



Your Care Notebook



A few gifts, resources, and tools to help you enjoy and get the most out of this special time in your life.



The purpose of this care notebook is to provide information to health care providers, community service providers, mothers and families on the resources and supports available in the New River Valley Region for pregnant women facing substance use challenges. Our community and these resources are here to support the prenatal and postpartum health of mothers and their babies.

A grand adventure is about to begin.
– *Winnie the Pooh*



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- Smart Beginnings of the NRV (VTIPG, Virginia Early Childhood Foundation)

CAPE | Community Assessment and Education to Promote Behavioral Health Planning and Evaluation



United States
Department of
Agriculture

National Institute
of Food and
Agriculture



Edward Via College of
Osteopathic Medicine

VIRGINIA CAMPUS



If you would like your community health service and contact information added or changed in the resource section of the Your Care Notebook please contact Laura Nelson at lnel1713@vt.edu.

Contents	
<i>You're not alone</i>	5
<i>Smoking, Alcohol, and Drugs Can Harm Your Baby</i>	9
Medication-assisted Treatment	12
During Pregnancy	12
<i>Personal Information</i>	13
Family Insurance Information.....	14
Medical Information	15
Notes:	17
Family Medical/Surgical History.....	18
My Child's Family/Sibling Information	19
Family History of Other Conditions	20
Notes:	21
<i>Resources & Contacts</i>	23
New River Valley Community Services.....	24
New River Health District Services	28
New River Community Action	29
Home visiting.....	31
Counseling Services.....	33
Medication Assisted Treatment (MAT) Providers	34
Department of Social Services.....	35
Emergency Contacts	36
<i>Before Birth</i>	39
Frequently Used Medical Words	40
Signs and Symptoms of Preterm Labor and What to Do.....	43
Pain Relief during Labor and After Delivery	44
Breastfeeding Your Baby.....	46
<i>After Delivery</i>	46
Lactation Consultants in the New River Valley	48
Breastfeeding Issues Specific to the	49
Neonatal Abstinence Syndrome.....	49
Neonatal Abstinence Syndrome.....	50
Neonatal Abstinence Syndrome (NAS) Scoring Explanation	51
Developmental Skills	58
Feeding your Baby for the First Year	59
Sleeping Safety for your New Born.....	60
Prepping meals at home for your Baby.....	61
Some feeding Tips:	62
Recipe Ideas	63
What will my baby be doing? What fun games can we play?	64
Summary of Infant Development and Milestones	66
Reading Tips for Parents.....	68
What Children Like in Books	69
<i>My Notes & Thoughts</i>	70
Notes	70
Telephone Log	70



~ Dedication ~

To the families who are living the experience and
are striving to improve their lives and the health
of their children





You're not alone...

*Stories from mothers who have
shared the struggle*



I sit here in the rare quiet of my small home I share with my beautiful infant son, loving and supportive fiancé, and our cat and look back realizing that my life was headed down a very different road. A childhood of abuse (not by my parents), one mentally ill parent, a slowly dying mother, and from a young age drugs to cope with it all. I spent over a decade fighting inner demons and addiction. As I look back at the road I've traveled, it's been a long, curvy, edge of the cliff kind of road. Somehow I made the right turn. So this is my life it hasn't been pretty, it's not over yet but now I'm excited about it. This is my story.....

I know what started my long battle of addiction, the sexual abuse at the hands of a neighborhood boy when I was just 3 years old. By 12 I was very angry, ashamed, and embarrassed. I was dying to forget even for a little while and drinking alone never really did the trick. So when a close friend offered me pain pills I tried them, they worked. From then on it was a kind of love hate relationship, I hated being an addict loved that they helped me forget that trauma, being raped at 15, and numbed the pain of being in a particularly cruel physically and mentally abusive relationship starting at 15. There were times I could've and probably should've died other times I wanted to, but I still couldn't fight the drugs had me and I just knew I was going to die. If not by overdose he'd kill me in a fit of rage. I was lost and alone. My mother passed when I was 19 another heartbreak for me. I finally got the courage to leave him, and after 7yrs of hell I got out. What now? I was still an addict fighting inner demons now alone, no job, staying where ever someone would have me.

I floated place to place somewhere between existing and not for almost 2 years and then I found myself in New River Valley Community Services, this was a turning point for me. The counselor there asked me if I wanted drug treatment. I thought, do I really get this chance? After all this time, all I've done, all I've been through. Around the same time a friend introduced me to a friend of her boyfriend, at this point I had no faith in men. They're users, abusers, they hurt you and bail. Not this one. I was totally honest and he didn't run, he understood and supported me. He believed that I could accomplish anything.

I've been in the program over 4 years now, he and I have been together 2 months longer than that. When I'm in doubt he tells me I can do it, if I fall he helps me up, when I succeed he's by my side to celebrate. A child was a distant dream not so long ago and now I have a beautiful son. If you want it bad enough all you have to do is put in the effort. The demons? They're still there but I've found other ways to deal with them. Not that long ago my future was looking like being found somewhere dead by overdose and nobody even missing me. Now I have a wonderful man, a beautiful son, and an entire family that love me. Now I can look to the future and be excited and that's an awesome feeling.

- *Best wishes on your journey, 'Allie'*

Drug addiction stole 10 years of my life. I missed out on everything you are supposed to do in your 20's: college, starting a career and figuring out who you want to be. My addiction started with pills. The boy I was dating at the time was in a car accident and was prescribed painkillers. I started casually sampling them and, before I knew it, I felt like I needed them to function. Once my boyfriend was healed and his supply of pills cut off, we got desperate and that's when heroin crept into our lives. I thought heroin was the solution to all of my worries, and my depression.

Drugs changed the course of my life. I came from a supportive family with good values and high expectations. But when I started using, I dropped out of college. I stole merchandise from work and sold it to friends for drug money. I even stole from my parents. They desperately wanted to help but they didn't know how. I wouldn't let them. I thought I was managing fine.

I finally went into my first recovery center and I'm lucky to have a great family who loves me and has never given up on me. However, the treatment didn't work for me. When I got home I went right back to using. Until one day a few months later I found out I was pregnant, and I knew something had to change.

When I went to a prenatal appointment I told my doctor about my struggles with opiates and heroin. She got me in contact with a local recovery program at New River Valley Community Services. When I started going to my appointments with my counselor I didn't expect much. I thought it would be the same as the other times I tried to recover. I knew it was best for my baby and myself to stop using but I was scared I wouldn't be able to.

After a couple days, I realized the staff sincerely wanted to help me get better. They helped me train my brain to think differently. The one-on-one counseling and group therapy were life-changing and helped me work through my anger issues and depression. They also included medication assisted therapy in my treatment plan.

Today, I've been sober for more than a year. I don't just feel like I have my life back, I feel reborn into a completely new person. I'm doing things I never thought I'd do, like providing for and enjoying my healthy baby boy. A healthy pregnancy wouldn't have been possible without my new life in recovery. I am so excited to watch my baby learn and grow. New River Valley Community Services and my entire prenatal care team gave me all the tools I needed to build this new life, free from addiction. I'm so grateful.

- *Strength in recovery, 'Samantha'*

My addiction started at a young age. I never knew my father and my mother had always had problems with addiction. When I was 2 years old I was taken into foster care. I went back and forth between foster care and living with my mother until I was 18 years old. It was a roller coaster. While living in one of many foster homes I was abused by another foster child. At 12 years old, I had a very low self-esteem, migraines and a lot of anger. I was prescribed pain meds for my migraines and when I was on them everything seemed better and calmer. I continued to use the pain meds and began to not function well without them. Soon I started to use other drugs that were easier to get.

At 18, I moved in with a new friend. We didn't know each other very well but we liked to get high together. We used day and night and this is when it became a full blow addiction. Those we hung out with also were using alcohol, prescription drugs or heroin. I started dating one of the guys in our group and he moved in to the apartment with us. Our relationship revolved around drugs and soon things became abusive. I was at a very low point and didn't know how to get out of my relationship or addiction. Then I became pregnant. I continued to use throughout the first half of my pregnancy and felt so guilty. I began to realize that in order to have this baby I needed to get out of my relationship and stop using. I was also scared that my baby would end up in foster care like me. I moved out of the apartment and onto a friend's couch I had met working at Wendy's. It was not an easy journey. I went back to my boyfriend a few times and then went to seek help at New River Valley Community Services.

I was so scared to seek treatment. I was scared I would be judged and treated poorly. That is what I have been used to my whole life. I was wrong. NRVCS was so welcoming and gave me the strength to leave the relationship for good and start to focus on myself and my baby. I began a treatment program that included medically assisted treatment. It was an adjustment and I still struggle daily with my addiction but I am functioning and in a better place. I focus on each day, one at a time. That is all I can do. I now have a healthy 1 year old and hope to start school for nursing next year.

- *Enjoying a better life, 'Kim'*



Smoking, Alcohol, and Drugs Can Harm Your Baby

As an expectant mother, you want your baby to be healthy. Much of what you eat, drink, and breathe is passed along to your growing baby. Some things are good for your baby. Other things, like alcohol, cigarettes, drugs, and some medicines, can be harmful.

Here is some information to help you understand how your health choices can affect your unborn child.

Smoking and Pregnancy

Pregnant smokers have a higher chance of miscarriage and stillbirth. Babies of smoking mothers have a higher chance of being born early and too small. Low-birth-weight babies (less than 5 ½ pounds) can suffer serious health problems throughout their lives.



Alcohol and Pregnancy

When you eat or drink, so does your baby. Food and drink quickly enter your baby's bloodstream through the placenta. It is important to drink a balance of pasteurized milk, water, and fruit juices to help your baby grow.

