

Information for Parents of Newborns



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Welcome to Parenthood!

There is no instructional manual, and you will have lots of questions. As a new parent, it's a great idea to learn as much as you can about how to keep yourself and your baby healthy and safe.

This booklet is one tool to help you do that. It covers a variety of important health and safety topics for new parents. This booklet provides you with topics and questions to think about to help you plan for your baby's health needs. It will also provide you resources for more information and support.

For more information about women's or perinatal health issues, questions, or comments, contact us at TitleV@dshs.texas.gov.

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Baby's Health Check-Ups

Your baby should have their first doctor visit, sometimes called a “well-child visit,” when they are about three to five days old (AAP, 2023). Just like when your baby is feeling sick, a visit with their doctor when they are well is just as important.

Your baby’s doctor will want to see your baby in the first few years at the scheduled times. Depending on your baby’s needs, you doctor may need to see them more frequently than the example schedule below. The doctor will check if your baby is eating well and growing properly. They'll also give tips on how to keep your baby safe while they sleep and play. The doctor might do some quick tests and talk about the vaccines your baby needs to stay healthy.

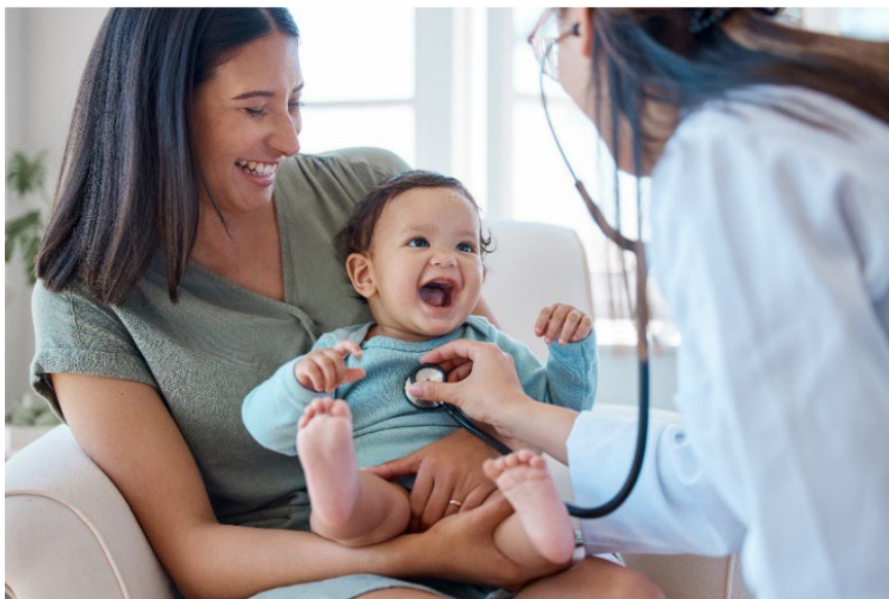
Feel free to ask the doctor any questions about your baby. You can also tell them how being a new parent is going for you. If you need help with things like food, money, or healthcare, the doctor can connect you with helpful programs.

Example Schedule (Healthy Children, 2023):

3-5 days old	1 month
2 months	4 months
6 months	9 months
12 months	15 months
18 months	24 months
30 months	

Resources:

- For more information about keeping your baby healthy, download [A Parent’s Guide for Raising Healthy Happy Children](#).
- [Centers for Disease Control and Prevention \(CDC\) Milestone Tracker App](#).
- [Baby’s First Test](#). Information on newborn screening.
- [CDC Immunization Schedules, 2024](#).
- [How to Get Help for Your Child, PDF](#).



Congenital Syphilis (CS)

Syphilis is a sexually transmitted infection caused by the bacteria *Treponema pallidum*. CS occurs when this bacteria is transmitted from a pregnant woman to her baby.¹

CS can result in serious health problems for the baby including miscarriage, stillbirth, premature birth, or birth defects. Some babies born with CS do not show symptoms at birth.

The treatment for babies diagnosed with CS is penicillin.² Newborns must receive treatment right away, or they could develop serious health problems months or even years later. It is also important that babies get the proper examination, evaluation, treatment, and follow-up with a pediatric infectious disease doctor as needed.

How common is CS?

In the US, the number of CS cases has increased each year since 2013. In 2022, approximately one in 435 Texas infants had a CS diagnosis.

What should I do if I, as a pregnant woman, am diagnosed with syphilis?

If you receive a syphilis diagnosis, get treatment right away. Talk to your doctor about what stage of syphilis you have and how long your treatment is.

Bicillin, a type of penicillin, is the only medication that doctors can use to treat syphilis during pregnancy. Pregnant women with penicillin allergies must be desensitized and then treated with Bicillin.³

If you are pregnant when you get treated, your baby gets treated too! Doctors can treat and cure syphilis with antibiotics. Make sure your partner also receives treatment. If your partner is not treated, you may get syphilis again, and you would need treatment again. Your local health department can help with getting your partner(s) tested and treated.



Note: Neurosyphilis, including ocular and otic, can occur at any stage of syphilis. Treatment information for these and tertiary syphilis can be found in the current CDC Treatment guidelines

CS is preventable.

Syphilis can pass to the baby at any time during pregnancy.

The infection that causes syphilis is curable at each stage. However, problems caused by the infection can be irreversible.

What if I am not treated for my syphilis diagnosis and my baby is diagnosed with congenital syphilis?

Get yourself treated right away.

If the hospital discharges your baby, speak with your baby's pediatrician about an evaluation and treatment plan. Your baby may need to return to the hospital for a complete evaluation and treatment.

Where can I get tested for syphilis and other STDs?

You can find clinics in your area where you can get tested or find a doctor through Healthy Texas Women.

Reference

Centers for Disease Control and Prevention. (2024, January 30). STD facts - congenital syphilis. Centers for Disease Control and Prevention. cdc.gov/syphilis/about/about-congenital-syphilis.html

Notes

1. Congenital Syphilis-Fact Sheet retrieved from cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm.
2. Given by an IV for 10 days or once by injection, depending on the doctor's examination, evaluation, and medical opinion.
3. Centers for Disease Control and Prevention (30 March 2022). Sexually Transmitted Infections Treatment Guidelines-2021. Retrieved from cdc.gov/std/treatmentguidelines/syphilis.
4. Note: Treatment recommendations for tertiary syphilis or syphilis with ocular, neurological, and otic symptoms are discussed in the current CDC

Fast Facts

CS is preventable.

Syphilis can pass to the baby at any time during the pregnancy.

Syphilis is curable at every stage.

Penicillin is the only medication doctors can use to treat syphilis during pregnancy.

DSHS HIV/STD Program

737 255 4300

dshs.texas.gov/hivstd



Texas Benefits for Pregnant Women



Texas Benefits

Cytomegalovirus

Cytomegalovirus (CMV) is a common virus for people of all ages. A healthy person's immune system usually keeps the virus from causing illness.

In the United States, almost one in three children is already infected with CMV by age five. Over half of adults have CMV by age 40. Once CMV is in a person's body, it stays there for life and can become an active virus again.

A person can also be re-infected with a different strain (variety) of the virus. Most people with CMV infection have no symptoms and aren't aware that they have the inactive virus. If a pregnant woman is infected with CMV, she can pass it to her developing baby. This is called congenital CMV, and it can cause birth defects and other health problems.

For Parents

About 1 out of every 200 babies is born with congenital CMV. About 1 out of 5 of these babies will have birth defects or other long-term health problems.

Babies with congenital CMV may show signs at birth.

Some signs that a baby might have congenital CMV infection when they are born are:

- Small head size
- Seizures
- Rash
- Liver, spleen, and lung problems

Tests on a baby's saliva, urine, or blood done within two to three weeks after birth can confirm if the baby has congenital CMV.

Early treatment may help.

Babies who show signs of congenital CMV at birth may be treated with medicines called antivirals. This medicine may decrease the severity of health problems and hearing loss but are used with caution due to potential side effects.

Tips to protect yourself and your unborn baby from CMV:

- When you kiss a young child, try to avoid contact with saliva.
- For example, you might kiss on the forehead or cheek rather than the lips.
- Do not put things in your mouth that have just been in a child's mouth, including food, cups, forks or spoons, and pacifiers.
- Wash your hands after wiping a child's nose or mouth and changing diapers.

Long-term health problems may occur.

Babies with signs of congenital CMV at birth are more likely to have long-term health problems, such as:

- Hearing loss
- Intellectual disability
- Vision loss
- Seizures
- Lack of coordination or weakness

Hearing checks and therapies are recommended.

