CURRICULUM

Developed by University of Nevada Cooperative Extension

Madeleine Sigman-Grant, Ph.D., R.D.
Area Extension Specialist

May Tang, R.D., C.L.C.
Maternal and Child Health Nutrition

Sally Martin, Ph.D.
State Extension Specialist

JoAnne Kock, Ph.D.
Area Extension Specialist

Jamie Benedict, Ph.D., R.D.
State Nutrition Specialist

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PREFACE

PAST PROGRAMMING AND CURRENT PROGRAM DIRECTIONS

The University of Nevada Cooperative Extension, Southern Area has been providing education to adolescents for many years. In particular, programs such as CHOICES, Nurturing with Nutrition for Teen Parents, Healthy Families Nevada, and Partners in Parenting, have enabled hundreds of young families to negotiate through the challenges presented by pregnancy and parenting. The theoretical underpinning of these programs was the Ecological Model (Appendix I).

As our community expanded, so did the needs of its citizens. Increased community recognition and subsequent increased demands for programming, challenged staff. Audiences grew to include first-time parents beyond the teen years, non-pregnant and non-parenting women, and even males. Programs that began as home visitations expanded to reach larger audiences—the result of which has been to deliver programs to groups. These accumulated changes have led to this new combined curriculum, Nurturing Partners.

As the curriculum evolved, the theoretical underpinning to the resulting program expanded (See Appendix I). In addition to the Ecological model, the Transtheoretical Model and its accompanying processes of change have been incorporated to predict individual behavior and facilitate behavior change. Furthermore, lessons were designed to recognize the multiple interacting factors in real-life situations. These changes allow staff to assist partners in dealing effectively with social and personal problems and exploring possibilities (Motivational Negotiation).

Over the years, participating adolescents identified new topics of interest, which have been incorporated into Nurturing Partners. Teaching techniques were critiqued, resulting in incorporation of the collaborative education style — a relationship where both the teacher and the learner are equal players (i.e. partners). Finally, terminologies also changed to be consistent with other changes. Throughout the curriculum: instructor will be used for teacher, leader, facilitator, educator, etc. and partner will refer to mother, parent, student, pregnant woman, childcare provider, etc.

INTENDED AUDIENCES

The curriculum contains lessons dealing with the most important health, parenting, and nutrition concerns of adolescents, although they are applicable to older audiences. Lessons have been used successfully with the following audiences and situations:

Types of Audiences

- Pregnant women and their partners – especially adolescents
- Parenting mothers and their partners – especially adolescents
- Caregivers of infants (such as child care providers and grandparents)
- Non-pregnant and non-parenting adolescents
Types of Delivery Methods

- Individual interactions (e.g. home visitations)
- Facilitated discussions (groups of 2—8 persons)
- Classroom presentations (larger groups)

**ANTICIPATED PROGRAM IMPACTS**

The overall *long-term program impact* is to *enhance critical thinking skills so that partners can reach thoughtful, informed decisions regarding themselves and their children*. In addition, short and intermediate impacts are expected. To accomplish these outcomes, novel teaching methods, including how to handle incorrect and inappropriate responses, are necessary. Appendix II delineates these methods along with program delivery approaches. Although the curriculum is written for adolescent parents (Appendix III), it easily can be altered for working with older audiences and other caregivers.

*Intermediate* program goals are to:

- improve the nutritional well-being of teens and their infants;
- encourage consistent maternal and infant medical care;
- initiate and sustain breastfeeding;
- use positive guidance with their child;
- internalizes appropriate expectations of their child;
- develop and expand adolescents' ability to think critically about
  - (a) food and physical activity choices for themselves and their babies; and
  - (b) their roles as parents.

*Short-term impacts* depend on the target audience:

**During High School Classes**

- prepare for parental roles
- increase knowledge concerning maternal and fetal development during pregnancy
- learn about healthful lifestyles
- adopt a healthful lifestyle
- become well-informed strategic partners in their own and their children’s health
- recognize the importance of breastfeeding
- increase acceptance of breastfeeding
- encourage consistent medical care
- recognize impact of changing lifestyle
- increase awareness of child development

**During Pregnancy and Perinatal Periods**

- encourage food, activity, and health care choices to sustain an uncomplicated pregnancy
- promote healthy maternal weight gain
• consider and initiate breastfeeding
• encourage consistent prenatal medical care
• recognize impact of changing lifestyle
• deliver normal weight, full term infant

During Infant and Toddler Years
• sustain breastfeeding
• introduce foods at appropriate stages
• promote healthy infant growth & development
• promote healthy maternal weight
• learn appropriate responses to baby’s needs
• respond appropriately to baby’s needs
• recognize signals of hunger and fullness
• enhance parenting skills
• improve nutritional well-being of parents and their infants

For Childcare Providers
• provide a safe environment for children
• enhance skills to ensure healthy growth and development in the children in their care
• recognize individual needs of children in their care
• respond appropriately to individual needs of children in their care

PROGRAM OBJECTIVES
Global objectives are dependent upon the audience and reflect the flexibility of the curriculum. All instructors and partners customize their education plan, thus meeting personal needs. Specific objectives are listed within each lesson.

PROGRAM TOPICS
Topics addressed in Nurturing Partners include:
• Food and nutrition decisions
• Maternal health care
• Infant care skills
• Child development
• Parenting education
• Positive guidance
• Independent living skills
  Personal development
  Financial management
  Home management
EDUCATIONAL PLANS

Selection of appropriate lessons is dependent upon the target audience and the situation. An educational plan is provided to instructors as a guideline for which lessons are appropriate to use for the target audience (see the end of this section for educational plan and the lesson content charts). Some critical lessons are listed under several heading, for example, at different stages of pregnancy. In general, it is preferable for partners to select those topics for which they have the most interest. Oftentimes this approach is only accomplished in home visitations. Classroom and small group settings may require the consensus of the group.

Finally, when delivering lessons in schools or other community settings, it is often necessary for the instructor (along with the group organizer or representative) to determine the topics covered. For example, a set of core lessons for Health and Nutrition focused-classes could contain the following:

♦ Basic Nutrition
♦ Food Guide Pyramid
♦ Fast Food
♦ Breastfeeding lessons (Mom’s Special Gift - Breastfeeding; Social Preparation for Breastfeeding; Breastfeeding Success)
♦ Infant lessons (Bottle feeding; Feeding My Baby, Healthy Infant/Toddler Growth & Development)
♦ Weight Gain for Healthy Moms & Healthy Babies

For classes focused on Family and Consumer Sciences, Child Development, Parenting Education Support, Positive Guidance, Independent Living and the like, the following lessons can be used:

♦ Money Management
♦ Stress Management
♦ My Personal Support Network
♦ Basic Infant Care (Bringing Baby Home, Bubble Basics)
♦ Responding to a Crying Baby (Hush Little Baby)
♦ Physical Activity Guideline for Infants and Toddlers (Moving Me)

For other caregivers, class selection varies depending on the group’s expressed needs. Instructors’ guides are provided for lessons along with a consistent, easy-to-read and use format (see below).
LESSON FORMAT

LESSON TITLE

Goals
Overall purpose of the topics to be covered (written for instructor)

Objectives
Specific outcomes for partners to attempt to achieve

Handouts/ Audiovisuals
Potential material and items to bring to and use during the lesson are listed. It should be noted that some of these might be identified as optional. It is the instructor’s decision to include or not.

- Worksheets
- Hand-outs
- Activity materials
- Recipe Demonstration

Evaluation tools (See Appendix IV)

- Critical Thinking Records
  Appendix II, Table II-2 should be used as a "master plan" for the critical thinking section. These sheets are used to evoke and challenge partners’ responses. Instructors must complete details regarding either group or personal responses within 24 hours of interaction with the partners.
  Some records are specifically for instructors to record partners’ responses. Several also can be used as worksheet and activity pages for partners. In this case, two copies of the Critical Thinking Record should be made before the lesson begins.

- Materials related to measuring effects of specific lessons (e.g. what is your nutrition I.Q.? food frequency questionnaires).

Background Information for instructors
General commentary about the topic for use by the instructor is provided.

Lesson Plan Overview
- General directions to follow while presenting lesson.
- Suggested questions for instructors to elicit ideas from partners are italicized.
- Space is provided in the directions for instructors to make notes.
- Note: In general, instructions are written for a female audience; however, basic principles are applicable for males as well. Gender references for children are interchangeable.

Recipes
At those facilities were food preparation is allowed, demonstrations and testing should be done on site. For those facilities where on-site demonstrations cannot be done, taste testing still is included. When distributing the samples, instructors should record the partners’ reactions, including any quotes.

ENTRY AND EXIT FORMS
Over the years, a variety of entry-exit forms have been developed along with other types of record keeping documents. Given the fluidity of the curriculum, it is suggested that such forms should be designed based on the particular needs of the target audience and the instructors. Therefore, current forms used at UNCE are not included in this curriculum.
PROGRAM EVALUATION
SEE APPENDIX IV

FUTURE PLANS
As science evolves, topics of interest and need may be added. Furthermore, current lessons may need to be updated. The structure of this curriculum allows for flexibility to accommodate such changes.

ACKNOWLEDGEMENTS
The authors wish to thank the following people for their input, guidance and support as this curriculum evolved: Vicki Agao, Penny Blair, Maria Lopez-Harris, Denise Hinton, and Olga Soto. Furthermore, we are grateful for the technical assistance from Barbara Toston, Martha Barajas, Camille Gualtieri and Keri Nikoalajewski. And finally, we are indebted to all our partners who somehow taught us to expand our visions.
## Curriculum Overview

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* Obtain ordering information from these brochures and fact sheets.*
The above education plan is designed in the format of “periods” to cover the health, nutrition and parenting aspects of *Nurturing Partners*. You may choose lessons that meet the needs of your individual or group classes. In addition, depending on the time and structure of your class, you may focus on pertinent issues only. For example, if you had just 45 minutes to facilitate a discussion related to the lesson *Bringing Baby Home*, you might need to determine your particular group’s special interest, and customize the lesson plan with selected topics.
Mom’s Special Gift - Breastfeeding

This is the first of the breastfeeding promotion lessons. Follow-up lessons include: Social Preparation and Breastfeeding Success.

**Goal:** The partners will consider initiating breastfeeding in order to sustain healthy growth and development for their babies and return to a healthy weight.

**Objectives:** The partners will:
- seriously consider all issues related to breastfeeding.
- feel comfortable with breastfeeding decisions.

**Handouts/ Audiovisuals:**
- Handout Breastfeeding—Getting Started in Five Easy Steps.
- Handout Breastfeeding: Mom’s Special Gift.
- Worksheet Critical Thinking—Comparison of Infant Feeding Decisions.
- Video The Natural Choice: Why Breastfeed?

**Background Information:**
Being a parent requires lots of decisions. Some parents think the first parenting decision is what to name their baby. Others want to know about the kind of diapers to use or the type of infant clothes. Still others want to learn how they can keep their babies healthy, how they can help them grow up smart or be good athletes, and how they can become ‘close’ to their babies.

**Lesson Plan:**
1. Being a parent requires lots of decisions. The one parenting decision that your partners MUST make NOW is whether to breast or bottle-feed their babies.

2. Your partners have many things to consider when they make infant feeding decisions. Let’s compare between breastfeeding and bottle-feeding.

3. Encourage supporters of either method to give their reasons. Be sure to clarify any information that contradicts scientific-based knowledge.

4. Ask the parents to identify the benefits and barriers to both ways of feeding. Use Critical Thinking worksheet to help identify these as they pertain to personal situations.

5. Ask the partners if they feel comfortable with breastfeeding. Use handouts Breastfeeding—Getting Started in Five Easy Steps and Breastfeeding: My Choice to illustrate how easy it is.

### Critical Thinking—Partner Worksheet

#### COMPARISON OF INFANT FEEDING DECISIONS

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**Weight Gain for Healthy Moms & Healthy Babies**

**Goals:** The partners will accept the physical and potential emotional changes associated with pregnancy. They will make informed decisions regarding weight gain.

**Objectives:** The partners will:
- gain knowledge about fetal development, maternal body changes, and weight gain during pregnancy.
- identify components of weight gain during pregnancy.
- affirm recognition of the importance of appropriate weight gain throughout pregnancy.

**Handouts/ Audiovisuals:**
- Worksheet Maternal puzzle.
- Handout How Your Baby Grows - March of Dimes 09-345-00 12/97.
- Handout Why Weight Gain During Pregnancy Is Necessary.
- Worksheets Personalized Weight Gain Chart and BMI Assessment – optional.
- Worksheet Critical Thinking – optional.
- Scale – optional.

**Background Information**

In order for partners to accept pregnancy, it is critical for them to learn about the physical and emotional changes that occur and to identify their reactions to them. The message that young partners and those around them need to accept is that a healthy weight gain is critical for the growth and development of babies, as well as for maintaining maternal health.

This lesson reviews the physical changes by focusing on weight gain issues. Weight gain during pregnancy often creates conflict and confusion for young partners, their families, their peers, and their health care providers. Some young partners try to hide their pregnancy by restricting weight gain; others use their pregnancy as an excuse to abandon healthy eating for unhealthy food choices and gain more than is recommended.

Furthermore, attitudes toward prenatal weight gain have changed dramatically over the years. The current recommendations are to base weight gain on the weight status (BMI) of the woman before she became pregnant. This is easier to do with women who have stopped growing themselves. With younger partners, there is somewhat more flexibility as they are still maturing physically. Gestational weight gain is especially important to young partners to ensure optimal fetal growth. Keep in mind that adolescents may be reluctant to gain weight during pregnancy because of concern about body shape and size.

Always ask your individual or group partners first if they are interested in being weighed. Some of them may find their weight personal and do not want to share with you. Encourage partners to weigh themselves and keep a weight gain plot. If they do not wish to show you, respect their wishes. The part on Personalized Weight Gain Chart and BMI Assessment are optional.

Be alert to possible eating disorders. Recognize that some women may feel guilty or anxious about being weighed. They may not eat the day before you weigh them if they feel they have gained more weight than they should. If you think this could be the case, you need to discuss it with your supervisor—refer as necessary.
Lesson Plan:

1. Determine your partners’ feelings about weight prior to pregnancy. Ask them about their concern directly.

Before you became pregnant, did you think you weighed too much or too little? What made you think that you weighed too much or too little? What have you been told about how much weight you should gain?

2. Find out what the partners knows about the changes that occur as pregnancy progresses.

Tell me what you know about the placenta, the uterus, etc. What do all of these have in common during pregnancy? Let’s go over these changes.

Throughout your pregnancy, your body is getting something special. What is it?

How much do you think each of these parts weighs? What do you expect your baby to weigh at full term?

3. Using the Maternal Puzzle, ask partners to identify components they know. Have them complete the puzzle as you explain about each part. Use How Your Baby Grows to stress the physical growth in sizes/volume of the following components as nature’s way of preparing the mother and her baby—the placenta, the increased blood and body fluids, the amniotic fluid, the breasts, the uterus, and the stored energy needed for lactation.

Tell me why weight gain is important during pregnancy. What could happen if you do not gain enough weight?

4. Using the Maternal Puzzle, ask partners to estimate how much each component will weigh. Emphasize the weight gain that is not controllable and that which is. This is another opportunity to explain more about breastfeeding as a continuation of pregnancy. Use handout Why Weight Gain During Pregnancy Is Necessary to summarize the importance of proper weight gain.
5. Optional - Using the BMI Chart, ask a volunteer to determine her pre-pregnancy weight. Assist her in determining her BMI by locating her weight and height on the assessment chart. Decide whether she was normal weight, overweight or underweight before pregnancy. Select the appropriate weight gain line for her to follow. Using the Personalized Weight Gain Chart, ask her to determine the total amount of weight gain appropriate for her. You may also have a scale handy for those who want to weigh themselves.

Which one of you would like to volunteer?

How much did you weigh before you became pregnant?

Your normal weight gain should be about __________ to ensure a full term baby.

Would you like to share with us how you feel?

__________________________
__________________________
__________________________
__________________________
__________________________

6. Continue to assist your volunteering partner in plotting her own weight gain. Locate and mark her pre-pregnancy weight and current weight. Use this chart for plotting subsequent weights and compare to chart to determine amount and rate of weight gain.

Can you plot your own weight next month?

__________________________
__________________________
__________________________
__________________________

__________________________
Critical Thinking – Partner Worksheet (Optional)

Use the following schedule for monitoring weight, if applicable.

- 1\textsuperscript{st} trimester: once a month
- 2\textsuperscript{nd} trimester: every other week
- 3\textsuperscript{rd} trimester: every week
- 1\textsuperscript{st} three months post-partum: every week
- 2\textsuperscript{nd} three months post-partum: every other week
- >6 months post-partum: once a month

The following are questions that you may use only when your partners are comfortable enough to reveal their personal information.

- Before you became pregnant, what were your feelings about your weight? About your body?
- Now, how do you feel about your body?
- How do you feel about gaining weight?
- Who has discussed weight gain with you since your pregnancy began? What have they shared with you? Tell me what you have been told about how much weight to gain during your pregnancy.
- How long will it take after the baby is born for you to lose the weight you gained during pregnancy? How long do you think it will take after the baby is born for you to get back into shape?
A. Once the pregnancy BMI is determined, highlight the corresponding weight gain line to follow throughout pregnancy.

B. At least once a month, plot weight.

C. It is important to gain weight during pregnancy. The rate of weight gain is as important as how much weight is gained. Using this chart will help you follow both the total amount of weight gained as well as how quickly or slowly the gain is.
Breasts 1-4 lbs.
Steady growth 4.4 lbs.
Placenta 3-1/2 lbs.
Amniotic Fluid 2 lbs.
Increased Blood and other body fluids 7-10 lbs.
Uterus 2 lbs.
Baby 7-8 1/2 lbs.
A. To find BMI category, find the point where the woman’s height and weight intersect. Use this point to determine if the woman is normal weight, underweight (low) or overweight (high or obese). Once you determine the category, take a marker and highlight the appropriate weight gain line on the personalized weight gain grid. Use this line to monitor weight throughout pregnancy.

B. To estimate BMI, read the bold number on the dashed line that is closest to this point. Enter on personalized weight gain grid.

From Food Nutrition Board, Institute of Medicine, 1992.
The rate of weight gain is important too. Weight gain should be slow in the first three months. From the 4th to the 8th month, the rate of gain will be faster, but should be steady. Follow your rate of weight gain monthly by plotting it on a graph.

Remember, your baby depends on you to help it grow and develop while you are pregnant and throughout its life.

Experts agree that for a full-term baby of 7 ½ pounds you would need an extra 300 calories to 500 calories per day, depending on how much you weighed before you were pregnant.

Women who are underweight before getting pregnant will need to gain more weight than those who were overweight prior to pregnancy. Many doctors suggest the desirable range for weight gain to be 25-35 pounds for most women. Therefore, it is important for you to find out the amount that is right for you.

We will be happy to give you more information about:

Nurturing Partners

Prepared by
Madeleine Sigman-Grant, PhD, R.D.

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You are building a baby.

To do this, your body undergoes lots of changes.

Your body needs more blood, fluids, muscle, and tissue for storing nutrients to help your baby grow.

A baby that grows and develops properly will be a healthy baby.

What you choose to eat, how much you eat, and how much weight you gain helps to determine the weight of your baby.

To understand why weight gain and healthy food choices are so important, let’s explore where the weight you gain goes.

![Diagram of weight gain in pregnancy]

**TOTAL WEIGHT GAIN 25-35 lbs.**

- breast tissue - 1-4 lbs.
- placenta - 2-2.5 lbs.
- amniotic fluid - 2 lbs.
- fetus - 7-8.5 lbs.
- extra uterine tissue 2 lbs.
- extra blood 4-5 lbs.
- extra tissue fluid 3-5 lbs.
- extra ‘stores’ largely fat 4-6 lbs.