Just as these nutritious liquids reach your baby, so does alcohol. Drinking alcohol during pregnancy can cause fetal alcohol syndrome (FAS), which can cause mental and physical problems for your baby

Don't take the chance of drinking during this very important time in your baby's development.



Drugs and Pregnancy

Because some medicines can harm your baby, **you should ask your doctor before you take any medicine, dietary supplement, or herbal supplement.** Don't take a chance with your baby's health.

Below is information about some commonly used drugs:

- Aspirin — This drug can be harmful, especially when large amounts are taken in late pregnancy. Both mother and baby may experience abnormal bleeding during delivery. Acetaminophen (Tylenol®) is usually recommended instead.
- Tranquilizers — An increased chance of cleft palate or cleft lip has been linked to some tranquilizers.
- Caffeine — Although not usually thought of as a drug, this ingredient found in coffee, tea, chocolate, cola, and some pain medicines has caused birth defects in animals. Many doctors recommend no more 1 serving of caffeine a day.
- Vitamins — Take only what your doctor tells you to. Large doses of some vitamins, such as Vitamin A, can cause birth defects.



Unless under the supervision of a doctor avoid taking any of the drugs on the list below. These can be harmful to the baby when mothers use them during pregnancy.

- All Opioids-examples: Codeine, Morphine, Methadone, Oxycodone, Hydrocodone, Fentanyl
- All Benzodiazepines- examples: Xanax, Valium, Ativan, Klonopin
- All Stimulants-examples: amphetamine /dextroamphetamine (Adderall) or methylphenidate (Concerta, Daytrana, Methylin, Ritalin)

Illegal Drugs and Pregnancy

If you use recreational drugs, you are taking a chance with your health and the health of your baby. Babies born to mothers using street drugs often are born smaller and too early, and often require special care. They also tend to have behavioral problems such as hyperactivity.

- Marijuana — To get the full effect of marijuana, smokers inhale deeply and hold the smoke in the lungs as long as possible. There are many harmful gases in the smoke that are passed along to the baby. Marijuana may slow the baby's growth. After the baby is born, breathing marijuana smoke can make the baby sick. The baby can have breathing problems and catch colds and other illnesses more easily than other children can.
- Cocaine/Crack — Cocaine can cause many problems for your baby before and after birth. There is a higher risk of miscarriage and stillbirth. Babies born to women who abuse cocaine may be difficult to comfort and have issues with feeding. Sometimes, they can have blood circulation problems and brain damage. Long-term behavioral problems may also result from use of this drug.
- Heroin — If you are a heroin addict, your baby will probably be born dependent and will need special care and medicine as he or she goes through withdrawal. If you use heroin, your baby is at higher risk for premature birth and poor growth.

Other street drugs such as speed (amphetamines and methamphetamines), LSD, hashish, uppers, and downers also can cause problems with your baby's growth and health. Mothers struggling with substance use disorder may not have good nutrition and health care, causing more problems for their babies.



Help is Available

If you have a problem with alcohol or drug use, please seek help before becoming pregnant. If you are pregnant now, seek help as soon as possible. See the Resources section of Your Care Notebook for contact information of available resources in the New River Valley.

University of Pittsburg School of the Health Sciences. <http://www.upmc.com/patients-visitors/education/pregnancy/Pages/smoking-alcohol-and-drugs-can-harm-your-baby.aspx>. 2016

Medication-assisted Treatment During Pregnancy

- If you become pregnant and are using opiates (such as heroin, or prescription painkillers like OxyContin, Percocet, Vicodin, etc.), there are treatment options that can help you and your baby have a stable and healthy pregnancy.
- When you are using opiates regularly and are sick when you don't use them, chemical changes have happened in your brain that makes it almost impossible to stop without help.
- When a pregnant woman goes into withdrawal, the baby also experiences withdrawal. Withdrawal for an unborn baby is so dangerous that the baby could die.
- Methadone has been used for over 30 years to treat pregnant women with opiate addiction during pregnancy.
- Buprenorphine is a newer medicine that is now being studied as an alternative to methadone; you and your doctor will decide which medicine is best for you.
- Methadone and buprenorphine help you and your baby. These medicines stop withdrawal and decrease your cravings to use.
- Not all babies born to mothers on medication assisted therapy (MAT) will need medicine for neonatal abstinence syndrome. About 50% of them will need medicine to help them be more comfortable through withdrawal.
- If your baby needs medicine for withdrawal it does not mean your baby is an addict. Your baby needs the medicine for a short time to grow and be healthy.

Babies with neonatal abstinence syndrome who need medicine for withdrawal are just as healthy, happy, and smart as any other baby.

Personal Information



As you proceed with your prenatal care, birth of your child, and care for your new baby; it is useful to keep a personal record of your health related information and that of your new baby and other children. The following pages provide a place for you to keep this important information.

Family Insurance Information

Primary Insurance: _____

Telephone: _____

ID #: _____

Group #: _____

Secondary Insurance: _____

Telephone: _____

ID #: _____

Group #: _____

Medical Information

Personal

Name: _____

Birth Date: _____

Address: _____

City: _____

Zip Code: _____

Telephone: _____

Child

Child's Name: _____

Nick Name: _____

Date of Birth: _____

Social Security Number: ____-____-____

Blood Type: _____

Allergies: _____

Parents/Primary Caregiver Information

Name	Address/City/Zip	Telephone	Relationship

Mom-Prenatal Visits

Date	Gestational Week	Weight	Heart rate	Fetal Heart Rate	Questions for Doctor

Notes:

Family Medical/Surgical History

Date	Name	Diagnosis/Condition	Procedure	Doctor	Medications

My Child's Family/Sibling Information

Name	Relationship to child	Birth date

Family History of Other Conditions

Problem	Name	Relation
Allergies		
Behavioral		
Cardio Vascular		
Emotional		
Gastro-Intestinal		
Hearing Loss		
Learning		
Mental Retardation		
Neurological		
Respiratory		
Seizures		
Speech and Language		
Urological		
Visual		
Other		



Resources & Contacts

In the following pages you will find resources and contact information available to you throughout the New River Valley region. These services are here to provide support, education, treatment and care for you and your baby.



New River Valley Community Services



Contact information
700 University City Boulevard
Blacksburg, VA 24060
540-961-8300

Special Deliveries Program: Case managers share age-appropriate fetal and/or child development information with parents, address parent concerns, and engage the family in activities that provide meaningful child interaction. Staff also provide services and referrals specific to any issues with parenting, mental illness, or substance use disorders

For emergencies, call Access Services at 540-961-8400

New River Valley Community Services: Substance Abuse



Program	Description						
Intensive Outpatient Services	NRVCS' Intensive Outpatient Program (commonly known as "Stepping Stones") is a group-oriented treatment model provided to individuals who do not require the intensive level of care of inpatient, residential, or day treatment services, but do require more intensive services than outpatient services. The program is offered at three different levels, depending on the individual's level of need.						
New Life Recovery Center	Located in Fairlawn, New Life is a residential treatment facility for adults living with substance use disorders. A 30-day program, New Life has ten beds and serves both males and females who are 18 years of age or older with a primary diagnosis of alcohol and/or drug dependence. Residents may also have co-occurring mental health disorders.						
Drug Court	Designed as an alternative to incarceration for non-violent offenders with substance abuse-related charges, participants enter this program on a voluntary basis and receive substance abuse treatment while being subjected to intensive judicial supervision and frequent drug screenings. Participants must also complete community service, pay a portion of the program's cost, and either be employed or pursuing educational goals before they can graduate.						
FLASH (Families Learning And Staying Healthy)	FLASH is a support group for families of persons with substance use disorders. Family members must attend FLASH meetings in order to visit their loved one at New Life during the designated weekly visitation hours. The group, which is free and confidential, is also open to anyone in the community. FLASH meets Monday evenings at the NRVCS Montgomery Center from 6:00 - 7:30 p.m.						
Bridge Program	Bridge is a jail diversion program that provides treatment for individuals who are involved in the criminal justice system and have mental health disorders or co-occurring mental health and substance use disorder. The program offers two groups that address these issues: Seeking Safety is an evidence-based practice that was specifically developed for individuals with a trauma history – and who may have Post-traumatic Stress Disorder -- as well as substance use disorders; Beyond the Bars is a group designed to teach coping skills for mental health problems and substance use disorders, and to address criminal conduct. Participants are challenged to engage in more prosocial behaviors.						
Medication Assistance Therapy (MAT)	MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a research-based approach to the treatment of substance use disorders that has proven to be most successful. Suboxone/Subutex is being used at NRVCS in conjunction with participation in group and/or individual counseling.						
Additional Groups	Additional, less intensive, SA (substance abuse) outpatient groups are also offered at NRVCS. They include: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Continuing Care - 4 hours per week</td> <td style="width: 50%;">Conscious Choices - 2 hours per week</td> </tr> <tr> <td>Relapse Prevention - 2 hours per week</td> <td>Action (MET 3) - 2 hours per week</td> </tr> <tr> <td>Early Decisions- 1.5 hours per week</td> <td>Women's Circle - 2 hours per week</td> </tr> </table>	Continuing Care - 4 hours per week	Conscious Choices - 2 hours per week	Relapse Prevention - 2 hours per week	Action (MET 3) - 2 hours per week	Early Decisions- 1.5 hours per week	Women's Circle - 2 hours per week
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Early Decisions- 1.5 hours per week	Women's Circle - 2 hours per week						