Some babies with congenital CMV but without signs of disease at birth may still have or develop hearing loss. Hearing loss may be present at birth or may develop later in babies who passed their newborn hearing test. Sometimes, hearing loss worsens with age. It's important for your baby to get regular health checks to ensure if hearing problems develop, they are caught early.

Immunizations

Immunization occurs when your body builds an immunity against a disease after receiving a vaccine, often called a “shot.” Some vaccines can protect against two or three diseases. Some of these diseases can cause life-long effects, even death. Keep your children healthy by getting their vaccines on time. Ask your doctor about the importance of vaccines.

Texas law requires parents or guardians to vaccinate children against certain diseases before going to childcare or school, including:

- Diphtheria, tetanus (lock jaw) and pertussis (whooping cough)
- Polio
- Hepatitis A
- Hepatitis B
- *Haemophilus influenzae* type b (Hib)
- Pneumococcal disease
- Measles, mumps, and rubella (German measles)
- Varicella (chicken pox), and
- Meningococcal disease



Image credit: United States Department of Agriculture

Children cannot start child care or school without these immunizations. The schedule below lists the recommended vaccines for children by age. Follow the schedule and your child will meet the requirements.

If your child is missing a vaccine, talk with your health care provider about a revised immunization schedule to catch up on missed vaccines. Your health care provider may recommend extra vaccines for children with certain health conditions.

Recommended Schedule of Immunizations for Children from Birth through 18 Years Old

- Department of State Health Services **Immunizations Program website** (includes information on the Texas minimum state vaccine requirements for child-care facilities and for students grades K-12): www.immunizetexas.com
- Centers for Disease Control and Prevention **Recommended Immunization Schedules for Persons Aged 0 through 18 Years**. United States, 2024: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Beginning at six months old, a yearly flu shot is recommended. As children get older, immunizations will be recommended to stay healthy.

To contact the Immunization Program, call: 1-800-252-9152.

Newborn Screening

The Newborn Screening Program in Texas checks newborns for 55 genetic conditions. These conditions can be treated better if they're found early.

There are two types of newborn screening:

Blood spot tests	Point-of-care-screenings
Blood spot screening tests, or "heel prick" tests, use a small amount of blood taken from your baby's heel. The blood spots are sent to the DSHS Laboratory. If the test results are not normal, your baby will need another test. The doctor may start treating your baby right away if the condition is serious.	Point-of-care screens are performed at the birthing facility or hospital and the results are determined right away. There are two point-of-care screening tests—one for possible deafness/hard of hearing and one for heart defects.

Finding and treating these conditions early can prevent serious problems like:

- Growth problems
- Delays in development
- Deafness
- Blindness
- Learning disabilities
- Seizures
- Early or sudden death

Deafness or hard of hearing occurs in 1.4 newborns out of 1,000 live births; late onset hearing loss occurs in 5 out of 1,000 children aged 3-17 years old. Being deaf or hard of hearing is one of the most common birth defects and a hearing screen could catch a problem early so services can begin right away.

At the point-of-care hearing screening in the hospital, you will get either a "pass," which means your baby can hear well enough to learn language, or a "did not pass," which means your baby will need another test. A "did not pass" does not necessarily mean your baby is deaf or hard of hearing. However, it is important to test your baby again. The hospital or your baby's healthcare provider will help you get this testing.

The other point-of-care screen is for critical congenital heart disease (CCHD), which checks for problems with the heart's structure at birth. This disease is one of the leading causes of death in infants less than one year old. Each year in the United States, 4,800 infants (2/1000 live births) are born with CCHD. Testing at the hospital is done with a pulse oximeter (pulse-ox). About 25 percent of congenital heart disease will be CCHD which causes severe, life-threatening symptoms that require urgent medical intervention within the first few hours, days, or months of life.

If your health care provider asks you to bring your baby in for a follow-up test, do it as soon as possible!

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

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

Type of Screening	When It's Done	Follow Up	Date Completed
1st Blood Screen	24 to 48 hours after birth, in the hospital	A second blood screening is done 1-2 weeks after birth	
2nd Blood Screen	7 to 14 days after birth, at the doctor's office or clinic	If needed, your doctor will contact you for further testing and treatment	
Hearing Screen	Before you leave the hospital	If needed, your hospital or doctor will contact you for further testing and/or treatment	
Critical Congenital Heart Disease (pulse-ox)	24 to 48 hours after birth before discharge from the hospital	If needed, your hospital or doctor will treat this immediately or advise you for further testing and/or treatment	

Learn more at dshs.texas.gov/newborn-screening-program

Pertussis “Whooping Cough”

Why do I need to protect my baby from pertussis, also called “whooping cough”?

Pertussis, also called whooping cough, can be deadly to babies. It causes breathing problems; lung infections like pneumonia; violent, uncontrolled shaking; brain damage; and even death.

Over one-third of all babies (under 1 year old) who get it need to go to the hospital. About 1 to 2 of 100 babies who go to the hospital will die.

In Texas there have been 59 deaths due to pertussis since 2005.



You can help protect your baby from whooping cough. Ask anyone who will be around your baby to get vaccinated. This includes visitors and caregivers who may be due for a vaccine or have not been vaccinated. They should receive it at least two weeks prior to meeting your baby if they are due for the vaccine to make sure it has time to build immunity.

Learn more on how to protect your baby from Pertussis “Whooping Cough”:

1. [cdc.gov/pertussis/](https://www.cdc.gov/pertussis/)
2. [cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html](https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html)
3. [cdc.gov/pertussis/pregnant/mom/protection.html](https://www.cdc.gov/pertussis/pregnant/mom/protection.html)
4. dshs.texas.gov/vaccine-preventable-diseases/pertussis-whooping-cough

Respiratory Syncytial Virus (RSV)

What is RSV?

Respiratory syncytial virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. RSV can spread by direct or indirect contact, like coughing, sneezing, and touching surfaces that have the virus on them. Most people recover in one to two weeks, but RSV can lead to serious health consequences. Babies who have RSV may show symptoms of irritability, decreased activity, and breathing difficulties. Symptoms can become serious, and your baby may need to go to the hospital. Almost all children will have had an RSV infection by their second birthday if they are not vaccinated.

Is there a vaccine for RSV?

Yes. There are two ways to protect your baby from getting sick with RSV.

One way is to get an RSV vaccine when pregnant (Abrysvo™ by Pfizer). Mothers who are between 32-36 weeks pregnant during the RSV season should receive the vaccine. The RSV season is between September-January for most of the United States like other respiratory illnesses like the flu.

Babies can get an RSV antibody immunization (nirsevimab) if they are younger than eight months and are born during, or entering, their first RSV season. Babies do not need to receive the RSV immunization if their mother already received the vaccine during pregnancy.

Either the mother receives the RSV vaccine during pregnancy, or her baby receives the immunization before they are older than eight months. Both shots are not necessary for most babies.

Why should babies be protected from RSV?

RSV can cause more serious infections like bronchiolitis, an inflammation of the small airways in the lungs, and pneumonia, an infection of the lungs. RSV is the most common cause of bronchiolitis and pneumonia in children younger than one year old. Babies may need to go to the hospital if they have trouble breathing or are dehydrated. In the most severe cases, an infant may need oxygen, IV fluids, or a breathing tube. In most of these cases, hospitalization lasts a few days.

Protect your baby by getting vaccinated during pregnancy.

Mothers provide the most protection against RSV for their baby when they receive a vaccine during RSV season while 32-36 weeks (about eight and a half months) pregnant. Your baby will receive antibodies before birth when you get the vaccine during pregnancy.

To prevent the spread of RSV, people should stay at home when sick and cover coughs and sneezes to the best of their ability. Washing your hands with soap and water for at least 20 seconds and cleaning surfaces often can also help limit the spread of RSV. If your child is sick, talk to your healthcare provider before giving your child nonprescription cold medicine.

Child Safety Seats

Car crashes are a leading cause of injury and death to Texas children. Make sure you use a child safety seat correctly on EVERY ride.

It's the law! Texas law requires you to secure all children younger than age eight (8), unless they are 4'9" (57 inches) tall, in a child safety seat according to the child safety seat manufacturer instructions. (TRC 545.412)

The American Academy of Pediatrics recommends all infants ride in a rear-facing child safety seat until they reach the highest weight or height allowed by the child safety seat manufacturer.

Riding rear-facing protects the child's head, neck, and spinal cord in the event of a crash.