The consequences of not gaining enough weight (especially if you restrict what you eat) can be severe. If your baby isn’t given a chance to grow and develop, it may weigh less than 5½ pounds at birth. A baby this small is called a **low-birth-weight (LBW) baby**.

**LOW-BIRTH-WEIGHT (LBW) BABY**

- Some babies are small or LBW because they are born too soon (premature or pre-term).
- Smoking, drinking, and taking drugs may lead to pre-term births.
- Some LBW babies are born to mothers who are sick during their pregnancy.
- Some babies are born too small because mothers try to restrict their weight gain during pregnancy. Adequate weight gain during pregnancy, along with exercise and rest, may prevent your baby from being born too small or too soon. Enjoying healthy eating can help you gain the amount of weight you need to help your baby grow.

The LBW baby may not be strong enough to go home with its mother and may have to stay in the hospital for a longer time than its mother. As LBW babies grow, they may have problems with:

- Hearing
- Frequent Illnesses
- Behavior
- Expensive Health Care
- Learning
Basic Nutrition

You may conduct this lesson in a series of two to three sessions depending on the partners’ needs. You may also modify this lesson by using the worksheets as interactive learning activities to suit different groups’ needs.

**Goal:** The partners will apply knowledge of basic nutrition and may consider adopting a healthful lifestyle in preparing for parental roles.

**Objectives:** The partners will:
- learn about nutrients: Carbohydrates, Protein, Fat, Vitamins, Minerals, and Water.
- acknowledge the importance of increased nutrient needs during pregnancy.
- become aware of personal benefits and barriers to the development of healthy eating patterns, thus recognizing the impact of changing their lifestyle.

**Handouts/Audiovisuals:**
- Worksheet *What is Your Nutrition I.Q.?* (Instructor’s Guide provided.)
- Handout *Basic Nutrients: What Are They?*
- Worksheet *Food Frequency Questionnaire*.
- Handout *Six Foods You Shouldn’t Eat If You’re Pregnant*.
- Video *Inside My Mom* – optional.
- Food models.

**Background Information:**
This lesson attempts to motivate young partners to improve their nutritional well being through learning and adopting a healthful eating style. To prepare them for parental roles, the increased nutrient needs during pregnancy are highlighted to stress the importance of good nutrition. The burden of pregnancy on an adolescent’s growing body and psychosocial development is overwhelming. It imposes a health threat to her. Many young pregnant partners are isolated, ill prepared physically and emotionally, and have yet to learn how to conceptualize and reason.

The lesson plan provides a suggested format. You can start with *What is Your Nutrition I.Q.* as an icebreaker, which should arouse some interest. Go over the results immediately with your partners – Use *Basic Nutrients: What Are They* to explain the functions and sources of the nutrients. Use the food models to illustrate different food groups. Involve your partners in analyzing the nutrient contents of the identified foods. Your partners will enjoy the activity by your announcing the food model game as “Name This Food”. Use your imagination to stimulate your partners’ critical thinking.

Use the *Food Frequency Questionnaire* as a pre- and post-test program tool to measure changes, if appropriate.

The worksheet *Prenatal Nutrition – How Much Do You Know* serves to clarify some myths and truths about pregnancy, along with the videotape *Inside My Mom*. The handout *Six Foods You Shouldn’t Eat If You’re Pregnant* covers the food safety aspect during pregnancy.
Lesson Plan:

1. Start with worksheet *What is Your Nutrition I.Q.* Go over results.

2. Use the handout *Basic Nutrients: What Are They?* to review the nutrients and highlight their functions.

3. Conduct the *Food Frequency Questionnaire*. Explain how we can use the information to improve food choices. Tell them you will give the results back next time. Also, tell them you will give them the same form again during the last class period.

4. If needed, coordinate activities with food models. Partners should be able to successfully identify a food and match its predominant nutrients. For example, carbohydrate with bread and grain products; protein with meats, cheese and dairy products; and fat with high fat meats, cream and oil, etc.

5. Explain that healthy eating is important both before and during pregnancy. Emphasize the importance of adequate nutrient intake related to increased metabolic needs during pregnancy.

6. Discuss the safety aspect of food with your partners. Use handout *Six Foods You Shouldn’t Eat If You’re Pregnant*

7. Optional - Assist partners in completing the worksheet *Prenatal Nutrition – How Much Do You Know?*

8. Using the critical thinking exercise sheet, guide partners to consider improving their food selections as they ponder responses to your questions.

Why did you circle…? How many of you circled “tomatoes”…? __________

What foods would you choose to increase your iron intake? What about Calcium…? __________

Can you tell me what the purpose of this *Food Frequency Questionnaire* is? __________

Let see if you can match the right food with the right nutrient …__________

Based on what you learned, tell me what basic nutrients are in your own food choices. __________

What changes are needed to improve the diet of a pregnant woman to meet the nutrient needs of both her and the baby? __________

What are some of the foods in this chart that you often eat? __________

Let’s discuss some myths and truths about nutrition during pregnancy. What would you change? Why? ________

What would you do to make sure they are safe to eat? __________
**Critical Thinking**

Use reflective listening* skills to express your understanding and genuine support for your partners. Be empathetic - accept your partners as normal human beings.

*Refer to Enhancing Critical Thinking Skills and Motivational Negotiation: Appendix II, P.4.

**How would developing a healthy eating style benefit you?**

Partners need to see the perceived benefits of eating healthfully. “What are the good things that can happen as a result of eating healthy?”

Provide examples of how you periodically affirmed her feelings and summarized what you heard from your partners. “So what you just said is this…”

What are your partners’ perceived barriers? Do they think that the changes required would be difficult, expensive and/or time-consuming?

In your opinion, what would make it easier for partners to eat healthier foods?

Specify some planned actions here:
What is Your Nutrition I.Q.?

Instructor’s Guide

1. Circle the food items that have Protein:
   - Turkey
   - Grapefruit
   - Strawberry Milkshake
   - Lettuce
   - Cheese
   - French Fries
   - Salsa
   - Roast Beef

2. Circle the food items that have Carbohydrates:
   - Hoagie bun
   - Bologna
   - Blueberry Muffin
   - Tomatoes
   - Tortilla
   - Milk
   - Banana
   - Regular Soda Pops
   - Orange Juice

3. Which of the following food items have Fat:
   - Ice Cream Bar
   - Sour Cream
   - Short Ribs
   - Hamburger
   - Carrots
   - Corn
   - Sausage
   - Bacon
   - Baked Potato
   - Guacamole

4. How many glasses of water are needed each day? At least 6-8 glasses.

5. Name one important Mineral for bone growth. Calcium

6. Name some foods that have this mineral? Milk, cheese, yogurt, ice cream, dried beans, corn tortillas, spinach, broccoli, salmon, tofu.

7. Name some Vitamins that you know. A, B, C, D, etc.

8. Name some foods that have these vitamins. Tomatoes, Carrots, Green Peppers, Apples, Oranges, Cantaloupes, Milk fortified with A & D, Fortified Cereals, Dry Beans, Dark Leafy Greens, etc. (Use other examples as needed.)
Prenatal Nutrition – How Much Do You Know?

True or False?

1. My body shape will change forever once I am pregnant. (    )

2. Smaller babies are easier to deliver. (    )

3. I enjoy my smoking. I will wait till the last three months of pregnancy to quit. This won’t hurt the baby. (    )

4. Once a woman is pregnant, she should stay inactive. Exercise will hurt the baby. (    )

5. Double portions are not necessary for a pregnant woman even though she is eating for two. (    )

6. Fast foods are bad for you and they should not be considered as food choices for a pregnancy diet. (    )

7. Eating foods high in fiber and drinking plenty of water are necessary in order to reduce constipation during pregnancy. (    )

8. A low birth weight baby usually weighs less than 5 ½ pounds and is at risk for problems that may require costly intensive care. (    )

9. My doctor has given me vitamin pills to take, so I don’t need to worry about what I eat. (    )

10. The amount of weight a pregnant woman should gain depends on how much she weighed before pregnancy. (    )

11. Only older women have babies born with mental retardation and physical deformities. (    )

12. Human milk has disease-fighting ingredients that protect babies against infections. (    )

--------------------------------------------------------------------------------------------

## Food Frequency Questionnaire For Daily Intake Estimation

<table>
<thead>
<tr>
<th>Food Type</th>
<th>My serving size</th>
<th>Nutrient Score</th>
<th>Serving Size</th>
<th>Tally Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td></td>
<td></td>
<td></td>
<td>*RDA=1300mg</td>
</tr>
<tr>
<td>Milk, whole, 2%, 1%, skim</td>
<td>300</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange Juice, fortified with Calcium</td>
<td>300</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese food or spread</td>
<td>150</td>
<td>1 oz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese sauce</td>
<td>150</td>
<td>¼ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American cheese</td>
<td>150</td>
<td>1 slice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cottage cheese, 2% low fat</td>
<td>78</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ricotta cheese</td>
<td>250</td>
<td>1 oz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleu cheese</td>
<td>150</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural cheese (except cream cheese), including cheddar, Swiss, mozzarella.</td>
<td>200</td>
<td>1 oz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yogurt, flavored or plain</td>
<td>300</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast food milkshake</td>
<td>380</td>
<td>12 oz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocoa, from mix</td>
<td>165</td>
<td>1 ½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chocolate milk</td>
<td>280</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cappuccino, Latte</td>
<td>400</td>
<td>12 oz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macaroni &amp; cheese, lasagna, quiche, cannelloni, pizza, cheese soufflé</td>
<td>250</td>
<td>1 serving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cream soup or chowder with milk</td>
<td>180</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broccoli, cooked</td>
<td>40</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beet greens/spinach; kale cooked</td>
<td>110</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baked beans</td>
<td>160</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry beans, pinto; white beans</td>
<td>70</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalloped potatoes</td>
<td>140</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bread, white or whole grain</td>
<td>30</td>
<td>1 slice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waffle or pancake</td>
<td>120</td>
<td>1 slice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muffin, biscuit, cornbread, rolls, buns, corn tortilla</td>
<td>50</td>
<td>1 medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egg muffin</td>
<td>225</td>
<td>1 medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast food cheeseburger or hamburger</td>
<td>130</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enchilada or bean burrito</td>
<td>110</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shellfish, cooked</td>
<td>130</td>
<td>4 oz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fudgesicle</td>
<td>100</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custard pie</td>
<td>125</td>
<td>1 slice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice-cream or ice milk</td>
<td>175</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pudding with milk</td>
<td>100</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frozen yogurt</td>
<td>200</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Intake**

---

*RDA = Recommended Dietary Allowance

---

Basic Nutrition
Nurturing Partners 2002
<table>
<thead>
<tr>
<th>Food Type</th>
<th>My serving size</th>
<th>Nutrient Score</th>
<th>Serving Size</th>
<th>Tally Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron</td>
<td></td>
<td></td>
<td></td>
<td>RDA for</td>
</tr>
<tr>
<td>Iron-fortified cereals (V labels for average # mg/ serving)</td>
<td>2.70</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bagel, Bread (white or whole wheat), corn tortilla</td>
<td>0.75</td>
<td>Bagel – ½ Bread - 1 slice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chick peas (garbanzo beans)</td>
<td>2.40</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney beans</td>
<td>2.60</td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noodles (spaghetti, macaroni)</td>
<td>2.50</td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potatoes: French fries</td>
<td></td>
<td>10 pieces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baked potato, w/ skin</td>
<td>2.75</td>
<td>1 medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinach</td>
<td></td>
<td>½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rice, enriched</td>
<td></td>
<td>1 cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuna, water packed</td>
<td>1.30</td>
<td>3 oz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beef, Chicken, Pork, Turkey</td>
<td>1.40</td>
<td>3 oz</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Folate</th>
<th>RDA=400mcg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folate-fortified cereals □</td>
<td>100</td>
</tr>
<tr>
<td>Bread, white or whole grain</td>
<td>11</td>
</tr>
<tr>
<td>Lentils, cooked (or black-eye peas)</td>
<td>358</td>
</tr>
<tr>
<td>Navy beans, cooked</td>
<td>255</td>
</tr>
<tr>
<td>Red kidney beans, cooked</td>
<td>115</td>
</tr>
<tr>
<td>Avocado</td>
<td>113</td>
</tr>
<tr>
<td>Beets, cooked</td>
<td></td>
</tr>
<tr>
<td>Cauliflower</td>
<td></td>
</tr>
<tr>
<td>Broccoli, cooked</td>
<td></td>
</tr>
<tr>
<td>Spinach, cooked</td>
<td></td>
</tr>
<tr>
<td>Green peas, cooked</td>
<td></td>
</tr>
<tr>
<td>Orange Juice, regular or fortified</td>
<td></td>
</tr>
<tr>
<td>Peanuts, dry roasted</td>
<td></td>
</tr>
</tbody>
</table>

| Total Intake | % RDA |

Assessment:

- Iron needs double in pregnancy to 30 mg. About 90 mg are needed during the 2nd & 3rd trimesters of pregnancy. In order to get that amount, the health care providers usually prescribe iron supplement.
- The average of Sugar Pops, Frosted Flakes and Honey Bunches of Oats yields approximately 2.7 mg iron per serving.
- Folate is especially important for childbearing age women. Pregnant women need to increase their intake of folic acid to 600 mcg a day. Most health care providers recommend a prenatal vitamin that contains at least this amount of folic acid.
- 1 cup of Product 19 & ¾ cup Total cereal satisfies 400 mcg folate. Others average 100 – 140 mcg per ¾ - 1 cup serving.

Basic Nutrition
Nurturing Partners 2002
Basic Nutrients: What Are They?

**Protein**
- Builds repairs and maintains our body tissues.

Food Sources of Protein:
- Turkey
- Cheese
- Cheese pizza
- Roast beef
- Hamburger
- Eggs

**Carbohydrates**
- Supply our body’s main fuel source. These are the starches and sugars.

Food Sources of Carbohydrates:
- Hoagie bun
- Blueberry muffin
- Lettuce
- Tomatoes
- Tortilla
- French fries
- Banana
- Bagel
- Orange
Fat

- Is part of every cell in your body, no matter how thin you are.
- Has twice as many calories as protein and carbohydrate.

Food Sources of Fat:

- Ice cream cone
- Ranch dressing
- Spareribs
- Sausage
- Cream cheese
- Hot dogs
- Bacon
**Water**

- Makes up 70% of your body weight.
- Regulates your body temperature.
- Carries nutrients and other body chemicals to your cells and also carries waste products away.

**Minerals**

- Work together with other nutrients including vitamins to perform important functions in the body.
- Calcium & Iron are just two examples. Calcium is needed for strong bones and teeth. Iron is needed to prevent anemia.

**Food Sources of Calcium:**

- Milk
- Cheese
- Dark leafy greens
- Calcium-fortified Orange juice

**Food Sources of Iron:**

- Cereals
- Turkey
- Baked yam
- Strawberries
- Peanut butter
Vitamins

Vitamins work together with other nutrients including minerals necessary for healthy life. They are important for good eyesight, healthy skin, and guarding against diseases and cancer.

Food Sources of Vitamin A:

- Tomato juice
- Spinach
- Carrots
- Sweet potato

Food Sources of Vitamin B(s): This is a complex group. Folate is one of the B vitamins and is especially important for childbearing age women. Below are food sources of folate.

- Orange Juice
- Fortified cereals
- Dry beans
- Cooked spinach

Food Sources of Vitamin C:

- Orange juice
- Cantaloupe
- Strawberries
- Grapefruit
- Green pepper

Food Sources of Vitamin D:

- Milk
- Margarine
- Fortified cereals
- Our body can make vitamin D from sunshine
### Six Foods You Shouldn’t Eat If You’re Pregnant

According to the Centers for Disease Control and Prevention (CDC), pregnant women are about 20 times more likely than other healthy adults to get Listeria infection. It is important that you call your doctor if you have eaten something and experience symptoms such as fever, stiff neck, muscle ache, and diarrhea or upset stomach. Infections during pregnancy can have serious problems for your baby including premature delivery, infections in the newborn or even stillbirth. Remember that Listeria symptoms may not appear for several weeks. Your doctor can find out by a blood test if your symptoms are due to Listeria.

| **Soft Cheeses** | According to the US Food and Drug Administration (FDA), Brie and other soft cheeses, such as feta, “queso blanco fresco,” Camembert, blue veined and Mexican style cheese are high-risk for food borne bacteria called Listeria monocytogenes. Listeria poses serious health risks for pregnant women – including miscarriage, severe illness, and maternal and fetal death. (Hard cheeses, semi-soft cheeses such as mozzarella, processed cheese, cream cheese, cottage cheese are o.k.) |
| **Sushi (with Raw Fish or Meats)** | Any raw fish or meat is off limits right now, since food borne illnesses contracted from uncooked foods can be especially dangerous for pregnant women. Not only can food poisoning lead to fetal defects, but being sick with diarrhea also means you can’t absorb the nutrients that you need. The FDA also strongly advises that all pregnant women avoid eating refrigerated smoked seafood due to possible Listeria contamination. Examples include salmon, trout, whitefish, cod, tuna or mackerel. They are often labeled “nova-style”, “lox”, “kippered”, “smoked”, or “jerky”. |
| **Cold Cuts** | Prepackaged lunchmeats, as well as those you buy at the supermarket deli counter, can also contain Listeria, which can survive the heat treatments these meats receive. If you want to eat lunchmeats, zap them in the microwave until steaming hot. |
| **Some Types of Fish** | According to the FDA’S latest advisory, you should avoid consuming shark, swordfish, king mackerel, or tilefish due to potentially high levels of mercury, which can damage your baby’s nervous system. As for other types, such as canned, ocean, or farm-raised fish, the FDA suggests limiting yourself to 12 ounces a week. |
| **Energy Bars** | To avoid potentially toxic doses of vitamins, experts advise against taking any extra supplements other than your prenatal vitamins (and those that were prescribed to you by your doctor). But these days, many brands of energy bars are fortified so heavily that they pack the equivalent of a multivitamin. Beware of Vitamin A, for example, it can cause fetal defects in extremely high doses. |
| **Cured Meats** | Bacon, pepperoni, and hot dogs all contain nitrates - preservatives that may be linked to fetal defects. They are also high in sodium, which may cause your body to retain extra fluids, especially later on in your pregnancy. |

---

**Basic Nutrition**  
**Nurturing Partners 2002**
What is Your Nutrition I.Q.?

1. Circle the food items that have **Protein:**

   - Turkey
   - Grapefruit
   - Milkshake
   - Lettuce
   - Cheese
   - French Fries
   - Salsa
   - Roast Beef

2. Circle the food items that have **Carbohydrates:**

   - Hoagie bun
   - Roast
   - Blueberry Muffin
   - Tomatoes
   - Tortilla
   - Milk
   - Banana
   - Regular Soda Pop
   - Orange Juice

3. Which of the following food items have **Fat:**

   - Ice Cream Bar
   - Sour Cream
   - Short Ribs
   - Hamburger
   - Carrots
   - Corn
   - Sausage
   - Bacon
   - Baked Potato
   - Guacamole

4. How many glasses of water are needed each day? ________________________________

5. Name one important **Mineral** for bone growth. ________________________________

6. Name some foods that have this mineral. ________________________________

7. Name some **Vitamins** that you know. ________________________________

8. Name some foods that have these vitamins. ________________________________

---

*Basic Nutrition*
*Nurturing Partners 2002*
The Pyramid Is My Guide

Goal: The partners will apply knowledge of basic nutrition and the food guide pyramid for planning healthful diets and making food-choice decisions.

