise: (1) tighten your pelvic floor muscles (see guidelines above) and hold to a count of five (this can be increased to a count of 10); (2) relax and (3) repeat in a series of five at a time.
- During postpartum, to strengthen muscles and increase urinary control: (1) tighten muscles; (2) hold to a count of 10, relax and (3) repeat 100 times.
- Women should do Kegel exercises 100 times a day for life.

Resource: Nichols, F., and Humenick, S. *Childbirth Education: Practice, Research, and Theory*. Philadelphia: W.B. Saunders Co., 1988.

Adjusting to Family Life

During the first few weeks after giving birth, life will be extremely hectic. Even if you have had children before, caring for an infant will still be challenging. This little being you have brought into the world depends on you 24 hours a day. With this dependency there will be a change in daily and nightly schedules, loss of sleep, frustration, irritability and loss of your former lifestyle. All of this may seem overwhelming at times. Remember that good communication is the cornerstone for your new family. Share your concerns, doubts, joys and insights and make decisions together. Trust your instincts. Many new parents are unsure of their parenting skills. As you experiment and learn new skills and attitudes toward parenting, you will become more confident, and life will settle into place.

Baby Blues and Postpartum Depression/Anxiety

Postpartum depression is the number one complication of pregnancy, affecting nearly 700,000 women in the United States each year. It is a physical disorder that can occur any time from pregnancy to a year postpartum.

The “baby blues”

The “baby blues” start within the first three days of giving birth and fade away within two weeks. Most new mothers may feel weepy, drained, anxious, irritable and sad. A call to your physician or nurse midwife may be necessary if baby blues go beyond two weeks.

Postpartum depression

Up to 30 percent of new mothers may have feelings of hopelessness, irritability, sadness, loneliness and isolation that last longer than two weeks. They also may cry a lot, have frightening or repetitive thoughts, and have trouble eating or sleeping.

Postpartum anxiety

Some mothers may experience postpartum anxiety on its own or together with symptoms of depression. Others may feel worried or panicky, fear losing control or going crazy, or have chest pains or a racing heart. Postpartum anxiety also may make women feel shaky, dizzy or short of breath.

Postpartum psychosis

This rare condition can be a horrible experience for the whole family. The mother may have severe mood swings, hallucinations, and irrational or violent thoughts. Postpartum psychosis is a serious condition that requires immediate medical attention.

Bethesda North and Good Samaritan hospitals offer a Postpartum Support Group. Please call 513-569-HOPE for information.

Postpartum Complications

Call your physician/midwife if you experience:

- Symptoms resembling the flu - chills or fever of 101 degrees Fahrenheit or greater.
- Vaginal discharge that has a foul odor.
- Frequent urination, burning during urination or the inability to urinate.
- Bleeding that saturates more than one sanitary pad per hour during a few hours or clots larger than a golf ball.
- A return to bright red bleeding after bleeding has decreased and/or has lightened in color.
- Severe pain in the lower abdomen.
- Reddened, swollen or painful areas in your legs.
- Reddened, swollen or painful areas in the breast.
- Worsening pain in the episiotomy or hemorrhoid areas.
- Severe or prolonged depression (see previous section).
- Any pus-like drainage from episiotomy or incision.
- “Baby blues” lasting longer than two weeks.

Always know your temperature and any other symptoms when calling your physician/midwife. You also should have your pharmacy phone number ready. The follow-up visit with your physician/midwife is important to ensure that you have healed from delivery. Keep a notepad handy to write down any questions you may have. Take your questions with you when you visit your physician/midwife or your baby’s physician for follow-up care.

If you have additional questions, please consult your physician/midwife.

Resuming Sexual Relations

Your physician/midwife will advise you on resuming sexual intercourse. Family planning can be achieved in a variety of ways and should be discussed with your partner and physician/midwife. Remember that breastfeeding is not a form of birth control.

After the birth of your baby, your sex drive may decrease temporarily due to hormonal changes, fatigue and adjusting to the demands of parenting. Many men and women fear that intercourse will be painful to the woman. Not all women have pain. For women who do experience pain, the intensity varies from woman to woman.

During this time, kissing, cuddling and massage can be acceptable alternatives to intercourse. Most importantly, talk to each other about your feelings and concerns.

When you decide to resume intercourse, the following suggestions may be helpful to you and your partner:

- The natural lubrication of your vagina following childbirth may take longer than before you had your baby, particularly if you are breastfeeding. Use a lubricant such as KY® jelly or Astroglide® to assist in this process.
- Breastfeeding before intercourse will help keep your baby content and decrease the chance of leaking breast milk.
- Varying positions may help, as some may be more comfortable than others.
- Maintaining your sense of humor will be helpful.
- Contact your physician/midwife for additional suggestions.

II. Caring for Your Newborn

Your Baby From Head to Toe

Your child is the greatest gift you will receive. Gathering information and educating yourself will calm your fears and answer questions as you prepare to care for your infant.

You probably know much more about being a parent than you think. From childhood, you have learned parenting skills by watching your own parents and other families. Perhaps you have experience in caring for other children. Also, you have instinctive responses that will help you develop your own skills and parenting style. This section will serve as a guide to the first days and weeks of life of your newborn.

Soft spots

There are two fontanelles, or soft spots, on your baby's head. These are normal and allow for rapid growth of the brain. Fontanelles can vary greatly in size from one baby to another. The larger one, located on top toward the front of the head, has a diamond shape. The other one is located toward the back of the head and is somewhat triangular. Do not be afraid to gently touch these areas. There is a tough membrane under the skin that protects the skull's contents. You can expect the soft spot at the back of the head to close by 4 months. The soft spot at the top will close between 10 and 20 months.

Vision

Although your newborn's eyes may be closed most of the time, when he is awake, he can see. The best distance for him to focus is eight to 15 inches from his face. Babies can distinguish light from dark, prefer patterns to solid colors and are fascinated by the human face. As you look at your baby's eyes, you may notice small red areas in the whites of the eyes, making them appear blood shot. This is caused by blood vessels breaking during the birth process. These areas will disappear on their own. You also may notice his eyes appear crossed or like they are drifting. This occurs because his eye muscles are immature and are still developing. Eye color may change until he is 6 months.

Hearing

Your newborn can hear at birth. Very early, your baby will recognize familiar voices and can be comforted by them. In addition to providing comfort, speaking to your baby can aid in language development. If you watch carefully, you may even see him make slight movements with his arms and legs in response to your speech.

Sometimes your baby's ears may appear flattened or even folded against his head. This soon will correct itself.

Smelling, tasting and touching

In addition to preferring certain patterns and sounds, your baby will prefer certain smells and tastes. A nursing baby quickly learns to recognize the smell and taste of his mother's milk and will ignore another nursing mother's milk. He also is sensitive to touch and the way you handle him. Gentle stroking will comfort him, while picking him up roughly is likely to cause him to cry.

Skin

At birth you may notice a creamy, white substance covering your baby's skin or in the folds of skin. This substance is called vernix and acts as a protective coating. It is easily absorbed or wiped off and usually disappears after the first bath. Your baby's skin also may peel as it adjusts to the air outside the womb. This process is normal and requires no treatment. Small white dots on the face, called milia, also may appear. They may look like pimples, but don't squeeze or wash them vigorously. They will clear on their own. General skin rashes and birthmarks are common. Most fade in the first weeks without treatment. The breast area on both boys and girls may be slightly swollen and even have a small discharge. This is normal and will correct itself. A bluish appearance of your baby's feet and hands during the first few hours after birth is due to immature circulation and will correct itself.

Male and female sex organs (genitalia)

The genitals of newborns are often reddish and seem quite large for bodies so small. Your baby girl may have a clear white or slightly bloody vaginal discharge caused by exposure to her mother's hormones during pregnancy. This is normal and requires no special treatment.

Parent Information about Universal Newborn Hearing Screening (UNHS) in Ohio

In Ohio, hospitals perform a hearing screening, called Universal Newborn Hearing Screening, on every baby before they go home so that hearing loss can be identified at the earliest possible point.

What is Universal Newborn Hearing Screening?

Universal Newborn Hearing Screening is a statewide program that requires all babies to receive a hearing screening before they go home from the hospital. In Ohio, there are approximately 450 babies born with hearing loss each year.

Why is my baby's hearing being screened?

A law in Ohio requires that all babies have their hearing screened. Hearing is an important part of the communication process. Hearing plays a very important part in speech and language development.

When is the hearing screening performed?

The hearing screening is usually done a few hours before the baby is due to go home.

How is the screening performed?

Each method is a quick, simple and safe way to screen your baby's hearing. It is okay for your baby to be asleep while the screening is being done.

- **ABR (Auditory Brainstem Response):** Three patches are placed on the baby's face, cheek and neck. Small headphones are placed over the baby's ears, and the baby hears soft sounds.
- **OAE (Otoacoustic Emissions):** Soft foam or rubber tips are placed inside the baby's ears, and the baby hears soft sounds.