Image credit: National Highway Traffic Safety Administration

There are **three types** of rear-facing seats:

1. **Rear-Facing Only (RFO)** seats come with handles so they can be used as carriers as well. If using as a carrier, always keep the child secured in the seat's harness straps, even when not in the vehicle. Carriers are not to be used as a sleeping option. Height and weight limitations vary by manufacturer - check the infant is within those seat limitations. When an infant outgrows a rear-facing only seat, they should continue to ride rear-facing in a convertible or all-in-one seat.
2. **Convertible seats** are larger seats. They typically have higher weight limits and cannot be used as carriers. Convertible seats are rear-facing. They can change to forward-facing once the child outgrows the manufacturer rear-facing height or weight limitations.
3. **All-in-One seats** can be used for all three stages (rear-facing, forward-facing, and booster) as the child grows. These seats typically have a weight requirement beginning at 5 lbs. to a higher weight range for older children. Maximum weight varies by child safety seat model.

Perform a **5-Point Car Seat Safety Check** for proper use and installation:

1. **SELECTION** – select a child safety seat for your child’s height and weight;
2. **DIRECTION** – place seat rear-facing with proper recline according to manufacturer’s instructions;
3. **LOCATION** – the vehicle’s back seat is the safest location for the child safety seat installation. Never install a rear-facing seat in front of an active air bag;
4. **INSTALLATION** – a child safety seat must move less than 1 inch front-to-back and side-to-side once installed. The seat must be installed with a seatbelt OR lower anchors, not both (unless stated otherwise in the manufacturer’s manual); and
5. **HARNESSING** – the harness must fit snugly over your child’s body without any twist or visible slack. The harness slot used must be at or below your child’s shoulders and the chest clip must be placed at your child’s armpit level. Remove your child’s thick jackets or clothing from under the harness.

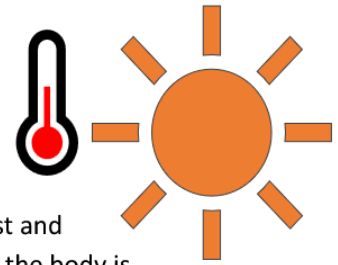
General Tips for Safe Travel for Children

- Always review and follow the manufacturer’s car seat and vehicle instruction manuals for proper use and installation.
- Only use child safety seats for vehicle travel, not as a sleep surface option outside of the vehicle.
- If installing a child safety seat with a seat belt, check the seat belt is locked and secured (see car seat and vehicle manuals).
- Only use products that came with the seat and are approved for use. Added products (i.e., extra padding, covers, mirrors, etc.) are not crash tested with the seat.
- Do not use pre-owned seats if you do not know the history. Used seats may have been in a crash, have missing parts, or may be missing labels to check for recalls or expiration; and
- Never leave your child unattended in a vehicle, not even for a minute.

Pediatric Vehicular Heat Stroke for a Child Left Unattended in a Motor Vehicle

What is the danger of heat stroke?

Texas leads the nation in hot car deaths. Heat exhaustion happens when a person's body gets too hot. A person with heat exhaustion may have symptoms like a rapid and weak pulse; heavy sweating; cold, pale, and clammy skin; headache; intense thirst and feelings of weakness; and confusion, dizziness, or nausea. Heat stroke happens when the body is not able to cool itself and a person's internal temperature reaches 104 degrees Fahrenheit (F). Signs of heat stroke are hot, red, dry, or moist skin; rapid and strong pulse; and, possibly, unconsciousness. Heat stroke can cause the body's organs to shut down and can even lead to death.



Why are children at greater risk for heat stroke?

Children's bodies heat up three to five times faster than an adult's body. Their bodies absorb heat more quickly, and their perspiration doesn't cool their bodies as well as it does an adult. As they get hot, they cannot change their environment to get cool without the help of an adult.

Never leave a child alone in a car—not even for a minute.

Sometimes it's tempting to leave a child alone in the car while running a quick errand. Sometimes a change in routine or a busy schedule can cause a caregiver to forget that a child is still in the car. Regardless of the reason, leaving a child in the car is dangerous. Within 10 minutes, the car's interior temperature can rise almost 20 degrees F - even with the window cracked or if the car was cool when first turned off. Outside temperatures as low as 57 degrees F can cause internal car temperatures to rise above 110 degrees F and can lead to heat stroke.

Heat stroke is 100% avoidable. Reduce the number of deaths from heat stroke by remembering to A.C.T.¹

A: Avoid heat stroke-related injury and death.

- Never leave a child alone in a car, not even during a quick trip into a store.
- Always lock your vehicle's doors and trunk, including when it's in your driveway or garage.

C: Create reminders.

- Routinely put something you'll need at your next stop – like a purse, briefcase, or cell phone – in the back seat.
- Keep a stuffed animal or other memento in your child's seat when it's empty and move it to the front seat as a visual reminder when your child is in the back seat.

T: Take Action! If you see a child alone in a car, call 911.

Texas Law ([Texas Penal Code Sec.22.10](#))

It is an offense to leave a child under age 7 in a vehicle longer than 5 minutes, unless attended by a person age 14 or older.

Texas provides liability protection for persons taking action to remove a child from a hot car if the person follows these steps:

- Confirms the vehicle is locked and the child cannot get out on their own;
- Believes the child is in imminent danger;
- Calls 911, police, or another first responder, before entering vehicle;
- Uses no more force than necessary to enter the vehicle; and
- Remains with the child in a safe location near the vehicle until first responders arrive.

If you witness an offense, report it! 911 calls are confidential.

Routine changes and distractions have caused people to mistakenly leave children in cars. It can happen to anyone.

Take extra steps to keep kids safe:

- Create a calendar reminder for your electronic devices to make sure you drop your child off at day care.
- Develop a plan with your day care so if your child is late, they will call you within a few minutes to confirm your child isn't coming that day.
Be especially careful if you change your day care drop off routine.
- Make sure to lock your vehicle, including doors and trunk, when you're not using it. Keep keys out of children's sight and reach.
- Teach children not to play in any vehicle. Make sure they know vehicles and trunks are not safe places to play or "hang out".

If you cannot find your child, check the pool and water sources first, then check vehicles, including trunks.



¹Adapted from Safe Kids Worldwide. Heatstroke Safety Tips. safekids.org/tip/heatstroke-safety-tips

Safe Infant Sleep

Each year, about 3,400 infants die from a sleep-related death in the United States.

There are many actions you and anyone that cares for your baby can take to reduce the risk of a sleep related infant death. Some of the actions include:

- Place your baby on their back to sleep for every sleep, including naps;
- Use a firm, flat mattress (not inclined) with a well-fitted sheet;
- Feed your baby only breast milk for six months and continue breastfeeding for at least two years;
- Share your room with your baby;
- Keep baby near your bed on their own safety-approved sleep surface like a crib, bassinet, or portable play yard with no other people or pets;
- Keep everything out of your baby's sleep area – no blankets, pillows, quilts, bumper pads, crib liners, sitting devices, toys, or other objects; and
- Avoid placing your baby to sleep on a couch, armchair, or seating device like a swing, baby seat, or car safety seat (except when in a car).



Learn more about keeping your baby safe during sleep.

Visit dshs.texas.gov/SafeInfantSleep for more information and resources.

- Safe Infant Sleep Environment Infographic
- Safe Infant Sleep Environment Checklist

This information is not just for parents! Share it with everyone who cares for baby, so they understand and practice safe infant sleep.



Parents



Grandparents and
other family



Childcare providers
and babysitters



Other
caregivers

***Every caregiver can plan for safe infant sleep.
Every night. Every nap. Every feeding. Every time.***

Texas Poison Control

As babies get older and start to crawl, it is normal for them to be curious and want to explore the world around them. This is an important time to make sure your home and other areas where your baby may spend time are safe. Consider these important tips to help you develop a plan that will keep your baby safe:

- **Assess Your Home**

- Keep medicines, cleaning liquids or powders, and other items that can be dangerous for your baby locked in cabinets or in high places where your baby can't get them.
- Prepare all your baby's medications in a well-lit area. If you are in the dark and cannot see, you may give the wrong medicine or the wrong dose.
- Avoid putting roach powder or rat poisons on the floor.
- Avoid using insect spray on furniture or mattresses.

- **Know Your Plants**

- Some plants can be harmful if eaten. Check your home and garden for toxic plants and move them out of reach.

- **Keep Small Items Away from Your Baby**

- Things like small batteries, toys, and coins can be dangerous if swallowed.

- **Be Ready**

Save the **Poison Control Hotline** number in your phone and put it in a central location in your home where anyone caring for your baby can access it. Share this important number with all your baby's caregivers.

Call the Texas Poison Center Network for:

- Poison emergencies.
- Questions about medicines.
- Bites and stings.
- Cleaning products, pesticides, etc.
- Poisonous plants.
- Any other poison-related questions.