New River Valley Community Services: Mental Health Services



Program	Description
Outpatient Services	Outpatient Services may include individual, as well as family and group therapy. Services may be tailored to meet the particular needs of each individual, which may include: attachment issues, substance abuse, and/or trauma. Psychological testing can also be made available, depending on the individual's needs.
Crisis	Crisis services are provided to adults who are in a mental health crisis. Services are designed to help stabilize mood and behavior in order to prevent hospitalization or any other disruption to their life. Teams provide initial screenings, assessments, intakes and short term case management and mental health skill building services for individuals new to Adult & Family Services. Psychiatric evaluation and medications services are provided in conjunction with the NRVCS Psychiatric team. Also provide intensive crisis intervention and crisis stabilization for individuals served by other AFS teams who are experiencing psychiatric and/or behavioral problems which jeopardize their community living situation.
Mental Health Case Management	Case Managers work with individuals with serious mental illness to provide resource management to help manage the variety of services available to meet their needs and work toward independent living and better quality service provision. This service can also provide care coordination as a step down service to individuals who have completed clinical treatment and still need assistance in accessing psychiatric services.
Mental Health Skill Building	This is a home based service that is designed to provide increased individual skills to enable high risk individuals with serious mental illnesses and functional limitations to increase their ability to maintain living in their community as independently as possible.
New Horizons Crisis Stabilization	New Horizons is a crisis stabilization unit (CSU) that provides short term residential and day treatment Crisis Stabilization (for up to 15 days) and day treatment Crisis Intervention (up to 30 days) to adults with a serious mental illness or co-occurring disorders who are at risk for hospitalization due to psychiatric crisis. This includes individuals under Temporary Detention Orders (TDO's) and/or commitment orders.
PACT (Program for Assertive Community Treatment)	This is a multidisciplinary service team that provides services to individuals who, because of their serious mental illness, are either unable or unwilling to participate in services in a traditional office setting. Services are primarily in the individual's home and can include up to daily medication assistance services when needed.
Psychiatric Services	NRVCS' psychiatric services team conducts psychiatric assessments and evaluates referred individuals for medication to stabilize them within the community.
Psycho-social Rehabilitation (Recovery Center)	Focuses on teaching individuals with serious mental illnesses the life skills needed to maximize independence, build and maintain social support networks and participate in paid or volunteer employment as desired. An agency operated mini-business which provides competitive wage jobs for participants, called GMB.
Psycho-social Rehabilitation (ECHO)	A team approach to providing individual supports to individuals with serious mental illness, sometimes with a dual diagnosis (MH/ID-DD). This program provides psycho-social rehabilitation in small groups allowing for individualized education and support. There is also a focus on finding employment or volunteer opportunities to meet the needs and abilities of the individuals participating in the program.

New River Health District

Floyd County Health Department

815 E. Main St, Rte 221, South
Floyd, VA - 24091
Main- (540) 745-2142
WIC- (540) 745-4204



Giles County Health Department

120 North Main St. Suite 2
Pearisburg, VA - 24134
Main- (540) 235-3135
WIC- (540) 235-3150

Montgomery County Health Department

210 South Pepper St., Suite A
Christiansburg, VA - 24073
Main- (540) 585-3300
WIC- (540) 585-3358

Pulaski County Health Department

170 Fourth St, NW
Pulaski, VA - 24301
Main- (540) 440-2188
WIC- (540) 440-2170

Radford City Health Department

212 Third Ave.
Radford, VA - 24141
Main- (540) 267-8255
WIC- (540) 267-8249

New River Health District Services

WIC-stands for Women, Infants and Children and helps pregnant women, mothers, infants and young children stay healthy and eat right during times of important growth.

- Educates pregnant women and new moms about nutrition, with personalized assessments, counseling and support
- Provides pregnant women, new moms, infants and children (up to age 5) with nutritious foods
- Brings women the support they need to breastfeed their babies
- Offers referrals to additional social services and healthcare resources

Baby Care-registered nurses trained in maternal and child health identify needs, provide clinical services, and coordinate support resources for pregnant women and children up to age 2.

Maternity Care- Pregnant women are provided medical examinations; education regarding healthy lifestyle behaviors including nutrition, breastfeeding, exercise, and safety; and referrals to other agencies. Home visiting services, Baby Care and Resource Mothers, are offered to high-risk pregnant women.

Resource Mothers- Teenagers who are pregnant or parenting their first newborn are eligible to receive adult mentoring services from women who have raised children of their own. Mentors reinforce basic health education related to pregnancy and parenting such as nutrition, infant growth and development, coping skills, and the importance of receiving health care services for themselves and for their infants. Resource Mothers help young parents keep medical appointments, develop plans for the baby's care, stay in school or continue working, delay repeat pregnancies until adulthood, and solve the myriad of day-to-day problems involved in being a new parent.

Safety Car Seat Program- Low-Income Safety (Car) Seat Program is administered by Resource Mothers who provide car safety seat education and distribute free child safety seats to eligible low-income families.

Immunizations for Children and Adults- New River Health District offers all childhood vaccines (diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, chickenpox, HPV, haemophilus influenza B (HIB), and hepatitis B) and adult vaccines such as tetanus, diphtheria, hepatitis B, influenza, meningococcal, and pneumonia. Some school-based clinics are available throughout the district.

Family Planning- Clinicians and registered nurses provide comprehensive family planning/reproductive health information and services to help clients plan pregnancies under optimal health conditions. Services include physical examinations, pap smears, STI screenings, birth control, etc.



New River Community Action: All the resources listed below can be found at the link provided or by calling your locality number below between 9:00-11:00am and 1:00-3:30pm (Mon-Fri).

Floyd County Emergency Assistance 574-745-2102
Giles county Emergency Assistance 540-921-2146
Montgomery County Emergency Assistance 540-382-6186
Pulaski County Emergency Assistance 540-980-5525
Radford City Emergency Assistance 540-731-3663

NRCA Administration Offices 8:30am-5:00pm 540-633-5133

<http://www.swva.net/nrca/NRVresources.html>

Virginia Information and Referral
2-1-1 Virginia
CHIP
Counseling/Mental Health
Crisis/Emergency
Day Care
Disability Services
Educational Services
Employment Services
Faith Based Organizations/Churches
Food/ Clothing
Foster Care/ Adoption
Head Start
Health Care Services
Housing/Shelter
Legal Services
Substance Abuse Services
Social Services
Transportation

CHIP of NRV Services:

Parenting can be tough! CHIP can help.



Health and Wellness

CHIP RNs work with the family on:

- Finding a doctor & getting health insurance
- Immunizing their child on schedule
- Health Assessments & Developmental Screenings and referral for further services if needed
- Family Planning/Birth Control
- Smoking Cessation
- How to care for a sick baby/child
- Depression screening and coordination of treatment
- Prevention through wellness education
 - Nutrition for babies and children
 - Dental
 - Prenatal care
 - Well Visits
 - Asthma

Child Development and Parenting

CHIP Family Educators are trained in the Parents as Teachers curriculum and partner with the family on:

- Parent-Child Interaction – Family Educators bring developmentally appropriate activities for the parent and child to do together. These activities promote social emotional, motor, language and intellectual development. These activities are simple and made of items a family would find around their home. During this play time Family Educators point out developmental progress and help parents focus in on how their child learns on a daily basis.
- Developmental Centered Parenting – All areas of child development are interconnected. Family Educators discuss the topics of attachment, safety, sleep, nutrition, discipline, transitions and routines with families based on the child's age. Family Educators help parents understand how their child's behaviors relate to their development and problem solve as challenges arise.

Family Self-Sufficiency: Multiple life challenges can create barriers to health and wellness for families.

CHIP staff work with the family to reduce these stressors through referrals and critical problem solving:

- Basic needs: food, clothing, housing
- Financial Literacy/Budgeting
- Employment/Education
- Preschool enrollment/Child care
- Enrollments in social service benefits (TANF, SNAP, WIC, VIEW)
- Legal issues

Guiding Principles:

- We value families, recognize their unique qualities, and build on family strengths.
- We value children and work to enhance each child's potential.
- We believe in the value of a medical home for all children, to promote wellness and improve the health status of children and their families.
- We believe that, when provided with knowledge and the resources to act on that knowledge, families will have the power to make positive life decisions for their members and to make a contribution to their communities.

Call for more information or to see if CHIP is right for your family

Montgomery Co./Radford City
114A North Franklin Street
Christiansburg, VA 24073
(540)394.3255

Giles County
211 Main Street
Narrows, VA 24124
(540)726.2252

Pulaski County
412 N. Jefferson Ave.
Pulaski, VA 24301
(540)994.9200

Floyd County
323 Floyd Highway
Floyd, VA 24091
(540)745.2211

Home visiting helps families:

- Support child development
- Improve access to healthcare
- Strengthen family relationships
- Connect to community resources
- Improve stress management
- Set realistic expectations
- Engage in children's learning



<http://homevisitingva.org/vamap.php>

Home Visiting Programs in the NRV	Enrollment Criteria	Contact
Special Deliveries	Birth-age 5 Younger than 3 at time of referral	NRVCS (540) 961-8300
CHIP of the NRV Parents as Teachers	Infants-age 6 Low-income	New River Community Action (540) 396-3255
Head Start	Age 3-5 Low income	New River Community Action (540)674-3600
New River Health District Baby Care and Resource Mothers	Dual enrollment of pregnant woman and infant	New River Health District Montgomery:(540) 585-3300 Pulaski: (540) 440-2188 Giles: (540) 235-3135 Radford: (540) 267-8255 Floyd: (540) 745-2142
Early Childhood Case Management	Birth – age 7 Behavioral and mental health support	New River Valley Community Services (540) 961-8300
Early Intervention	Ages 0-3 Developmental delay and/or a diagnosed condition	Infant and Toddler Connection of the NRV (540) 831 7529