What do the results mean?

- **Pass:** This means hearing loss was not found at birth.
- **Non-pass/refer:** This result means that your baby will need to have his hearing checked again.

What does a “refer” result mean?

A “refer” result means that your baby needs to have his hearing checked again. Sometimes babies are fussy during testing or may have fluid in their ears from the birthing process. If your baby receives a non-pass or refer result, please do not be alarmed. This means he will need a more detailed hearing test to confirm his hearing ability.

What happens next?

If your baby needs another test, you will be given a list of audiologists who can test your baby’s hearing. An audiologist is a person who has expertise in hearing testing.

What if my baby has a hearing loss?

If a hearing loss is found after more testing, there are programs that are available to help you and your baby. These programs are designed to help promote and support your child’s development.

Early identification is important

Universal Newborn Hearing Screening is important because babies use their hearing to develop speech and language skills that are necessary for communication. Therefore early identification of hearing loss is critical. If at any time during your child’s growth you are concerned about his speech, hearing or language, please call your physician and request a full hearing test by an audiologist. Your baby’s hearing can be tested at any age.

For more information about the Universal Newborn Hearing Screening program in Ohio, or for information on early childhood programs, such as Help Me Grow, please call 1-800-755-GROW (4769).

Resource: Information on UNHS provided by:
Bureau of Early Intervention Services - Infant Hearing Program
246 N. High Street, P. O. Box 118
Columbus, OH 43266-0118
Phone: 614-644-8389 Fax: 614-728-9163
E-mail: beis@gw.odh.state.oh.us www.ohiohelpmegrow.org

Speech and Language Milestones

Most babies who pass the hearing screening at birth have good hearing ability. Some babies who pass the hearing screening at birth may be faced with hearing loss later in life. Therefore, parents are encouraged to monitor their baby’s speech and language development. It is important to have your baby tested again if you have concerns about his hearing. Use the following list to help you keep track of your baby’s hearing, speech and language development.

Birth to 3 months

- Startles to loud sounds
- Calmed by familiar voice

3 to 6 months

- Turns head to search for sounds
- Uses eyes to look for sounds
- May squeal, whimper or gurgle
- Imitates own voice - “ooh” and “ba-ba”
- Enjoys rattles and other toys that make sounds

6 to 8 months

- Turns head toward interesting sounds
- Babbles (“ma-ma,” “ba-ba,” “da-da”)
- Understands “no,” “bye-bye” and other common words

10 to 15 months

- Points to or looks at familiar objects or people when asked to do so
- Imitates simple words and sounds
- Bounces or makes sounds when music is playing
- Enjoys games like “peek-a-boo” and “pat-a-cake”

15 to 18 months

- Follows simple directions, such as “give me the ball”
- Answers when name is called from another room
- Responds to singing or music
- Understands simple yes/no questions
- Uses 10 to 20 words
- By 18 months, should use many more words

Jaundice

Jaundice is a yellow or suntanned tint to your baby’s skin. Many newborn babies get some jaundice. It is caused by an increase of bilirubin, which comes from blood breakdown. You can lessen the amount of bilirubin by breastfeeding soon and often after the birth of your baby and for a long period of time. Your milk has a laxative effect that helps your baby move his bowels more. Bilirubin passes out of his system with bowel movements. However, your pediatrician may suggest supplementing with formula to increase the fluid intake. If you are not breastfeeding, your pediatrician may increase the amount of times you offer your baby formula.

An infant at home with significant jaundice that is not appropriately treated can develop severe and permanent brain damage. If your baby shows signs of significant jaundice (spreading to include the chest and stomach), blood tests must be performed, and occasionally treatment will be required.

Keep in mind:

- Jaundice is rarely present at birth and may not become evident until a baby is several days old. It typically peaks at day three or four.
- Jaundice is first noticed on the baby’s face. As it increases in severity, it spreads to the chest, the stomach and then the legs.
- Test for jaundice by pressing gently on your baby’s stomach with your thumbs and pulling your thumbs apart to stretch the skin slightly. If the resulting imprint is yellow (not flesh), contact your pediatrician. Always check for jaundice in natural light — not by lamp or fluorescent lights.

Call your baby's physician if:

- The yellow or suntanned tint spreads to your baby's eyes, stomach or legs, or if your baby is drowsy and feeding poorly.
- Your baby has fewer wet diapers and bowel movements (recording them daily will provide good information for your baby's physician).

Infant Behavior**Sleep**

Infants generally are alert and active for the first one to two hours after birth. Some may be interested in breastfeeding right away, while others are content to be held and observe their new surroundings. After this initial period, most babies tend to become less active and may be less eager to eat. Your newborn probably will sleep up to 16 hours a day divided into two- to four-hour naps. Your baby's sleep needs will be unpredictable at first, and some babies will sleep more or less than others. During this time, it is important for you to get enough rest by sleeping when your baby sleeps.

Crying

Crying is your baby's primary method of communicating. He will cry for many reasons. He may be hungry, tired, uncomfortable, overstimulated, bored, lonely or sick. As you get to know him, you'll learn how to interpret each cry. Respond quickly to your baby's cries in the first few months. You cannot spoil a baby by giving him attention. The more relaxed you remain, the easier it will be to console your newborn.

If your baby is crying a lot, try some of these consoling techniques:

- Burp him frequently during feedings to relieve trapped gas.
- Rock him in a chair or stand swaying back and forth.
- Gently stroke or pat his head, back or chest.
- Wrap him snugly in a receiving blanket.
- Reduce the amount of noise and bright light.
- Introduce rhythmic noise and vibration, such as riding in the car or walking him in a stroller.
- Put him in a warm bath if his umbilical cord has come off and healed (most babies like this but not all).
- Sing, talk or play soft music.

Crying is difficult to listen to and can be frustrating. If you're feeling overwhelmed and are unable to console your baby, it is best to put him in a crib and leave the room until you can regain your composure. If you need help dealing with frustrations, call a friend or family member to help so that you can have a break. It is very important to never shake a baby no matter how impatient you feel. Shaking can cause brain damage, mental retardation or death.

For additional information or help, call the 24-hour Parent Helpline at 513-961-8004.

Common traits

Additional behaviors you can expect from your newborn:

- He'll sneeze to clear his nose and throat.
- He'll keep his arms and legs bent up close to his body and his fingers tightly clenched.
- He may startle easily or have tremors of the legs, arms or chin. This is due to his immature nervous system that is still developing.
- He will hiccup. Hiccups are little muscle spasms. You may offer a feeding, but hiccups usually go away on their own.
- He probably won't have tears when he cries for a few weeks or months.
- When placed on his stomach, he may try to lift and turn his head.

Feeding Your Baby**Breastfeeding**

Developing an "I can do it" attitude is the most important step you can take toward successful breastfeeding. Breast milk is the perfect food for your baby, supplying nutrients, vitamins and germ fighters for healthy development. Nursing your baby also is a wonderful time for closeness as your body continues to nourish him just as it did in the womb. For more information on breastfeeding, refer to the breastfeeding guide given to you at the hospital. If you have questions about breastfeeding, contact one of our lactation consultants at 513-862-PUMP (7867).

Bottle feeding

You may choose to bottle feed your baby. There are several infant formulas on the market. Contact your pediatrician for a recommendation of a formula brand and type. Infant formula is available in different forms: ready-to-use, liquid concentrate and powder. Follow the manufacturer's directions for mixing, using and storing formula. **Never give your baby regular milk — always use formula recommended by your baby's physician.**

If your tap water is chlorinated, you can clean bottles, nipples, caps, etc. in your dishwasher or wash them in hot water with dish soap. If you hand wash them, be sure to rinse them thoroughly in hot water. If you have well or non-chlorinated water, boil bottles, nipples, caps, etc. for five to 10 minutes. It is best to feed your infant formula every three to four hours. At first, some babies may take only one ounce of formula. The amount he takes will increase over the first week. Most babies take one to three ounces over a 10- to 20-minute period. Call your baby's physician if the baby takes less than one ounce at each feeding for two to three feedings in a row.

Tips for bottle feeding

- Powdered formulas will mix more easily and the lumps will dissolve faster if you use slightly warm water.
- Refrigerated formula doesn't necessarily have to be warmed for your baby, but most infants prefer it warmed at least to room temperature.