- **Know the Signs of Possible Poisoning**

- Watch your baby for vomiting, breathing trouble, fainting, seizures, fussiness, or if they are not acting in their normal way. These can be signs of poisoning.

- **Take Quick Action**

- Call the Poison Control Hotline or 9-1-1 for help right away if you think your baby swallowed something dangerous, or any time you have any questions or concerns.
- The **Texas Poison Center Network** is available **24 hours a day, 7 days a week, 365 days a year**. Services are always free, and treatment is private. You do not have to wait for your baby to look or feel sick before calling. Never try to treat your baby yourself, force them to throw up, or use information found online.

Texas Poison Control Hotline:

1-800-222-1222

To learn about the safety and prevention of poisonings, visit
<https://www.poisoncontrol.org/>

Lead Poisoning and Prevention

What is lead?

Lead is a poisonous metal found in many places in your baby's environment. Lead has no nutritional value and there is no known safe level of lead in the body.

What is Lead Poisoning?

- Many children ingest lead dust by putting objects such as toys and dirt in their mouths.
- Lead can change how well your baby grows and develops. It can cause difficulty learning and behavioral issues.
- Your baby's doctor can test your baby's blood for lead, so it is important to keep routine doctor appointments.



Who Is at Most Risk for Lead Poisoning?

Be aware of where you may find lead in your home and surroundings. Have your baby tested for lead if they are:

- Drinking water that flows through old lead pipes;
- Eating food stored in containers that use lead paint;
- Playing with old toys;
- Living in a home built before 1978; or
- Putting dirt in their mouth.

Your baby can also be at risk if they come from or stay for some time in a country that doesn't regulate lead use.

Resource Information:

- Texas Childhood Lead Poisoning Prevention Program (TXCLPPP): dshs.texas.gov/blood-lead-surveillance-group/educational-materials/texas-childhood-lead-poisoning
- Texas Poison Center Networks: dshs.texas.gov/environmental-surveillance-toxicology/home-poison-epidemiology/tpc-poison-epidemiology
- Centers for Disease Control and Prevention: cdc.gov/lead-prevention/about/index.html
- American Academy of Pediatrics: healthychildren.org/English/safety-prevention/all-around/Pages/Lead-Screening-for-Children.aspx
- Poison Control Centers: Contact Poison Control right away if you suspect a poisoning. Help is available online with webPOISONCONTROL® or by phone at 1-800-222-1222. Both options are free, expert, and confidential. poison.org

Intimate Partner Violence

Intimate partner violence (IPV) refers to abuse or aggression that happens in a romantic relationship.

An “intimate partner” can be both a current or former spouse or dating partner. IPV can happen just once or many times over many years.

IPV can take many forms:

- **Physical violence** is when someone physically hurts their partner on purpose. This might look like hitting, kicking, or using something to hurt them.
- **Sexual violence** is when someone makes their partner do sexual things without their permission. This can be touching them in a sexual way or making them do sexual acts.
- **Stalking** is when someone keeps following, watching, or contacting their partner. They do this in a way that makes the partner scared or worried for their safety or the safety of someone they care about.
- **Psychological aggression** is when someone uses words or actions to scare, hurt, or control their partner's feelings or thoughts.



It's shocking, but reports show that 1 out of every 6 pregnant women in the U.S. experiences IPV.

Women who face IPV before or during pregnancy can have health problems. They may not gain enough weight, get infections, or have high blood pressure. Their babies might be born too early or too small.

Talking to someone like a health care provider, first responder, or trusted support person about IPV while pregnant can help. Women who talked to someone about experiencing violence have a lower chance of a violent event happening again. Their babies were also healthier, born at the right time, and not too small.

You should talk to someone about IPV if in the last year you've:

- Felt put down or emotionally hurt by your partner or ex-partner;
- Feared your partner or ex-partner;
- Been forced into any sexual activity by your partner or ex-partner; or
- Been hit, kicked, slapped, or physically hurt in any way by your partner or ex-partner.

It's important to know this isn't okay, and help is available.

What can I do if I or someone I know is experiencing IPV?

If you, a friend, or relative needs help now or in the future there are resources that can help.

1. If you are in an emergency, **immediately call 911.**
2. **National Domestic Violence Hotline**
 - a. Phone: **1-800-799-SAFE (7233)**
 - b. Website: <https://www.thehotline.org>
 - c. Provides 24/7 support, resources, and access to emergency shelters.
3. **Texas Council on Family Violence**
 - a. Website: <https://www.tcfv.org>
 - b. Offers resources, advocacy, and education to prevent family violence across Texas.
4. **Love is Respect**
 - a. Phone: **866-331-9474**
 - b. Information, support, and advocacy for young people between the ages of 13 and 26 who have questions or concerns about their romantic relationships.
5. **Lone Star Legal Aid**
 - a. Phone: **1-800-733-8394**
 - b. Website: <https://www.lonestarlegal.org>
 - c. Provides free civil legal assistance to low-income individuals and families, including survivors of domestic violence.
6. **Texas Advocacy Project**
 - a. Phone: **1-800-374-HOPE (4673)**
 - b. Website: <https://www.texasadvocacyproject.org>
 - c. Offers legal services to survivors of IPV, including issues related to divorce, custody, and protective orders.

Remember, if you are in immediate danger, please call 911.

These resources are here to help you navigate your situation, find safety, and start the healing process. Each organization listed provides confidential assistance, so don't hesitate to reach out for the help you need.

Postpartum Mood Disorders

You go through many physical and emotional changes during and after pregnancy. Emotional changes could include depression and anxiety, which are common mood disorders. For many women, these feelings go away on their own. But for others, these emotions are more serious and may stay for some time.

Postpartum mood disorders are mental health conditions that can occur after childbirth. They can impact you and your ability to bond with your baby. If not treated, mood disorders can have long-term impact on your mental health.

Perinatal Depression

Perinatal depression is depression that happens during or after pregnancy. Depression can make you feel sad and lose interest in activities you normally enjoy. It is not the same thing as the “baby blues,” which go away a week or two after giving birth. Without treatment, symptoms may last a few weeks, months, or even years.

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

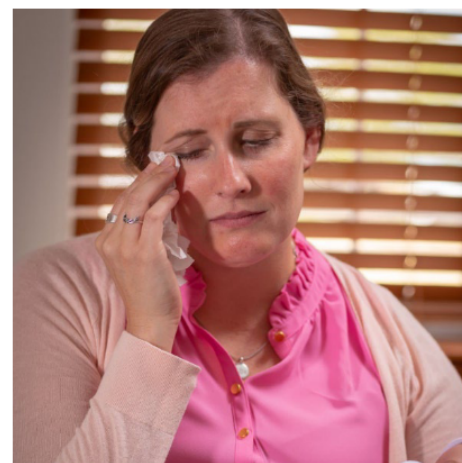
During the past week or two –

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

A very small number of women have a severe form of depression after childbirth called postpartum psychosis. It can cause feelings of paranoia, delusions, mood swings, and confusion. These symptoms are a medical emergency and need urgent care.

Postpartum Anxiety

Becoming a new mother can bring feelings of stress and this can make you feel excessively nervous, worried, and scared. Anxiety may impact your everyday activities, like taking care of yourself and your baby. Anxiety in pregnancy can impact a mom’s health and birth outcomes. It can also increase your risk for postpartum depression.



**If you need support,
resources, or referral to local
or telehealth providers, you
can call the 24/7, free,
confidential National
Maternal Mental Health
Hotline for pregnant and
new moms
in English and Spanish.**

1-833-TLC-MAMA

(1-833-852-6262)

Need Help?

Know that you are not alone. Mood disorders affect thousands of women and there are successful treatments available. There are things you can do to get help and feel better.

- **Ask for support; lean on family and friends.** Share your feelings with friends and family. Let them help and support you when you need it. Don't be afraid to ask for support with errands, cleaning, or childcare so you can take a break.
- **Look for help; talk to a health care provider.** An easy way to start the conversation with your health care provider is to bring the above checklist with you to your next appointment. Show the items you checked and talk about them. You can say the following:
 - Thank you for seeing me. I am/was recently pregnant. I am having serious concerns about my health that I'd like to talk to you about.
 - I have been having _____ (symptoms) _____ that feel like _____ (describe symptoms).
 - I know my body, and this doesn't feel normal.