Objectives: The partners will
- understand the pyramid as an effective method for maintaining a healthy diet.
- apply knowledge using a food group worksheet.

Handouts/Audiovisuals:
- Food model cards - Dairy Council.
- Handout How Many Servings Do You Need Each Day?
- Worksheet Food, Nutrients And Me. (Instructor’s guide also provided.)
- Worksheet Food Pyramid Puzzle – optional.

Background Information:
The Food Guide Pyramid is a very useful tool for making healthy choices that can fit into anyone’s lifestyle. It is important to master the food groups and portion sizes in order to make the most of the pyramid. This is a lesson where you involve your partners and make it fun and interesting. Learning takes place when there are positive experiences. Guide your partners so that they can make correct answers to the “serving size” drill. Praise them each time they give the right answer. You should see them lighten up and want to participate. You might need extra sessions to ensure the partners’ full understanding and application of this information.

Lesson Plan:
1. Review lesson on Basic Nutrition. You will need to refer to the handout Basic Nutrients: What Are They?
2. Start with the Food Guide Pyramid by using food models. Guide your partners to identify the serving size and /or the number of servings. Refer to the brochure Pyramid Power and handout How Many Servings Do You Need Each Day?
3. Drill partners until they can successfully identify food groups, serving sizes and /or number of servings. Emphasize the extra caloric needs during adolescent years.
4. Assist partners in filling out the worksheet *Food, Nutrients And Me. Help them identify and place their food choices in the right food group.

Tell me what you know about the major nutrients: protein, carbohydrates, fat, minerals and vitamins. __________________________

What about the Food Guide Pyramid? Why is it important to include a variety of foods in a healthy diet plan? __________________________

Is the bread and pasta group more important than dairy? ____________

Tell me why portion size matters? ____________

Can you tell me how many servings you need from the Milk, yogurt and cheese group? ____________

What about the fruit group? ____________

Based on what you learned so far, let’s fill out this chart? __________________________
5. Analyze results with your partners. Do they have a variety of choices? What food groups/nutrients are missing? Are there too many of the “other” choices? Be sure to get all partners involved.

6. Summarize today’s lesson by reaffirming positive eating habits, emphasizing how they can build on them.

7. Optional - For less literate partners, the worksheet Food Pyramid Puzzle works well. You can ask your partners to cut out food pictures from magazine then paste them onto the blank pyramid. You can facilitate by asking them to pick out the best looking pyramid. Ask similar question as above while they work on their sheets.

What is missing from your worksheet Food, Nutrients And Me?__________________________

____________________________________

____________________________________

Tell me in what way the food guide pyramid is linked to “a balanced diet”?___________

____________________________________

Let’s cut out different foods and place them according to the pyramid.

____________________________________

Can you tell me why you place this food onto this group? __________________________

____________________________________

Who has the best looking pyramid? ______

____________________________________
Food Pyramid Puzzle

Name ____________________

Class ____________________
<table>
<thead>
<tr>
<th>Food Group</th>
<th>Nutrients</th>
<th>Health Benefits</th>
<th>Servings For Me</th>
<th>Foods</th>
<th>Serving Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Key Nutrient:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Nutrients:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Key Nutrient:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Nutrients:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Key Nutrient:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Nutrients:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Key Nutrient:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Nutrients:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These foods don’t have many nutrients to fit into any of the above groups. I can still eat some occasionally but they shouldn’t replace foods from the Five Food Groups. I will need to eat a variety of foods, even within the same food group to obtain a balance of nutrients.

Adapted from: Eat the Five Food Group Way, National Dairy Council.

The Pyramid is My Guide
Nurturing Partners 2002
# Food, Nutrients And Me

## Instructor’s Guide

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Nutrients</th>
<th>Health Benefits</th>
<th>Servings For Me</th>
<th>Foods</th>
<th>Serving Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk (yogurt and Cheese)</td>
<td>Key Nutrient: Calcium</td>
<td>Strong Bone and Teeth.</td>
<td>2-3</td>
<td>Milk</td>
<td>1 cup</td>
</tr>
<tr>
<td></td>
<td>Other Nutrients: Protein Riboflavin Vitamin D</td>
<td></td>
<td></td>
<td>Yogurt</td>
<td>1 cup</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cheese</td>
<td>1.5-2 oz</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cottage cheese</td>
<td>2 cups</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Teenagers need 3 servings daily.</td>
<td></td>
</tr>
<tr>
<td>Meat (poultry, fish, dry beans, eggs and nuts)</td>
<td>Key Nutrient: Protein</td>
<td>Build Strong Muscles.</td>
<td>2, for a total of 6 ounces</td>
<td>Cooked lean meat</td>
<td>= 3 ounces</td>
</tr>
<tr>
<td></td>
<td>Other Nutrients: Iron Niacin</td>
<td></td>
<td></td>
<td>2 Eggs, medium</td>
<td>= 2 ounces*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 Tbs Peanut butter</td>
<td>= 2 ounces*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 cup Cooked dried beans, peas</td>
<td>= 2 ounces*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2/3 cup Nuts</td>
<td>= 2 ounces*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>* Count as 1 serving of meat substitute.</td>
<td></td>
</tr>
<tr>
<td>Vegetable</td>
<td>Key Nutrient: Vitamin A</td>
<td>Healthy Skin; good eyesight (esp. in dark); fights infections.</td>
<td>3-5</td>
<td>Raw leafy veggie</td>
<td>1 cup</td>
</tr>
<tr>
<td></td>
<td>Other Nutrients: Vitamin C Fiber</td>
<td></td>
<td></td>
<td>Cooked veggie</td>
<td>½ cup</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Veggie juice</td>
<td>½ - ¾ cup</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>½ cup of cooked dry beans, peas, or lentils can also be counted as a vegetable.</td>
<td></td>
</tr>
<tr>
<td>Fruit</td>
<td>Key Nutrient: Vitamin C</td>
<td>Help Iron absorb better; Heals wounds; fights infections; healthy gum tissue.</td>
<td>2-4</td>
<td>Apples, oranges</td>
<td>1 med</td>
</tr>
<tr>
<td></td>
<td>Other Nutrients: Vitamin A Fiber</td>
<td></td>
<td></td>
<td>banana</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chopped fresh or canned fruits</td>
<td>½ cup</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fruit juice</td>
<td>½ - ¾ cup</td>
</tr>
<tr>
<td>Bread (cereal, rice and pasta)</td>
<td>Key Nutrient: Carbohydrate</td>
<td>Main Source of energy; regularity (must drink enough water).</td>
<td>6-11</td>
<td>Breads</td>
<td>1 slice</td>
</tr>
<tr>
<td></td>
<td>Other Nutrients: Iron Fiber Folic Acid</td>
<td></td>
<td></td>
<td>Hamburger bun</td>
<td>½ bun</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dry cereal</td>
<td>½ - ¾ cup</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cooked cereal</td>
<td>½ cup</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rice or noodle</td>
<td>½ cup</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tortilla</td>
<td>1 large</td>
</tr>
<tr>
<td>Others (fats, oils and sweets)</td>
<td></td>
<td>These foods don’t have many nutrients to fit into any of the above groups. I can still eat some occasionally but they shouldn’t replace foods from the Five Food Groups. I will need to eat a variety of foods, even within the same food group to obtain a balance of nutrients.</td>
<td></td>
<td>Fats</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Candies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cookies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chips</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sweet desserts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Soft drinks</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from: Eat the Five Food Group Way, National Dairy Council.
### How Many Servings Do You Need Each Day?

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Children 2 – 6, Women, Older Adults (about 1,600 calories)</th>
<th>Older Children, Teen Girls, Active Women, Most Men (about 2,200 calories)</th>
<th>Teen Boys, Active Men (about 2,800 calories)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread, Cereal, Rice and Pasta Group (Grains Group)  – especially whole grain</td>
<td>6</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Vegetable Group</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Fruit Group</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Milk, Yogurt, and Cheese Group (Milk Group) – preferably fat free or low fat</td>
<td>2 or 3*</td>
<td>2 or 3*</td>
<td>2 or 3*</td>
</tr>
<tr>
<td>Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group (Meat and Beans Group) – preferably lean or low fat</td>
<td>2 for a total of 5 ounces</td>
<td>2 for a total of 6 ounces</td>
<td>3 for a total of 7 ounces</td>
</tr>
</tbody>
</table>

*The number of servings depends on your age. Older children and teenagers (ages 9 – 18 years) and adults over the age of 50 need 3 servings daily. Others need 2 servings daily. During pregnancy and lactation, the recommended number of milk group servings is the same as for non-pregnant women.

Fast Food – Everyone?

**Goal:** The partners will apply basic nutrition knowledge to explore alternatives for fast food selections in order to ensure adequate nutrient intake.

**Objectives:** The partners will
- understand that fast foods can be tailored and fit into a healthy diet.
- use critical thinking skills to modify fast food selections into healthful eating choices.

**Handouts/Audiovisuals:**
- Handout Fast Food Makeover Worksheet.
- Handout Fast Food Choices: Which One Is Better?

**Background information:**
When new immigrants from developing countries arrive here, they find fast food fascinating and immediately adopt it as a primary choice of influence. The impact of fast food on the ecological development of modern society is tremendous. The hard fact is that nutrition educators have long recognized fast food as an integral part of our diet. To deny its dominance is unrealistic and self-defeating. This lesson focuses on how we can improve these choices.

**Lesson Plan:**
1. Ask partners to name their favorite fast food restaurants. Conduct activity using Fast Food Makeover Worksheet.
2. Assist partners to complete the makeover worksheet. Suggest that there are alternatives available for healthier eating. Ask them what they might be.
4. Your partners have to understand, acknowledge and personalize the benefits of their “trade offs”. Solicitate their inputs and list on critical thinking exercise.
Critical Thinking

It is important that your partners realizes that many fast food selections compromise healthy eating choices due to its high fat, and low fiber and nutrient content. It also is necessary for your partners to personalize their fast food choices.

Ask your partners to respond to these thoughts. Do you understand why fast food meals are not complete meals? How can you maximize your nutrient intake? What major nutrients do you need?

Write down your partners’ impression and level of awareness?

Explore with your partners’ alternatives to fast food. What are your alternatives? What else could you choose at the restaurant? What about at a later time, e.g. at home?

When your student has become aware of the positives and negatives of her fast food choices, you have helped her through part of the behavior change process. By using reflective listening, you can help confirm some barriers.

Suppose one of your partners’ responses is: “I have no choice because that is all me and my boyfriend eat every time we go out.”

You might respond, “I understand that you eat fast food when you and your boyfriend go out. What does your boyfriend think about alternative choices?”

What about a transition period? (This could be cutting down the frequency of fast food meals.) Challenge your partners on the possibility of a transition period.
Fast food has become a part of most people’s eating patterns. Fast foods are convenient, quick and sometimes inexpensive. All foods, including fast foods, provide essential nutrients needed for health. Unfortunately, many fast foods also are low in fiber, some vitamins and minerals, and high in calories, fat and salt. That is why you cannot depend on fast foods for your nutrient needs.

When you decide to eat fast food, always practice “balancing” with the Food Guide Pyramid at the restaurant. Try to choose “complete” meals whenever possible. If you have fast food for lunch, then plan a snack to compete the meal. When you get home, have healthful foods available. Most likely these will be fruits, veggies and dairy foods, such as apples, corn and yogurt.

The chart below shows two fast food meals. Neither is good nor bad. Both are incomplete. What is each of them missing?

<table>
<thead>
<tr>
<th>Fast Food Choice #1</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter-pounder</td>
<td>445</td>
</tr>
<tr>
<td>Regular French Fries</td>
<td>250</td>
</tr>
<tr>
<td>Milk Shake (made with whole milk)</td>
<td>361</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,056</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fast Food Choice #2</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese Burger</td>
<td>310</td>
</tr>
<tr>
<td>Side Salad</td>
<td>60</td>
</tr>
<tr>
<td>2% Milk</td>
<td>120</td>
</tr>
<tr>
<td>1 pkg. Reduced Cal. Dressing</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>540</strong></td>
</tr>
</tbody>
</table>

Actually both choices contain similar amounts of nutrients; only #1 has more calories. The difference in calories is due to the amount of fat. You can “complete” the meal by adding a serving of fruit or vegetables at a later time, e.g. at home.

If you were underweight or at normal weight, choice #1 may be just what you need for normal weight gain. Choice #2 would be fine for “weight watchers”. As long as it is not the only meal of the day, it is perfectly O.K. to include fast food as part of your diet.

**ENJOY!**
Eating fast food is quick and convenient. Some fast food choices are healthy while others are high in fat, sugar and energy but low in nutrients that you and your baby need. As long as these foods are not the only foods you choose, it is O.K. to use them as part of your eating plan. Remember that eating a variety of foods and getting enough nutrients is necessary during pregnancy. You may need to select additional foods to make certain your food choices are complete, according to the Food Guide Pyramid.

### My Favorite Fast Food Meal

<table>
<thead>
<tr>
<th>Amount</th>
<th>Reduce ↓</th>
<th>Increase ↑</th>
<th>Add ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugars &amp; Fats: Soft drinks, sweets, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dairy Foods: Milk, cheese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meats (protein foods): Chicken, beef, pork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits: Apples, oranges, juices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables: Tomatoes, broccoli</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bread/Cereal/Rice/Pasta</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**To complete this meal, I will need to keep the following foods on hand for ready use:**
**Choose to Move**

**Goal:** The partners will incorporate some form of physical activity into their everyday living.

**Objectives:** The partners will
- gain knowledge of daily physical activities and exercises that can be a benefit during and after pregnancy.
- become motivated to adopt some physical activities or exercises as daily routines.
- personalize their physical activity choices during and after pregnancy.

**Handouts/Audiovisuals:**
- Handout *What’s So Good about “Choose to Move”*
- Handout *Choose Your Ways to Move*
- Video *Stress and Exercise During Pregnancy* – March of Dimes.
- Handout *General Guidelines for Exercise During Pregnancy*.

**Background information:**
Many people have the impression that physical activities have to be strenuous such as running, jogging, or lifting weights. Partners maybe so pre-occupied with their immediate needs; they may not bother with any form of physical activity or exercise. In reality, climbing stairs, gardening, housework, walking, stretching and even washing the car can be forms of cardiovascular activities. They certainly expend energy and improve circulation and mood.

The critical thinking section in this lesson purposely helps you guide partners into breaking barriers and motivating themselves with realistic commitment. The fact that exercise helps them look and feel better is appealing for most young pregnant partners.

**Lesson Plan:**
1. Find out if partners have participated in sports, an exercise plan or what their previous levels of daily activity were.
2. Discuss the benefits of regular physical activity for good health. Personalize the reasons that your partners give regarding physical activity. Use the handout *What’s So Good About “Choose to Move”*.
3. Show video *Stress and Exercise During Pregnancy*. Explore the benefits of exercise especially during stressful periods. Pause as needed. Let partners suggest some physical activities they can do. Refer to the handout *Choose Your Ways to Move* – emphasize the benefit on body image.

Describe how active you were in the past?
What is (was) your most favorite exercise?

____________________________

The reason you like _____ is…

____________________________

What is so good about exercising?

____________________________

____________________________

How do you normally relieve stress and tension?
What type of physical activities do you think you can do?

____________________________

In what ways can being physically active improve how you look?

____________________________
4. Review the **General Guidelines for Exercise during Pregnancy**. Emphasize that young pregnant partners need the extra calories and fluid for optimal fetal growth. Review **Basic Nutrition** lesson, if needed.

5. Discuss the warning signs that exercise sessions should be stopped. Assure partners that during the last 3 months, it can be difficult to do many exercises that once seemed easy.

What are some of the exercises that are safe for you?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

How do you know when you should stop exercising?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
**Critical Thinking**

How well do your partners understand the concept of exercise as any physical activity plan? For example, find out how many times they do house work or use the stairs. Point out that activity which utilizes muscles and involves stretching or aerobic conditioning will benefit them. List your partners’ physical activities by asking them the ways they are physically active.

How can they do a “make-over” to increase their level of physical activity?

What are some of the barriers keeping your partners from exercising? Together, list the barriers. Have them make suggestions to overcome these barriers. If they can’t think of ways for themselves, ask them what others do. If they still can’t think of any, make some suggestions on what others have found to be successful. This may take several attempts. Consider the following barriers:

“I don’t have time” - Suggest dividing exercises into mini-sessions and doing them between/during television shows.

“I hate having to change clothes…” – Suggest there is no need for special clothes.

“I never exercised before, I’m not athletic” – How about starting with simple stretching?

“Too much trouble, I am too stressed out.” – The tranquilizing effect is why they need to exercise.
Remember that any goal to increase physical activity must be realistic for your partners. It can also be fun. Ask them to list some realistic goals.

Ask your partners if they have made any positive lifestyle change in the past. ☐ Yes ☐ No
If yes, how did they motivate themselves to make the change? (For example, some of them might need to find a friend to do it together.)

If no, emphasize it is time to consider some changes. Suggest that they start by being physically active. Have your partners identify one or two activities that they can comfortably do and agree to try.

Ask your partners to write a plan down on a sheet of paper that can be posted on the refrigerator. For examples: I will clean house on Tuesday and Friday for 30 minutes each; I will walk in the mall every Sunday for 30-45 minutes with Amy or Beth, etc.
When you exercise, follow these general guidelines for a safe and healthy exercise program:

- After 20 weeks of pregnancy, avoid doing any exercises on your back.
- Avoid brisk exercise in hot, humid weather or when you are sick with a fever.
- Wear comfortable clothing that will help you to remain cool.
- Wear a bra that fits well and gives lots of support to help protect your breasts.
- Drink plenty of water to help keep you from overheating and dehydrating.
- Make sure you take the extra 300 calories a day you need during pregnancy.
- Be sure to cool down (5 – 10 minutes) by slowly reducing your activity.
- Try to exercise moderately so you don’t get too tired too quickly. If you are unable to talk normally while exercising, your activity is too strenuous.
- Examples of safe exercises are: brisk walking, swimming, water jogging, stationary cycling, prenatal exercise classes, bowling, light weight training.

**WARNING SIGNS**

Stop exercising and call your doctor if you get any of these symptoms:

- Pain
- Vaginal bleeding or fluid leaking
- Dizziness or feeling faint
- Increased shortness of breath
- Rapid heartbeat
- Difficulty walking
- Uterine contractions or chest pain

Choose Your Ways To Move!

Check which one(s) of the following you will try.

☐ Park your car at the end of the parking lot and walk. Make sure the parking area is well lighted and always observe “safety” first when doing so.

☐ Walk whenever possible and safe. Try “mall walking” with relatives or friends. Remember window-shopping does not cost money.

☐ Exercise (dance) while watching TV. ☐ Take your dog for a walk.

☐ Play games with your little sisters and brothers.
☐ Do housework instead of sitting. Organize and clean kitchen cabinets; rearrange your clothes; straighten out the bathroom shelves or your desk, etc.

☐ Walk over to the T.V. and switch channels.

☐ Plan and maintain a garden.  ☐ Wash dishes by hand instead of using the dishwasher. This also saves electricity.

☐ Do stretching or walking while talking on the phone.
What’s So Good About "Choose to Move"?

- Maintains and improves your fitness level.
- Enhances your sense of well being; improves your mood.
- Lessens your isolation from friends.
- Decreases physical discomfort, such as bloating, headache, backache, fatigue and shortness of breath.
- Prevents excessive weight gain.
- Improves posture and body image.
- Prevents constipation.
- Reduces stress; helps you sleep better.
- Improves blood circulation; gives you energy.
- Promote muscle tone; makes labor and delivery easier for pregnant women.
- Speeds up recovery after childbirth – fewer stretch marks.