- Be extra careful when heating a bottle containing formula to make sure it isn't too hot. A few drops on your wrist should not feel too hot. **Never heat a bottle with formula in a microwave or in a pan of water directly on the stove!** It can heat unevenly, feeling cool to warm on the outside and yet be very hot in the center. Instead, heat the bottle in a bowl of very warm water until it reaches a comfortable temperature.
- There are several nipple styles available. Consult your pediatrician for a recommendation. Periodically check nipples for signs of damage or wear and check the size of the nipple hole. A nipple hole that is too small may cause the baby to suck harder and take in more air. A nipple hole that is too large may allow the formula to flow too quickly, causing the baby to choke.
 - To test whether the nipple hole is the right size, hold the bottle upside down. When you first turn it upside down one drop should escape every second. After a few seconds, the dripping should stop. You can also tell if the nipple hole is the right size by how your baby feeds. If he sucks hard for a while and then pulls away frustrated and cries, the hole is too small. If he gulps and milk keeps leaking out of the corners of his mouth, the hole is too large.
 - You can shrink a large nipple hole by boiling the nipple for five minutes. If that doesn't work, save the nipple until your baby is bigger and can swallow more fluids. You can widen a small nipple hole with a red-hot needle. After you widen the nipple hole, sterilize the nipple by boiling it.
- When feeding your baby, cradle him so that he is sitting almost upright and support his head. Never feed him when he's lying flat and never prop the bottle. This could increase the risk of choking or developing ear infections.
- To minimize the intake of air while feeding, make sure you hold the bottle so that formula fills the neck of the bottle and covers the nipple. Bottle systems that use pre-sterilized plastic inner liners prevent air from entering as the baby sucks. Burp baby halfway through each feeding and at the end. If your baby is a fast eater, you may need to burp him more often.
- You may need to increase the quantity and frequency of your baby's feedings. Your pediatrician can best advise you regarding when to do this.

Burping

There are a few tried and true burping techniques. After a little experimentation, you'll find the one(s) that work best for your baby. You also may develop new methods of your own.

- Head on your shoulder - Hold your baby upright with his head on your shoulder, supporting his head and back while patting gently. Put a soft towel or cloth diaper on your shoulder in case of spit-up.
- Sitting up - With your baby seated on your lap, lean him forward and support his chest and head by allowing his jaw to rest in your hand. Pat him gently on the back with your other hand.
- Tummy down across lap - Lay your baby on your lap with his stomach over one leg and his head resting on the other. With his head turned toward one side, hold him securely with one hand and pat him gently on the back with the other.

Spitting

Spitting up is another common concern during infancy. Spitting up the first day or two after birth is most often due to fluid swallowed at delivery. Sometimes spit-up is caused by the baby eating more than his stomach can hold, or sometimes spit-up will occur when the baby is burping or drooling. This is no cause for concern. Some babies spit up more than others, but most are out of this phase by the time they are sitting. Spit-up never should be brown, red or green in color. If it is, consult with your pediatrician; this could be stool, blood or bile.

Vomit differs from spit-up in that it is forceful and produces a greater volume (about a tablespoon of fluid). To decide whether your baby is vomiting, splash a tablespoon of water on a cloth and compare it to the fluid your baby spit up. If your baby vomits on a regular basis (one or more times a day), consult your pediatrician.

Using the bulb syringe

A bulb syringe will be sent home with you when you leave the hospital. This can be used to clear formula from your baby's mouth and clear mucus from his nose. To use it, completely depress the bulb before inserting the tip into the side of the baby's mouth; suction is achieved by releasing the bulb. Empty the bulb completely and then depress it before suctioning another time. After suctioning the mouth, you may suction each nostril using the same technique. Remember to suction the mouth first, nostrils second. Afterward, wash the bulb inside and out by depressing it in warm, soapy water and rinse well. Prop the bulb so all the water drains.

Caring for Your Baby

Bathing

Your infant doesn't need a lot of bathing as long as you clean the diaper area well when you change his diaper. A sponge bath two or three times a week until his umbilical cord has fallen off and the area is healed is all he requires. Tub baths can begin after the cord area is healed.

- Gather supplies to be used for the bath before getting the baby. You'll need a basin of warm water, two washcloths, a towel, mild soap, baby shampoo, Vaseline for circumcision care (if your child is a boy), a clean diaper and clean clothing.
- In a warm room, lay the baby anywhere that's flat and comfortable for you. If the baby is on a surface above the floor, use a safety strap or keep one hand on him at all times to ensure he doesn't fall.
- Keep baby in a towel and expose only the parts of his body you are washing.
- Test the temperature of the water with your wrist or elbow.
- Start by washing the face with clear water — don't use soap. Use a corner of a washcloth to clean the area around each eye, wiping from the inner to the outer corner. Use a different corner of the washcloth for each eye.
- For the ears and nose, use a washcloth, wiping only what can be seen. Never use cotton swabs in the ears or nose due to the risk of damaging delicate tissue from cleaning too deeply.

- To shampoo hair and scalp, cradle the baby's head or use a football hold, wet the head and apply a tear-free baby shampoo. Massage the scalp using your fingers, a washcloth or a soft brush. This will help prevent baby dandruff called cradle cap. Rinse thoroughly with clear water and gently dry.
- Wash the rest of baby's body with warm, soapy water, paying close attention to creases around the neck and under the arms, and around the legs and diaper area.
- When cleaning the diaper area, clean girls from front to back so that you don't spread bacteria from their bowel movement. When cleaning boys, be sure to wipe beneath the scrotum. See "*Circumcised/uncircumcised penis care*" in this section.
- Dry your baby thoroughly and dress him appropriately for the weather.
- Cautions regarding the use of oil, powder and lotion: Oils generally are not recommended for use on newborns because they are not easily absorbed into the skin. Powder creates a risk for suffocation if the baby breathes the powder. If you are going to use powder, shake it out away from your baby and then pat the powder on his skin. Be sure to keep the powder out of baby's reach. You should use only lotions and other skin care products specifically made for babies.

Circumcised/uncircumcised penis care

Whether or not to have your son circumcised is a decision that ideally should be made before coming to the hospital. Your pediatrician can advise you on the risks and benefits of either choice. Your obstetrician can perform the procedure. Your baby may need to stay in the hospital as long as two hours after the procedure so the site can be observed for bleeding.

Circumcised penis care - For five days following the circumcision, squeeze a pea-sized amount of Vaseline onto the site during each diaper change until the tube of ointment is used. It is important to keep the area as clean as possible. If particles of stool get on the penis, cleanse the area by squeezing warm, soapy water over the site and wiping gently with a soft cloth.

The tip of the penis may look quite red and have a yellow secretion for the first few days. This indicates that the area is healing normally. If there is bleeding at the circumcision site, apply pressure with a clean cloth or gauze pad. Contact your pediatrician if this does not stop the bleeding. Within a week, the redness and secretion should gradually disappear. One week after the circumcision, you will need to pull back the skin from the cut surface to keep it from sticking. You can do this by giving the base of the penis a tug about two times a day. **If, after a week, redness persists or there is swelling or crusted yellow sores that contain cloudy fluid, the penis may be infected. If so, consult your pediatrician.**

Uncircumcised penis care - During the first few months, clean the penis with warm, soapy water as you would the rest of the diaper area. Do not try to pull back the foreskin. It is not necessary to cleanse the penis with swabs or antiseptics. On occasion, you should watch your baby urinate to make sure the opening in the foreskin is large enough to permit a normal stream. The

pediatrician will tell you when the foreskin has separated and can be pulled back safely.

Cord care

After birth, the umbilical cord will be clamped and cut. This clamp will remain in place for 24 to 48 hours or until the cord is dry. The remaining cord will turn black and fall off when your baby is between 1 and 4 weeks old.

Do not give baths until the cord falls off. Simply wipe the area with a wet washcloth or sponge, avoiding the umbilical cord. If the cord becomes soiled, appears moist or there is a small amount of discharge at the bottom near the skin, use rubbing alcohol on a cotton ball to wipe it down. Since the cord will dry and heal faster if exposed to air, turn the diaper down below it and fold clothing above it, leaving the cord exposed. Do not place your infant in any tight-fitting sleepers or onesies until the cord falls off. It is normal for there to be a slight amount of bleeding as the cord falls off.

Call your pediatrician if the skin around the cord becomes excessively red, if there is a foul odor or if there is a lot of drainage.

Diapers

Choose between cloth and disposable diapers before your baby is born so you can have diapers on hand when your baby comes home from the hospital. Plan on using about 70 diapers per week. Change your baby's diaper as soon as possible after bowel movements or wetting. Gather the supplies ahead of time and choose a safe, flat surface with enough room to work. Never leave your baby unattended. When changing a wet diaper, cleanse from front to back. When changing a diaper after a bowel movement, use a soft cloth and warm, soapy water, cleansing from front to back. Be sure to rinse with clear water and pat dry. Pay close attention to removing the stool from creases around the legs and the diaper area.

Urination

Your baby may wet his diaper every one to three hours or as infrequently as four to six times a day. If you notice signs of pain while your baby is urinating, call your pediatrician. Pain while urinating may be a sign of a urinary tract infection. Urine should be clear or light yellow in color. Blood in the urine or a bloody spot on your baby's diaper also should be reported to your pediatrician.

Bowel movements

For the first few days, your baby's bowel movements will be thick and dark green or black. This is called meconium. Once the meconium is passed, the stools will turn yellow-green. If your baby is breastfed, the stool then takes on a yellow, seedy appearance. The consistency of the stool will be soft or slightly runny. If your baby is bottle fed, the stool will usually turn a tan or yellow color and will be firmer in consistency than the stool of a breastfed baby.