New River Valley Prenatal Providers

Carilion Obstetrics and Gynecology

2900 Lamb Circle Christiansburg VA 24073

540-731-4578

Dr. Kimberly Simcox

Dr. Jill Devlin

Dr. Robert Heineck

Dr. David Roberts

Kris Conrad, CNM

Rebecca White, CNM

Carilion Obstetrics and Gynecology-Affiliated Practitioners

540-639-2037

Dr. James Weston

Dr. John Colby

Carilion Family Practice

205 Roanoke Street

Christiansburg, VA 24073

540-731-7624

-and-

2900 Lamb Circle Christiansburg VA 24073

540-639-2037

Dr. Julianna Snow

Dr. Leslie Badillo

Montgomery Obstetrics and Gynecology

826 Davis Street

Blacksburg, VA 24060

540-250-9024

Dr. Margarita Abrams

Dr. Carrie Champine

Dr. Laurie Hudgins

Dr. George Zolovick

New River Health District- VA Department of Health

Floyd: 540-745-2142

Giles: 540-235-3135

Pulaski: 540-440-2188

Montgomery: 540-585-3300

Radford City: 540-267-8255

Counseling Services

New River Valley Community Services

www.nrvcs.org

(540)-961-8400

700 University City Boulevard

Blacksburg, VA 24060

New River Health District-Maternity Care:

Contact your local health department for more information

Pregnant women are provided medical examinations; education regarding healthy lifestyle behaviors including nutrition, breastfeeding, exercise, and safety; and referrals to other agencies. Home visiting services, Baby Care and Resource Mothers, are offered to high-risk pregnant women. Referrals may be made to the Resource Mothers and Baby Care Programs by calling your local health department.

Women's Resource Center

P.O. Box 477, Radford, VA 24143

Office: (540) 639-9592

Hotline: (540) 639-1123

TTY: (540) 639-2197

Toll Free: (800) 788-1123 (regional access)

Fax: (540) 633-2382

E-mail: adminservices@wrcnrv.org

Website: www.wrcnrv.org

Pulaski Medical

1006 E. Main Street

Pulaski, VA 24301

540-980-1125

Carilion Behavioral Health

2900 Tyler Road

Christiansburg, VA 24073

540-731-7311

Community Health Center of the New River Valley

Montgomery Center

215 Roanoke Street

Christiansburg, VA 24073

540-382-3391

Medication Assisted Treatment (MAT) Providers

Carilion New River Medical Center

Dr. Kimberly Simcox and Dr. Julianna Snow

2900 Lamb Circle
Christiansburg VA 24073
540-731-4578

Dr. Cooke, MD

Psychiatrist
700 University City Blvd, Blacksburg, VA 24060
(540) 961 – 8300

Dr. Laura Wolfe, MD

5060 Valley View Blvd NW
Roanoke, VA 24012
540-278-1051

New River/Galax Comprehensive Treatment Center

140 Larkspur Lane
Suite D
Galax, VA 24333
844-637-9510

Pulaski Medical

1006 E. Main Street
Pulaski, VA 24301
540-980-1125

Quality Medical Care

Dr. Moses Quinones
2955 Market St. Suite B4
Christiansburg, VA 24073
(540) 381 7326

Dr. Stella Bassey

80 college St Suite R
Christiansburg, VA 24073
(540) 382-1024

Other MAT Providers (Do Not Typically Treat During Pregnancy)

Roanoke Comprehensive Treatment Center

3208 Herschberger Road
Roanoke, Virginia 24017
844-758-7646

TASL (Treating Addiction Saves Lives) Clinic

2609 Sheffield Dr, # 100
Blacksburg, VA 24060
540-443-0114

Department of Social Services

Montgomery County Health and Human Services

210 S. Pepper St., Ste. B
Christiansburg, VA 24073
Phone: (540) 382-6990

Floyd County Social Services

120 West Oxford Street, Building A-2
Floyd, Virginia 24091
Phone: (540) 745-9316

Giles County Department of Social Services

211 Main Street, Suite 109
Narrows, VA 24124
Phone (540) 726-8315

Pulaski County Department of Social Services

53 Commerce St.
Pulaski, VA 24301-0110
Phone (540) 980-7995

Radford City Department of Social Services

928 West Main Street
Radford, VA 24141
Phone: 540-731-3663

Department of Social Services offers several income based services such as SNAP, heating and cooling assistance, Medicaid, and child care subsidies.

It also houses Child Protective Services. The most important thing to know about Child Protective Services role is to help families protect their child and preserve families whenever possible. If you are struggling with substance use disorder while pregnant it is important to seek treatment for the health and safety of you and your baby.

Child Protective Services does not become involved until after the birth of a baby, so taking the right steps towards substance use treatment can help to prevent their involvement all together. If they do become involved it is important to be cooperative and work with them to provide the safest environment for your baby.

Emergency Contacts

Neighbor or Babysitter

Name: _____ Phone: _____

Family Member

Name: _____ Phone: _____

Work

Name: _____ Phone: _____

School

Name: _____ Phone: _____

Counselors

Provider: _____ Specialty: _____
Clinic: _____ Phone: _____
Address: _____ Fax: _____
Hours: _____ Email: _____

Provider: _____ Specialty: _____
Clinic: _____ Phone: _____
Address: _____ Fax: _____
Hours: _____ Email: _____

Substance Abuse

Provider: _____ Specialty: _____
Clinic: _____ Phone: _____
Address: _____ Fax: _____
Hours: _____ Email: _____

Provider: _____ Specialty: _____
Clinic: _____ Phone: _____
Address: _____ Fax: _____
Hours: _____ Email: _____

~Other Helpful Resources~

♥ **What do I do if I need help and don't know what resources to contact?**

You can contact New River Valley Community Services:

For emergencies, call Access Services at 540-961-8400

Non-emergency/business calls: 540-961-8300

--OR--

Community Action Administration Office: (540) 633-5133

And they can assist you with finding resources that are available for you.

♥ **What if I need help providing food for myself or my family?**

WIC: Provides nutritious food to eligible women, infants & children

♥ **Where can I look for housing information?**

Housing and Homelessness Resources: NRCA Administration Offices: Homeless and Housing Programs: 8:30am-5:00pm (Mon.-Fri.)

1093 East Main Street Radford, VA 24141

540-633-5133

♥ **Who can I call if I am being physically or verbally abused?**

Women's Resource Center: (540) 639 9592

Hotline: (540)639 1123

Domestic Violence and Sexual Assault 24-Hour Hotline: 1 800-838-8238

♥ **Who can I call if I am concerned that my child may be at risk for abuse? Who can I call if I am frustrated or upset and afraid that I may shake or hurt my child?**

Prevent Child Abuse Virginia: 1800-244-5373

♥ **Who can I call if I am feeling sad after my pregnancy...like I am not enjoying my new baby and things I once enjoyed... worthless and guilty... rejected... if I am having thoughts of death or suicide?**

Postpartum Depression Support: The #1 complication of childbirth is depression; it affects one in eight new moms. It is treatable.

Postpartum Support Virginia

Post Office Box 7521

Arlington VA 22207

info@postpartumva.org

703-829-7152

- ♥ **Are there local Alcoholics Anonymous or Narcotics Anonymous that I can attend if I would like more support throughout my recovery?**

Yes, New River Valley Community Services has a full list of current meeting places and times in addition to those listed below:

New River Valley Community Services

(540) 831-4000

7193 Warden Court

Radford, VA

Hotline: (540) 961-8400

Mount Regis Center

405 Kimball Avenue

Salem, VA

Hotline: (800) 477- 3447

Bethany Hall Recovery Home

(540) 343-4261

1109 Franklin Road SW

Roanoke, VA

Lewis Gale Center

(540) 772-2801x2848

1902 Braeburn Drive

Salem, VA

Hotline: (800) 541-9992

Blacksburg United Methodist Church

213 E. Roanoke Street

7 days a week at 7:30pm



Before Birth



*Some notes and information to help prepare
you for your delivery*

Frequently Used Medical Words

Antibiotics – medications used to treat bacterial infection or used when one is strongly suspected.

Apgar score – a score taken at birth to measure the condition of your baby including heart rate, respiratory effort, muscle tone, reflexes, and color.

Apnea – not taking a breath for longer than 20 seconds.

Bilirubin – a product of the breakdown of red blood cells. It is filtered out of the blood by the liver. In preemies the liver is more immature than in full term infants so it doesn't filter as well as it should. (See jaundice and bili lights.)

Blood Pressure (BP) – a measure of the force of blood moving through blood vessels. BP is a vital sign that lets us know many things such as, the need for more fluid or less and if the baby is in pain. It also lets us know how well the heart is pumping.

Bradycardia (brady) – a decrease in the regular heart rate.

Cardio-respiratory monitor – this monitor gives us waveforms and numerical readings of the baby's heart rate and respirations. Three adhesive electrodes (leads) stick to the baby's skin. An alarm rings if the readings are not within normal limits. False alarms are common and usually happen when a baby wiggles or a lead becomes loose.

CBC (complete blood count) – a blood test to determine if an infection is present and/or if the baby is anemic.

CC's – metric measure of liquids (30cc = 1 ounce and 5cc = 1 teaspoon)

CPAP (continuous positive airway pressure) – a continuous flow of air/oxygen into the lungs through little prongs in the baby's nose to help keep the smaller airways, distant airways open. In premature babies these airways can collapse easily.

Cyanosis – dusky, bluish color of the skin, lips, and/or nailbeds as a result of not having enough oxygen in the blood.

Desats (desaturation) – when the oxygen saturation level goes below 85 on the SAT monitor (see Sat monitor).