You do not have to do strenuous exercise to be physically active. For example, brisk walking is a safe and easy exercise. Do you know that three hours of brisk walking per week has the same effect as 15-20 minutes of vigorous exercise daily? You can begin by walking 10 minutes each day for a week and add five minutes to your walk each successive week until you reach 30 minutes a day. If you haven not been active, be sure to check with your health care providers first before you start any exercise program.

Women with medical conditions such as severe anemia, high blood pressure, vaginal bleeding, or with history of preterm labor should not exercise while pregnant.

"Exercise Helps Me Feel & Look Good!"

**Smoking - Alcohol - Drugs**

You may select any or all of the sections for specific discussion and interaction with your partners.

**Goal:** The partners will learn about harmful effects of smoking, alcohol and drug abuse so that they can make informed and rational decisions.

**Objectives:** The partners will:
- recognize the negative effects and dangers of substance use/abuse on fetal growth and development.
- acquire knowledge and practical hints for taking the steps to change.
- contemplate to modify (either stop or reduce) harmful behavior.

**Handouts/Audiovisuals:**
- Handouts *Keep Your Baby Smoke Free* and *Give a Gift to Your Baby*.
- Handout *Don’t Drink Alcohol*.
- Handout *What is Caffeine?*
- Video *Fetal Abuse: The Effects of Drugs & Alcohol*.

**Background information:**
Discussing substance use/abuse with a pregnant partner is not an easy matter. As nutrition educators, we have limited counseling skills to intervene with severe cases. However, it is possible for us to incorporate motivational interviewing strategies into our intervention by employing perfectly straightforward information and advice about the need to change behavior. We do have one advantage in that most partners want to have healthy babies. It is important that you build rapport with them so that they can trust you and feel comfortable talking to you. Seek first to understand. Choose a topic that is linked to substance use as an introduction to break the ice. It is realistic to aim at raising awareness through providing information in the most non-judgmental manner thus setting the stage for change.

This lesson adopts a simplified approach on smoking, alcohol and drugs. Even if your partners do not use any of the above substances, you may want to point out the harmful effects of second hand smoke.

Interactive learning is most successful when knowledge is combined with motivational strategies for the ultimate objective of behavior changes. Since smoking is more prevalent among young partners, it is therefore emphasized in the critical thinking section. It does not mean that the issues with drinking and drugs are less important. Respect your partners’ privacy and be sure that they are informed of available community resources.
Lesson Plan:

1. This lesson can include a food activity experience with the focus on a healthy beverage or snack.

2. For alcoholic consumption, use handout Don’t Drink Alcohol. Emphasize that there is not a safe alcohol consumption level established and FAS is entirely preventable.

3. For smoking, use handouts Keep Your Baby Smoke Free and Give a Gift to Your Baby. Point out the benefits of a healthy pregnancy even with cutting down.

4. For non-smoking partners, point out the harmful effects of second hand smoke being just as bad as first hand smoke. Emphasize that pregnant women should avoid smoke-filled environments.

5. Find out if your partners have other substance dependency including over-the-counter medications. Be sure they are informed of available community resources. Provide information regarding the Outpatient Substance Abuse Program for the Pregnant Teens in Southern Nevada (phone number 631-8813).

6. Identify the recommended level of caffeine consumption for pregnant and lactating women. Using the handout What is Caffeine, assist your partners in estimating their typical daily caffeine intakes.

7. You may also show the video Fetal Abuse: The Effects of Drugs & Alcohol at any time during this lesson.

Are there any lifestyle choices that are of concern to you? e.g., Do you smoke?

Tell me what you do know about FAS.

What are some of the effects that alcohol can have on your baby?

What is the first step you can take to have a healthy baby?

Which times would be easiest for you to give up smoking?

Tell me what you know about second hand smoke and the effect on your baby.

How do you reduce your exposure to second hand smoke? For example, are you comfortable asking someone to smoke outside the room?

Do you take any over-the-counter medications such as aspirin, NoDoz, etc. Are you aware of the caffeine content on these medications?

Would you like to know how much caffeine you take daily? Let’s study the chart on caffeine content in different food and beverages.
**Critical Thinking**

The goal of this lesson is to educate young partners about the harmful effects of substance use/abuse, using motivational interviewing. With smoking, your ultimate goal may well be employing a “risk reduction” approach that is more beneficial and realistic for some partners. Questions below provide you with probes that are sound, complementary behavioral approaches. Use techniques listed in Appendix II to generate thought-evoking questions. Record your findings on the left column.

**Smoking**

Ask your smoking partners about a typical day - when do they smoke (as a way to relax and unwind?). *“What kind of pressure or stress do you have?”* Assess causes of stress through effective listening.

Ask about the good things, then the less good things about having a cigarette? Ask about her concerns directly.

Present knowledge-based information in a non-judgmental, low-key manner. You may want to emphasize on just taking fewer puffs or inhale less deeply with each puff, or maybe not inhale at all. How much can your partners commit at this point?

Encourage this process and don’t forget to summarize.

Ask about the next step? Even if your partners are not ready to make a decision, you can suggest a number of options to deal with the difficult situations. She can try the four D’s: **Delay, Deep breathe, Drink water, and Do something else.** You might have to settle for **risk reduction** rather than total cessation as the only acceptable solution for your partners.

**Drinking**

Ask your partners if they know if there is a “safe level of alcohol consumption” established, especially during pregnancy.
Ask your partners if they had ever experienced “peer pressures”? Ask them if they know that binge drinking is a form of alcohol poisoning.

Explore why your partners drink and discuss the immediate effects that matter to them – unintended pregnancy, brain damage (to their unborn babies), and car accidents.

Be sure to emphasize that there is not a safe level of consumption established and birth defects can affect an unborn child for a lifetime, yet they are 100% preventable.

You may show a picture of a FAS baby and stress the lasting damage.

**Drug**

Many young partners may have excessive caffeine consumption without knowing it. Most of them do not realize over-the-counter medications contain caffeine. Are your partners aware of caffeine addiction?

Discuss with your partners the dangerous trend of inhalants, which can also cause addiction. Ask them if they are aware of the catastrophic results like brain damage, paralysis, damage to the kidneys, liver and even death.

Be sure to invite your partners to voice their opinions and exchange ideas with their peers.

Ask your partners if they want to know more about comprehensive drug programs in the community. We are not equipped to handle street drug usage. However, we can provide resource information for them.

For further information on motivational interviewing:

TIPS FOR NOT SMOKING

New babies need a lot of care and moms get tired. When you are tired and frustrated, you are more likely to smoke.

- Make time for yourself. Go for a walk, take a hot bath, or read a magazine.
- Do less housework and plan simple meals.
- Lie down whenever your baby sleeps. Have older children color, do puzzles, or watch TV.
- Have fun walking or dancing with your baby.
- Eat a variety of good foods. Snack on fruit, cheese, or popcorn.
- Visit often with family and friends.
- Join a mom’s group at church or at your local school.
- Plan ahead; be ready to use your favorite tips for not smoking.
- Reward yourself with a little gift when you go without smoking.
- Chew gum, cinnamon sticks, or sunflower seeds.

YOU CAN DO IT! YOU CAN BE SMOKE FREE!

KEEP YOUR BABY SMOKE FREE

Not smoking is one of the best things you can do for your baby and for yourself.

You Will...
- Breathe more easily.
- Have more energy.
- Have a better sense of smell.
- Have a nicer smelling breathe, hair and clothes
- Be less likely to have wrinkles and stained teeth.
- Have more money to spend on your baby and yourself.
- Be proud of yourself.

Your Baby Will...
- Get breast milk without nicotine.
- Grow better.
- Breathe better.
- Get fewer colds, coughs, and earaches.
- Be less likely to smoke when he or she grows up.

YOU AND YOUR BABY CAN BE HEALTHY, HAPPY AND SMOKE FREE FOR A LIFETIME.

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Public Health Service

Developed by Colorado Department of Health, Family and Community Health Services with technical assistance from Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion.

Smoking-Alcohol-Drugs
Nurturing Partners 2002
HERE ARE 10 TIPS TO HELP YOU QUIT

• Write down all your reasons for wanting to quit.
• Put your cigarettes out of reach or throw them away.
• Tell people you are quitting and ask them to help. Ask them not to smoke around you.
• Drink extra water and juice.
• Chew gum, cinnamon sticks, or sunflower seeds.
• Keep your hands busy.
• Go for walks.
• Practice deep breathing to relax.
• Plan ahead; always carry your favorite quitting gimmick.
• Reward yourself with a little gift for every week you go without smoking.

The Two Best Quit-Smoking Methods

Cold Turkey:  Smoke up to your quit day.
              On your quit day, don’t smoke.

Tapering:  Pick a quit day.
           Count how many cigarettes you smoke now.
           Cut down slowly.
           On your quit day, don’t smoke.

Plan A Smoke-Free Pregnancy

• Use your favorite quitting tips and keep trying new ones.
• Think often of your baby growing strong and healthy.
• To relax, take a deep breath and count to five. Let the air out slowly.
  Do this five times.

Developed by Colorado Department of Health, Family and Community Health Services with technical assistance from Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion.

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Bringing the University to You
Southern Area

GIVE A GIFT TO YOUR BABY

Cigarette smoking and second-hand smoke can result in a smaller baby, who is less healthy.

Nicotine from cigarettes makes your blood vessels tighten up. Then your baby gets less food and oxygen.

If you quit smoking…

• Your baby will get more food and oxygen and will grow better.
• Your baby’s lungs will work better.
• Your baby will have a better chance of being born alive and healthy.
• You and your baby will be more likely to leave the hospital together.

NICOTINE

NICOTINE

Carbon Monoxide is a poison that comes from smoking. It keeps oxygen from getting to your baby.

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NICOTINE

NICOTINE

Carbon Monoxide is a poison that comes from smoking. It keeps oxygen from getting to your baby.
Most of us know driving under the influence of alcohol can cause fatal accidents. Do you know that drinking alcohol while you are pregnant can cause your baby to have birth defects? This is known as Fetal Alcohol Syndrome (FAS).

Babies born with Fetal Alcohol Syndrome (FAS) are generally smaller at birth, especially their heads. They may have facial birth defects, and they usually have some brain damage or mental retardation that affects their memory and learning. They also have jittery motions that make them uncoordinated.

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**Did You Know?**

- Anything you eat or drink goes to your baby.
- It does not matter what you drink; beer, wine coolers, mixed drinks, and hard liquor are equally bad for an unborn baby. They all contain alcohol.
- Not knowing that you are pregnant while you drink alcohol can cause your unborn baby a lifetime of suffering and pain.
- There is not a “safe” amount one can drink. Even if you think “a little won’t hurt”, any amount of alcohol can hurt your unborn baby.
- Fetal Alcohol Syndrome (FAS) is a 100% preventable disease. However, there is no cure for FAS.
- It is NEVER TOO LATE for a woman to stop drinking. You can stop now!

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_Give Your Baby a Healthy Start in Life_
Caffeine is a natural substance found in leaves and seeds of more than 60 plants. It is also a common additive in many soft drinks and non-prescription preparations, especially mild analgesics (for example over the counter pain killers like aspirin). Most experts agree that pregnant women and nursing mothers should limit their intake to no more than 300 mg of caffeine per day.

What you do NOT know about caffeine may hurt you. Here are the facts:

- Caffeine, like all substances taken during pregnancy, crosses the placenta. Your baby gets it too!
- Caffeine may help people stay alert, but it will not sober up someone who has consumed too much alcohol.
- Some medications have caffeine added for medicinal purposes.
- Manufacturers add caffeine to soft drinks for stimulating affects. Diet and regular colas and drinks such as Dr.Pepper®, Mountain Dew®, Surge®, and Mello-Yello® all contain caffeine.
How do you cut back? Here are some ideas:

- Choose caffeine-free drinks, decaffeinated coffee or tea, fruit juices, or water.
- Switch to non-caffeinated soft drinks such as 7-Up®, Sprite®, Slice®, gingerale, root beer, or Fresca® or decaffeinated colas.
- Read medications for caffeine content. If you are not sure, check with health professionals such as pharmacists, doctors, nurses, or dietitians.

Check the **Sources of Caffeine** list to find out if your daily caffeine intake is excessive (more than 300 mg). You should start to reduce the amount by tapering it off over the period of a few weeks. During this time, you may experience withdrawal symptoms such as headache, sleepiness, depression, and even nausea. Remember these symptoms will diminish over time. Meanwhile, you have taken a major step in taking charge of your health and your baby’s health.
Social Preparation for Breastfeeding

**Goal:** Partners who decide to initiate breastfeeding need to prepare for the experience **BEFORE DELIVERY** in order to succeed and have a favorable experience.

**Objectives:** Partners will
- work with their health care providers.
- work with others that are important to them and to their babies.
- arrange their environment for breastfeeding before delivery.

**Handouts/ Audiovisuals:**
- Worksheet **Breastfeeding Social Support Ratings** (2 copies – one for partner; one for record).
- Worksheet **Social Preparation for Breastfeeding** (2 copies – one for partner, one for record).
- Handout **Breastfeeding—Is Baby Getting Enough?**
- Handout **Breastfeeding—Tips for Success.**

**Background Information:** Successful breastfeeding requires preparation and support from those affecting the life of the partner. Waiting to get this until after the baby is born may delay or sabotage the decision. Using a checklist (**Social Preparation for Breastfeeding**) for this lesson will accomplish the same ends as a critical thinking exercise does for other lessons. Make certain that you make a copy of this checklist for your file.

**Lesson Plan:**
1. Using the rating sheet (**Breastfeeding Social Support Ratings**), determine if the partner has told her health care providers, and others with whom she is close: mother, mother-in-law, father of baby, friends, teachers, etc. about her plans to breastfeed. Ask her why she might want to talk with these people. Have her describe any hesitancy with you.

   **On a scale of 0-10, how would you rate your level of confidence in the support you expect from each of the following:**
   a. **Your Friends**
   b. **Your Family**
   c. **Your Health Care Provider**

   For each type of supporter, ask the following:
   - **Would you share with me why you didn’t choose a lower number?** (This gives you—the instructor—her reasons for choosing breastfeeding and her knowledge level.)
   - **Would you share with me why you didn’t choose a high number?** (This gives you information about her perceived barriers.)
2. If there are particular barriers, try to uncover the underlying reasons.  
   Ask your partners to describe why they see a particular barrier. Probe your partners on possible strategies to overcome these barriers. If it is someone in their household, perhaps you can all work together. Leave literature with your partners to share with others.

   Go over each point slowly and carefully. Have them check the ideas they will use. When they complete the task, ask them to record the date. Review the record during next visits and redo their confidence-rating sheet. Whenever your partners agree to do something, ask them WHEN they plan to do so. On your copy of the checklist, note their responses.
# Breastfeeding Social Support Ratings

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*Social Preparation for Breastfeeding*
*Nurturing Partners 2002*

*COOPERATIVE EXTENSION*
*Bringing the University to You*
*Southern Area*
SOCIAL PREPARATION FOR BREASTFEEDING

Working with your health care provider

DATE

☐ Talk about your decision with all your health care providers including the hospital where you will deliver.

☐ Check your nipples to see if they are inverted. If they are, think about using breast shells.

☐ Have the providers write on your chart that you will be breastfeeding so that no formula is given to the baby.

☐ Find out how soon after delivery you will be able to nurse.

☐ Does the hospital have a rooming-in policy? Ask for this arrangement if they do.

☐ Find out the name and telephone number of the lactation counselor associated with the hospital and your health care office. Keep this information handy (pack it in your hospital bag) and provide a copy to your family and friends.

Working with others

☐ Ask for support from your family; the baby’s father, his family, and friends; your friends; your teacher or employer.

☐ Provide them with written information about what they should expect when you and your baby arrive home (frequency of feeding, how to determine if baby is getting enough, etc.) We can give you extra copies of our materials.

☐ Ask them how you can help them accommodate your decision.

☐ “Can I nurse in front of you?” Knowing this ahead of time will help reduce anxiety.

☐ “Will you help me with chores when I first come home so I can concentrate on establishing my nursing relationship with my baby? This will help me get needed rest too.” Identify who these people are and what specifically they will need to do to help you.

☐ “Will I be allowed to express milk at school or work? Can I bring my baby with me or can someone bring it to me?”

☐ “Do you allow breastfeeding babies in your child care setting?” If needed, find a child care provider who supports your decision. This may be a family member, a friend or an outsider.

Getting ready

☐ Learn as much as you can about what you might experience. Talk with other moms, with your childbirth educator, with your health provider. Don’t be discouraged if you hear “horror stories”- negative experiences often happen when people don’t plan.

☐ Have a comfortable place where you will be able to nurse. At first you may need a quiet, isolated place so the baby won’t be distracted.

☐ Make certain there will be fluids for you to drink when you arrive home. These can be cold water, juices, and milk.

☐ Make certain there will be food for you in the house when you get home. Keep following the same basic eating plan as in your pregnancy.

☐ Be persistent - remember all the benefits breastfeeding give you and your baby.

☐ Learn how to express and store breast milk.

☐ Be patient and relax. Give your baby time to adjust to the outside world.

☐ Be proud of your decision to breastfeed. Your baby has a caring mom.


**Bringing Baby Home**

This lesson deals with several safety issues, plus preparation for baby items when bringing baby home from the hospital. Depending on the extent you want to cover, you may modify the lesson to suit your partners’ needs. The critical thinking record in this lesson serves as interactional activity/worksheet with partners.

**Goal:** The partners will increase their confidence by being prepared to meet the needs of the newborn baby.

**Objectives:** The partners will:

- know how to prepare for the return trip home from the hospital.
- list the items they need and have at home for the newborn infant.
- become aware of safety issues such as safe cribs, toys, and other home safety tips.

**Handouts/Audiovisuals:**

- Handout **Taking Baby Out**.
- Handouts **Home Safety Tips** and **How Safe Are Your Baby’s Toys?**
- Handout **Babies Sleep Safest ON Their Backs**.
- Video **Sudden Infant Death Syndrome: A video on Helping to Reduce the Risk** – optional.
- Handout **Getting Ready for Baby Checklist**.
- Handout **What Are VIPs?**
- Worksheet **Critical Thinking Record**.

**Background Information:**

You may need two to three periods to cover all aspects mentioned in this lesson. The first preparation in bringing a newborn baby home is to secure a car seat and learn how to properly install it. It is also a good idea to prepare for a childproof and safe environment while a new parent is fresh at tackling this task. Let your partners know that this also can be done at a later time when their babies are ready to crawl. But remind them not to wait too long.

The baby needs a place to sleep. This may be a bassinet, cradle or crib from a friend, or a new or used crib. Make sure that the crib’s bars are no more than three inches apart so that the baby’s head cannot get wedged between them. A used crib needs to be cleaned. The mattress needs to be firm. Baby’s head and neck control is poor so he can suffocate on soft surfaces. Therefore, waterbeds, heavy covers or fluffy pillows, sheepskins, and soft mattresses should be avoided. Remember “**Back to Sleep**” to prevent SIDS (Sudden Infant Death Syndrome) – place baby on back or side, **NOT ON STOMACH**. It is also important to ensure that the baby’s sleeping environment is free of smoke including second hand smoke, which also increases the risk of SIDS.

Infant clothing needs are for comfort and safety. When deciding how many clothes the baby will need, consider what the partners can afford, the availability of a washer and dryer, and the variety of places the baby will go. The term **layette** is sometimes used to mean the list of things a baby needs. Some lists are extensive and go far beyond the basic needs.