The frequency of bowel movements varies from one baby to another. Many babies have a stool soon after each feeding. By age 3 to 6 weeks, it is typical for some breastfed babies to have only

one bowel movement a week. This happens because breast milk leaves very little solid waste. Infrequent stools are not considered a problem as long as they are not hard and dry and your infant is otherwise normal, gaining weight steadily and nursing regularly.

If your baby is formula fed, he should have at least one bowel movement a day. Whether you are breastfeeding or bottle feeding your baby, hard or dry stools may be a sign that your baby is not drinking enough fluids or that he is losing too much fluid due to illness or heat. Contact your pediatrician for advice to manage this condition.

Call your pediatrician if your baby has a sudden increase in frequency of bowel movements (more than one per feeding) and the stool is more watery. This may be a sign of diarrhea. Large amounts of blood, mucus or water in your baby's stool also could be a sign of severe diarrhea or an intestinal problem. The main concern with diarrhea is the chance for dehydration. If your child is less than 2 months and has diarrhea combined with a fever, call your pediatrician immediately.

Diaper rash

Frequent diaper changes and thorough cleansing and airing of the diaper area usually will prevent diaper rash (redness or small bumps on your baby's skin in the diaper area). If diaper rash develops, call your pediatrician for recommendation of a diaper cream or ointment and any further treatment.

Handling and positioning

Newborns have very little head control and need to have their head and neck supported to keep their head from flopping side to side or front to back.

When positioning your baby for sleep, it is important to place your baby on his back to help reduce the risk of Sudden Infant Death Syndrome (SIDS) (see section 4). Do this whether your baby is being put down for a nap or to bed for the night. Although this recommendation is different from the way many people were taught in the past, physicians and nurses now believe that fewer babies will die of SIDS if infants sleep on their backs. Be patient as your baby adjusts to this safer sleep position.

Your baby should be placed on his tummy when awake to help promote muscle development and prevent flattening of the back of the head. **Be sure someone is in the same room watching your baby anytime he is on his tummy.** Head flattening can also be avoided by changing head position while sleeping on the back.

Taking your baby's temperature

We no longer use or encourage use of a mercury thermometer. Please follow the instructions on the package insert for the proper use of any purchased digital thermometer.

When to call your baby's physician

From age 1 to 3 months, a fever is considered to be greater than 99.5 degrees Fahrenheit rectally or 99 degrees Fahrenheit axillary (under the arm). Notify your pediatrician if your baby has a fever and specify the method you used to take it — axillary or rectal. Also, contact your pediatrician if your child has the following symptoms:

- Poor feeding, continued spitting up of formula or forceful vomiting
- Excessive drowsiness, sleeping through feeding times, or unusual inactivity or quietness
- Persistent crying or irritability
- Less than two wet diapers a day during the first 48 hours of life and less than three wet diapers a day after 48 hours
- Constipation or dry stools
- Loose, watery bowel movements
- Difficulty breathing or a persistent cough
- Grayish-blue coloring around the mouth, lips and tongue when feeding or crying
- Yellowing of the skin or whites of the eyes (jaundice)
- Redness or discharge from the eyes
- Generalized rash, especially if accompanied by fever
- Redness or foul odor in cord area
- Bleeding or drainage from the circumcision that continues and increases after discharge from the hospital
- Reddened, enlarged breasts (both girls and boys)
- White patches in the mouth (thrush) that cannot be wiped away with a soft cloth (unlike formula or breast milk, which is easily wiped off)

When calling your baby's pediatrician, have the following information available:

- Your baby's temperature and the method used to measure it — rectal or under the arm
- Other symptoms that are causing you concern
- The phone number of your pharmacy

Having all this information ready will help your physician make a fast, informed decision.

III. Paternity

Paternity Facts for Married/Unmarried Mothers

Provided by The Paternity Enhancement Program, based on the Ohio Revised Code Section 3705.09

For married mothers

If you are married when your child is born or conceived, or married any time during the 300 days before the baby's birth, Ohio law states that your husband is the legal father of your child, and his name must go on the child's birth certificate.

For unmarried mothers

- If you finalized your divorce during the 300 days before your child's birth, your ex-husband is presumed to be the legal father. His name must go on your child's birth certificate, unless you have a divorce decree that specifically states that the husband is not the biological father of the child or the child is not a "product of this marriage." This wording may be in the form of an order or a statement from the court that is plain enough that the birthing facility understands that the husband should not be on the birth certificate (e.g. "NAME OF HOSPITAL is hereby ordered not to place NAME OF EX-HUSBAND on the birth certificate," or "NAME OF EX-HUSBAND is not the father of the above named child").
- If you are not officially divorced, you must provide legal documentation in the form of a judicial statement or separation agreement. Both are court orders that must include the judge's signature, seal and court number. **Please bring all documents to the hospital at the time of delivery.** Documents will be given to our Birth Records department, who must submit these to the Ohio Department of Health for approval. A decision about maternity is not made by the hospital.

What are your options?

If your husband's or ex-husband's name is placed on your child's birth certificate and he is not the birth father of your child, there are ways to have his name removed from the birth certificate and the birth father's name added. You should contact a private attorney to pursue the matter through court.

If you refuse to put your husband's or ex-husband's name on your child's birth certificate, the birth certificate is considered incomplete. **This means your child will not receive a birth certificate, because it cannot be processed without the husband's information.** As a result, the state will not apply for a Social Security card for your child, the child may not be eligible for state/federal assistance programs and you may have difficulty enrolling your child in school. To avoid these potential problems, you can put your husband's or ex-husband's name on the birth certificate at the hospital and then take steps to amend the birth certificate with the actual birth father's information.

Paternity Testing and Child Support

If you are unsure about the identity of the baby's father, you must wait until after the delivery of your baby to do paternity testing. For paternity testing, call:

Central Paternity Testing 1-888-810-6446
DNA Diagnostics Center 1-800-DNA-CENTER (362-2368)

For questions about child support, call:

Child Support Enforcement Agency (CSEA) 513-946-7387

The Importance of Establishing Paternity

Establishing paternity (the identity of a child's biological father) provides a wide range of benefits for children and families:

Relationship

It is important for a child to know his or her mother and father and to benefit from a relationship with both parents. Once a legal relationship is established with the father, he is more likely to maintain his own relationship with the child.

Identity

Only if unmarried parents acknowledge paternity will the child have access to information about medical histories on both sides of his or her family. This is especially important in situations in which the child inherits a medical problem. After completing a Paternity Affidavit, a legal document verifying the biological father's identity, a father may also be able to add the child to his health insurance policy.

Custody and visitation

If parents are unmarried at the time of a child's birth, the mother is presumed to have custody. However, once paternity is established, the father can ask the court for visitation rights and/or for a share in custody arrangements.

Adoption

A legal father gains the right to have a voice in any plans to have the child adopted by someone else. This provides an important safeguard for the father, the child and prospective adoptive parents.

Financial benefits

Paternity establishment allows the child to qualify for important financial benefits from the father. Possibilities include Social Security, life insurance, veteran's benefits and inheritance rights in the event that something happens to the father.

Child support

Both parents have responsibility to support their child, emotionally and financially. If the parents choose to separate and paternity has already been established, it will be easier for the parent who has custody to obtain child support to aid in providing for the child.

Common Misconceptions about Paternity Affidavits

A Paternity Affidavit is a legal document that recognizes the identity of a child's biological father. The affidavit gives the father certain rights and responsibilities toward his child. Some beliefs about this legal document are not true, however:

BELIEF: Only unmarried parents who want their baby to have the father's last name need to sign a Paternity Affidavit.

NOT TRUE! The baby's name has nothing to do with paternity. In the State of Ohio, a mother can name her baby anything she wants. The Paternity Affidavit is a legal document that allows the father to become the legal father of the baby. The father is then allowed to be on the birth certificate and gains the rights and responsibilities of a legal father. All unmarried parents should be offered the Paternity Affidavit.

BELIEF: If a man voluntarily acknowledges a parent and child relationship by signing an Acknowledgment of Paternity Affidavit, he assumes the parental duty of support, which may be enforced through a child support order.

Again, this is **NOT TRUE!** If parents have worked out financial support for the child between themselves and have no need of public assistance, then no one will be "coming after them" for support. The Child Support Enforcement Agency becomes involved when one parent goes to court to obtain child support from the other, or when the mother applies for public assistance.

BELIEF: Once the father signs the Paternity Affidavit, he automatically becomes the legal father and cannot change his mind.

NOT TRUE! The Paternity Affidavit does not become legally binding until 60 days after the last notarized signature. At the end of 60 days, and within one year, either parent can change his or her mind. The couple must go to the Child Support Enforcement Agency in the county where the mother resides and request a rescission. This is simply a piece of paper saying that the couple is not sure the father is the real biological father and they are requesting genetic testing.