“Do up” – refers to the time when your baby's nurse has scheduled care to include vital signs, diaper change, and feeding, etc. In the NICU it is important to group nursing care/procedures to allow the baby to have uninterrupted periods of rest.

ET tube (endotracheal tube) – a soft plastic tube placed into the baby's mouth (or sometimes nose) and down the windpipe (trachea) to give oxygen and to help the baby breathe. Placing the tube is called intubation and removing it is called extubation. The ET tube is connected to the ventilator.

Gavage feeding – when babies aren't able to nipple or breast feed yet. A soft plastic tube can be placed down the baby's nose or mouth and down to the stomach. Formula or breast milk can be slowly dripped through the tube.

Gestational age – the number of weeks you were pregnant with your baby.

Glucose – a type of sugar in the blood.

Heelstick – the baby's foot is warmed. Then the baby's foot is pricked to draw bloodwork.

Hypoglycemia – low blood sugar (see Glucose).

Hypoxia – a decreased oxygen level in blood.

Intubation – (see ET tube).

Isolette (Incubator) – a bed with a heater and a plastic cover to see the baby through.

IV (intravenous) – a small catheter placed a short distance into the baby’s vein to provide fluids and medications. An IV may be placed in a baby’s hand, foot or scalp vein.

Jaundice – the yellow color seen in the skin due to the build up of bilirubin (a breakdown product of red blood cells) (see bilirubin & photo therapy).

LGA (large for gestational age) – babies who are larger than usual for the amount of time the baby has been in the womb.

Lumbar Puncture (LP) – placing a small needle into the lower part of the back to withdraw spinal fluid for testing.

Meconium – the first, thick black stools passed by the baby.

Milia – a normal condition in which the glands on the baby’s nose and face show up as small white dots (in babies who are close to term). It goes away on its own.

Murmur – a sound of blood going through the heart a different way than usual. Murmurs are common in infants and children.

NAS (Neonatal Abstinence Syndrome) – symptoms a baby may show when withdrawing from opiates.

Nasal cannula (NC) – short plastic prongs placed in the nose to deliver a small amount of oxygen to the baby.

Neonatal – the period of time from birth to 28 days.

Newborn screen – a routine blood test done on all babies. This test checks for rare but serious disorders. The results are sent to your baby’s doctor.

NICU – Neonatal Intensive Care Unit.

NPO – Nothing by mouth (no oral feedings).

NTS - Neonatal Transition Suite -

Open bed – a bed with a heater over the top to keep the baby warm without clothes or covers. This bed makes it easier to observe the baby and do procedures.

Oxygen (O₂) – an odorless, colorless gas needed by body cells. Up to 100% oxygen can be given. Room air is 21% oxygen.

Phototherapy (bili lights) – a special ultraviolet light used in the treatment of some types of jaundice. Blinders are placed on the baby to protect the eyes.

Pneumonia – inflammation or infection of the lungs.

Pram – the way we gradually decrease the isolette temperature and increase the clothes and blankets on a baby. If the baby’s temperature remains stable then he is moved into a little open crib (also referred to as a pram).

Premature – a baby born before 37 weeks gestation.

Pulse oximeter – (see SAT monitor).

Respirator – (see ventilator).

Respiratory Distress Syndrome (RDS) – the most common serious problem of premature

babies. The air sacs in the lungs collapse (instead of opening up and stretching like little balloons), making it difficult to get enough air into the lungs.

Room air – the air we all breathe normally (21% oxygen).

Sat Monitor – a bedside monitor that shows the amount of oxygen in the blood. The lead (which looks like a Band-Aid) is attached to the baby's foot or arm. This monitor may alarm if the baby moves or wiggles.

Sepsis – an infection that occurs in the blood. If there is any question of an infection, tests are done and the baby is put on antibiotics until the test results come back.

Sepsis workup – a series of lab tests required to rule out an infection (see sepsis)

SGA (small for gestational age) – a baby smaller than the usual size for the amount of time spent in the womb.

Surfactant – a substance that is put down the ET tube within the first few hours after a premature infant is born. It helps keep the small air sacs in the lungs open.

Tachycardia – a heart rate that is faster than the average range.

Tachypnea – a breathing rate that is faster than the average range.

TPN (total parenteral nutrition) – a yellow IV solution that contains nutrients to help a baby grow. TPN is used while a baby is unable to take all his food by mouth.

Trachea – the section of the airway just before branching to each lung.

UAC (umbilical artery catheter) a clear, soft catheter placed into one of the arteries in the umbilical cord and used to give fluids or draw out blood for tests, and to monitor blood pressure.

UVC (umbilical venous catheter) – a clear, soft catheter placed into one of the vessels in the umbilical cord and used to give fluids or draw out blood for tests.

Ultra sound – a procedure that uses sound waves (from a machine) to produce a picture of an internal organ (brain, heart, kidney, etc.).

Umbilicus – belly button.

Veins – blood vessels that carry blood back to the heart.

Ventilator (or respirator) – a machine used to help a baby breathe. The machine is connected to the baby by an ET tube (see ET tube).

Vernix – the thick white substance that protects the baby's skin in the womb, and can be seen especially in creases after the baby is born.

Vital sign – the combination of temperature, heart rate, blood pressure and breathing rate recorded on a baby's bedside chart.

Vitamin K – a vitamin shot given once, shortly after birth, to help the blood to clot normally.

X-ray – a picture taken at the bedside necessary to check ET tube and IV line placement as well as lung, heart and intestinal changes.

Signs and Symptoms of Preterm Labor and What to Do

What Is Preterm Labor?

Preterm or premature labor happens when you go into labor before 37 completed weeks of pregnancy. This is too early for your baby to be born. Babies born too soon can have lifelong or life-threatening health problems.

Can Preterm Labor Be Stopped?

Many women are given drugs to try to delay or stop preterm labor. In some cases, birth can be delayed long enough to transport Mom to a hospital with a neonatal intensive care unit (NICU). Women may also be given medications that can improve the baby's health, even if the baby comes early.

Warning Signs

Here are the warning signs:

- Contractions (your abdomen tightens like a fist) every 10 minutes or more often
- Change in vaginal discharge (leaking fluid or bleeding from your vagina)
- Pelvic pressure—the feeling that your baby is pushing down
- Low, dull backache
- Cramps that feel like your period
- Abdominal cramps with or without diarrhea

What Should I Do If I Think I'm Having Preterm Labor?

Call your health care provider (nurse, doctor or midwife) or go to the hospital right away if you think you're having preterm labor, or if you have any of the warning signs. Call even if you have only one sign.

Your health care provider may tell you to:

- Come into the office or go to the hospital for a checkup.
- Stop what you're doing. Rest on your left side for one hour.
- Drink 2-3 glasses of water or juice (not coffee or soda).

If the symptoms get worse or do not go away after one hour, call your provider again or go to the hospital. If the symptoms get better, relax for the rest of the day.

From www.marchofdimes.com 01/201

Pain Relief during Labor and After Delivery

What will help me with the labor pain?

It is important to ask questions about pain relief when you are at your pre-natal visits. Understanding what your choices are before you are in labor is very important for you and your baby.

There are three methods widely available to provide relief of the labor pain:

- 1) The easiest method that will help you with the pain of labor is using the breathing exercises that you will learn during your prenatal classes. Having one or two supportive coaches can be very helpful too. Talk to your prenatal doctor they will have information for you about local birthing classes currently in session.
- 2) IV narcotic medication is used only in the very early stages of labor. The side effects are feeling sleepy and/or dizziness, although you may be more tolerant to the effects because of the medication you are on for opiate dependence. These alone or in combination can take away up to 30% of the pain and many women are able to relax enough to not need an epidural.
- 3) Epidurals and/or spinals are used when breathing methods are no longer helping you and your labor is progressing. The spinal medication is injected through your back and goes directly into the fluid surrounding the nerves- the relief is very fast. The epidural is a small plastic tube (a lot like an IV) put into your back by an anesthesiologist. The pain medication is given continuously, through this tube, as a drip using a pump until your baby is born. It can take 20 minutes to feel the full effect of the epidural, which is why the spinal is often used with the epidural. When you have an epidural, the amount of pain relief can be adjusted as your labor progresses. The goal of pain relief with an epidural is to make you more comfortable without being completely numb. This means that you will still feel the pressure that goes along with contractions but should not have sharp pain. We do not take all sensation away because it would make pushing the baby out more difficult.

When can I get medication for the labor pain?

The method and the type of medication your doctor and the anesthesiologist will recommend may depend on the stage of your labor. In general, during early labor intravenous medication may be used during later labor spinal or epidural analgesia is offered.

Will I get the same amount of pain medication that other mothers receive?

These methods of pain relief are offered to everyone in labor and delivery. You are entitled to the pain relief method of your choice if there is no medical reason that it cannot be done. The use of methadone or buprenorphine does not affect our decision to give you an epidural; many women need some adjustment to get the right level of medication to make them comfortable.

Will an epidural slow down my labor?

Epidurals have been shown to make labor longer by about 40 minutes on average. However, if you are in a good labor pattern, it usually does not slow things down.

What if I have to have a Cesarean Section?

If a C-section is planned and you have an epidural in place, the anesthesiologist gives more medication through the epidural to make you completely numb. Surgery only starts when you are numb. If you do not have an epidural in place, then a spinal anesthetic is used. With either of these methods you are awake for the delivery of your baby and you can have a support person in the operating room with you. If there is no time at all to do either of these things, then a general anesthetic is given. It is quite rare to require general anesthesia for C-sections.

What are the risks of the pain medication for me and my baby?