This is also a good time for partners to learn about securing important papers such as a birth certificate, immunization records, etc. in a safe place. The earlier they learn about this, the sooner they can get organized.
Lesson Plan:
1. Ask partners how they intend to transport their babies. Using the handout Taking Baby Out, stress the importance of a properly installed car seat—starting with bringing baby home from the hospital.
2. Ask them if they have childproofed their homes for safety reasons. Find out if they have toys ready for baby. Emphasize not to wait too long—some babies can crawl much sooner than partners realize. Provide the handouts Home Safety Tips and How Safe Are Your Baby’s Toys.
3. Ask partners if they have heard of SIDS. Show the video Sudden Infant Death Syndrome as needed. Emphasize the “Back to Sleep” position for baby and assist partners with Critical Thinking Worksheet. Provide the handout Babies Sleep Safest on their Backs.
4. Use the Getting Ready for Baby Checklist and ask partners to continue to record other issues on the Critical Thinking Worksheet. If your partners cannot afford any of these items, refer them to a family resource center close to their home. Talk about thrift shops. Refer to Taking Baby Out.
5. Partners need to decide on the type of diaper to use. Probe partners about all the costs involved—including time. The cost of disposable diapers can be reduced by purchasing them on sale, buying with coupons, purchasing in large quantity, or buying store brands or at discount stores.
6. Discuss where baby items will be stored. The baby may have “lots of stuff.” There will be a need to store these things. This storage space might be a changing table, a chest of drawers, shelves with baskets or boxes, or laundry baskets. Use the handout What Are VIPs to explain how to store other important documents.

What is the law of transporting babies in a car? ____________________
Do you have a baby car seat ready?
Describe how you would properly install it. ____________________
Have you checked your home for childproof safety? When do you think your baby can reach for an electrical outlet? ________________

What kinds of toys do you have for your baby? What should you look for to make sure that they are baby safe? ________________
What have you heard about Sudden Infant Death Syndrome? ____________________
What position should your baby be in while sleeping? ____________________
How can you be sure baby sleeps in a smoke free environment? ____________________
Are there smokers in the house? ________________
What clothing and equipment do you have for your baby’s arrival at home? ____________________

What kind of diapers have you decided to use? ____________________
What are some ways to cut down on the cost of disposable diapers? ____________________

Where do you plan to keep your baby’s items? ____________________

Where will you store important papers such as birth certificate, immunization cards, etc.? ____________________
**Critical Thinking – Partners Worksheet**

**Safety Concerns**

*Car Seat: Where should I purchase one? Do I know how to properly install it? Who will show me how?*

Home Safety: Do I need to childproof my home?
- Maybe… I will do it later? When?
- Have I checked the safety of my toys?

Sleeping Concerns—Crib Safety Checklist:
- No slots over 3” apart.
- No fluffy pillows or soft mattress.
- No stuffed animals placed in the crib.

“Back to Sleep” for baby’s sleeping position.

“Smoke free environment” for baby.

**Baby Items**

Storage Area For Baby Items
- For Important Papers (handout What are VIPs?)

Baby Clothing (diapers)

---

* Provide “Safe Kids” information for partners – baby car sit checkpoints to inspect and promote proper installation are conducted at various locations in Clark County (Clark County Safe Kids Coalition – 731-8666.) If needed, you may also arrange for a certified car seat technician to come and demonstrate proper car seat installation.
Taking Baby Out?

The state law requires that your baby be placed in an approved car seat at all times when in a car (including bringing baby home from the hospital). It is your responsibility to acquire a car seat and learn how to properly secure the seat in your car.

You will be taking your baby in and out of your house. If you plan your trips, outings can be a positive experience. In general, you want to ask yourself if the place you are going is suitable for your baby. Your baby may not be developmentally ready to go to every place you like to go.

Consider the following when taking baby out:

- Is the place noisy or smoke filled?
- Can you feed your baby in a quiet area if needed?
- Is the place too hot or too cold for your baby? For example, your baby may not be old enough to visit the park during summer. It may be too windy or too cold.
- What are the activities going on at the place you are visiting? If it is an atmosphere where people may be having an argument, it is better to take your baby home immediately.

The following is a checklist for your diaper bag. Write down different items that you want handy for your adventures.

1. Diapers: ____________________________
2. Extra set of clothing: _________________
3. Wipe cloths, tissue: ___________________
4. *Bottles of prepared formula: _________
5. Changing pad: _______________________  

6. Jackets or sweaters: ____________
7. Toys to entertain your baby: _____
8. ____________________________
9. ____________________________
10. ____________________________

* If you need to carry a bottle of formula or expressed breast milk, do not place it in the diaper bag. Carry in a separate insulated bag.

The following numbers are useful community resources:

**Car Seat Information - Clark County Safe Kids Coalition:** 731-8666
Call and find out about car seat information.

**Emergency Baby Clothing and Supplies - Baby Find:** 383-1411

**Family to Family Connection - UMC:** 383-7058  **E. Tropicana:** 436-3122
**E. Lake Mead:** 657-6940
How Safe Are Your Baby’s Toys?

Today’s toys are designed and tested for safety. Only YOU can make sure that the toys are matched to your baby’s age and ability level. Even safe toys can be dangerous if they are used incorrectly or if you do not watch your baby. You need to be careful in your purchase of toys and not buy on impulse. Inspect toy packages for play, use, and safety messages. Remember that toys for older children can be too difficult and may be dangerous for your baby. When you “inherit” toys from your friends or relatives, you need to be sure that they are right for your baby.

Check Points for Safe Toys:

- Can be washed easily.
- No sharp edges or points.
- Big enough—cannot be swallowed.
- No cords to wrap around neck.
- Nontoxic, lead-free paint.
- Not electric—no battery included.
- Nonflammable.
- No loud noises that can be harmful to baby’s hearing.
- Strong enough for child to sit or stand on.
- Durable—must be able to withstand being bitten, tugged, sucked, jumped on, and thrown about.
- No wires (inside stuffed animals).
- No small parts to pull off (like the eyes of stuffed animals).
- Age friendly and match baby’s ability level.

Remember, toys can be dangerous when they are left on the floor, on stairways, driveways, or sidewalks. They are unsafe for baby to move about if left in the crib. Also, you should regularly check for broken toys and throw them away.

“Are these Safe for Me, Mama?”
Home Safety Tips

To begin, place yourself at baby’s view (crawl) and go explore your entire home.

Don’t procrastinate! You are going to have to make sure all of these are checked. Do it now!

Buy plastic safety plugs to prevent electrical shocks.

Store all household chemicals including medicines, cosmetics, etc. out of reach of children.

Never transfer medicines or any household liquids from their original packages.

Check your water heater temperature. Lower it below 120°F.

Get into the habit of turning all pot handles away from the edge of the range while cooking. Talk about this to anyone cooking in the house.

Install nylon netting across deck, porch, staircase, and balcony railings to prevent kids from squeezing through or getting trapped.

Make sure all large windows have window guards inside the frames.

Store all sporting equipment including dart sets, hunting knives, and guns safely away in locked cabinets. Ammunition should be stored in a separate locked location.

Any sharp corners/edges on furniture and appliances should be treated as potential danger points and precautions should be taken to avoid injuries. Plastic, fabric or rubber covers can help.

You may want to put away any fragile items such as porcelain dolls and glass. You can always show them again when your baby is older and will not pick them up.

If you are not sure whether your houseplants are poisonous or not, find out today—call the Master Gardener desk at your local Cooperative Extension office. The direct number to the Las Vegas Cooperative Extension Master Gardener desk is 702-257-5556.
### Getting Ready For Baby Checklist

Numbers indicate how many you might need.

#### SLEEPTIME
- Crib, bassinet or cradle
- Firm mattress
- Crib sheets (3-4)
- Waterproof crib pads (3)
- Bumper pad for crib (1)
- Receiving blankets (4)
- Crib blanket (1)

#### BATHTIME
- Washcloth (6)
- Towel (4)
- Gentle soap
- Cotton
- Alcohol

#### FEEDING TIME*
- Comfortable chair in quiet room
- Nursing pads
- Breast pump
- Pillow for lap
- Space in refrigerator
- Bibs
- Sterilizer kit or Disposable nursery kit
- Bottles

* If you plan to use infant formula, make certain it is iron-fortified.

#### CLOTHING **
- Undershirts (6)
- Onesies (4-6)
- Stretchies (8)
- Cotton Sweater (1)
- Booties/Socks (5)
- Hat/Cap/Bonnet (2)

** Your baby will quickly outgrow newborn sizes. Buy 6-month size so your baby will use them for a longer time.

#### DIAPER TIME
- Diapers (1 dozen)
- Baby wipes or washcloths
- Diaper pins or masking tape
- Diaper rash cream (Optional)
- Petroleum jelly (Optional)

#### OTHER ITEMS
- Insulated bag for bottles of formula or expressed breast milk
- Infant car seat
- Lap pads (2)
- Storage space for baby’s things
- Diaper bag
what Are VIPs?

VIPs are Very Important Papers that you will need to compile and keep in a secure place for ready reference. Some of these documents are very difficult to replace if lost. You may not think that you need to keep track of your papers yet, but being organized will help you save time when you need them.

You will need file folders or envelopes with the following categories:

- **Legal documents:** birth certificates, yours and your baby’s social security numbers, marriage license, immigration papers (green cards), car titles, lease or loan contracts.
- **Housing and utility receipts.**
- **Employment records:** pay stubs if any.
- **Education records:** report cards, GED or school enrollment record. You may not need them now, but they are important especially if you move from one state to another.
- **Medical records:** Your baby’s immunization records and any other medical information that you have about his/her medical status. This will help your health care provider diagnose or evaluate your baby’s health status. Don’t forget your medical records.

Some people use a drawer in the kitchen to keep all the folders. Some prefer keeping them in a file box. Whatever suits you is fine. You do need to do an inventory once or twice a year. Some old records may need to be discarded to make room for new ones. Once you establish your routine, you are on your way to becoming an organized person.

Whoa! I found the right place to keep my VIPs!

Start Getting Organized Now! Keep All Important Papers in a Safe Place!
**Bubble Basics**  
*Diapering and Bathing Baby – Caring for Baby’s Special parts*

**Goal:** The partners will increase appreciation of their babies’ dependence on them and increase their awareness of safe care for their babies.

**Objectives:** The partners will
- demonstrate skills diapering an infant.
- demonstrate skills dressing an infant.
- demonstrate skills preparing for and bathing an infant.
- gain knowledge of activities to encourage the bonding process.

**Handouts/Audiovisuals:**
- Handout **Bubble Basics: How to Care for Baby’s Special Parts.**
- Handout **Bubble Basics: Bath Time Supplies.** (Partner worksheet provided.)
- Demonstration doll, baby bathtub, waterproof pants, baby clothing, etc.
- Video **Baby’s First Month: “What Do We Do Now?”** - optional.

**Background Information:**
Many partners depend on their own mothers or relatives for assistance in caring for their babies. This lesson aims at easing mom’s comfort level with the everyday custodial cares for her baby such as diapering, bathing, and cleaning the special spots. Your partners will learn best through interaction with hands-on activities. Depending on their needs, you may divide the lesson into two sessions at different trimesters during pregnancy. For example, they may need information on how to dress or diaper the baby before the baby is born. They may want to learn about cleaning the special parts after the baby is born. You should accommodate their needs.

Use the handout **Bubble Basics: Bath Time Supplies** and partner worksheet along with demonstration to maximize hand-on experience. If needed, you can select the time-coded segment from the video **Baby’s First Month** for your partners to view.

**Lesson Plan:**

**Diapering**
Cloth diapers are more economical if a washer and dryer are readily available, and the mom can afford the soap, bleach and costs for the washer and dryer. Some babies are allergic to disposable diapers—so cloth may be the only choice. Disposable diapers hold water well so that the diaper might feel dry even if it needs to be changed. This is difficult for nursing moms who judge if their infant is getting enough to eat by the frequency diapers are changed.
These moms can lay a piece of toilet paper in the diaper to determine if the baby urinated.

1. Find out what type of diapers your partners have decided to use.

2. Working together, diaper the doll using the type of diaper the partner selects. Newborn babies generally need to be changed about 12 times in a 24-hour period to avoid skin problems and diaper rash.

Dressing
1. Find out if there are baby clothes ready for different seasons. Ask which outfit the baby would wear around the house during the summer months.

2. Work with your partners in dressing the baby (doll) in an air-conditioned environment. (Emphasize that the baby’s arms and legs will be floppy, not stiff like the doll’s.)

Bathing
It is not necessary to bathe babies daily as long as their hands, face, umbilical cord and diaper area are washed frequently during the day. Some babies love the water and will soon splash and play in it. Other babies hate the water—they will cry and act startled. A towel placed on the bottom of the tub will prevent the baby from sliding. If there is no cradle cap, shampoo 1-2 times a week. Water temperature should be warm. Begin with the baby’s face and head and work down the body. Use clear water and a soft cloth on the face. A gentle soap can be used on the rest of the body. Lastly, clean vagina or scrotum area.

What type of diapers do you plan to use?
What are the advantages of disposable versus cloth?
How often do you expect to change the baby’s diapers?

(Change before or after each feeding—more frequently if a diaper rash appears).

What kind of clothing have you prepared for your baby at birth?

What kind of outfit would you choose to dress your baby?
How would you handle the baby’s arms and legs?

How do you test the water temperature?
What should the room temperature be?

What are you going to do if the phone rings now?

When do you plan to bathe your baby?
(Anytime of day is good.)

How frequently do you plan to bathe the baby?
1. Start by asking your partners what items she needs to bathe the baby. Have her write these down on the blank “Bubble Basics” Sheet. Compare with completed sheet.

2. Have your partners get items out of your bag. Ask them to “wash” the demonstration doll, after preparing a suitable work surface and determining where she will bathe the baby. Make sure she supports the baby’s head and neck during the whole bathing process. Water should be warm and room temperature should be at least 75°F. Baby can be sponge-bathed or put into a tub.

3. If the baby has greasy, yellow brown patches on his scalp and behind his ears, he has cradle cap. Wash his scalp often with a mild shampoo, pat dry and then rub with petroleum jelly or baby oil. The crust can be softened with the oil or jelly before washing if needed. If there is no cradle cap, shampoo 1 – 2 times a week or as needed.

Cleaning Baby’s Special Parts

Umbilical Cord Stump: Place a small amount of rubbing alcohol on a cotton ball. Gently push down the skin around the stump and squeeze out or mildly rub the base. This must be done with every diaper change until it falls off. After it falls off, use the alcohol cleaning procedure for that day.

1. Start by asking your partners what they expect the stump to look like.

2. Demonstrate the procedure.
Circumcision Care

Immediately after the circumcision, a piece of gauze is placed on the penis. This will fall off in a day or two. While the gauze is on, clean it with a washcloth. Apply a layer of petroleum jelly or Vitamin A & D cream. Once the gauze falls off, apply lots of petroleum jelly or Vitamin A & D cream on the penis at each diaper change (4-5 times daily).

1. Find out if your partners are planning to have their baby boys circumcised.

2. Have them demonstrate what they will do to care for the circumcision.

Diaper Rash

This is a reddish rash in the diaper area with or without infection. If it is a yeast infection, the skin will be bright red with distinct red marks in a defined area. If the diaper rash has large spots that ooze pus, it may be infected. Ask the doctor what kind of ointment to use.

To treat:

- Give air to rash area.
- Remove diaper—place baby chest down (face to one side), on towels laid upon a waterproof sheet.
- Wash area with cool water and gently dab dry.
- No talcum powder—but cornstarch might help.
- If using cloth diapers, add 1 ounce of vinegar to 1 gallon of water per wash load.

Are you planning to have your baby boy circumcised?

What will you do if you see thick pus or fresh blood or notice a smell? (Call the doctor.)

Do you know what diaper rash looks like?

What can you do about it?
BUBBLE BASICS
Bath Time Supplies

Optional:
Mild Shampoo
Baby Lotion
Vitamin A & D Ointment
Rubbing Alcohol
Cotton Balls

Avoid:
Talcum Powder
Baby Oil (Except on Cradle Cap)
Soap or Shampoo with Scents

1 Large Towel
(For Laying Wet Baby On)

1 Small Soft Towel
(For Drying)

Clean Clothing for baby

Mild Soap

Washbowl, Dishpan, Basin, Sink, or Baby Bathtub

Diapers & Pins

1 Small Towel for Sink, Tub

Soft, Clean Washcloth
Partner Worksheet

BUBBLE BASICS
Bath Time Supplies
BUBBLE BASICS

HOW TO CARE FOR BABY’S SPECIAL PARTS

1. **Umbilical Cord Stump (Belly Button)**
   - ( ) Cotton balls or Q-Tip.
   - ( ) Rubbing alcohol.

2. **Diaper Rash**
   - ( ) Cornstarch.
   - ( ) Vinegar for laundry if using cloth diapers.

3. **Cradle Cap**
   - ( ) Petroleum jelly or baby oil.
   - ( ) Mild shampoo (non-scented).

4. **Circumcision**
   - ( ) Sterile 2-inch x 2-inch gauge. Need 1-3 only.
   - ( ) Vitamin A & D cream or ointment or petroleum jelly (a large tube)!
     (Many hospitals will give you a tube at discharge)

5. **Uncircumcised Penis**
   - ( ) No need to retract the foreskin in infant boys.
   - ( ) No supplies necessary—just keep it clean from urine and stool.
**Ready For The Hospital – Labor Signs**

*Goal*: The partners will gain reassurance about what to expect in the hospital and they will increase their awareness of the signals of labor.

*Objectives*: The partners will:
- learn about the available childbirth preparation classes and gain knowledge of the signs of labor.
- develop a plan on what to take to the hospital.
- be prepared to make decisions regarding circumcision.
- become aware of legal issues involved with birth certificates.

*Handouts/Audiovisuals:*
- Handout *Preparing for the Hospital*.
- Video *Labor and Delivery for Teens* – optional.
- Worksheet *Critical Thinking*.

*Background Information:*

The closer the time gets to delivery, the more anxious mothers become, especially first-time moms. Learning what to expect helps diminish the fears and anxiety. By helping the young mother to distinguish labor signs and prepare for the hospital experience, she will be mentally prepared. If your partner has not enrolled in a childbirth class, encourage her to do so quickly. Some partners may request to see the actual childbirth process. You may use the video if appropriate.

Hospitals require a signed birth certificate, which will be filed with the state. Sometimes new parents are unsure what to include on a birth certificate. Even if the baby’s father is not currently involved in a parenting role, the mother should consider the consequences of including or omitting the father’s name on the birth certificate. This information, listed at the baby’s birth, may help the mother obtain child support payments later. It also could allow a father to challenge custody.

*Lesson Plan:*

1. Share an anecdote about getting ready for the hospital: for example, the frantic rush to the car only to discover that it won’t start; getting lost on the way to the hospital; or not knowing where to go after arriving at the hospital.

*Have you ever heard anyone describe her experience about getting ready to go to the hospital? What are your plans?*


2. Using the worksheet **Critical Thinking**, review the signs of labor. Probe if necessary and record the responses.

3. Have your partners describe what they have learned about the signs of labor.

4. Remind your partners to get their things ready early and keep them handy. Go over the list.

5. Decisions to consider before entering the hospital:
   a) Circumcision is the surgical removal of the foreskin (the loose fold of skin covering the tip of the penis). Although many baby boys are circumcised soon after birth, hospitals require parental permission to conduct this surgery. Some considerations about circumcision include religious beliefs, family values, cleanliness and the health status of the baby. In addition, the parent should be aware of possible financial costs if the procedure is not covered by medical insurance.
   b) For unmarried partners, there are some legal issues about identifying the baby’s father on the birth certificate. Describe points of child support, responsibilities and custody claims. Encourage your partners to discuss with others to determine what is best for them.

6. Emphasize to your partners that they must put their babies in a properly installed car seat when leaving the hospital. They need to prepare for this before they go into labor. Refer to handout **Taking Baby Out** in the lesson Bringing Baby Home.