Common Mistakes on Paternity Affidavits

You will save time and effort by avoiding these common mistakes on Paternity Affidavits.

- Cross-outs or write-outs in child's name section
- Illegible (unable to be read) handwriting
- Incorrect date of birth for parents (e.g. mistakenly writing in the baby's date of birth)

IV. Safety Check

Cribs

Cribs should meet the Consumer Product Safety Commission standards.

- Crib sides should always be up when baby is unattended.
- Crib slats should be no more than 2 3/8 inches apart.
- The mattress should fit snugly inside the crib, and linens should be well fitted — not loose. There should be no missing, loose, or broken crib or mattress-support hardware.
- There should be no soft materials or objects such as pillows, comforters or loose bedding under a sleeping baby or in the crib. If blankets are to be used, they should be tucked in around the crib mattress so the infant's face is less likely to be covered by the bedding.
- Avoid toys with long strings and small objects. Mobiles and cradle gyms must be tightly secured. Big floppy toys should not be in the crib.

Car Seats

Ohio state law requires that your infant ride in a properly installed, federally approved and crash-tested car seat every time he rides in any vehicle, beginning with the trip home from the hospital, until he both turns 4 and weighs 40 pounds. Newborns always should ride in an appropriate car seat facing rearward in the back seat of the vehicle. Never place an infant in the front seat of a vehicle equipped with an air bag.

If your baby does not have a safe car seat, an infant car seat can be purchased through TriHealth's Car Seat Program by calling one of the numbers below. **Parents must have a car seat before bringing their baby home from the hospital.**

Bethesda North Hospital 513-865-1526

Good Samaritan Hospital 513-862-4388

Basic car seat safety

- Your baby should ride in a rear-facing car seat up to at least age 1. This is the safest position. It protects babies from spinal cord injury.
- Transport your baby in the back seat. The back seat usually is safer than the front seat.
- If your car has a passenger air bag, never put your baby in the front seat, unless the air bag has been turned off (see right).
- Make the seat belt tight around the car seat. Fasten the harness snugly over your baby's shoulders.
- Follow car seat instructions and the vehicle manual to use and install the car seat correctly.
- Beware of used car seats. They may have hidden safety problems, compromising safety effectiveness if you're in an accident and putting your baby at risk.
- Never leave your baby or child alone in the car. There are a number of hazards including the danger of overheating.

Bringing your new baby home

- Dress your baby in clothes with legs so the crotch strap can go between his legs.
- Adjust the harness to fit snugly. Avoid using thick blankets, a heavy snowsuit or a bunting under the straps. These make it impossible to get the harness tight enough to hold the baby in a crash. To keep your baby warm, buckle the harness first, then tuck a blanket over it.
- Put the harness straps in the lowest slots. Straps should be in slots closest to or just below your baby's shoulders in the rear-facing position.
- Pad the sides of the car seat so your new baby sits comfortably.
- Tuck rolled blankets or towels alongside your baby. If he slumps, add a rolled washcloth between his crotch and the crotch strap. There is no need to buy a separate head pad, which could make the straps too loose. A pad that comes with the seat is okay.

Note: Hospital staff are not allowed to help you place your baby in a car seat or secure the seat in the car.

Air bag danger — put baby in back!

An air bag can kill a baby riding in the front passenger seat, even in a minor crash. Some small trucks and sport cars have air bag on/off switches. If you must put your baby in front, make sure the air bag has been shut off. Older children also are safer in the back. Buckle them up!

Installing a car seat securely

- Place the car seat in the back seat, facing the rear. The back seat is usually safer than the front, especially in a vehicle with a passenger air bag.
- Fasten the seat belt tightly. Different types of belts are tightened in different ways. Check the vehicle owner's manual and labels on seat belts. Make sure the car seat stays in place when you push down on the top or sideways at the base. It is okay for a rear-facing car seat to tip toward the back of the car. Some new car seats have LATCH straps to anchor them to the vehicle. Use the straps if you have a new vehicle with special LATCH anchors (check car owner's manual and seat instructions).
- Make sure your baby reclines far enough so his head doesn't flop forward. If the vehicle seat slopes, put a tightly rolled towel or "noodle" under the base of the car seat. Do not tilt it more than halfway back.

As your baby grows

- Keep harness straps in the lowest slots until your baby's shoulders reach the higher slots.
- If your baby uses an infant-only seat, move him into a convertible car seat (one that can be used rear-facing or forward-facing) when his head is one inch from the top of the back of the car seat.
- Use a convertible seat facing the rear until he reaches at least one year of age. Even after age 1, ride facing the rear to protect baby's spine.

Child car seat fitting locations

To verify that your car seat is installed properly in your car, you can call AAA, Children's Hospital Medical Center or your local fire or police station (see chart below).

Car seat fittings are by appointment ONLY. Please be sure to call ahead and bring your car seat and manufacturer's installation instructions. If you cannot get an appointment within seven to 10 days, you might want to call another fitting station location.

Location	Phone	ZIP Code
Children's Hospital Medical Center	513-636-7865	45229
Amberley Village Police and Fire Dept.	513-531-2040	45236
Anderson Township Fire and Rescue	513-956-7229	45215
Blue Ash Fire Dept. (residents and employees of Blue Ash businesses only)	513-745-8533	45236
Central Joint Fire-EMS District	513-797-4520	45102
Cheviot Fire and Police Dept.	513-661-2700	45211
Colerain Township Dept. of Fire and OEMS	513-385-1713	45251
Deerfield Township Fire and Rescue	513-459-0875	45040
Delhi Township Fire Dept.	513-922-2011	45233
Fairfield Fire Dept.	513-867-5379	45014
Florence Fire Dept.	859-647-5660	41042
Forest Park Fire	513-595-5243	45240
Ft. Mitchell Fire Dept.	859-331-1267	41017
Ft. Thomas Fire Dept.	859-441-8393	41075
Green Township Fire Dept.	513-574-0474	45248
Hamilton Township Fire	513-683-1622	45039
Hillsboro Fire and Rescue	937-393-2902	45133
Liberty Township Fire Dept.	513-777-8388	45011
Liberty Township Fire Dept.	513-777-8388	45044
Little Miami Joint Fire and Rescue (residents only from Fairfax, Madison Pl., Newtown)	513-271-3636	45227
Madeira/Indian Hill Joint Fire Dept.	513-271-2669	45243
City of Mason Fire Dept.	513-229-8540	45040
Miami Township Fire Dept. (Clermont)	513-248-3709	45140
Miami Township Fire Dept. (Hamilton)	513-353-4026	45002
Milford Fire Dept.	513-831-7777	45140
Monroe Township Fire Dept.	513-734-0847	45106
Montgomery Fire Dept.	513-985-1633	45242
Newport Fire Dept.	859-292-3616, ext. 234	41011
Norwood Health Dept.	513-458-4600	45212
Oxford Police	513-524-5240	45056
Pierce Township Fire Dept.	513-752-6273	45245
Reading Fire Dept.	513-733-5537	45215
Sharonville Fire Dept.	513-563-0252	45241
Springdale Fire Dept.	513-346-5580	45246
Union Township Fire Dept. (Clermont)	513-528-4446	45245
West Chester Fire Dept.	513-777-1133	45069
Western Joint Ambulance District	513-353-4079	45030
Whitewater Township Fire Dept.	513-353-1518	45033

Source: www.cincinnatichildrens.org/health/info/safety/vehicle/car-seat-list.htm

To learn more about car safety for babies

- Contact the National Auto Safety Hotline at 888-327-4236 or www.nhtsa.dot.gov.
- Contact the SafetyBeltSafe U.S.A. Helpline at 800-745-SAFE (7233) or www.carseat.org.
- Visit these Web sites: www.aap.org, www.saferidenews.com.

Bathing

- DO NOT begin baths until the umbilical cord falls off (1 to 4 weeks). You may wipe the baby down with a sponge or wet cloth.
- To prevent your baby from slipping while bathing him in the sink, set him on a washcloth and hold him under the arms.
- To prevent your baby from being scalded, adjust the temperature of your water heater to less than 120 degrees Fahrenheit. Never run water while your baby is in the sink or bath or run it directly on your baby.
- Never leave your baby unattended while you are bathing him. Drowning can occur very quickly in small amounts of water.

Falls

To prevent falls, never leave your baby unattended above the floor (e.g. on a changing table, etc.).

Suffocation

- Small objects such as safety pins, small parts of toys, etc. should be kept out of reach of your baby. This includes the toys of older brothers and sisters.
- Keep plastic bags or wrappings out of your baby's reach.
- Sleeping with your baby in your bed, or on a sofa or couch, may be dangerous. (See *Helping Your Baby Sleep and Nap Safely*.)

Fire

- Your baby should be dressed only in clothing treated with flame-retardant chemicals.
- Install smoke detectors in appropriate locations throughout your home and maintain them according to the manufacturer's instructions.

Supervision

- Never leave your baby alone in the house, yard or car.
- Never leave your baby alone with pets or other small children.