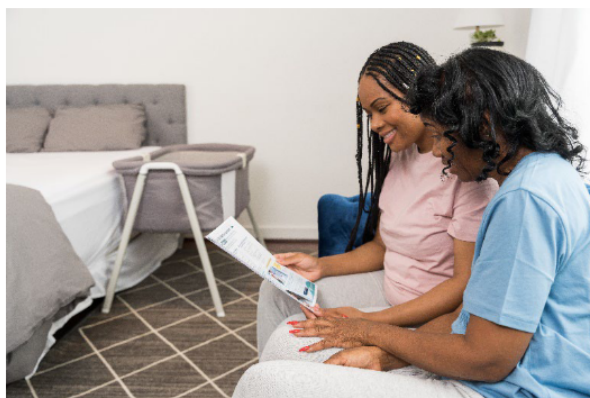
If you feel that your provider does not understand what you are going through, please do not give up.

There are many providers who do understand, who are ready to listen to you, and who can help you. Other options for getting immediate help include:

- Go to the local emergency room;
- Call 9-1-1; and
- Call, text, or visit the 988 Suicide & Crisis Lifeline for free and confidential emotional support.
Lifeline Chat: Lifeline (988lifeline.org) or, for TTY Users: Use your preferred relay service or dial 711 then 988
- **Talk to a mental health care professional.** Many mental health professionals have special training to help women with perinatal depression. They provide a safe space for you to express your feelings and can help you manage and even get rid of your symptoms. If possible, choose counselors who have experience treating perinatal depression.
- **Make time for yourself.** Remind yourself that it is okay to say "no" and to take breaks for yourself, whether it is listening to music, resting, reading a book, or watching a favorite movie.
- **Connect with other moms.** Look for other moms in your community or online experiencing perinatal depression. These groups may give you the chance to learn from others and share your feelings. Ask your health care provider how to find and join a support group.
 - You can find a NAMI Connection support group near you at <https://www.nami.org/Support-Education/Support-Groups>.
 - **Postpartum Support International (PSI)** (<https://www.postpartum.net/>) can also help you locate groups in your area.

Taking Care of Yourself After Delivery

It is normal for new parents to feel happy, excited, nervous, and even a little scared once baby is at home. Be patient with yourself while you learn about your baby and about your new role as a parent. The tips below can help, or you may choose to create a [postpartum plan](#)¹.



- **Take the time you need.** It is okay to take the time you need in the early days and weeks to get used to your new schedule and life with baby.
 - **Limit visitors.** Consider sharing a short video or text a photo of your baby with a date for when you are ready for visits. When you are ready, ask family and friends to visit at different times so that you and baby are not overwhelmed.
 - **Bond with your baby.** Skin-to-skin contact is when you hold your baby right on your bare skin. You may cover your baby with a blanket, but your skin helps to keep them warm. Make sure you can always see your baby's nose and mouth to keep baby safe. Skin-to-skin also helps with bonding, keeps baby calm, and supports healing after birth for both you and baby. If you are unable to, your partner and family can do skin-to-skin!
- **Get rest when you can.** Because your baby needs care throughout the day and night, it is important for you to get rest whenever you can. A good rule to follow is to “sleep when baby sleeps”. Even a one or two-hour nap can help you feel rested and ready to give your baby the care they need. Visit the section on p. 17 titled *Safe Infant Sleep* to learn more on how to reduce your baby's risk of sudden infant death syndrome (SIDS) by creating a safe sleep environment.
- **Eat a variety of healthy foods.** Include different types of healthy foods in your diet, like fruits, vegetables, whole grains, protein, and dairy. Limit caffeine and try to avoid foods with high amounts of sugar. A well-balanced diet can help your body heal after having your baby and will help you to feel your best.
- **Avoid alcohol, drugs, and medications that impair how well you care for yourself and your baby.** Alcohol, drugs, and certain medications prescribed after birth that can cause drowsiness and affect how alert you are when caring for yourself or your baby. Talk with your doctor about how to safely take these medications, or if you need help to quit using alcohol, tobacco, e-cigarettes or drugs, help is just a phone call away. Visit the section on p. 38 titled, *Statewide Resources* to see state and national resources.
- **Get moving.** Once your doctor allows you to be more active, try to get at least 30 minutes of exercise on most days of the week. Going for a brisk walk, using the stairs instead of an elevator, or [dancing with your kids and family](#) is a great way to build movement into your day which can help:
 - build a stronger heart, muscles, and bones;
 - lower stress;
 - help you to get good and restful sleep;
 - raise your energy level; and
 - keep a healthy weight.

¹https://newmomhealth.com/self_care_topics/my-postpartum-plan/

- **Attend your follow-up doctor visits.** About three weeks (ACOG, 2018) after your baby is born, schedule a follow-up appointment with the doctor that delivered your baby to make sure you are healing well after birth. Your doctor will see you again around 12 weeks to check your healing again and to discuss birth control options. They can also help you develop a plan for going back to work or school (ACOG, 2018). During any visit with your doctor, share concerns you have about being a new parent. Your doctor can connect you to information and resources to help. Visit the section on p. 18 titled, *Urgent Maternal Warning Signs* to learn about when to notify your doctor for an emergency.
- **Ask for help.** If you need additional help at home, ask friends and family for support. They can help with running errands or preparing meals.
- **Stay connected.** It is important to have people in your life you can talk to about what you are experiencing. This could mean:
 - having a cup of coffee with a friend;
 - attending a parenting class or a new moms' support group; or connecting with other families in your neighborhood to share ideas about parenting. Visit the section on p. 26 titled, *Postpartum Mood Disorders* to learn more about resources to help your emotional health.

Additional Resources:

- Visit 211texas.org to learn about state benefit programs, find support services, and to find out what benefits for which you might qualify.
- To learn if you qualify for assistance getting nutritious food for you and your family, visit TexasWIC.org.
- For more information on how to build a healthy diet, visit myplate.gov.
- Visit YesQuit.org or call 1-877- YES-QUIT, for expert advice on how to quit using tobacco products.
- For more information on pregnancy and postpartum, visit ACOG.org
- Visit NewMomHealth.com to learn more about the "4th Trimester Project."
- Resources to support new fathers:
 - Fatherhood.gov
 - [Reaching Our Brothers Everywhere \(ROBE\)](#)
 - [Dad's Guide to Fatherhood](#) (PDF)



Urgent Maternal Warning Signs (UMWS)

Urgent maternal warning signs are symptoms that may indicate you have a serious medical condition. If something doesn't feel right, talk to your health care provider. Always remember to say that you're pregnant or have been pregnant within the last year when getting help.

Know the Urgent Maternal Warning Signs.

This list presents common warning signs a woman may experience during pregnancy or in the year after:

- Headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting yourself or your baby
- Changes in your vision
- Fever
- Trouble breathing
- Chest pain or fast-beating heart
- Severe belly pain that doesn't go away
- Severe nausea and throwing up (not like morning sickness)
- Baby's movements stopping or slowing during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Vaginal bleeding or fluid leaking after pregnancy
- Swelling, redness, or pain of your leg
- Extreme swelling of your hands or face
- Overwhelming tiredness



This list is not meant to cover everything you might be experiencing. Symptoms are listed from head to toe. If something doesn't feel right, tell your health care provider and get the help you need.

If you can't reach your provider, go to an emergency room, call 9-1-1, or call 9-8-8 for mental health services. Learn more at dshs.texas.gov/HearHerTX.

Resources:

- Things you can do to help manage your blood pressure before, during and after pregnancy: cdc.gov/bloodpressure/pregnancy.html
- Things you can do to help manage your diabetes before, during and after pregnancy: cdc.gov/maternal-infant-health/pregnancy-diabetes/index.html
- How substance use can affect you and your baby during pregnancy: cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm
- Use This Guide to Start the Conversation: Hear Her Concerns: "A Guide for Family and Friends to Discuss Maternal Health": dshs.texas.gov/HearHerTX
- National Maternal Mental Health Hotline: mchb.hrsa.gov/national-maternal-mental-health-hotline
- CDC Hear Her Campaign: cdc.gov/hearher

Baby Feeding Cues

Did you know that your baby uses special cues or signs to let you know when they are hungry or full? (UC Davis Human Lactation Center, 2009) It's true! Learning what these signs mean takes a little time but can really help you meet your baby's needs right away.



"I'm ready to eat" cues can look like:

- Making sucking noises
- Keeping hands near the lips or sucking on their fist
- Sticking the tongue out
- Turning the head to look for food (rooting)

"I'm ready to stop eating" cues can look like:

- Turning away from the feeding
- Sucking slower, or stop sucking
- Relaxing arms and hands
- Falling asleep

Crying is your baby's way of saying "something needs to change now!"

- Crying is normal but often causes parents and caregivers distress. Many parents often think that crying means their baby is hungry.
- Your baby cries for many different reasons. This can include being too cold or too hot, having pain, needing a diaper change, or being hungry.
- Before you try to feed your baby, check out other reasons your baby might be crying first.