---

**Are you enrolled in a Childbirth Education Class?** ______________

**Describe what you have learned about the signs of pre-labor.** ______________

**Tell me what you are expecting when you get to “true” labor.** ______________

**Now, what should you take to the hospital?**

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**a. If you have a son, you will be asked whether or not you wish to have him circumcised. Have you thought about this?**

**What will you do?**

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**b. Paternity issues (review if partner is not married).**

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**What arrangements have you made for leaving the hospital?**

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**Critical Thinking – Partner Worksheet**

**Pre-Labor Signs**
- Nesting Instinct (sudden energy).
- Baby “Drops” (easier to breathe, more urination).
- GI upset/diarrhea.
- Bloody show (cervix opening).
- Loss of mucous plug.
- **Braxton-Hicks Contractions:**
  - Stay same distance, strength, duration.
  - May be irregular.
  - Not relieved by walking, changing position.
  - May be felt high in front.
- **“True” Labor**
  - Increase in strength, come closer together.
  - Regular pattern.
  - Strength increases when walking or changing position.
  - Begin in the back and move forward to the front.
- Cervix  Thins, opens, membrane ruptures (trickle or gush).

**NOTE:** If fluid is not clear (green or brownish) or if you have a fever, call your Health Care Provider immediately.

**Decisions to Consider**
- Circumcision
- Paternity Issues
- Ride Home

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For You: (Probably you will only be staying a short time.)

**Bring**

- Going-home outfit (roomy and easy to get into).
- Flat shoes/sandals.
- Underwear, socks, nursing bra.
- Sanitary napkins, nursing pads.
- Nightgown, robe.
- Deodorant, toothpaste and toothbrush, make-up, brush and comb.

**Don’t Bring**

- Jewelry
- Cash
- Other valuables

**REMEMBER!!!**

Take along one or more of the following:

**Identification Papers**

- Health Clinic Card
- Insurance Policy
- Medical Assistance Card
- Picture ID
- Social Security Card

For your Labor Coach

- Snacks.
- Change for the telephone.
- Telephone numbers of those you want to tell the good news!

For your Baby

- An infant car seat.
- One-piece stretchy outfit.
- Receiving blanket.
- A cap.
- Booties/socks.
- A few newborn diapers.
**Hush Little Baby**

**When Baby Cries**

**Goal:** The partners will learn how to cope with crying infants.

**Objectives:** The partners will:
- describe why many infants cry for long periods of time.
- recognize that infant crying can be stressful for parents.
- list strategies to reduce crying.
- discuss the importance of responsive care and how it promotes basic trust in babies.

**Handouts/Audiovisuals:**
- Handout *Coping with Crying Babies*.
- Worksheet *Critical Thinking*.

**Background Information:**

Crying is baby’s way of asking for help. During the first few months, she can’t control when she starts to cry. She cries only when in need and can’t stop until those needs are met or until she’s too tired to go on. Parents who responded quickly to their baby’s cries had babies who later cried less often and for shorter times. These babies had more energy for learning and interacting with people. Babies do not cry to annoy moms or to be bad. Some babies hardly ever cry and others cry often. Having a baby that cries does not mean someone is a bad mother or that the baby is bad. But, it can be very stressful. It is important to remember that babies do not cry to upset their parents. Babies cry when they are:

- Hungry
- Wet
- Hot/Cold
- Lonely
- Tired
- Bored
- Over stimulated—too much is going on
- Frightened
- In Pain
- Just Before Falling Asleep
- Sensitive to Emotional Tension
- Sick

Babies sense when people feel happy, afraid or upset. Although babies are sensitive to emotions, they do not understand why others feel a particular way and so they cry. Comforting a crying baby will lead to the development of trust. When a person comes to see what is wrong, the baby learns to trust that someone will take care of him. A baby cannot be spoiled by having his needs met.

Some ways of dealing with crying babies could hurt them. Rough treatment such as shaking or spanking can permanently injure softly forming bones and internal organs. Shaking can lead to brain stem injury and bleeding in the brain. Getting angry with a crying baby probably will not stop the crying. Babies are too young to understand.

The critical thinking record in this lesson serves as a worksheet for partners.
Colic is excessive crying in which: 1) the baby cries for 3 or more hours per day on at least 3 days per week, 2) the parents report that the crying is very intense, 3) the baby is otherwise normal, and 4) it is difficult to soothe the baby. Colic occurs in 20% of newborns. There is no identified cause of colic. It generally disappears by four months of age. Breast milk or formula does not cause colic per se. If allergies to these are found, there is accompanying diarrhea. Colicky babies usually do not have diarrhea.

There are several coping mechanisms for helping a crying baby.

1. Swaddle or warmth—wrap baby tightly or place in warm tub.
2. Motion—in a baby swing, stroller or car, rocking.
3. “White” noise—constant and continuous sound. Can be singing or humming, a vacuum cleaner or clothes dryer.
4. Pacifiers—often stops crying immediately; crying starts again if baby loses pacifier. However, pacifier can interfere with breastfeeding.
5. Massage—may help calm parent and baby. Less research has been done on massage, but it is helpful to some.

Lesson Plan:

1. Have partners describe how they feel when their baby cries—worried, angry, upset, etc. How do others in the household react?
2. Using the critical thinking record as a worksheet, have your partners first list several reasons why babies cry. Have them “think like a baby.” Then ask them to list appropriate responses. Finally, have them list some inappropriate responses.
3. Review the handout Coping with Crying Babies. Have partners demonstrate (or discuss) each response with your doll or their babies (if awake). Sing the lullabies on the handout as they demonstrate these techniques.
4. Have her describe what she thinks might happen when a baby is shaken.

5. Discuss with partners how to recognize the signs of colic and discuss the actions one can take to cope with a crying baby. Let partners share their experiences.

6. The critical thinking record serves as a worksheet for your partners. Help partners identify the steps (in order) that they will follow when their babies cry.

What have you heard about colicky babies? How do you recognize the signs? How do you cope? ______

What do you think works best for your babies? Can you put the coping mechanism in order? What might be best to do first, second, third, etc.? ______

__________________________
### Critical Thinking Worksheet

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<th>Questions</th>
<th>Partner Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How often does your baby cry?</td>
<td></td>
</tr>
<tr>
<td>• How do you feel when your baby cries?</td>
<td></td>
</tr>
<tr>
<td>• How do others in your household react when your baby cries?</td>
<td></td>
</tr>
<tr>
<td>• Tell me why you think babies cry.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
<th>Appropriate</th>
<th>Inappropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tell me what can be done to cope with a crying baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What have you heard about Shaken Baby Syndrome?</td>
<td></td>
<td></td>
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<tr>
<td>• What have you heard about colic?</td>
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<td></td>
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</tbody>
</table>

### Order of Coping Mechanism—What works best for your babies?

<table>
<thead>
<tr>
<th>Coping Mechanisms</th>
<th>Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rock</td>
<td></td>
</tr>
<tr>
<td>Swaddle</td>
<td></td>
</tr>
<tr>
<td>Change clothes</td>
<td></td>
</tr>
<tr>
<td>Burp</td>
<td></td>
</tr>
<tr>
<td>Cure diaper rash</td>
<td></td>
</tr>
<tr>
<td>Share shifts</td>
<td></td>
</tr>
<tr>
<td>Try sounds</td>
<td></td>
</tr>
<tr>
<td>Swap baby for an IOU</td>
<td></td>
</tr>
<tr>
<td>Hire a caregiver</td>
<td></td>
</tr>
<tr>
<td>Take a 20-10 Break</td>
<td></td>
</tr>
<tr>
<td>Check with your doctor</td>
<td></td>
</tr>
<tr>
<td>Hang in there</td>
<td></td>
</tr>
<tr>
<td>Use pacifier (if breastfeeding, may not want to use)</td>
<td></td>
</tr>
<tr>
<td>Massage</td>
<td></td>
</tr>
</tbody>
</table>
SPECIAL NOTE:

COLIC – Occurs in one in five babies.

How to Recognize:

- Baby cries for 3 or more hours per day on at least 3 days per week.
- Baby’s crying is very intense.
- Baby is unable to soothe!

How to Handle:

- Swaddle OR warmth – wrap baby tightly OR place in warm tub.
- Motion – in a baby swing, stroller or car (with properly installed car seat), also rocking.
- “White” noise – constant and continuous sound. Can be singing or humming, a vacuum cleaner or clothes dryer.
- Pacifiers – often stops crying immediately; crying may start again if baby loose pacifier. (However, pacifier can interfere with breastfeeding.)
- Massage – may help calm parent and baby.

HUSH LITTLE BABY

Hush little baby, don’t you cry;
Mom’s gonna sing you a lullaby.
And if you are still crying a lake,
Mom’s gonna take a 20-10 break.
And if that break doesn’t give you a lift,
Mom’s gonna share a crybaby shift.
So, hush little baby, don’t you cry;
Mom’s gonna hang in there ’till your eyes are dry,
EVEN IF IT TAKES 20 YEARS!

To be sung to melody of “Hush Little Baby, Mama’s going to buy you a Mockingbird.”

Prepared by
Madeleine Sigman-Grant, Ph.D., R.D.
MCH Specialist
Crying is how babies tell us what they need—food, comfort and security. Some babies rarely cry and others cry a great deal. If your baby cries a lot, it does not mean you are a bad parent or that your baby is bad. But, a crying baby can be stressful. It is important to remember that babies do not cry to upset us.

Do not shake or spank your baby if you cannot stop him from crying. Remember, babies do not mean to upset you. They are too young to understand and will cry more if treated roughly. Rough treatment, even in a playful way, can permanently injure softly formed bones, internal organs and brain.

Just the same, everyone has a stress point beyond which calm and loving activities are impossible. If your baby has been crying a lot, try these tips for coping with crying babies:

- **Rock** – Rocking intermittently (starting and stopping) while holding the baby upright helps calm a distressed baby. Rocking continuously (without stopping) while the baby is lying horizontally in your arms helps put a baby to sleep.
- **Swaddle** – Wrap your baby in a warm, soft blanket with just his head uncovered.
- **Change Clothes** – Try to figure out if your baby is dressed too warmly or not warmly enough. Adjust clothing to make him more comfortable.
- **Burp** – Try gently burping your baby to see if an air bubble in her stomach is making her uncomfortable.
- **Cure Diaper Rash** – Leave his diaper off and place him on a waterproof pad. Use Vitamin A & D Ointment on his bottom with cornstarch. If diaper rash is severe, check with your doctor.
- **Share Shifts** – Household members can take turns.
- **Use Pacifier** – If breastfeeding, wait until milk supply is established before using a pacifier.
- **Try Sounds** – Record your baby’s cries and play them back to her. Some babies stop crying to listen to themselves! Or try soft music, singing, the clothes dryer or other sounds to see if they help.
- **Swap Baby for an IOU** – Find a neighbor or friend to watch your baby so you can get out and relax. Later, when your baby has settled down, you can watch her children.
- **Massage Baby** – It appears to relax both baby and parent.
- **Hire a Caregiver** – Find responsible sitters that you trust. Although costly, it may be well worth the freedom and peace of mind.
- **Take a 20-10 Break** – If your baby has been crying nonstop, first make sure nothing is wrong physically. If he continues to cry, carry him and rock him for 20 minutes. Then put him back in the crib for 10 minutes while you relax yourself. Repeat the above steps as necessary.
- **Most of All Hang in There** – The first three months are the hardest. If you try to soothe your baby now, chances are he will have settled down by the fourth month.
Breastfeeding Success

This lesson plan covers the first few postpartum, in-home visits for breastfeeding mothers. Since we are not certified lactation consultants, our breastfeeding support and counseling must be limited. We can critique positioning, watch latch-on and provide mom with guidelines to determine if the baby is getting enough. We cannot assess suck, provide medical information (e.g. mastitis or yeast infection), nor treat the mother in any way. We can provide resources (consultants’ names, websites, books and other materials). We can provide social support, encouragement to seek other help, even weigh the mother and baby.

Goal: The partners will have a successful breastfeeding experience.

Objectives: The partners will

- reduce concerns about breastfeeding techniques.
- learn the signs of adequate milk supply.
- increase awareness of breastfeeding resources.

Handouts/Audiovisuals:

- Handouts—have available but use only as needed:
  - Questions for Our First Visit (within the first week of life).
  - Breastfeeding: Is Baby Getting Enough?
  - Breastfeeding: Tips For Success.
  - Breastfeeding: Healthy Eating For Mom
  - Lactation Consultants Resource List.
  - Breastfeeding Websites (Instructor’s Guide)


Background information:

The period of time immediately following birth is critical for breastfeeding success. Mothers are tired, as are their infants. Nursing mothers are unsure of their abilities—especially first time mothers or first time breastfeeders. You are extremely important as a breastfeeding mentor and coach. For these visits, do not overwhelm the partner with piles of information. Simply provide reassurance and any information she asks for. Answer all her questions and those of her friends and family. Weigh her and her baby only if she is worried about the baby gaining weight. You can show the video Breastfeeding Your Baby if your partner desires.

Encourage her to visit her doctor’s office before the end of the first week of life—she can get an accurate baby weight to reassure herself that the baby is fine.

For your reading: Why Should I Nurse My Baby? Pamela Wiggins
In-Home Breastfeeding Support Program. North Carolina CES
The Breastfeeding Answer Book. La Leche League
Breastfeeding Websites – see handout
Lesson Plan:

1. Determine if she is still producing colostrum or if her milk supply has come in. Ask to see the baby. Then ask to see the mother and baby nursing.

Note the positioning. Note the latch-on techniques. Help her reposition if necessary.

2. Determine if your partner feels comfortable with her nursing so far. If she seems hesitant, ask her if she would like to review the video.

On a scale from 0-10 how comfortable are you with your nursing?

3. Ask partner if she knows what to look for to make certain the baby is getting enough breast milk. Write down her answers on the critical thinking sheet.

What signs let you know that your baby is getting enough breast milk? Which ones does your baby show?

Record on critical thinking section.

Signs of milk sufficiency during the first weeks of life:

- nursing about every 2 hours (8-12 times a day) and is restful in-between
- after the first week, 6-8 soaking wet diapers per 24 hours
- at least 1-6 pasty, mustard-colored bowel movements per 24 hours
- swallowing sounds when nursing
- breasts feel softer and lighter at the end of a feeding (once milk is established)

4. Most babies will lose a small amount of weight after birth (breastfed or formula fed). The baby should regain the weight within about 2 weeks. Average weight gain is about 4-7 ounces per week in the first month. Even if we weigh the baby, we may not be able to tell mom anything about weight gain because of scale accuracy.

THEREFORE, ENCOURAGE HER TO GET THE BABY WEIGHED AT THE DOCTOR’S OFFICE WITHIN THE FIRST WEEK OF LIFE (EVEN IF SHE DOESN’T HAVE AN APPOINTMENT).

If your partner wishes, you can weigh her by herself and then weigh her while she is holding the baby. Record the weights.

If your partner wishes, you can weigh her by herself and then weigh her while she is holding the baby. Record the weights.
5. Depending on your partner’s level of interest, her reading ability, her computer access, etc. provide her with resources to alleviate any anxiety about breastfeeding.
Critical Thinking

Observe positioning, latch-on techniques. Record.

On a scale from 0-10 how comfortable are you with your nursing? Please share with me your reasons for choosing that number when you could have selected one either higher or lower.

What signs let you know that your baby is getting enough breast milk?

Would you like to check your baby's weight? (Remember our method is not very accurate.)
Lactation Professionals Resource List

Valley Hospital Cradle Corner Breastfeeding Hot Line – 671-8588

Janine Drake, RN, MS, CLE, CCE
894-5694

MaMa Matters
Andrea Dresser
320-4022

Best Beginnings
Teri Stockinger, RN, CLE
898-0356

Nature’s Way
Elaine Graitge, BS, CLE
645-3503

Pat Stahl, RN, CLE
Tender Years
870-7882

Zena Gresham, CLC
Las Vegas W.I.C.
658-4634

BREAST PUMP RENTALS

Medela – Teri Stockinger
898-0356

Medela – Elaine Graitge
645-3503

LaLeche League – 393-8553 or 1-800-717-7628
Local referral information line or toll-free number
Breastfeeding Web Sites

1. **LaLeche League**: [www.lalecheleague.org](http://www.lalecheleague.org)
   World’s largest resource for breastfeeding information.

2. **Dr. Jack Newman’s Articles**: [http://users.erols.com/cindyrn/newman.htm](http://users.erols.com/cindyrn/newman.htm)
   Topics include treating thrush, jaundice, colic and many others.

3. **Children’s Nutrition Research Center**: [www.bcm.tmc.edu/cnrc](http://www.bcm.tmc.edu/cnrc)

   Have your questions answered by a Board Certified Lactation Consultant.

5. **Bright Future Lactation Resource Center**: [www.bflrc.com/fb_mgt.htm](http://www.bflrc.com/fb_mgt.htm)
   Articles for parents by Linda Smith, BSE, FACCE, IBCLC, including how to hand express milk and how the breasts make milk.

6. **San Diego County Breastfeeding Coalition**: [www.breastfeeding.org](http://www.breastfeeding.org)
   Lots of great information for moms and professionals.

7. **Breastfeeding Resources on the Internet**: [www.prairienet.org](http://www.prairienet.org)

8. **Nursing Mothers Supplies**: [www.nursingmotherssupplies.com](http://www.nursingmotherssupplies.com)
   Comprehensive site for any equipment the nursing mother may need. Able to contact breastfeeding counselors with questions about the products.

9. **Pumping Moms Information Exchange**: [www.pumpingmoms.org](http://www.pumpingmoms.org)
   Provides information as support for other moms who are pumping/expressing milk for their babies.

10. **ProMoM**: [www.promom.org](http://www.promom.org)
    Promotion of Mother’s Milk Inc.