When you are in labor, you should ask as many questions as you need to. It is very important to the doctors and the nurses that you know what is happening. The risks that go along with an epidural are: bleeding and infection (rare), nerve damage (rare), headache (rare) or it doesn't work well and may need to be re-done (20%). Some of the common side-effects of epidurals are low blood pressure and itching.

Will any of these medications affect breastfeeding my baby?

None of the medications given routinely in labor will alter breastfeeding. Some women with very long or complicated labors can have a slow start to breastfeeding, as do many first time mothers. The nursing staff is very committed to breastfeeding and helping you breastfeed successfully. Be prepared to be patient as your baby figures out the food system.

Will I be able to have pain medicine after the baby is born?

The amount and type of pain medication given after delivery will be determined by how much pain you have, and whether you delivered vaginally or by C-section. Most of the time, Motrin and Tylenol will take care of the pain from a vaginal delivery. More complicated deliveries and C-sections may require stronger medication. No matter what, the nursing staff is committed to excellent pain control. Pain medication is adjustable to individual needs. If you have pain, please discuss this with your nurse who will help you develop a plan for optimal pain relief.



After Delivery



Once your baby is born

- Most importantly, love and cuddle your baby!
- Hold your baby skin to skin.
- This is a special time to bond with your baby.
- Ask your nurse to help you limit the number of visitors – you and your baby need lots of rest.
- Notify your health insurance about your baby's birth or obtain a Medicaid number for your baby as soon as possible.
- Review the Newborn Abstinence Syndrome (NAS) Scoring Instructions and participate in the scoring with your nurse.

Breastfeeding Your Baby



Can I breastfeed while on medication assisted treatment?

YES! Women being treated for opiate dependency/addiction with methadone or buprenorphine CAN breastfeed. In fact, they are encouraged to do so!

Why breastfeed?

For most newborns, breast milk is the only food needed for the first six months of life. There are many health benefits for both mother and child.

- *Sometimes mothers have difficulty breastfeeding their baby. If you are unable to breastfeed your baby there are many healthy formula options that you can discuss with your doctor.*

What are the health benefits for my baby?

- Ⓢ Fewer colds, allergies, ear and other infections
- Ⓢ Improved brain development
- Ⓢ Reduced chance of developing obesity, diabetes, asthma and certain types of cancer

What are the health benefits for the mother?

- Ⓢ A wonderful bond and closeness with your baby
- Ⓢ Earlier return to pre-pregnancy weight
- Ⓢ Less post-partum bleeding
- Ⓢ Decreased risk of certain types of cancer

Tips to Prepare for Breastfeeding Before your Baby is Born:

- Ⓢ Make a commitment to breastfeed your child.
- Ⓢ Use your Home Health Nurse as a breastfeeding resource.
- Ⓢ Begin breastfeeding your baby as soon as possible after birth.

For more information:

- Ⓢ Visit one of the following websites:
<http://www.cdc.gov/breastfeeding/promotion/index.htm>
www.breastfeedingbasics.com/
www.lalecheleague.org

Lactation Consultants in the New River Valley

New River Health District

Contact your local health department for more information:

Floyd County Health Department: (540) 745-2142

Giles County Health Department: (540) 235-3135

Montgomery County Health Department: (540) 585-3300

Pulaski County Health Department: (540) 440-2188

Radford City Health Department: (540) 267-8255

Carilion Clinic

Roanoke: 540-266-6000 or 800-422-8482

New River Valley: 540-731-2267

Breastfeeding 101 and Breastfeeding for Working Mothers- call 800-422-8482 for dates and to register or browse the calendar <https://www.carilionclinic.org/calendar/pregnancy-parenting>

Lewis Gale

Medical Center: 540-953-5409

Hospital-Montgomery: 540-776-4663

Consult-A-Nurse help find class information and register 877-242-2363

<http://lewisgale.com/service/after-your-baby-is-born>

Call for Help before Your Baby is born if:

- You have questions or concerns about any aspect of breastfeeding.
- You have flat or inverted nipples.
- You tried to nurse before but had problems.
- You need assistance selecting a bra to fit your personal needs during breastfeeding.

Call for Help After Your Baby is born if:

- Your baby refuses to breastfeed.
- You experience pain while nursing.
- Your baby is not having at least three to four bowel movements in each 24-hour period.
- Your baby is sleepy and hard to wake up.
- You feel that your milk supply is low.
- Your baby is not gaining weight appropriately.
- You intend to return to work or school and need guidance.
- You need help selecting breast pumps and nursing bras.
- You need assurance that breastfeeding is going smoothly.
- You've decided to stop breastfeeding and need guidance

Breastfeeding Issues Specific to the Neonatal Abstinence Syndrome

Will my baby be harmed by methadone or buprenorphine that is passed through my breast milk?

No, the amount of methadone or buprenorphine passed through breast milk is very small and causes no harm to your baby.

Will it be hard to get my infant to breastfeed?

Occasionally, infants who experience withdrawal have a more difficult time establishing breastfeeding. Our team is staffed with lactation experts who can offer tips to help you and your baby through this difficult time.

In what situations should I NOT breastfeed my infant?

Mothers who are abusing drugs (“street drugs”) should not breastfeed.

Mothers infected with human immunodeficiency virus (HIV) should not breastfeed.

Can I breastfeed if I am infected with hepatitis C virus?

Yes, Mothers who are infected with hepatitis C virus may breastfeed. **However, if your nipples are cracked or bleeding you should use a breast pump to express breast milk from that affected breast, and discard the milk until nipples have healed.** If only one breast is cracked and bleeding, you may still breastfeed from the other breast.

What if I have other questions?

Please ask! If you have any other questions or concerns regarding specific medications or conditions as they relate to your ability to breastfeed your baby, talk to your doctor, nurse, midwife, or health department.

Neonatal Abstinence Syndrome:

How you can help your baby?



Control your baby's environment

- Reduce stimulation (quiet, low light, no loud TV!)
- Limit the number of visitors
- Keep your baby skin to skin (dads can help, too)



Learn your baby's cues

- Distress cues: yawning, sneezing, hiccups, tremors, color change, frowns
- If you see the above signs, stop what you are doing; your baby may be overstimulated



When your baby is crying, try to calm him or her before your baby becomes really upset

- With baby swaddled, pacifier in mouth, curl him/her firmly against your body
- Sway gently from side to side



NAS Scoring for withdrawal while in hospital

- Call your baby's nurse every 3-4 hours when your baby is starting to wake up
- The scoring should be done in your room so that you and the nurse can do it together
- You know your baby; your input is important
- Remember, it can take 4 days or longer for signs of withdrawal to appear

Neonatal Abstinence Syndrome (NAS)

Scoring Explanation

Reference for the revised Finnegan Score

Below is a list of signs your doctor may look for and score accordingly if your baby is born with NAS

Assessment and Documentation

The Infant is scored at 2 hours of age and every 3-4 hours prior to feeding

The NAS score will be recorded for the 3-4 hour period immediately before the scoring activity

Signs and symptoms are documented on the NAS form and totaled for a score

Sleeping

Use the longest single continuous sleeping since last feeding

Sleep 3 or more hours continuously (Score=0)

Sleeping 2-3 hours after feeding (Score=1)

Sleeping 1 hour-2 hours after feeding (Score=2)

Sleeps less than 1 hour after feeding (Score=3)

When repeating a score within 1 hour after feeding: use the same sleep score obtained before the feeding.

MORO Reflex

Cup infant's head in your hand and raise his/her head about 2-3 inches above the mattress,

The infant should be quieted if irritability or crying is present.

This will insure that the jitteriness, if present, is due to withdrawal rather than agitation.

Hyperactive Moro: arms stay up 3-4 sec with or without tremors (**Score=1**)

Markedly Hyperactive Moro: arms stay up > 4 sec with or without tremors (**Score = 2**)

Tremors

Tremors=jitteriness

Involuntary movements that are rhythmical

If the infant is asleep, it is normal to have a few jerking movements of the extremities

Mild tremors: hands or feet only, last up to 3 seconds (**Score = 1**)

Moderate-severe tremors: arms or legs, last more than 3 seconds (**Score = 2**)

Increased Muscle Tone

While the infant is lying supine, extend and release the infant's arms and legs to observe for recoil

Infant supine, grasp arms by wrists and gently lift infant, looking for head lag

Difficult to straighten arms but is possible, but head lag is present (*Score = 1*)

No head lag noted or arms or legs won't straighten (*Score = 2*)

Excoriation

Red or broken skin from excessive rubbing (eg: extremities or chin against linens)

Skin red but intact or is healing and no longer broken (*Score = 1*)

Skin breakdown present (*Score = 2*)

Sweating

Wetness felt on the infant's forehead, upper lip (*Score = 1*)

Sweating on the back of the neck may be from overheating such as swaddling

Nasal Stuffiness

Any nasal noise when breathing (*Score=1*)

Runny nose may or may not be present

Sneezing

Infant sneezes *4 or more* times in the scoring interval of 3 – 4 hours (*Score=1*)

Tachypnea

The infant must be quieted if crying first; count respirations for full minute

Respiratory rate > 60/min (*Score = 2*)

Nasal Flaring

Outward spreading of the nostrils during breathing (*Score = 1*)

Poor Feeding

Poor feeding is defined as any 1 of the following (*Score = 2*)

Infant demonstrates excessive sucking prior to a feeding yet sucks infrequently while feeding and takes a small amount of formula

Demonstrates an uncoordinated sucking reflex (difficulty sucking and swallowing)

Infant continuously gulps the formula while eating and stops frequently to breathe
Inability to close mouth around bottle
Feeding takes more than 20 minutes

Regurgitation/Vomiting

Frequent regurgitation (*vomits whole feeding or vomits 2 or more times during feed*) not associated with burping (**Score = 2**)

Loose Stools

Infant has a stool that is at least half liquid (**Score = 2**)
When repeating a score within 1 hour after a feeding: use the same stool score obtained before the feeding.