To learn more about baby behaviors including sleep and crying, visit the *Baby Behavior* section on [BreastmilkCounts.com](https://www.breastmilkcounts.com).

Watch this video from Texas WIC to learn how to calm a crying baby:
[youtube.com/watch?v=80M1l5t6ZBs](https://www.youtube.com/watch?v=80M1l5t6ZBs)

If you are feeding your baby formula, watch for your baby's feeding cues to help from feeding them too much. Overfeeding may cause your baby to spit up or have a stomachache. If you use powdered formula, there are steps you can take to keep your baby safe. This type of formula is not sterile and can have bacteria that can make your baby sick. Learn how to safely prepare, store, and feed your baby formula by bottle at [CDC.gov](https://www.cdc.gov).

Schedule a follow-up appointment with your baby's doctor when your baby is three to five days old. (American Academy of Pediatrics, 2022). During this visit the doctor will talk with you about:

- How baby is feeding
- Normal feeding and sleep patterns
- How to keep baby safe during sleep
- Vaccines to keep baby health



Feeding Your Baby

The American Academy of Pediatrics recommends feeding only breast milk for the first six months, then continue to breastfeed your baby with solid foods up to two years and beyond (American Academy of Pediatrics, 2022).

Every year more than half of new Texas mothers choose to breastfeed right after birth (CDC, 2020). There are many resources to help you get off to a good start with breastfeeding!



Benefits of Breastfeeding

Breastfeeding is good for both mom and baby. It lowers the risk (American Academy of Pediatrics, 2022):

For Mom

- High Blood Pressure
- Type 2 diabetes
- Ovarian cancer
- Ear Infections

For Baby

- Asthma
- Obesity
- Type 1 diabetes
- Ear infections
- Sudden infant death syndrome (SIDS)
- Getting sick from diarrhea, vomiting, and lung infections
- Necrotizing enterocolitis (NEC), a common sickness that affects babies born too early (premature).

How do I know my baby is getting enough to eat?

Your baby may lose weight at first, but by the time they are two weeks old, they should be back to their birth weight. Talk with your baby's doctor to let them know how your baby is breastfeeding. This can include:

- How many times in a 24-hour day your baby breastfeeds.
- How many times in a 24-hour day your baby makes a wet or poo diaper.
- Pain or discomfort you are having while breastfeeding.
- How your baby acts after a feeding. Do they settle easily? Do they cry after every feeding?

Download the Texas WIC [How Do I Know breastfeeding is Going Well](#) form which has questions and a feeding tracker to share with your baby's doctor.

When Baby Cries

It is normal for babies to cry. Babies cry to communicate their needs. They usually cry when they are uncomfortable or unhappy. It is their way of letting us know that something needs to change now. It is not always easy to know what your baby needs when she is crying. It can be frustrating when your baby cries, but try to stay calm and be patient while you figure out your baby's needs. Your baby may cry more each week, the most in month two, then less in months three-five.



Here are some things you can try to calm your baby:

Some Reasons Babies Cry	What You Can Do
They are uncomfortable from: • Gas pains, • A dirty diaper, or • Clothing (hot/cold, tight, itchy).	• Pat or rub your baby's back. • Hold your baby upright or bicycle her legs (to help relieve gas). • Change your baby's diaper when dirty. • Remove or add clothes until your baby is comfortable.
They are sick or hurt.	Call the doctor if you think your baby is sick. If you think your baby is hurt, try to figure out where she's hurt and call the doctor if necessary.
They are hungry.	Soothe, then feed your baby. Avoid overfeeding because this may also make your baby uncomfortable.
They are bored.	Show your baby a new toy, take her for a walk, pick her up or change her position, or go outside.
They are sleepy.	Bring your baby into a quiet, dark room. Try holding your baby skin-to-skin, swaying or rocking your baby, gently massaging her, and "shushing" or singing to her. Some babies also like to be breastfed or given a pacifier or finger to suck on.
They are over-stimulated (too noisy, too bright, or too many adults holding the baby).	Dim the lights, move her to a quieter room, or ask visitors to leave.
They are teething.	Offer your baby a teething ring that's been cooled in the fridge, a pacifier, or other safe toy to chew on. Rub her gums with your clean finger.
Other things to try.	• Hold your baby against your bare skin, like on your chest or cheek to cheek. • Take your baby for a walk or on a car ride. • Rock your baby with slow, rhythmic movements. • Place your baby on her left side or stomach and rub her back or belly (if she falls asleep, place her on her back in a crib). • Turn on calming sounds. • Give your baby a bath.

It is normal to feel stressed when your baby is crying. If you are feeling frustrated by your baby's crying, put the baby in a safe place and leave the room. A safe place can include a crib, play pen, or play yard. Never leave your baby alone in a swing or a bouncy chair. Take deep breaths to calm yourself down.

Things you can do to calm down include:

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

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

If it is an emergency, call 911.

Every parent should have a plan in case they are in a situation where they cannot get their baby to stop crying. If you don't think you can calm down after five minutes, call a friend, neighbor, or family member to come and help you.

No matter how upset you feel, **NEVER SHAKE** your baby. Shaking or treating your baby roughly can cause brain damage, blindness, hearing loss and death. Abusive Head Trauma (Shaken Baby Syndrome) is the name for all the different problems that can happen when a baby is shaken. This occurs most often in children six to eight weeks old, which is when babies cry the most.

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

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



How to Choose a Child Care Provider

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

What kind of care is best for my child?

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

What are the types of child care operations?

Licensed Child Care Center:

A licensed child care center provides care and supervision:

- to seven or more children that are ages 13 or younger;
- for at least two hours but less than 24 hours per day, for three or more days a week; and
- at a location other than the license holder's home. A licensed child care center must meet minimum standards for child care centers and receive at least one unannounced monitoring inspection by CCR per year.



Licensed Child Care Home:

A licensed child care home provides care and supervision:

- to seven to 12 children ages 13 or younger;
- for at least:
 - two hours, but less than 24 hours per day,
 - for three or more days a week; and
- in the primary caregiver's home.

A licensed child-care home must meet minimum standards for licensed and registered child-care homes as applicable, and receive at least one unannounced monitoring inspection by CCR per year.

Registered Child Care Home:

A registered child care home provides care and supervision:

- for up to six unrelated children who are ages 13 or younger during school hours and can also provide care and supervision for six additional school-age children after school hours. (No more than 12 children can be in care at any time, including children related to the caregiver.)
- for at least:
 - four hours a day, three or more days a week, for three or more consecutive weeks, or
 - four hours a day for 40 or more days in a 12-month period; and
- in the primary caregiver's home.

A registered child-care home must meet minimum standards for licensed and registered child-care homes as applicable and receive at least one unannounced monitoring inspection by CCR every one to two years.

Listed Family Home:

A listed family home provides care and supervision:

- for up to three unrelated children;
- for at least:
 - four hours a day, three or more days a week, for three or more consecutive weeks, or
 - four hours a day for 40 or more days in a 12-month period; and
- in the primary caregiver's home.

A listed family home must meet minimum standards for listed family homes and is not routinely inspected unless CCR receives a report alleging:

- child abuse, neglect or exploitation;
- an immediate risk of danger to the health or safety of a child;
- a violation of minimum standards for listed family homes; or
- the caregiver is caring for more children than the permit allows.

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

To find out more about child care, please visit the Exploring Day Care website at <https://www.hhs.texas.gov/services/safety/child-care/exploring-day-care>

Child Care Services (CCS) Program

The Child Care Services (CCS) program provides scholarships to help pay for the cost of child care so that parents may work, search for work, or attend school or job training.

Visit <https://twc.texas.gov/programs/child-care> for more information and learn how your child may be eligible for a CCS scholarship.

Family Leave and Return to Work

Understanding Family Leave

Figuring out how and when to take time off after the birth of your baby can be tough! The good news is that a law called the Family Medical Leave Act (FMLA) allows eligible workers of covered employers to take time off from their jobs when they have a new baby or need to care for a family member. The law makes sure that workers can take up to 12 weeks of unpaid time off without losing their jobs or health insurance. Your employer may also offer paid family leave or allow you to use accrued paid leave while you are on FMLA. Talk to your employer's Human Resources (HR) department about what options are available to you.

[Learn more](#) about your rights under the FMLA and what to do if your employer violates them.

Visit <https://www.dol.gov/agencies/whd/fmla>

Transitioning Back to Work

Returning to work after leave can also be a challenge, but it helps to have a plan. How much leave you can take will depend on your employer's leave policy. Take as much time as you can afford. This time with your new baby will help your body to heal from childbirth and allow you to bond with your baby. It can also help you adjust to the rhythms and responsibilities of parenthood, and help you get breastfeeding off to the best possible start.