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<table>
<thead>
<tr>
<th><strong>QUESTION</strong></th>
<th><strong>EXPLANATION</strong></th>
</tr>
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<tbody>
<tr>
<td>Many people find that it takes a while to adjust to having a new baby. How is it going for you?</td>
<td>Putting mother at ease; establishing rapport; showing interest in her as a person.</td>
</tr>
<tr>
<td>Tell me how breastfeeding is going.</td>
<td>Determining her perception of what is going on.</td>
</tr>
<tr>
<td>How do you know when it is time to feed your baby?</td>
<td>Assessing whether the mother is feeding on a schedule or on demand. Assessing how well the mother recognizes her infant's early feeding-readiness cues.</td>
</tr>
<tr>
<td>Is anyone helping you?</td>
<td>Determining if anyone is helping or hindering her breastfeeding efforts.</td>
</tr>
<tr>
<td>How is your appetite? Do you feel thirsty a lot?</td>
<td>Assessing adequate maternal food and fluid intake.</td>
</tr>
<tr>
<td>Have you noticed any changes in your breasts? What are they? Are your nipples sore at all?</td>
<td>Determining whether the transitional milk has come in yet. Finding out if latch-on or positioning is a problem.</td>
</tr>
<tr>
<td>Do you feel any cramping or increased vaginal bleeding when you nurse your baby? Does it make you feel thirsty and sleepy to breastfeed?</td>
<td>Evaluating the activity of the mother's hormones as a sign that her let-down reflex is occurring.</td>
</tr>
<tr>
<td>How often does your baby nurse? Does at least one breast get softened at a feeding? How long does it usually take? Does your baby usually nurse from the second breast?</td>
<td>Evaluating the adequacy and frequency of feedings.</td>
</tr>
<tr>
<td>Does your baby sleep a lot? Do you have trouble waking your baby when it's time to feed? Or what works to wake your infant?</td>
<td>Evaluating the frequency of feeding.</td>
</tr>
<tr>
<td>Have you or anyone else given your infant something else to drink besides your milk?</td>
<td>Determining whether the mother thinks her milk supply is adequate. Determining whether other people are interfering.</td>
</tr>
<tr>
<td>Do you notice any difference in your breasts before and after nursing? What difference?</td>
<td>Determining if milk transfer takes place. Determining whether the mother is emptying the breast adequately. Softening of breasts happens in the early months only.</td>
</tr>
<tr>
<td>How many wet diapers does your baby have every day? How often does he have a bowel movement? What is the color of his stools?</td>
<td>Determining whether the meconium has passed. Determining whether the baby's intake is adequate.</td>
</tr>
<tr>
<td>May I hold him for a while?</td>
<td>Holding the infant presents the perfect opportunity to assess hydration. How does the infant's skin look and feel? Is his mouth dry?</td>
</tr>
<tr>
<td>Do you have an appointment for your six-week check-up?</td>
<td>Assure appropriate medical follow-up for mother.</td>
</tr>
<tr>
<td>I'd love to see your baby nurse if it's about time to feed.</td>
<td>Assessment at the breast. Assessing a feeding.</td>
</tr>
<tr>
<td>Have you begun to use any type of birth control? What kind?</td>
<td>Assessing possible effect of birth control method on milk supply.</td>
</tr>
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Breastfeeding is

<table>
<thead>
<tr>
<th>GOING WELL IF…..</th>
<th>IN JEOPARDY IF…..</th>
</tr>
</thead>
</table>
| At day 1 postpartum, at least 1 wet diaper and 1 bowel movement.  
At day 2 postpartum, at least 2 wet diapers and 1 bowel movement.  
At day 3 postpartum, at least 3 wet diapers and 1 bowel movement.  
At day 4 postpartum, 4-6 wet diapers and 2+ bowel movements (light-colored) in a 24-hour period.  
By day 7, 6 to 8 wet diapers at least 2-5 bowel movements.  
Breasts softens during and after a feed (once milk has come in).  
Mother feels a tug without pain (may feel tingling at the beginning of the feed)  
Mother feels sleepy and relaxed  
During first days, may feel cramping in uterus  
Baby appears relaxed  
Hear 10+ suck/swallow at the beginning and sometimes during a feed  
After a feed, baby appears content (not necessarily no hand-sucking)  
Baby has increased appetite for 1-3 days due to growth spurt at 1 week, 6 weeks, 3 months, 6 months | Is too sleepy to feed well  
Does not feed with at least 8 sucks/swallows in a burst  
Does not relax while feeding, but keeps tight fists by her face  
Had a dry mouth after feeding  
Cries to feed again within an hour of the last feeding  
Is becoming jaundiced  
Is still passing meconium at 4 days old  
Has fewer than 4 wet diapers in 24 hours by 4 days of age  
Has fewer than 2 bowel movements in 24 hours by 4 days of age  
Develops cracked or sore nipples  
Becomes engorged  
Has breast that do not feel lighter or softer after feeding  
Doesn't feel firm tugging with each suck  
Does not feel relaxed, drowsy, or thirsty while breastfeeding  
Does not experience increased vaginal bleeding or uterine cramping during or after feedings  
Says she does not know what to look for to tell her that feeding are going well |

### Evaluation of Breastfed Infants

<table>
<thead>
<tr>
<th>SLOW GAINING INFANTS</th>
<th>FAILURE-TO-THRIVE INFANTS</th>
</tr>
</thead>
</table>
| • alert healthy appearance  
• good muscle tone  
• good skin turgor  
• at least 6 wet diapers daily  
• pale, dilute urine  
• frequent seedy stools OR large, soft infrequent stools  
• 8 or more nursings/day  
• well-established let-down reflex  
• weight gain consistent but slow | • apathetic or crying  
• poor muscle tone  
• poor skin turgor  
• few wet diapers  
• "strong" urine  
• infrequent, scanty stools  
• fewer than 8 feedings (may be brief)  
• no signs of let-down reflex  
• weight gain erratic – may lose weight |
**Bottle Feeding**

*There are a few critical thinking activities in this lesson. Evaluate this lesson by observing the partners while they prepare the formula and demonstrate their feeding techniques.*

**Goal:** The partners will be able to safely and accurately prepare commercial infant formula. They will also bottle-feed their babies in a nurturing manner.

**Objectives:** The partners will:
- acquire knowledge in preparing infant formula and bottle-feeding their infants.
- learn about baby bottle tooth decay and safeguard their babies’ oral health.
- acquire practical hints in bonding with their bottle-fed babies.

**Handouts/Audiovisuals:**
- Handout Formula Feeding.
- Equipment: demonstration formula (concentrated and powdered) sterilizing equipment bottles, caps, and a variety of nipples baby doll
- Handout Oral Health for Your Baby.
- Handout You and Your Baby: the Nurturing Team (From the lesson Healthy Infant/Toddler Growth and Development.)

**Background Information:**

There are many things a mother can do to make babies feel secure. Babies need moms to learn when they are hungry. Even if a mom is not breastfeeding, her baby needs to feel her skin, touch her body, and hear her heartbeat. Most of all, babies need to trust that moms will respond to their needs every time; and moms need to trust that their babies know what their bodies need and when they need attention.

Young partners need to know the advantages of breastfeeding in order to make informed decision about feeding their babies. If they chose to bottle feed their babies, they need to do it properly to safeguard baby’s health and promote bonding.

**Lesson Plan:**

1. **Establishing Special Bonds with Your Baby**

   Ask your partners if they could read them a story.
   
   Imagine you are going on a trip to a new land. You will need to leave your warm, quiet home and enter into a new world that is cold, bright and loud. You are used to being fed on time so you never had to worry about getting food. And your trip to your new land is very difficult.

   Once you arrive in your new land, you need to learn how to get food as well as keep warm and safe and dry. But you do not know the language so you send signals to those around you. You hope that there is one special person on whom you can depend. One person who will hold you close, and keep you safe. One person you can trust to meet all your needs.

   Ask your partners if they can guess who “you” is, and who is the one “special person” in the story.

   “Guess what partners – you are that person!”

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   ——

   ——

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   ——
2. Ask your partners if they can think of ways to make sure their babies feel safe and secure. Emphasize that babies depend on them for feedings that are clean, free of germs, and are right for their bodies. If you were to bottle-feed your baby, what would you think comes first to make sure your baby is safe? ___________________________________________________________________

3. Using handout **Formula Feeding**, ask your partners how they plan to prepare their baby’s formula. Assist partners in preparing the formula. Bottles should be sterilized until the baby is 3 months old. Water (boiled for 5 minutes in a covered pan) or bottled sterile water should be used. Once a bottle of sterile water is opened, it must be used all at once or another bottle must be used.

   Babies **should only be fed IRON-Fortified commercial infant formula. Any other type will not replace baby’s iron stores as they are used up or lost. Baby can become anemic at about 6-9 months of age. Anemia is harmful to baby’s brain development and functioning.**

   **Which brand and kind of formula are you going to use? What equipment will you need to prepare the formula?** ___________________________________________________________________

4. There are a variety of nipples and bottles available. Partners may have to try several types before finding the right one for their baby. **What kind of nipple do you think babies may like?** ___________________________________________________________________

5. Provide handout **Oral Health for Your Baby** to partners. Explain that bottle-feeding can be detrimental to baby’s oral hygiene, if not done properly. **Tell me what you know about baby bottle tooth decay** ____________________________________________

6. Emphasize the “nurturing team” concept for mom and baby to work as a team. Record partners’ responses in the critical thinking section. Refer to handout **You and Your Baby: the Nurturing Team**, as needed. **How do you think you can work together with your baby as a team?** ____________________________________________
Critical Thinking

If a partner decides to bottle-feed her infant, or if she changes from breastfeeding to formula feeding, she must be able to prepare the formula so that it is clean and of accurate concentration. Be sure to emphasize the importance of sanitation in preparing bottles. Record the partner’s response in this section.

In discussing the types of nipples and bottles available, have your partners look at all the possibilities to determine the right kind for their babies.

Consider the following tips for bottle-feeding:
- **Bottle-fed infants need to be held semi-upright so that the formula doesn’t flow back into their ears and cause an infection.**
- **Hold bottles so nipple fills with formula, not air.**
- **Bottles should never be propped (infants cannot move their heads or stop from choking).**
- **Once the baby falls asleep, immediately remove the bottle.**
- **Throw away any unused portion.**

What kinds did they select? What are the reasons why they selected them?  
________________________________________________________________________

Ask your partner to demonstrate, using the doll, how she will hold the baby. How do they feel about holding the baby skin-to-skin?  
________________________________________________________________________

Have partners express their feelings about being part of a nurturing team with their babies. Stress that babies feel secure if partners respond to their signals. This in turn creates bonding. It doesn’t “spoil” babies—it helps mothers and babies bond.

Record and summarize your partners’ responses?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Your baby needs you to learn when he is hungry. Your baby needs to feel your skin, touch your body, and hear your heartbeat even if you are not breastfeeding. Most of all, your baby needs to trust that you will respond to his needs. And you need to trust that your baby knows what his body needs and when he needs your attention.

Your baby sends you signals. You respond.

- Your baby needs you to hold her when you are feeding her. Do not leave her alone with a propped bottle.
- Your baby needs you to learn when he has had enough—like spitting out the nipple, arching his back, turning his head away.
- Your baby needs you to feed her when she shows you HER SIGNS to eat (before she begins to really cry). These signs could be chewing on her hands or looking for something to suck on.
- Your baby needs you to feed her when she shows you HER HUNGER AND WHEN IT HAS HAD ENOUGH.

Mom and baby become a nurturing team.

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Formula Feeding
A special time for you and your baby.
**Preparation Checklist for Iron Fortified Cow Milk and Soy-based Infant Formula**

**STEP 1**

Wash your hands with soap and hot water. Rinse thoroughly.

*Put the bottles, nipples, caps, and rings in a pot and cover with water. Put the pot over heat, bring to a boil, and boil for 5 minutes, covered."

Wash bottles and nipples (using brushes) and caps, rings, and preparation utensils in hot soapy water before using. Rinse thoroughly.

For formula, boil more water for 5 minutes and cool.

Squeeze clean water through nipple holes to be sure they are open.

*This step is for infants less than 3 months old, unless a health care provider indicates otherwise. A properly functioning dishwasher machine can be used to clean bottles and bottle parts instead of boiling them in a pot.

**STEP 2**

**CONCENTRATED**

Wash the top of the can with soap and water and rinse well. Wash the can opener.

SHAKE CAN WELL and then open the can.

Pour needed amount of formula into a clean bottle using ounce markings to measure. Add an equal amount of cooled boiled water. For example, 4 ounces of formula + 4 ounces of water.

**POWDERED**

Remove plastic lid. Wash the top of the can with soap and water, rinse well and dry. Wash the can opener. Open the can and remove scoop. Make sure the scoop is totally dry before using. Only use the scoop that comes with the formula can.

For each 2 ounces of cooled, boiled water added to a clean bottle, carefully add 1 level scoop of powdered formula. For example, 8 ounces of water + 4 scoops of formula.

Make sure that no water or other liquid gets into the can. Cover opened can tightly and store in a cool dry place (not in the refrigerator). Use within 4 weeks after opening.

To use again, the scoop should be washed with soap and hot water, rinsed thoroughly, and air dried. When making formula again, the scoop should be totally dry before using.

**STEP 3**

Attach cap and nipple and SHAKE WELL. Remove cap. Feed prepared formula immediately.

If more than one bottle is prepared, put a clean nipple upside down on each bottle and cover it with a clean cap and screw-on ring.

Do not leave formula at room temperature. Refrigerate bottled formula until needed. Use within 48 hours.

Discard unused formula left in bottle after feeding.

**STEP 4**

Traveling with prepared formula:

- Take prepared formula from refrigeration.
- Place in insulated bag or cooler. DO NOT use the same bag you use for diaper changing.
- Use prepared formula within two hours to prevent tummy aches in your baby.

If you need to be away for longer than two hours, consider taking along water bottles and enough powdered formula and scoop. You then can prepare fresh formula.

**Pictures and information adapted and updated from: Infant Nutrition and Feeding. USDA, FNS-288, 1993.**
Babies’ first teeth come “in” at about four to six months. Baby teeth are important because they hold the place for permanent teeth and help guide them into correct position. But bacteria can start their harmful effects way before you see your baby’s teeth. When you allow the bottle to stay in your baby’s mouth (such as propping a bottle, giving baby a bottle too often or allowing him to go to sleep with a bottle in his mouth), you may be jeopardizing his health. Your baby can choke, get sick from spoiled formula, or he may be overfed.

There’s more to oral health… to protect against oral facial injuries, always use a secured baby car seat while traveling. Always keep one hand on the baby when you are changing his diaper if he is on a table, chair, bed or sofa. Use an infant seat, secured with a safety belt, when placing your baby in a shopping cart. These are all safety precautions.

Dental experts recommend that initial visits should take place between the ages of 6 months and 1 year, when the first tooth appears. Therefore, early visits are crucial in assessing diet and feeding patterns that may contribute to tooth decay. The fruit juice or formula can act on your baby’s teeth and cause **Baby Bottle Tooth Decay** – a condition when baby’s teeth become black and get lots of holes (cavities).

**Steps You Can Take to Safeguard Your Baby’s Oral Health**

- Breastfeed your baby, if at all possible.
- Hold your baby while feeding.
- Don’t prop a bottle or allow your baby to fall asleep with a bottle.
- Don’t use a bottle as a pacifier.
- When you start your baby on fruit juice, dilute the juice and offer a covered cup, preferably when he is old enough to hold it (around 6 – 9 months). Use sippy cups as a transitional step, but use them for snacks and mealtimes only.
- Feed only formula or water (unsweetened) from a bottle.
- Don’t feed babies soda pop or any sweetened drinks.
- Wipe infants & toddler’s teeth with a clean, damp cloth once a day.
- Wean your baby off the bottle by one year of age.

If your baby is having problem going to sleep without a bottle, try singing or rocking your baby to sleep, offering a favorite soft toy in place of the bottle, or try a pacifier. As it is much harder to break the bedtime bottle habit, it is important not to start this habit. If your baby really wants a bedtime bottle, you may try a little water only.

Gradual weaning not only prevents tooth decay, it also promotes normal weight gain. As you slowly add more food to your baby’s meals (when he is able to feed himself at about 9-12 months), you should be able to successfully wean him off the bottle by his first birthday or so. The longer your baby is on the bottle, the harder it is to wean. The key to weaning is patience and understanding.
Feeding My Baby

This lesson plan covers the first year of life in detail and briefly describes the second year of life. Obviously, the teacher should not present all the information in one or two lessons. Use the basic lesson plan and adjust to the baby’s age by selecting the appropriate game cards and videos.

Goal: The partners will make informed decisions regarding feeding their infants.

Objectives: The partners will
- identify the ages and stages of a baby’s physical development.
- integrate the ages and stages with the infant’s nutritional needs.
- learn and respond appropriately to the baby’s signs of hunger and fullness.
- use critical thinking skills to decide when, how, and what to feed their growing babies.

Handouts/Audiovisuals:
- Handouts: Little Lives (enrollment card)
 Congratulations on Your Baby
  You and Your Baby—The Nurturing Team
  Food for Baby’s First Year/Feeding Toddlers
  Making Your Own Baby Food
- Specific recipe for partners: Smoothies.
- Matching game cards: How Old Am I?
- Videos: Baby’s First Spoonful: Tips for Starting Solids
  Lily’s First Foods
  Baby It’s You (for the older infant).

Background Information
Advice on infant feeding is handed down from generation to generation. Young partners will be exposed to a variety of beliefs and myths about feeding their babies. Our role is to help them negotiate through this advice by presenting them with the most up-to-date information. Instead of simply giving them a feeding schedule, we will let them explore child development and its relationship with infant feeding through the use of a variety of videos, the How Old Am I? game, and with open discussions.

If necessary, feel free to work with those who most influence the mothers’ decisions, i.e., grandmothers and partners. Invite them to join in the lesson and discuss their points of view. Help mothers and grandmothers critically think through the information about infant feeding decisions by first accepting that what they did was fine but new scientific advances help us develop more appropriate expectations.

General information of signs of hunger and fullness for the instructor is also provided.
Progression of Infant Feeding Lessons

All of the following lesson plans are guidelines that can be tailored to group settings. If your partners were homebound after coming home from the hospital, you might find the first two lessons useful for one-to-one visitation (hence suggested). The outlined progression provides information on the specific age groups, but you need to determine the appropriate lesson plan according to your partners’ needs. Use the videos according to your customized lesson plan. The handouts You and Your Baby -The Nurturing Team and Food for Baby’s First Year/Feeding Toddlers serve as the master information factsheets for all infant feeding lessons.

Infant Feeding Lesson immediately after birth - In hospital or at home.
1. Determine how breastfeeding or formula feeding is progressing. Concentrate on working with partner on her concerns in this area. Refer to Breastfeeding Success and/or Bottle Feeding lessons as needed.
2. Determine any other concerns about her new situation. Make any necessary referrals.
3. Review Bubble Basics if not covered previously.
5. Help partner identify hunger and fullness signs from handout You and Your Baby -The Nurturing Team, section “Birth-1 month”. Refer to handout Food for Baby’s First Year.

Infant Feeding Lesson after birth - One-to-one home lesson.
1. Determine how breastfeeding or formula feeding is going. Offer support and encouragement. Provide informational pieces as necessary.
2. Play the “Hold Old Am I” game your partner.
4. Go back to her card sort. Ask the partner if she wishes to change her placement of any of the cards. Emphasize the importance of waiting until the baby is ready for solids.
5. Using handout You and Your Baby -The Nurturing Team, discuss the signs of hunger and fullness according to her baby’s age.
6. Optional - Determine if you need to invite those who influence her decisions about infant feeding to join you in your next visit.

Infant Feeding Lesson - When infants are about 2 months old.
1. Watch Lily’s First Foods video.
2. Discuss in a manner similar to the other videos. Facilitate group discussion focusing on their barriers and supporters to following these guidelines.
3. Using the How Old Am I? game cards, have partners determine where their babies are developmentally and what would be the appropriate foods (if any) to give to the babies. Refer to handouts You and Your Baby -The Nurturing Team and Food for Baby’s First Year.
**Infant Feeding Lesson - When infants are about 4 to 6 months old.**
1. Watch the Baby It’s You video. Discuss in a manner similar to the other videos. Facilitate group discussion focusing on their barriers and supporters to following these guidelines.
2. Using the How Old Am I? game cards, have the partners determine where their babies are developmentally and what would be the appropriate foods to give the babies. Refer to handouts You and Your Baby-The Nurturing Team and Food for Baby’s First Year.
3. **Note:** If partners are still nursing, the American Academy of Pediatric suggests waiting until 6 months before introducing solid foods.

**Infant Feeding Lesson - When infants are about 6 months old.**
1. Determine what the partners are feeding their infants. Refer to handouts You and Your Baby-The Nurturing Team and Food for Baby’s First Year.
2. Using reflective listening, discuss how much and when they feed their infants.
3. Using reflective listening, determine if they need to review the How Old Am I? game cards.
4. Some mothers choose to buy commercial baby food, others prefer to make their own. Determine which method they use. Ask the partners if they would like to learn how to make their own.
5. One of the most critical issues with preparing baby food is FOOD SAFETY. Ask the partners to tell you how they would go about getting ready and then making baby food.
6. Depending on your partners’ need, distribute the handout Making Your Own Baby Food. Have partners demonstrate how to prepare homemade baby food.