Choking

- Do not attach pacifiers, medallions or other objects to the crib or to your baby with a cord.
- Do not place a string or necklace around your baby's neck.

Shaking Hazards

Never shake your baby. Shaking can cause brain damage, mental retardation or death.

24-hour Parent Helpline: 513-961-8004.

Shots for Your Child's Health

Your child's health is at risk unless he is properly immunized. Shots (immunizations) prevent serious illnesses that can cause:

- Pain
- Hearing loss
- Fever
- Blindness
- Rashes
- Crippling
- Coughs
- Brain damage
- Sore throat
- Death

All babies need shots

A baby may get one shot right after birth. More shots should be given later, starting at 1 or 2 months of age.* If a child did not receive shots as a baby, he should still get them. Your child may need shots to go to day care, camp or school. **Don't wait until then. Protect your child by immunizing him now.**

* A combination shot may be given for hepatitis B, diphtheria, tetanus, pertussis and polio in place of individual shots at 2, 4 and 6 months. Ask about this shot.

Shots may hurt a little but are worth it

Ask your child's health care provider what to expect after a shot. Some side effects include:

- Crankiness
- Slight fever (see note below)
- Soreness or swelling where shot was given

Other problems are very rare. Call your child's health care provider right away if your child:

- Has a high fever (see note below)
- Has seizures
- Cries for more than three hours
- Is hard to wake up
- Goes limp/pale
- Has other unusual symptoms

NOTE: Call your health care provider if your child is:

- Under 3 months and has a temperature of 100.2 degrees Fahrenheit or higher
- Three to 6 months and has a fever of 101 degrees Fahrenheit or higher
- Older than 6 months and has a fever of 102 degrees Fahrenheit or higher

Safety Check

Read the Vaccine Information Statement (VIS) for each shot your child receives. Your child's health care provider is required to give you this statement.

Need help paying for shots?

For more information, call your local health department/clinic or your Social Security or Medicaid office. You also may wish to contact the Centers for Disease Control's National Immunization Hotline:

- 1-800-232-2522 (English)
- 1-800-232-0233 (Spanish)
- 1-800-243-7889 (TTY)
- www.cdc.gov/nip

Your child can't afford to be without shots!

This chart shows acceptable age ranges for shots. Consult your child's health care provider on when your child should get shots.

NOTE: Certain children may also need

- Hepatitis A shots
- A yearly influenza (flu) shot
- Additional or catch-up pneumococcal disease shots

Be sure to ask your child's health care provider if your child needs these and other shots (such as for foreign travel).

Based on information provided by The Ohio Department of Health Immunization Program, P. O. Box 118, Columbus, OH 43216-0118.

CHILD'S AGE	SHOT
Birth to 2 months	Hep B (hepatitis B)
1 to 4 months	Hep B
2 months	DtaP (diphtheria, tetanus and pertussis), IPV (polio), Hib (Haemophilus influenzae type b), PCV (pneumococcal disease)
4 months	DtaP, IPV, Hib, PCV
6 months	DtaP, Hib, PCV
6 to 18 months	Hep B, IPV
12 to 15 months	Hib, MMR (measles, mumps and rubella), PCV
12 to 18 months	VAR (chickenpox)
15 to 18 months	DtaP
4 to 6 years (before starting school)	MMR, DtaP, IPV
11 to 18 years Catch-up shot(s)	Td (tetanus, diphtheria), then Td booster every 10 years
24 months to 18 years	VAR (if your child has not had the chickenpox shot and has never had chickenpox), Hep B (if your child has not had the hepatitis B shots)
11 to 18 years	MMR (if your child has not had the MMR shots)

SIDS (Sudden Infant Death Syndrome)

What is SIDS?

SIDS is the sudden and unexplained death of a baby under 1 year of age. Because many SIDS babies are found in their cribs, some people call SIDS “crib death.” But cribs do not cause SIDS.

Facts about SIDS

Physicians and nurses do not know what causes SIDS, but they do know:

- SIDS is the leading cause of death in babies between 1 month and 1 year of age.
- Most SIDS deaths happen in babies younger than 6 months old.
- Babies placed to sleep on their stomachs are much more likely to die of SIDS than babies placed on their backs to sleep.
- Babies are more likely to die of SIDS if they are placed to sleep on top of soft bedding or if they are covered by soft bedding.
- African American babies are two times more likely to die of SIDS than Caucasian babies.
- American Indian babies are almost three times more likely to die of SIDS than Caucasian babies.

What can I do to help lower the risk of SIDS?

Even though there is no way to know which babies might die of SIDS, there are ways to make your baby safer.

- **Always place your baby on his back to sleep, even for naps.** This is the safest sleep position for a healthy baby to reduce the risk of SIDS. Research now shows that fewer babies die of SIDS when they sleep on their backs.
- **Place your baby on a firm mattress, such as in a safety-approved crib.*** Research has shown that placing a baby to sleep on soft mattresses, sofas, sofa cushions, waterbeds, sheepskins or other soft surfaces greatly increases the risk of SIDS.
- **Remove soft, fluffy, loose bedding and stuffed toys from your baby’s sleep area.** Make sure you keep all pillows, quilts, stuffed toys and other soft items away from your baby’s sleep area.
- **Make sure everyone who cares for your baby knows about the dangers of soft bedding and to place your baby on his back to sleep.** Talk to child care providers, grandparents, baby sitters and all caregivers about SIDS risk. Remember, every sleep time counts, day or night. So, for the least risk, remind every caregiver to place your baby on firm bedding and on his back to sleep.
- **Make sure your baby’s face and head stay uncovered during sleep.** Keep blankets and other coverings away from your baby’s mouth and nose. The best way to do this is to dress your baby in sleep clothing so you will not have to use any other covering over him. If you do use a blanket or another covering, make sure your baby’s feet are at the bottom of the crib, the blanket is no higher than his chest and the blanket is tucked in around the bottom of the crib mattress.
- **Do not allow smoking around your baby.** Don’t smoke before or after the birth of your baby and make sure no one smokes around your baby.

- **Don’t let your baby get too warm during sleep.** Keep your baby warm during sleep, but not too warm. Your baby’s room should be at a temperature that is comfortable for an adult. Too many layers of clothing or blankets can overheat your baby.

*For more information on crib safety guidelines, call the Consumer Product Safety Commission at 1-800-638-2772 or visit www.cpsc.gov.

Helping Your Baby Sleep and Nap Safely

Keep the following suggestions in mind when you put your baby down to sleep or nap.

How should I position my baby for sleep?

Babies should always be placed on their backs (face up) when they are resting, sleeping or left alone. If you have concerns regarding this recommendation, consult your pediatrician. Additionally:

- Babies should be placed on their tummies (tummy time) only when they are awake and supervised by someone responsible. Supervised tummy time is encouraged to help make your baby’s neck and back muscles strong.
- **The use of special devices such as wedges and cushions when positioning your baby for sleep are not recommended.**

Where should my baby sleep?

When babies are napping or sleeping they should be placed only in cribs approved by the Consumer Product Safety Commission (CPSC).

- Mattresses always should fit snugly into the crib’s frame.
- Cribs made after 1982 and sold in the United States by a retailer should, by law, meet the CPSC safety standards for cribs.
- If you do not have a crib, your baby can be placed to sleep on another safe, firm sleep surface such as a bassinet, cradle or co-sleeper that does not have any soft or fluffy items on its sleep surface.
- Babies always should be placed on a firm surface or mattress, never on a waterbed, recliner, futon or sofa — with or without you.

Also, keep in mind:

- Dress your baby in a sleeper or warm pajamas instead of covering him with a blanket.
- If you choose to cover your baby, always make sure the blanket stays at or lower than his waist.
- Always dress your baby the way that you would want to be dressed for the temperature around you. If it’s cold, layer the baby’s clothing (for example, add a T-shirt and socks under the sleeper) and use only a light receiving blanket, if necessary.
- Never place your baby to sleep or nap with any pillows, stuffed toys, bumper pads, comforters, quilts or sheepskin.

Can I sleep with my baby?

Parents and babies should be close, but adult beds were not made with infant safety in mind. Parents who want to be close to their infant while they are sleeping can move the crib, bassinet or co-sleeper next to their bed.

Though sharing a bed with your baby can be unsafe, if you consider it, please remember:

- No one other than the baby's parents or caregivers should sleep with the infant.
- Parents or caregivers who choose to share a bed with their baby never should smoke or be under the influence of alcohol or drugs while sleeping with the baby.

Source: <http://www.cdc.gov/SIDS/sleepenvironment.htm>

Frequently Asked Questions About Safe Sleep

Q. Is there a risk of choking when my baby sleeps on his or her back?

A. No. Babies automatically swallow or cough up fluids. Physicians have found no increase in choking or other problems in babies sleeping on their backs.