If you decide to continue providing breast milk to your child after you return to work, you will need to work with your employer to plan how you will breastfeed or express breastmilk at work.

Employers are required under the [Fair Labor Standards Act \(FLSA\)](#)¹ to provide a place, other than a bathroom, to express breastmilk that is shielded from view and free from intrusion from coworkers and the public.

Every mom's needs and every job's needs are unique. There is not a one-size-fits-all break schedule for pumping. Let your employer know what you need to help meet your breastfeeding goals. Together, identify alternate work schedules that meet the business needs and your needs.



¹<https://www.dol.gov/agencies/whd/pump-at-work>

Family Leave and Returning to Work Checklist

- ☐ **Decide how much leave you can take.**
 - ☐ Does FMLA apply to you?
 - ☐ What is your employer's policy related to parental leave?
 - ☐ Do you have short-term disability benefits?
 - ☐ Do you need to request vacation time?
- ☐ **File applications/requests for leave.**
- ☐ **Decide when you will return to work and investigate options for flexibility.**
 - ☐ What policies exist about returning to work?
 - ☐ Can you return part time?
 - ☐ Will you work a compressed week?
- ☐ **Investigate and decide on child-care options.**
 - ☐ Will a family member care for the child? If so, can he or she bring the baby to you during the day to breastfeed?
 - ☐ Is there onsite childcare?
 - ☐ Is there a child-care facility nearby?
- ☐ **Inform your employer of your decision to breastfeed and ask for support.**
 - ☐ Will you need coverage for your job roles during your milk-expression breaks?
 - ☐ Include a tentative break schedule.
 - ☐ Do you need to formally request a flexible break schedule?
 - ☐ Will your breaks be paid or unpaid?
 - ☐ Ask what accommodations are available for breastfeeding moms. Is a pump available?
 - ☐ If so, what brand? Will you need a pump kit to use it? Do you need to request use?
 - ☐ Is there a designated lactation space?
 - ☐ If not, how do you request space be made available?
 - ☐ Are there any breastfeeding or parenting classes available through your employer?
 - ☐ Is there a lactation consultant service provided by your employer or health plan?

Special Needs and Early Intervention

DSHS Children with Special Health Care Needs (CSHCN) Services Program

This program helps people aged 20 and younger with special health care needs and people of any age with cystic fibrosis with their:

- Medical, dental, vision, and mental health care;
- Prescription drugs;
- Special therapies;
- Medical equipment and supplies;
- Respite and family support services;
- Travel to health care visits; and
- Home and vehicle modifications.

The CSHCN Services Program is available to anyone who:

1. Lives in Texas;
2. Is under 21 years old (or any age with cystic fibrosis);
3. Has a certain level of family income; and
4. Has a medical condition that:
 - Is expected to last at least one year;
 - Will limit at least one major life activity;
 - Needs more health care than what children usually need; and
 - Has physical symptoms. Having only a mental, behavioral, or emotional condition, or a delay in development won't qualify.

To learn more about the CSHCN Services Program call 877-888-2350, email CSHCN@hhs.texas.gov, or go to hhs.texas.gov/services/disability/children-special-health-care-needs-program

DSHS Children and Youth with Special Health Care Needs (CYSHCN) Systems Development Group

Systems that serve CYSHCN and their families can be complex and hard to navigate. Community organizations and DSHS regional staff can help families to identify needs and access resources and supports.

Our program helps families with CYSHCN get the services and support they need in two ways:

- **Case management services** are available in every county in Texas. These services are available in Public Health Regions (PHR) and, in some counties, by community organizations. Case managers work directly with families to help them identify and overcome challenges that affect their health and well-being.
- **Family support and community resource services** are available in some counties through community-based organizations. The services offered can vary depending on the area. They may include:



- Respite care (temporary breaks for caregivers);
- Family education and training;
- Support for siblings of CYSHCN;
- Social or recreational activities;
- And more!

To learn more about these services email CSHCNSDG@dshs.texas.gov or visit dshs.texas.gov/maternal-child-health/programs-activities-maternal-child-health/cshcn-systems-development-group/cshcn-contractors

Early Childhood Intervention Program (ECI)

ECI is a statewide program for families with children birth up to age three with developmental delays, disabilities, or certain medical diagnoses that may impact development. All children need support as they grow and learn, but some children need extra help. It is important to start early.

As a parent, you are the most important and consistent person in your child's life. You may have noticed your child does things differently or at a different pace from other children. If you have concerns about your child's development, they may qualify for ECI.

To learn more about ECI call **877-787-8999** or visit hhs.texas.gov/services/disability/early-childhood-intervention-services/information-families

Contact ECI if you have questions about how your baby:

- **Sees**
- **Plays**
- **Sits**
- **Hears**
- **Stands**

877-787-8999

Statewide Resources

211 Texas

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

Adoption Services

- Visit:
hhs.texas.gov/services/health/women-children/adoption-services.
- Provides information about adoption in Texas.

A Woman's Right to Know

- Visit:
hhs.texas.gov/services/health/women-children/a-womans-right-know.
- Provides information about your baby's growth. Shares resources available to you during and after your pregnancy.

Family Violence Program

- Visit: **hhs.texas.gov/services/safety/family-violence-program.**
- Provides resources to victims of family violence and teen dating violence.

Healthy Texas Women

- Visit: **healthytexaswomen.org.**
- Offers free women's health and family planning services to low-income women who qualify. Services include women's health exams, health screenings, and birth control.

Medicaid and CHIP (Children's Health Insurance Program)

- Visit:
hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-programs-services
- Helps cover medical expenses for children and people with disabilities.

Medicaid for Pregnant Women and CHIP Perinatal

- Visit:
hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-programs-services/medicaid-pregnant-women-chip-perinatal.
- Provides eligible pregnant women free health coverage during their pregnancy.

Mental Health Texas

- Visit: **mentalhealthtx.org.**
- Helps you find a mental health provider in your area.

Texas Department of Housing and Community Affairs

- Visit: **tdhca.texas.gov/help-for-texans.**
- Shares information about local affordable housing resources. These include rental assistance, utility bill payment help, accessibility modifications, and more.

Texas Department of Agriculture Nutrition Assistance Programs

- Visit: **squaremeals.org/Programs.**
- Provides information about National and State nutrition assistance programs.

Texas Family Resources

- Visit: **familyresources.texas.gov.**
- Provides information and resources for expectant and new parents and their children.

Texas Lactation Support Hotline

- Dial 1-855-550-6667.
- Offers clinical lactation resources to both mothers and health care providers. Free and available to moms 24 hours a day, 7 days a week.

Texas Nurse-Family Partnership

- Visit: dfps.texas.gov/Prevention_and_Early_Intervention/About_Prevention_and_Early_Intervention/tnfp.asp.
- Matches nurses with mothers to improve prenatal care and education.

The Family Planning Program

- Visit: healthytexaswomen.org/healthcare-programs/family-planning-program.
- Provides low-cost family planning and health care services to eligible Texans.

Thriving Texas Families

- Visit: hhs.texas.gov/services/health/women-children/thriving-texas-families.

- Provides pregnant women with resources and support.

Title V Maternal and Child Health

- Visit: hhs.texas.gov/services/health/title-v-maternal-child-health-fee-service-program.
- Helps low-income women, children and adolescents who are not eligible for Medicaid, CHIP, or CHIP Perinatal.

WIC (Women, Infants and Children Program)

- Visit: texaswic.org/.
- A health and nutrition program. Helps improve the diets of women, infants, and children.

WIC Lactation Support Centers

- Visit: texaswic.org/health-partners/wic-lactation-support-centers-hotlines.
- Offer free lactation support services to Texas families enrolled in the WIC Program. Located in Austin, Dallas, Houston, San Antonio, and the Rio Grande-Valley (RGV).

Breastfeeding References:

- American Academy of Pediatrics. (2022). Section on Breastfeeding: Policy Statement: Breastfeeding and the Use of Human Milk. Pediatrics. Retrieved from aap.org/pediatrics/article/150/1/e2022057988/188347/Policy-Statement-Breastfeeding-and-the-Use-of?autologincheck=redirected
- CDC. (2020). Retrieved from cdc.gov/nccdphp/dnpao/data-trends-maps/index.html
- UC Davis Human Lactation Center, D. o. (2009). Fit WIC Baby Behavior Study. Davis.