Weight is \leq 90% of birth weight (Score = 2)

Continue to score until infant gains weight and is $>$ 90% of birth weight

Excessive Irritability

Distinct from, but may occur in conjunction with crying

Marked by frequent grimacing, excessive sensitivity to sound and light
Infant becomes fussy or irritable with light, touch or handling despite attempt to console

Consoling calms infant in 5 minutes or less (**Score = 1**)

Consoling calms infant in 6-15 minutes (**Score = 2**)

Consoling takes more than 15 minutes or no amount of consoling calms child (**Score = 3**)

(Adapted from L Janssen, 2009)






Date	Breastfeed/Formula Feed		Behavior/Activities	Wet/Soiled Diapers		Medicine
	Time	Ozs. or length of feeding		Urine	Soiled	
Example: <i>1/16/2016</i>	<i>8:00</i>	<i>10 min Left side and right</i>	<i>asleep by 9:30</i>	<i>✓</i>		
	<i>10:30</i>	<i>15 min Right side and left</i>	<i>asleep by 11:15</i>	<i>✓</i>	<i>✓</i>	
	<i>12:00</i>		<i>fussy, crying until 3pm</i>		<i>✓</i>	

Development and Play






*Tools to help you and your baby bond while having fun
and learning together*

Developmental Skills

Baby's Age	Mouth Patterns	Hand/Body Skills	Feeding Abilities
 Birth – 5 months	<ul style="list-style-type: none"> -Suck/swallow reflex -Tongue thrust reflex -Gag reflex 	<ul style="list-style-type: none"> -Poor head control -Brings hands to mouth around 3 months 	<ul style="list-style-type: none"> -Swallows liquids but pushes solid objects from mouth
 4-6 months	<ul style="list-style-type: none"> -Up and down munching movement -Closes mouth when spoon is removed from mouth -Gag reflex diminishes 	<ul style="list-style-type: none"> -Sits with support -Good head control -Uses whole hand to grasp objects 	<ul style="list-style-type: none"> -Takes in a spoonful of pureed food and swallows without choking
 5-9 months	<ul style="list-style-type: none"> -Begins to control position of food in mouth -Positions food between jaws for chewing 	<ul style="list-style-type: none"> -Begins to sit alone unsupported -Follows food with eyes -Begins to pick up objects with thumb and index finger 	<ul style="list-style-type: none"> -Begins to eat mashed foods -Eats from spoon easily when someone else feeds -Drinks from cup with some spilling -Begins to feed self with hands
 8-11 months	<ul style="list-style-type: none"> -Moves food from side to side in mouth -begins to curve lips around rim of cup 	<ul style="list-style-type: none"> -Sits alone easily -transfers objects from hand to mouth 	<ul style="list-style-type: none"> -Begins to eat ground or finely chopped food and small pieces of soft food -Drinks from cup with little spilling -Begins eating with spoon but prefers hands
 10-12 months	<ul style="list-style-type: none"> -Diagonal movement of the jaw as food is moved to the side or center of mouth 	<ul style="list-style-type: none"> -Begins to put spoon in mouth by themselves -Begins to hold cup -Good eye-hand-mouth coordination 	<ul style="list-style-type: none"> -Eats chopped food and small pieces of soft cooked table food -Begins self-spooned feeding with help

Feeding your Baby for the First Year

Babies Age	When Babies Can...	Serve...
 Birth-3 months	<ul style="list-style-type: none"> -Only suck and swallow 	<ul style="list-style-type: none"> -Breastmilk -Infant formula following preparation instructions and measurements exactly as described on formula container (Never water-down formula)
 4-7 months	<ul style="list-style-type: none"> -Draw in upper and lower lip as spoon is removed from mouth -Sit with support -Swallow semisolid foods without choking -Drink from cup with help, with spilling 	<ul style="list-style-type: none"> - Infant cereal with iron -Strained veggies* -Strained fruit* <p>*may be started later in this age range</p>
 8-11 months	<ul style="list-style-type: none"> -Move tongue from side to side -Begin spoon feeding themselves -Begins to hold food and uses their fingers themselves -Drinks from cup with help, less spilling 	<ul style="list-style-type: none"> -Mashed or diced soft fruit - Mashed soft cooked vegetables (cooked beans/peas/carrots) -Cottage cheese, yogurt -pieces of soft bread -Crackers -Breastmilk, iron-fortified, no sugar added fruit juice in a cup

http://www.fns.usda.gov/sites/default/files/feeding_infants.pdf

Sleeping Safety for your New Born

The ABC's of Safe Sleep



Alone: Not with other people, pillows, blankets, or stuffed animals



On my Back: Not on the stomach or side.



In my Crib: Not on an adult bed, sofa, cushion, or other soft surface



♥ Always provide a safe and quiet sleeping space for your baby day and night in a clean and smoke free environment.

<http://www.sidsandkids.org/safe-sleeping/>

Prepping meals at home for your Baby

Wash Prep and Cook

Always remember to wash all equipment and your hands with hot soapy water, rinse well, and dry.

Fruits and Veggies

Wash and peel fruit and vegetables. Remove stems and seeds.

You can also feed frozen fruits and veggies (once cooked and mashed) without adding salt, sugar or spices.

Or canned fruit packed in water or natural juice, but not heavy syrup.

Some ripe soft fruits such as bananas or canned fruits like peaches can be mashed without cooking.

Cook firm fruits and veggies in a small amount of water until soft.



Protein

Meats- prepare meats by removing bones, skin, and visible fat. Boil, bake, or poach meat/fish/poultry until tender.

AVOID frying, salting, or seasoning.

Egg yolks- wash shells before boiling. Do not use cracked eggs. Boil for 15 minutes, and remove egg whites before mashing.

Dried beans- cook until soft or use rinsed canned beans



- **Always allow food to cool to room temperature, cut food into small pieces or mash, puree or grind food.**
- **Babies prefer good plain food, do not add syrups, sugar, soda, juice, salt, pepper, fats or oils to your baby's meals.**
- **Never water down your baby's formula. This can cause malnutrition and other severe health effects.**
- **Do not add rice, cow's milk or other supplements to baby's formula or food until you talk to your doctor.**



Some feeding Tips:

- Start your baby on one new food each week. As your baby gets older you can start to mix foods together.
Examples: You can mix peas and carrots after your baby has tried both separately; later chicken or plain yogurt can be mixed in.
- Always use extreme caution if you microwave any food to feed to your baby. Microwaves can heat food unevenly. Always stir food and check the temperature before feeding.
- Eat with your baby to make feeding time feel relaxing and fun.
- Re-heat only the amount of food to be used at one feed, and throw away any leftovers.



Food Safety:

- Harmful germs can make infants sick when food is not handled properly
- Never let cooked foods come in contact with raw foods
- Don't let baby food sit at room temperature; refrigerate or freeze food immediately after meals

be food safe.



clean. separate.
cook. chill.
www.befoodsafe.org

Recipe Ideas

Consult your pediatrician before adding solid food to your baby's diet.

Vegetable puree:

½ cup vegetables (carrots or sweet potatoes) peeled, mashed, diced.

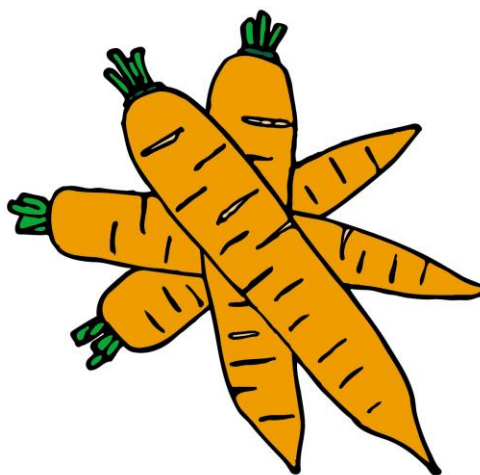
Cook veggie in a small amount of water* for 10 minutes or until soft. Mash or blend.

Fruit Puree:

1 fruit (such as apple, pear, plum, or peach)
washed, peeled, cored/pitted and diced

Cook fruit in a small amount of water* for 10
minutes or until soft, mash or blend.

Variation: Add some of the fruit puree to your
favorite infant's cereal.



Carrots and Lentils

1 cup carrots, washed, peeled, diced

½ cup potato, washed, peeled and diced

¼ cup red lentils rinsed and sorted

1 ¼ cup water*

Place carrots, potato, lentils and water in saucepan. Bring to a boil then cover and simmer for 40 minutes or until the lentils are very soft. Strain or blend the vegetable and lentil mixture until smooth.

*Instead of water you can use breastmilk or formula





What will my baby be doing? What fun games can we play?