Q. What about side sleeping?

A. To keep your baby safest when he or she is sleeping, always use the back sleep position. Babies who sleep on their sides can roll onto their stomachs. A baby sleeping on his or her stomach is at greater risk for SIDS.*

Q. Are there times when my baby can be on his or her stomach?

A. Yes. Place your baby on his or her stomach for "tummy time" when he or she is awake and someone is watching. When your baby is awake, tummy time is good because it helps your baby's neck and shoulder muscles get stronger.

Q. Can I bring my baby in bed with me to breastfeed?

A. Bringing your baby into bed could be risky for your baby. An adult bed usually has a soft mattress and bedding, such as comforters, quilts and pillows. If you choose to bring your baby in bed with you to breastfeed, it is safest to return your baby to his or her crib when done feeding.** One way to keep your baby close to you is by having the baby's crib in the room with you.

Q. Can my baby share a bed with her brother or sister?

A. Bed sharing with other children, including brothers and sisters, is unsafe for your baby. It increases the risk for SIDS as well as suffocation. There have been reports of infants being suffocated from overlying by an adult, brother, sister or other family member who was sharing a bed with an infant.

Q. Will my baby get "flat" spots on his or her head from back sleeping?

A. For the most part, "flat" spots on the back of a baby's head go away a few months after the baby learns to sit up. Tummy time when your baby is awake is one way to reduce the flat spots. Another way is to change the direction you place your baby down to sleep. Doing this means the baby is not always sleeping on the same side of his or her head. If you think your baby has a more serious problem, talk to your physician or nurse.

*Some infants may have health conditions that require them to sleep on their stomachs. If you are unsure about the best sleep position for your baby, be sure to talk to your physician or nurse.

**If you do not have a crib, check with your state health department about a crib donation program.

Reference:

"Changing Concepts of Sudden Infant Death Syndrome. Implications for Infant Sleeping Environment and Sleep Position." American Academy of Pediatrics. Task Force on Infant Sleep Position and Sudden Infant Death Syndrome, *Pediatrics* Vol. 105 pg 650-656, 2000.

Information in this section provided by National Institute of Child Health and Human Development, NIH Pub. No. 02-7040, August 2003.

V. Helpful Services and Information

United Way Help Line

The United Way Help Line is a 24-hour information, referral and crisis line that links people who need information or help with agencies that can assist them. Call 1-800-233-HELP (4357) or 513-721-7900 for help with:

- Emergency assistance – food, shelter and clothing
- Money management
- Legal assistance
- Child care
- Personal, family or relationship problems
- Chemical dependency – alcohol or drugs
- Family violence – spouse abuse and child abuse
- Health concerns
- Support groups
- Educational and vocational opportunities
- Parenting classes
- Loneliness and depression
- Special transportation and any other questions

Helpful Numbers in Greater Cincinnati

Lactation consultants

TriHealth Warm Line and
Outpatient Services 513-865-1525

TriHealth information

TriHealth Women's HealthLine 513-475-4500
*physician referrals, information on TriHealth
maternity education classes and other TriHealth services*
TriHealth Postpartum Support Group 513-862-3343

Child abuse prevention

24-hour reports of child abuse 513-241-KIDS (5437)
Parents Anonymous 24-Hour Hotline 513-961-8004

Poison prevention

Poison Information Hotline 513-558-5111

Day care information

4 C's — Comprehensive Community
Child Care 513-221-0033

Social Security information

1-800-772-1213

Ohio Resources

Butler County

Butler County Help Line 513-785-3095
Butler County Alcohol/Chemical
Abuse Council 513-868-2100
Butler Co. Job and Family Services 513-887-4000
Butler County Protective Shelter/
Domestic Violence Crisis Line 513-863-7099
Child Abuse Hotline 513-868-0888
Child Support 513-887-3362
Health Department 513-863-1770
Help Me Grow Program 513-785-6850 or
*Early intervention and child
development services for families with
children from birth to 3 years* 1-800-341-3025
Hope House 513-424-4673
Shelter for men, women and children
Immunizations/Well Child Clinic 513-695-1468
Legal Assistance (Domestic Relations Court) 513-887-3100
Mental Health Board 513-860-9240
Women, Infants and Children (WIC)
Nutrition Education and Supplemental
Food Program 513-705-9040
Middletown 513-705-9040
Hamilton 513-896-7022

Clermont County

Battered Women's Helpline and Referral 513-753-7281
Child Focus 513-752-1555
Child Support Enforcement Agency 513-732-7248
Children Protective Services 513-732-7173
Clermont Recovery Center 513-735-8100
Substance abuse recovery
Clermont Counseling Center 513-947-7000
Clermont County Help Line 513-753-7281
Clermont County Help Me Grow Program 513-732-5030
*Early intervention and child development
services for families with children from birth to 3 years*
Clermont Transportation Connection 513-732-7433
Department of Job and Family Services 513-732-7111
Family and Children First 513-732-5400
Healthy Start 513-732-7111
Legal Aid 513-241-9400
Women, Infants and Children (WIC)
Nutrition Education and Supplemental
Food Program 513-732-7329

Hamilton County

Chemical dependency

Substance Abuse 513-281-7880
Alcoholism Council of Cincinnati Area

Child protection

Child Abuse/Neglect/Dependency 513-241-KIDS (5437)
 Parent Helpline 513-961-8004
Child abuse prevention

Day care

Child Day Care Services (HCJFS) 513-946-1800
 4 C's (Comprehensive Community Child Care) 513-221-0033

Domestic violence

YWCA Domestic Violence Hotline 513-872-9259
 Women Helping Women 513-381-5610

Emergency food, clothing, shelter

Bethany House 513-381-7233
Shelter for women and children
 Free Store/Food Bank 513-241-1064
 Salvation Army 513-762-5660
 St. Vincent DePaul 513-421-0602

Information and referral lines

United Way Helpline 1-800-233-HELP (4357) or 513-721-7900
 Hamilton County Job and Family Services Link Line 513-946-LINK (5465)

Mental health

Mental Health Services (Mental Health Access Point – MHAP) 513-558-8888
 Psychiatric Emergency 513-584-8577
 Recovery Resources Center 513-761-7353
Self-help method of recovery; support groups to help cope with fear, depression and anxiety
 Suicide Prevention Hotline 513-281-2273

Nutrition

Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program 513-821-6813
 LaLeche League 513-357-MILK (6455)
Support for breastfeeding mothers

Pregnancy/parenting support programs

Babies Milk Fund Children's and Prenatal Clinic 513-861-7313
also offers clinics for pregnant women and their children
 Help Me Grow 513-281-GROW (4769)
Parenting support and child development/early intervention services

Every Child Succeeds 513-636-2830
Support program for first-time mothers
 Healthy Moms and Babes 513-591-5600
Support services for moms-to-be and existing parents
 Catholic Social Services 513-241-7445
Counseling, adoption, parenting programs
 Hamilton County Job and Family Services – Pregnancy Services 513-946-7335
 Services United for Mothers and Adolescents (SUMA) 513-487-7862
Teen parent center, prevention program, fatherhood project
 Birthright 513-241-5433
Childbirth classes

Public assistance

Hamilton County Job and Family Services Information (HCJFS) 513-946-1000
 Appointments for cash, food, Medicaid assistance at HCJFS 513-946-2480
 Healthy Start/Children's Health Insurance Program (CHIP) 513-531-9999
 Child Support Enforcement Agency 513-946-7387
 Transportation to medical visits for Medicaid recipients 513-946-7335
 Social Security information 1-800-772-1213

Warren County

Abuse Crisis Line 888-860-4084; 513-509-8402 (cell)
 Bureau of Child Support 513-695-1580
 Drug and Alcohol Center of Warren County (Lebanon) 513-695-1131
 4 C's (Comprehensive Community Child Care) 513-695-2276
 Health Department 513-695-1228
 Help Me Grow Program 513-695-4769
Early intervention services and child development for families with children from birth to 3 years.
 Human Services Department 513-695-1420
 Hope House 513-424-4673
 Immunization/Well Child Clinic 513-695-1468
 Life Span 513-934-1330
 Mental Health and Drug/Alcohol 513-695-1354
 Warren County Transit Services 513-695-1323
Public transportation
 Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program 513-695-1217

Kentucky Resources

Battered Women's Hotline	859-292-6340
Brighton Center	859-431-5649 or 859-491-8303
<i>Emergency food, clothing and financial assistance; credit and budget counseling</i>	
Catholic Charities	859-581-8974
<i>Community education, individual, marital and family counseling</i>	
NorthKey Community Care	859-331-3292 or 859-578-3252
<i>Mental health education and crisis intervention</i>	
Family Service of Northern Kentucky (United Way)	
Covington	859-291-1121
Florence (United Way)	859-525-2602
<i>Budget, consumer credit, substance and sexual abuse counseling and family life education</i>	
First Steps	859-815-1095
<i>Early intervention services</i>	
Mental Health Association of Northern Kentucky	
	859-431-1077
Women's Crisis Center	859-491-3335 or 1-800-928-3335
<i>24-hour hotline for phone counseling; shelter for battered and abused women and their children</i>	