Child Safety Seats Resources:

- Safe Riders child passenger safety program provides education and distribution of child safety seats for low-income families. Eligible caregivers can receive education and a child safety seat. Call or email Safe Riders 800-252-8255 or saferriders@dshs.texas.gov for more information.
- Car seat inspection stations offer you the chance to have a certified technician check your child's safety seat. Find a location near you at seatcheck.org at the bottom of page.
- Child safety seat selection can seem overwhelming. Healthy Children's website can guide you in choosing the right child seat for your child. [Car Seats: Information for Families - HealthyChildren.org](https://www.healthychildren.org/Healthy/InformationforFamilies/Pages/Child-Safety-Seats-Information-for-Families.aspx)
- American Academy of Pediatrics Developed a Policy Statement on Child Passenger Safety at pediatrics.aappublications.org/content/pediatrics/early/2011/03/21/peds.2011-0213.full.pdf.

Heat Stroke Resources and References:

- National Highway Traffic Safety Administration (NHTSA) – Check the Back Seat, nhtsa.gov/campaign/heatstroke
- American Academy of Pediatrics (AAP) – Prevent Child Deaths in Hot Cars, healthychildren.org/English/safety-prevention/on-the-go/Pages/Prevent-Child-Deaths-in-Hot-Cars.aspx
- Centers for Disease Control and Prevention (CDC) – Heat and Infants and Children cdc.gov/disasters/extremeheat/children.html;
- Safe Kids Worldwide – Heatstroke. safekids.org/heatstroke; safekids.org/take-action-prevent-heatstroke;
- Department of State Health Services. Safe Riders. Hyperthermia dangers in Texas, dshs.state.tx.us/saferiders/hyperthermia.shtm;
- Texas Penal Code Sec.22.10. Leaving a child in a vehicle. statutes.legis.state.tx.us/Docs/PE/htm/PE.22.htm
- All websites accessed February 12, 2024.*

Immunization References:

1. Department of State Health Services. Immunizations Program website (includes information on the Texas minimum state vaccine requirements for child-care facilities and for students grades K-12): www.immunizetexas.com
2. Centers for Disease Control and Prevention. Recommended Immunization Schedules for Persons Aged 0 through 18 Years. United States, 2024: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Postpartum Support Resources and References:

- **2-1-1 Texas.** 211texas.org/. This service helps you find state and local resources. Dial 2-1-1 from your phone or, from your cell phone, by dialing 1-877-541-7905.
 - **Hear Her Texas.** If something doesn't feel right, or you aren't sure if it is serious, get help. You can learn more about common conditions that can increase maternal health risk, including mental health, depression and anxiety at dshs.texas.gov/HearHerTX
 - **The 988 Lifeline.** This is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. Visit: 988lifeline.org/.
 - **Mom's Mental Health Matters** initiative provides information on depression and anxiety. To learn the signs and how to get help visit: nichd.nih.gov/ncmhhep/initiatives/moms-mental-health-matters/moms/.
 - **Postpartum Support International (PSI):** <http://www.postpartum.net>. This service provides information, resources, and referrals related to mental health during pregnancy and postpartum. Help Line: 800-944-4773.
 - **Substance Abuse and Mental Health Services Administration National Helpline** is also known as the Treatment Referral Routing Service. This Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish. samhsa.gov/find-help/national-helpline or National Helpline: 1-800-662-HELP (4357).
 - **The Office on Women's Health's National Women's Health Information Center** is a website with information and resources about women's health, including depression during and after pregnancy. womenshealth.gov
 - **National Alliance on Mental Illness (NAMI).** If you need mental health help or support, you can call the NAMI Helpline at 800-950-6264, text "HelpLine" to 62640 or email at helpline@nami.org to connect with a NAMI Helpline volunteer. Available Monday Through Friday, 10 A.M. – 10 P.M., ET. nami.org/help
 - **Behavioral Health Awareness online training module on depression.** bha.training.uthscsa.edu/Moodle/course/
- Nakić Radoš, S., Tadinac, M., & Herman, R. (2018). Anxiety During Pregnancy and Postpartum: Course, Predictors and Comorbidity with Postpartum Depression. *Acta clinica Croatica*, 57(1), 39–51.
doi.org/10.20471/acc.2017.56.04.05
- National Institute of Child Health and Human Development. (2022). Moms' Mental Health Matters Depression and Anxiety Around Pregnancy.
www.nichd.nih.gov/ncmhhep/initiatives/moms-mental-health-matters/moms
- Severo, M., Ventriglio, A., Bellomo, A., Iuso, S., & Petito, A. (2023). Maternal perinatal depression and child neurocognitive development: A relationship still to be clarified. *Frontiers in psychiatry*, 14, 1151897.
doi.org/10.3389/fpsy.2023.1151897
- Sit, D., Rothschild, A. J., & Wisner, K. L. (2006). A review of postpartum psychosis. *Journal of women's health* (2002), 15(4), 352–368.
doi.org/10.1089/jwh.2006.15.352
- Texas Department of State Health Services. (2023). Hear Her Texas, Maternal Risks Factors.
dshs.texas.gov/maternal-child-health/programs-activities-maternal-child-health/hear-her-texas/maternal-risk-factors

RSV References:

1. Centers for Disease Control and Prevention.
Respiratory Syncytial Virus Infection (RSV):
cdc.gov/rsv/index.html
2. Centers for Disease Control and Prevention.
RSV ACIP Vaccine Recommendations. Centers
for Disease Control and Prevention.
cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rsv.html

When Baby Cries Resources and References:

- American Academy of Pediatrics.
HealthyChildren.org:
healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx
- Childhelp USA: 1-800-4-A-CHILD (1-800-422-4453) – 24 Hour hotline with counselors to help you cope with baby’s crying.
- Children’s Advocacy Centers of Texas:
cactx.org/child-abuse-in-texas
- National Center on Shaken Baby Syndrome:
.dontshake.org
- Prevent Child Abuse America: 1-800-CHILDREN (1-800-244-5373).
- Shaken Baby Alliance: shakenbaby.com/
- Texas CASA: texascasa.org/

AAP. (2023, March 1). AAP- Practice Management.
Retrieved from .aap.org/periodicityschedule

Healthy Children. (2023, July 24). American
Academy of Pediatrics, HealthyChildren.org.
Retrieved from
HealthyChildren.org:healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx

Information about Texas Pregnancy Risk Assessment Monitoring System (PRAMS)

What is Texas PRAMS?

PRAMS stands for Pregnancy Risk Assessment Monitoring System. PRAMS is a joint survey between the Centers for Disease Control and Prevention (CDC) and Texas Department of State Health Services (DSHS). The survey asks new mothers questions about their experiences before, during, and after pregnancy.

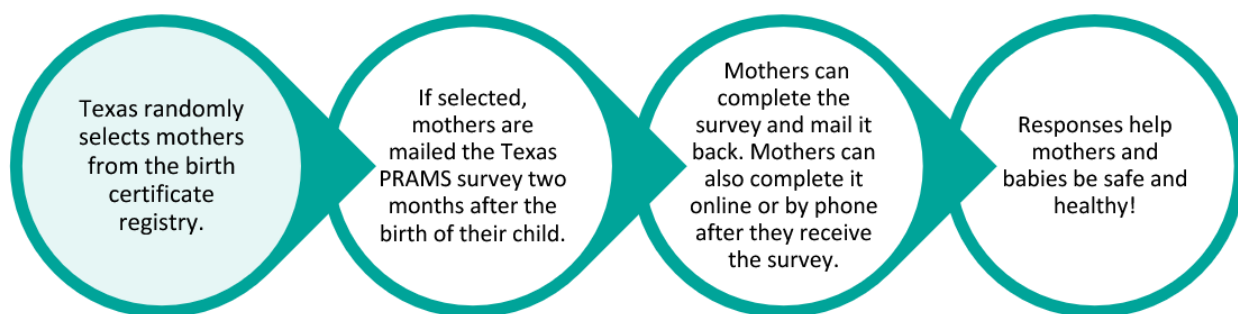
Who takes the survey?

Texas PRAMS is for Texas mothers who recently gave birth. Each month, DSHS randomly selects mothers from the state birth registry. If selected, you will receive the survey by mail. All responses are private.

Why is PRAMS Important?

Answers from women who take the survey help improve maternal and infant health. The information collected helps our state and local organizations improve programs and policies. By sharing your experience, you can make a difference for Texas mothers and babies.

How PRAMS Works:



When would you receive a PRAMS survey?

You may receive a Texas PRAMS survey when your baby is about two months old.

TEXAS PRAMS

Contact Information

Maternal and Child Health

Texas Department of State Health Services

1100 West 49th Street

Mail Code 1922

Austin, Texas 78756

Phone: 512-776-7373

Fax: 512-458-7658

titlev@dshs.texas.gov

dshs.texas.gov/mch



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

Visit us at:

dshs.texas.gov/mch