1-2 MONTHS

- ✓ Raises head & chest when lying on tummy
 - ✓ Fixes on objects with eyes
 - ✓ Smiles/Coos
 - ❖ Tummy-time with bright/shiny objects, such as a spoon, in front of the baby
 - ❖ Wave colorful bandana above baby's head
 - ❖ Rock baby while talking/singing/reading book
-



3 – 4 MONTHS

- ✓ Reaches
 - ✓ Follows object with eyes/head
 - ✓ Laughs
 - ❖ Blow bubbles; show baby how to reach out and pop them; talk with them about what you are doing
 - ❖ Keep sponges/towels/scarves around during diaper changes, rub different textured items on baby's tummy, cheek, arm
 - ❖ Put music on and dance with baby; sing
-



5 – 6 MONTHS

- ✓ Sits with arms supporting
- ✓ Rolls over
- ✓ Babbles
- ❖ Sit baby up using their arms as support; try using small pillows to help them
- ❖ Lie baby on blanket with arms stretched out in front; gently & slowly pull blanket up, rolling them over.
- ❖ When baby babbles, imitate their noises; try this while reading with baby



7-8 MONTHS

- ✓ Crawls on all fours
- ✓ Looks for disappearing toy
- ✓ Mimics simple sounds
- ❖ Make a “cushion mountain” with pillows of different sizes/textures; show baby how to crawl around & up them
- ❖ Take a paper towel tube & a colorful cloth; stuff the cloth in the tube, encourage baby to look for it
- ❖ Talk with baby showing them your eyes, nose, mouth, ears etc. Show them their own, and on a doll; sound out words slowly, let baby watch how your mouth moves & encourage them to try out different sounds



9-10 MONTHS

- ✓ Stands, holding onto a support
- ✓ Grasps with thumb & index finger
- ✓ Says mama/dada, specific to you
- ❖ Put favorite toys up on couch; encourage baby to pull up and “cruise” along the couch to get them
- ❖ Give baby 1-3 Cheerios (so they don’t grasp a handful at a time)
- ❖ Play peek-a-boo, hiding behind a wall, when you pop out say “mama!” or “dada!”



11-12 MONTHS

- ✓ Walks with hand held
- ✓ Finds hidden toy
- ✓ Knows several body parts
- ❖ Put heavy objects in laundry basket, allow baby to use for support while standing; remove some & baby can push like cart
- ❖ Hide toy in shoebox and play hide-and-seek to have baby find it
- ❖ Play in front of mirror ask baby to show you different body parts; read books, ask baby to point out characters’ body parts

Summary of Infant Development and Milestones

AGE*	GROSS/FINE MOTOR	ABILITIES	LANGUAGE/SOCIAL
1 month	<input type="checkbox"/> Raises head, chin	<input type="checkbox"/> Visual fixation	<input type="checkbox"/> Smiles
2 months	<input type="checkbox"/> Raises head, chest	<input type="checkbox"/> Tracks mother's face	<input type="checkbox"/> Coos
3 months	<input type="checkbox"/> Rests on elbows <input type="checkbox"/> Bats at objects	<input type="checkbox"/> Tracks objects, vertically and horizontally	<input type="checkbox"/> Recognizes parent
4 months	<input type="checkbox"/> Reaches <input type="checkbox"/> Sits, propped <input type="checkbox"/> Rolls front to back	<input type="checkbox"/> Inspects hand	<input type="checkbox"/> Laughs
5 months	<input type="checkbox"/> Sits, hands supporting <input type="checkbox"/> Reaches, attains <input type="checkbox"/> Transfers hand to hand <input type="checkbox"/> Rolls back to front		<input type="checkbox"/> Smiles at self in mirror <input type="checkbox"/> Vocalizes for attention
6 months	<input type="checkbox"/> Reaches with one hand <input type="checkbox"/> Up on hands and knees	<input type="checkbox"/> Takes one cube	<input type="checkbox"/> Babbles
7 months	<input type="checkbox"/> Sits unsupported <input type="checkbox"/> Holds 2 objects <input type="checkbox"/> Belly crawls	<input type="checkbox"/> Takes 2 cubes <input type="checkbox"/> Looks for disappearing toy	<input type="checkbox"/> Separation anxiety <input type="checkbox"/> Mimicking simple sounds begins
8 months	<input type="checkbox"/> Creeps, all fours <input type="checkbox"/> Comes to sit <input type="checkbox"/> Rakes	<input type="checkbox"/> Pulls string to attain toy	<input type="checkbox"/> "dada", "mama" non-specific
9 months	<input type="checkbox"/> Immature pincer <input type="checkbox"/> Pulls to stand		<input type="checkbox"/> Drinks from cup <input type="checkbox"/> Waves bye-bye
10 months	<input type="checkbox"/> Mature pincer <input type="checkbox"/> Cruises	<input type="checkbox"/> Follows simple directions	<input type="checkbox"/> "mama", "dada" specific
11 months	<input type="checkbox"/> Walks, 2 hands held	<input type="checkbox"/> Recognizes words as symbols	<input type="checkbox"/> Knows several body parts <input type="checkbox"/> Uses jargon
12 months	<input type="checkbox"/> Voluntary release <input type="checkbox"/> Walks, 1 hand held	<input type="checkbox"/> Searches and finds hidden toy	<input type="checkbox"/> Parallel play; cooperates with dressing <input type="checkbox"/> Vocabulary of 1-2 words

* Use corrected gestational age

Summary of Infant Development and Milestones

AGE*	GROSS/FINE MOTOR	ABILITIES	LANGUAGE/SOCIAL
18 months	<input type="checkbox"/> Walks without help <input type="checkbox"/> Runs stiffly, eyes on ground <input type="checkbox"/> Pulls, pushes, dumps things <input type="checkbox"/> Pulls off hat, socks, mittens <input type="checkbox"/> Turns pages in book <input type="checkbox"/> Scribbles with crayon <input type="checkbox"/> Stacks 2 blocks	<input type="checkbox"/> Identifies object in picture book <input type="checkbox"/> Looks for objects that are out of sight <input type="checkbox"/> Follows simple 1-step directions <input type="checkbox"/> Solves problems by trial and error	<input type="checkbox"/> Says 8-10 words that parents can understand <input type="checkbox"/> Looks at person who is talking to him <input type="checkbox"/> Asks specifically for mother or father <input type="checkbox"/> Uses “hi”, “bye” with reminders <input type="checkbox"/> Asks for something by pointing or using 1 word <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Seeks attention <input type="checkbox"/> Recognizes self in mirror
24 months	<input type="checkbox"/> Walks up steps with help <input type="checkbox"/> Tosses or rolls large ball <input type="checkbox"/> Bends over to pick up toy without falling <input type="checkbox"/> Takes steps backwards <input type="checkbox"/> Opens cabinets, drawers, boxes <input type="checkbox"/> Feeds self with spoon <input type="checkbox"/> Drinks with straw <input type="checkbox"/> Helps in washing hands <input type="checkbox"/> Puts arms in sleeves <input type="checkbox"/> Helps to build tower of 3-4 blocks	<input type="checkbox"/> Likes to take things apart <input type="checkbox"/> Explores surroundings <input type="checkbox"/> Points to 5-6 parts of doll when asked	<input type="checkbox"/> Several hundred word vocabulary <input type="checkbox"/> Uses 2-3 word sentences <input type="checkbox"/> Says names of toys <input type="checkbox"/> Hums or tries to sing <input type="checkbox"/> Likes to imitate parents <input type="checkbox"/> Temper tantrums <input type="checkbox"/> Acts shy around strangers <input type="checkbox"/> Shows awareness of parental approval or disapproval for actions <input type="checkbox"/> Takes turns to play with children <input type="checkbox"/> Uses “me” or “mine”

* Use corrected gestational age

Reading Tips for Parents

Reading with your child as part of your daily routine can become an important part of your bed time ritual. Here are some additional suggestions for making reading together a fun experience.

- ♥ Make reading part of everyday
Read at bedtime or on the bus
- ♥ Have fun!
Children who love books, learn to read.
- ♥ A few minutes is OK
Young children can only sit for a few minutes for a story, but as they grow they will sit longer.
- ♥ Talk about the pictures
You do not have to read the book to tell a story.
- ♥ Show your child the cover page
Explain what the story is about
- ♥ Make the story come alive
Create voices for the story characters and use your body to tell the story
- ♥ Let your child turn the pages
Babies need board books and need help to turn pages, but your three year old can do it alone.
- ♥ Show your child the words.
Run your fingers along the words as you read them.
- ♥ Let your child ask questions about the story
Use the story as an opportunity to engage in conversation and to talk about familiar activities or objects in their life.
- ♥ Let your child tell the story
Children as young as 3 years old can memorize a story and many children love an opportunity to express their creativity.



What Children Like in Books

Infants 6-12 Months

- ♥ Board books with photos of babies
- ♥ Brightly colored board books to touch
- ♥ Books with pictures of familiar objects (balls, animals, bottles)
- ♥ Small books sized for small hands

Young Toddlers 12-24 Months

- ♥ Sturdy board books they can handle and carry
- ♥ Books with photos and pictures of children doing familiar activities (sleeping, eating, playing)
- ♥ Books about saying goodbye and hello
- ♥ Books with few words on the page
- ♥ Books with simple rhymes or predictable text

Older Toddlers 24-36 Months

- ♥ Books with board pages but also books with paper pages
- ♥ Silly and funny books
- ♥ Rhymes, repeated text,--books they can learn by heart
- ♥ Books about making friends
- ♥ Books about animals and food and trucks
- ♥ Word books

Preschoolers 3-5 Years

- ♥ Books that tell stories
- ♥ Books about kids that look like them/live like them—but also books about different places, people, and different ways of living
- ♥ Books about going to school and making friends
- ♥ Books with simple text they can memorize
- ♥ Counting books, alphabet books, vocabulary books



<http://www.reachoutandread.org/>

My Notes & Thoughts





Telephone Log

I called them They called me

Date: _____

Telephone Number: _____

Name: _____

Title: _____

Discussion: _____

Follow-up

My Follow-up Items	Their Follow-up Items

I called them They called me

Date: _____

Telephone Number: _____

Name: _____

Title: _____

Discussion: _____

Follow-up

My Follow-up Items	Their Follow-up Items



Telephone Log

I called them They called me

Date: _____

Telephone Number: _____

Name: _____

Title: _____

Discussion: _____

Follow-up

My Follow-up Items	Their Follow-up Items

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