Boone County

Assisted Housing (Section 8 Program)	859-334-2105
Cabinet for Families and Children (Applications for public assistance)	859-371-6900
CASA:	
Child Advocate	859-586-1222
Child Support	859-586-9100
Women, Infants and Children (WIC)	
Nutrition Education and Supplemental Food Program	859-525-1770

Campbell County

Cabinet for Families and Children	859-292-6700
Child Support	859-431-0552
Section 8 Housing	859-261-5200
Women, Infants and Children (WIC)	
Nutrition Education and Supplemental Food Program	859-431-1704

Kenton County

Cabinet for Families and Children	859-292-6340
Child Support	859-491-4114
Section 8 Housing	859-292-2188
Women, Infants and Children (WIC)	
Nutrition Education and Supplemental Food Program	859-431-3345

Indiana Resources

Southeastern Indiana Economic Opportunities (SIEOC)	
Serving Dearborn, Franklin, Ohio, Ripley and Switzerland counties	765-647-5967
<i>Provides commodities, energy assistance, Head Start, information and referral, emergency assistance services, Section 8, weatherization, child care assistance and child care resource and referral</i>	
First Steps	866-644-2454
<i>Early intervention services</i>	

Dearborn County

Alliance for Mentally Ill	812-537-0946
Division of Family and Children	812-537-5131
<i>Public assistance programs and child protective services</i>	
Community Mental Health Center	812-537-1302
Crisis Pregnancy Center	812-537-4357
Domestic Violence Services	1-800-221-6311
Family Connections	812-689-6363
<i>Home visits for prenatal support, education; substance abuse recovery program</i>	
Healthy Mothers/Healthy Babies	812-532-3081
<i>Education/support for young mothers</i>	
Rape Crisis Services	812-537-7375
Women, Infants and Children (WIC)	
Nutrition Education and Supplemental Food Program	
<i>Lawrenceburg</i>	812-537-4089
<i>Dearborn, Ripley, Switzerland and Ohio counties</i>	
	800-456-0492 or 812-537-4777

Franklin County

Community Mental Health Center	765-647-4173
Crisis Pregnancy Hotline	812-934-5116
Division of Family and Children	765-647-4081
<i>Public assistance programs and child protective services</i>	
Mental Health Association in Franklin County	
	765-778-0186
Pregnancy Help Center	765-647-2029
Rape/Crisis Services	812-537-1302
Salvation Army	765-825-2011
<i>Emergency services</i>	
Women, Infants and Children (WIC)	
Nutrition Education and Supplemental Food Program	765-825-5210 or 765-647-3663

A MESSAGE FROM WIC

Providing Healthy Food for Your Children is Very Important — Maybe We Can Help

If you are pregnant, breastfeeding or have children under age 5, you may be eligible for WIC's specialized nutrition services.

Income guidelines effective April 2009 to April 2010

Economic* Unit Size	Annual	Monthly	Weekly
1	\$ 20,036	\$ 1,670	\$ 386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317

***Pregnant women count as two.**

For family size larger than nine people, please call for income guidelines.

WIC stands for Women, Infants and Children and is funded by the Department of Agriculture. WIC provides nutrition counseling, breastfeeding support and nutritious foods such as milk, fruit juices, cheese, eggs, cereals, and peanut butter or beans. Infant formula can also be provided if needed as a supplement to breastfeeding or if breastfeeding is not an option.

Many working families can participate in the WIC program. Eligibility is based on medical/nutritional needs, income and family size.

Contact us today. We can let you know if you qualify financially by telephone in just a couple of minutes. Appointments are available at locations throughout Hamilton County (listing on page 23). Evening appointments are available at many locations; please call a WIC site for additional information.

WIC WORKS!

For general information, call:
513-821-6946 or
513-821-7012

USDA prohibits discrimination in the administration of its programs.

Hamilton County WIC Program Locations

Call an individual location to schedule an appointment and to check hours.

Cann Health Center 5818 Madison Road (45227)	513-263-8777
Children's Hospital B-1 3333 Burnet Avenue (45229)	513-636-5818
East End Health Center 4027 Eastern Avenue (45226)	513-321-1395
Elm Street Health Center 1525 Elm Street (45202)	513-352-3816
Forest Park 924 Waycross Rd. (45240)	513-742-3555
Harrison BMF Clinic 10400 New Haven Rd. (45030)	513-367-5383
Lincoln Heights Health Center 1401 Steffen (45215)	513-769-5290
Millvale Health Center 3301 Beekman Street (45225)	513-352-3199
Mt. Healthy 1310 Adams Road (45231)	513-522-4300
Northside Health Center 3917 Spring Grove Avenue (45223)	513-564-2180
Norwood BMF Clinic 4623 Wesley Avenue (45212)	513-458-5678
Price Hill Health Center 2136 West 8th Street (45204)	513-357-2727
Roselawn 7710 Reading Rd., #001 Lower Level (45237)	513-821-6813
Walnut Hills/Evanston Office (WIC) 2805 Gilbert Ave. (45206)	513-281-4116, ext. 6
West End Health Center 1413 Linn Street (45214)	513-352-3566
Western Hills 4966 Glenway Ave. #301 (45238)	513-251-4700
Winton Hills Health Center 5275 Winneste Avenue (45232)	513-242-1720
University Hospital OB/GYN Clinic <i>For patients who are attending this clinic only</i>	513-584-8220

For general information regarding the Hamilton County WIC Program, please call 513-821-6946 or 513-821-7012.

For information regarding the locations of WIC programs in other counties, refer to county listings.

USDA prohibits discrimination in the administration of its programs.

Your Child's Social Security Number

Social Security numbers are free and required when filing a tax return. You have two options for applying for one.

- Check the box at the bottom of the Birth Certificate Information Worksheet to receive a Social Security number for your newborn. It will take about four to six weeks to receive your baby's Social Security number.
- If you need more information about obtaining a Social Security number for your child, call the Birth Records office at the hospital where you delivered or the Social Security office at 1-800-772-1213.

Your Child's Birth Certificate

The hospital cannot provide patients with birth certificates. There are two things you must do to apply for a birth certificate.

• **Complete the Birth Certificate Information Worksheet.**

This form must be turned in to your nurse or the nurses' station before you leave the hospital. A few things to note:

- Do not use your initials. Use your entire name as it appears on your own birth certificate.
- Fill in your baby's name exactly as you want it to be spelled on the birth certificate.

NOTE: You will receive the Application for Certified Copy of Birth Certificate in your discharge packet.

• **Send the following information to the locations specified below:**

- A self-addressed, stamped envelope
- The baby's name and date of birth
- Name of the hospital where the baby was born
- Mother's maiden name and father's name

Bethesda North Hospital patients

- Mail a money order or personal check made out to the Hamilton County Health District, along with the previous information to:
Hamilton County General Health District
250 William Howard Taft, 2nd Floor
Cincinnati, OH 45219
513-946-7815

Good Samaritan Hospital patients

- Mail a money order or certified check made out to the Treasurer of the City of Cincinnati along with the previous information to:
Cincinnati Board of Health
Office of Vital Records
1525 Elm St.
Cincinnati, OH 45210
513-352-3120

Please call ahead to request the specific dollar amount for the birth certificate.

Helpful Tips for Applying for Your Child's Birth Certificate and Social Security Number

- If you have not named your baby before leaving the hospital, or have questions regarding your baby's birth certificate, call the Birth Records office:

Bethesda North Hospital, 513-865-1737

Good Samaritan Hospital, 513-862-7776

- If you are a single parent, you have five days from your child's birth date to meet with the Birth Records clerk to complete necessary information. If you are planning to include the father's name on the birth certificate, he must be present to sign an affidavit and have a picture ID (i.e. driver's license) or a Social Security card and a birth certificate (must have both). Call Birth Records to schedule an appointment; walk-ins also are welcome. Hours are Monday through Friday from 9 a.m. to 4:30 p.m.

Bethesda North Hospital, 513-865-1737

Good Samaritan Hospital, 513-862-7776

- If you receive public assistance or if your insurance provider requires, you can obtain a letter of verification stating that our hospital has applied for your child's Social Security number. Letters are not issued automatically. You must request a letter. Letters of verification or proof of birth are available 10 days after the birth of your baby, but no later than 90 days. Only the mother of the baby may pick up the letters from the Birth Records office. A valid ID must be presented. Letters of verification will not be faxed or mailed. Call the Birth Records office for more information:

Bethesda North Hospital, 513-865-1737

Good Samaritan Hospital, 513-862-7776

- Birth certificates are not free and are not automatically received. Once all forms are correct and turned in, it takes six to eight weeks to process. Questions about the birth certificate should be directed to the appropriate hospital.

For births at Bethesda North Hospital:

Hamilton County Health District, 513-946-7815

For births at Good Samaritan Hospital:

Cincinnati Board of Health, 513-352-3120