**Infant Feeding Lesson – When infants are about 9 months old.**
1. Determine what the partners are feeding their infants. Refer to handouts You and Your Baby-The Nurturing Team and Food for Baby’s First Year.
2. Using reflective listening, discuss how much, what, and when they feed their babies.
3. Using reflective listening, review the How Old Am I? game cards. **Note:** Mealtimes are great social events. Babies and moms should eat together, starting now and for the rest of the preschool years, whenever possible. Encourage the partners to begin feeding baby small amounts of mashed or chopped food from their plates.
4. Focus discussion around a baby’s need for trust. Ask partners what people do to make them feel they are trusted. Using reflective listening, determine what they do to help their babies learn to trust them. (e.g., routine feeding and bedtime, responding to need, consistency, etc.)

**Infant Feeding Lesson – When infants are about 12 months old.**
1. Determine what the partners are feeding their infants. Refer to handouts You and Your Baby-The Nurturing Team and Food for Baby’s First Year.
2. Using reflective listening, discuss how much, what, and when they feed their babies.
3. Using reflective listening, review the How Old Am I? game cards, focusing primarily on the autonomy vs. shame and trust messages. Ask the partners to describe their reactions when someone makes them feel like they aren’t old enough to do something. Using reflective listening, ask them to put themselves in their children’s place and think about how their children might react when they restrict them. **Note:** Describe parenting as a line with being too lenient on one end and too strict on the other end. Provide the partners with examples of when mothers might need to be restrictive (safety and health concerns) and when they can allow their children to make certain decisions.
**Critical Thinking**

Use this exercise as a master sheet for one-to-one and group infant feeding lessons.

Ask your partners to respond to these thoughts: *Who has given you information regarding how to feed your baby? Of all these people, who are you most likely to listen to? Have you received any advice on when your baby is ready for solids?*

Optional: Determine if **you** (the instructor) need to talk with any of these people. If so, ask partners if and how to arrange for that meeting.

Play the **How Old Am I?** game. Discuss the hunger and fullness signs according to the handout *You and Your Baby-The Nurturing Team.*

Show the appropriate video. Following the video, ask the partners to change any card they wish to change. Ask them to explain their reasoning; record their answers.

Determine how they know when their babies are hungry and full. Practice reflective listening. **Probe for all expectations.**

**Suggestion for more interactive activities:** Make laminated cards for the different age groups from the handout *You and Your Baby-The Nurturing Team* (six *Hunger and Fullness* cards). Ask partners to match the **How Old Am I?** game cards with the *Hunger and Fullness* cards with the appropriate age. Just omit the age headings (on top of the *Hunger and Fullness* card) for maximum activity and fun.
# Signs of Hunger and Fullness

**Instructor’s Guide**

## General Information

<table>
<thead>
<tr>
<th>Hunger</th>
<th>Fullness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occurs for two reasons: <em>physical</em> (lowering of blood sugar and empty stomach) and <em>emotional</em> (trying to satisfy an emotional need – stress, boredom, depression, happiness).</td>
<td>Occurs when signals from the stomach and rising blood sugar levels reach the brain. Usually occurs within 20 minutes after eating.</td>
</tr>
</tbody>
</table>

### Adults

- Tiredness & weakness
- Growling in stomach
- Light-headed & dizziness
- Shakiness in hands
- Blurred vision
- Fullness in stomach
- General overall satisfaction and calmness (may even feel a little sleepy)

### Children

As children can not identify the above symptoms, they will ask for food outright or exhibit hunger by using negative actions, such as:

- Irritable/cranky
- Sucks thumb or sticks hands in mouth
- Seeks out food or beverage
- Children usually demonstrate fullness with negative behaviors at the table. A few of these behaviors are listed below although there are certainly others that parents will mention:
  - Plays with food
  - Turns head away
  - Pushes food out of mouth
  - Disturbs others at table
  - Wants to leave table

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*Feeding My Baby*

*Nurturing Partners 2002*
### HOW LONG YOU MAY STORE HOMEMADE BABY FOOD IN THE REFRIGERATOR OR FREEZER

<table>
<thead>
<tr>
<th>FOOD</th>
<th>IN REFRIGERATOR</th>
<th>IN FREEZER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits &amp; Vegetables</td>
<td>2 to 3 days</td>
<td>6 to 8 months</td>
</tr>
<tr>
<td>Meats or Egg Yolks</td>
<td>1 day</td>
<td>1 to 2 months</td>
</tr>
<tr>
<td>Meat &amp; Vegetable Combinations</td>
<td>1 to 2 days</td>
<td>3 to 4 months</td>
</tr>
</tbody>
</table>

Making your own baby food from family foods usually costs less than the baby food you buy, and it allows the baby to get used to the types of foods the family eats.
what you need:

1. Something to mash or grind the food such as a:
   - Food Grinder
   - Blender
   - Potato Masher
   - Strainer
   - Fork

2. Good quality food without added salt, sugar, fat or spices. Do not make baby food from leftovers that have been kept for more than one day.

what to do:

1. Wash your hands with hot soapy water. Wash all equipment in hot soapy water; rinse them under hot water and air dry.

2. Wash fruits and vegetables by scrubbing under cool water. Peel fruits and vegetables and remove seeds.

3. Remove bones, skin and visible fat from meat.

4. Bake, boil or steam food until cooked and tender.

5. Use the food grinder, blender, potato masher, or fork to mash the food until it is of a smooth texture. You may also force the food through a strainer. Throw away any tough pieces or large lumps.

6. Add liquids such as cooking water, breast milk or formula if the food is thick or dry.

7. Do not add sugar, honey, salt or fat to baby food.
### Meal Patterns and Food Groups for the 1-2 year old

<table>
<thead>
<tr>
<th>FEEDING TIMES</th>
<th>Breakfast</th>
<th>Lunch and Dinner</th>
<th>Snacks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk</strong></td>
<td>½ cup whole milk OR breast milk</td>
<td>½ cup whole milk OR breast milk</td>
<td>½ cup whole milk OR breast milk</td>
</tr>
<tr>
<td><strong>Grains</strong></td>
<td>½ slice bread AND ¼ cup cold dry or cooked cereal</td>
<td>½ slice bread OR 3 squares of saltine crackers OR 2 squares graham crackers OR 1/2 tortilla</td>
<td>½ slice bread</td>
</tr>
<tr>
<td><strong>Fruits &amp; Vegetables</strong></td>
<td>¼ cup juice</td>
<td>Two different fruits and/or vegetables to equal ¼ cup [1 serving should be high in vitamin C (e.g. orange juice) and 1 high in vitamin A (e.g. soft cooked carrots)]</td>
<td>½ cup juice OR ½ piece of fruit</td>
</tr>
<tr>
<td><strong>Meat and Alternates</strong></td>
<td>nothing is needed</td>
<td>1 oz. meat OR 2 tbsp. peanut butter, spread thinly OR 1 oz. cheese (1/2 cubes) OR 1 egg OR 1/2 cup yogurt (any kind) OR 1/4 cup cooked dry beans/peas</td>
<td>2 tbsp. peanut butter, thinly spread OR 1 oz. cheese (1/2 cubes) OR 1/2 cup yogurt (any kind)</td>
</tr>
<tr>
<td><strong>Other Foods</strong></td>
<td>nothing is needed</td>
<td>nothing is needed</td>
<td>nothing is needed</td>
</tr>
</tbody>
</table>

### The Toddler Food War Games

At about 1 year of age, growth rate slows way down and so does appetite. Babies become less interested in eating and more interested in what's going around them. At about 18 months, toddlers show these normal, but frustrating, signs of growing up. They may:
- become resistant to trying new foods
- eat only one or two favorite foods
- refuse to eat foods they ate before
- become easily distracted when eating

If you respond by threatening, coaxing or bribing, your child has drawn you into the Toddler Food War Game—a game you can never win! Remember, you can honor your child's growing need for independence without playing the game by:
- providing one or two favorite foods with each meal along with new foods.
- being patient— it may take your toddler as many as 10 tries to accept new foods.
- being consistent—set some simple table manner rules and expect your child to follow them all the time.
- not being restrictive—allow your child to explore all foods (even those with sugar and fat) at the appropriate time and place. Your child has to learn to cope with the world around him. However, some foods such as cakes, candy and cookies may not be appropriate to serve at every meal, or in large portions. Setting limits is not the same as restricting access. Restriction is when others are eating these less healthy foods, and you do not allow your child to have them.
- being a role model—eat what you would like your child to eat. Set a good example.

### FEEDING TODDLERS

Many families ask for information on what, when, and how much to feed their child. Our best advice is:
- **Adults** determine what to serve and when to serve the food. Note how small the serving sizes are for children this age.
- **Children** are responsible for deciding how much to eat. They are the only ones who know when they are hungry and when they are full. Pay close attention, watch the signs and respond so that your child builds up trust and self-assurance.

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**Satter, E.. How to Get your Kid to Eat, but not too Much. 1987, Palo Alto, CA: Bull Publishing.**
FOOD FOR BABY'S FIRST YEAR

The foods that a baby can eat depend on the baby's physical abilities and nutritional needs. This guide describes the skills usually present at various ages and the foods that the baby is ready to eat. Remember that the first solid foods should be liquidy. They are not a replacement for breast milk or formula!

Warning:

Babies and toddlers can easily choke on nuts, whole grapes, seeds, popcorn, raw vegetables, peanut butter, meat sticks and hot dogs. Do not give babies or toddlers these foods. Feed babies and toddlers only when you can watch them. This means do not let babies and toddlers eat in their car seats. If they choke, you may not be able to help them.

Some families have food allergies. If there are known food allergies in baby's family, delay feedings these foods until after the first year.

Suggested amounts to serve - depends on baby's appetite, growth rate and physical activity. There will be times when the baby gobbles up food and times when your baby simply is not hungry. Allow your baby to guide you, or "set the pace". Keep feeding when your baby is hungry. Stop feeding when he/she is done!

Babies only need very small amounts of food. They need more breast milk or formula then they do food. After age one, a rule of thumb is to offer 1 tablespoon of each food for each year of baby's life. If baby is still hungry offer more. So at 12 months, lunch for baby can be: 1 tablespoons chopped carrots, 1 tablespoon soft cooked ground meat, and 1 tablespoon chopped peaches.

<table>
<thead>
<tr>
<th>Suckles</th>
<th>Controls head movements</th>
<th>Pushes up chest when on tummy</th>
<th>Sits with support</th>
<th>Chews</th>
<th>Grasps</th>
<th>Holds</th>
<th>Improves Coordination</th>
<th>Feeds Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRTH</td>
<td>ABOUT 6 MONTHS</td>
<td>7 - 8 MONTHS</td>
<td>7 MONTHS</td>
<td>7 - 9 MONTHS</td>
<td>8 - 9 MONTHS</td>
<td>9 - 12 MONTHS</td>
<td>ONE YEAR</td>
<td></td>
</tr>
</tbody>
</table>

- Breast Milk or Iron Fortified Infant Formula
- Iron Fortified Infant Cereal
- Strained or Pureed Vegetables or Fruits
- Fruit Juice mixed with the same amount of water
- Start feeding from a cup.
- Other Infant Cereals
  - Wheat
  - Mixed Grains
  - Mashed Fruits and Vegetables
  - Finger Foods
  - Toast squares
  - Unsalted soda crackers
  - Soft tortilla pieces
  - Cooked vegetable strips or slices
  - Peeled, soft fruit wedges or slices
- Other Infant Cereals
- Whole Milk
- Whole Egg
- Other Infant Cereals
- Mashed or Chopped Food from the Family Meal
- Allow baby to feed self with spoon or blunt fork.
- Offer a variety of foods.
- Gradually decrease number of feedings from breast or bottle as baby eats more food.
- Serve beverages from a cup only.

Always hold your baby.

Feed cereal from a spoon only.

Offer plain foods without added salt or sugar.

4 - 6 oz. 100% fruit juice per day is all baby needs.

Let baby begin to feed self, even if messy.

Offer 3 meals a day plus snacks.

Controls head movements

Suckles

Pushes up chest when on tummy

Sits with support

Chews

Grasps

Holds

Improves Coordination

Feeds Self

Adapted from: California Department of Health Services, WIC Program
During the toddler years (ages 12-24 months)

- I am learning that you and I are separate people. I am in the “Look at ME” stage. I need to explore, and make safe and healthful choices.
- You need to teach me how to eat properly. Please use the suggestions below to help me learn without feeling shame, doubt or guilt.

Do These Things to Help Me Learn and Grow

- **encourage me to feed myself even though it is messy!** Give me small, easy to handle spoons and forks.
- **listen to me . . . I can tell you when I am full.**
- Accept that I may go on food jags and only eat certain foods for a month or two, or be “finicky.” This is normal and will not last very long. Offer small serving of favorite food along with other food.
- Serve food so I can eat it easily (e.g. not too hot or too cold, cut up in cubes or small pieces, etc.).
- Serve me small amounts of food and give me more if I am still hungry.
- Let me eat until I am full.
- Help me pay attention to eating without forcing me.
- Serve food in the way I like it (e.g. nothing touching; sandwiches cut into halves instead of quarters).
- Select what foods to bring into the house. Give me a chance to choose between two healthy foods.
- Supervise to keep me safe from harm—including not serving “hazardous” foods (see below).
- Put old newspapers or shower curtains under my chair to catch my spills.
- Look for signs that I am finished eating. It’s time to clean up and do something else.
- Allow me choices without making negative comments about what I choose.
- Serve meals and snacks on a flexible but reliable schedule.

WAYS TO AVOID CHOKING

NOTE: Young children choke very easily. Moms need to protect their most important team member.

- Children eat only when seated and calm.
- Don’t feed children when riding in a car.
- Serve small pieces of easy to chew foods.
- Be a role model—take small bites, chew well.
- Stay with your child when he is eating.

AVOID SERVING THESE HAZARDOUS FOODS:

- Nuts
- Cherries
- Hard Candy
- Grapes
- Whole Berries
- Popcorn
- Chunks of Meat
- globs of Peanut Butter (especially on a spoon)
- Mini-marshmallows
- Hot Dog Circles
- Raisins
- Popcorn
- Cherries
- Nuts
- Chunks of Meat
- Grapes
- Whole Berries
- Popcorn
- globs of Peanut Butter (especially on a spoon)

Let Us Work Together as a Nurturing Team

To find out if I am hungry, ask
- Is your stomach making funny noises?
- Are you tired? (Sometimes children feel tired when they are very hungry.)
- Are you ready to eat?

To find out if I am full, watch me
- I may slow down my eating.
- I may start to play, throw or mess with my food.
- I may fall asleep.

Work as a team.
- Your baby senses signals of hunger and fullness.
- Your baby sends you these signals.
- You respond.
- You and your baby are a happy team.

You and your child are a team. As your baby grows, he’ll need to make great changes. So will you. Both of you need to adjust to these changes. How will you know what your baby needs?

Of course your baby cannot tell you in words what she needs. So you must look for signs. You will be like a detective—trying to find clues.

When it comes to feeding your baby, you will need to use your detective skills to know when to begin and when to stop. Signals are sent through your baby’s body: signals for hunger and signals for fullness. Your baby then sends signals to you.

You must learn what these signals are. We have translated these signals for you. Use this guide to help you learn what to look for as your baby grows and changes.

*He and she are used interchangeably.

References:

Pediatric Nutrition Handbook. Oak Grove, IL, American Oak Groove, IL, American Academy of Pediatrics, 2004


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The best team is one where both members play a role. As the nurturing team, you and your baby must set some basic game rules. We have prepared a list of rules that other moms have found to be very helpful.

During the first year of life:

Children need to develop feelings that you are a reliable and trustworthy member of their team.

### Trusting Behaviors

- Parents set a comfortable mood and tone by securely holding and responding to the baby.
- Parents learn baby's signals for hunger, fullness and other discomforts.
- Parents provide appropriate food for baby's age.
- Parents help baby to focus on eating.

### Mistrusting Behaviors

- Parents prop bottles.
- Parents hold off feeding by using a strict schedule.
- Parents continue to feed when baby signals them to stop.
- Parents feed baby solid foods before the baby is ready.
- Parents interrupt feeding baby to clean baby up or to play with baby.

---

**Birth-1 month (Newborn)**

#### When I am hungry, I may:
- Begin to move my mouth (even in my sleep).
- Rapidly move my eyes in my sleep.
- Try to suck on my hand or tongue, your shoulder or anything I touch.
- Bob my head and "root" around.
- Squirm. Stretch, clenched my fists or toes.

If you do not respond to these signs, I CRY. If I cry too long, you may not be able to calm me down to feed.

#### When I've had enough I may:
- Fall asleep with the nipple in my mouth.
- Appear to smile.
- Relax my hands and feet.
- Try to turn my head away.
- Push the nipple out of my mouth.
- Arch my back.
- Close my lips tightly if you try to insert the nipple.
- Bite the nipple, purse my lips.

- I can only eat small amounts at a time – my stomach is only the size of a Ping-Pong ball.
- I won't be able to control my neck until I am 2 months old.
- I can only suck and swallow liquids. If you try to feed me solid foods, I will push them out with my tongue.

#### 1-3 month (Heads Up)

#### When I am hungry:
- I still send you all the signals listed above.

#### When I've had enough I may:
- Push away the breast or bottle.
- Turn away.
- Put my hands in front of my mouth.
- arch my back.
- Cry and fuss.
- Forcefully move my entire body away from you.
- Smile.
- Fall asleep with the nipple in my mouth.

- I can begin to control neck and hand muscles, but my tongue and lips are still not moving properly to be ready for solid foods.
- If you try to feed me with a spoon, I won't know what to do with it. I will push the spoon and the food out of my mouth with my tongue. I am not yet ready to eat these foods.

- I can hold my head and chest up when I am on my tummy.

---

**4-6 months (Almost Sitting)**

#### When I am hungry, I may:
- Reach for the spoon.
- Move mildly prepared foods (such as baby cereal) to the back of my mouth.
- Lean forward for food.
- Recognize my spoon.

#### When I've had enough I may:
- Push the spoon away or play with it.
- Hold my mouth tightly shut.
- Turn my upper body away.
- Lose interest in feeding.
- Make cooing noises.

- Big changes occur during this time. I may weigh twice as much as I did at birth and I sleep regularly.
- My tongue begins to bring food into my mouth. I can sit with support. I control my head and upper body and interact with you.

#### 6-9 months (Sitting)

#### When I am hungry, I may:
- Recognize my spoon.
- Lean forward for food.
- Begin to handle a spoon.
- Try to get the foods you are eating.

#### When I've had enough I may:
- Cry if you stop feeding me when I am still hungry.
- Simply refuse to eat.
- Be easily distracted.

- I can:
  - Easily recognize it's time to eat when I see food.
  - Grab for food to feed myself.
  - Try to get the foods you are eating.

---

**6-9 months (Almost Sitting)**

#### When I am hungry, I may:
- Start to drink from an uncovered cup, if someone holds it for me.
- Use a covered cup by myself.
- Begin to handle a spoon.
- Feed myself.
- Sit without help.
- Use my whole hand and palm to bring food to my mouth.

#### When I've had enough I may:
- Simply refuse to eat.
- Be easily distracted.

---

**9-12 months (Crawling)**

#### When I am hungry, I may:
- Happily recognize it's time to eat when I see food.
- Grab for food to feed myself.
- Try to get the foods you are eating.

#### When I've had enough I may:
- Throw my food and utensils.
- Play with my food.
- Be easily distracted.

#### 12-24 months (Toddling)

#### When I am hungry, I may:
- Tell you with my words when and what I want to eat.
- Only want to eat certain foods all the time.
- Resist trying new foods (I may want to see, lick and taste the food many times before I eat it).

#### When I've had enough I may:
- Not eat as much as I did when I was younger.
- My appetite goes way down.
- I say "NO" often.
- Either cry and fight with you if you "force" me to eat, or I give up and eat more than I need.
Stress Management

This lesson aims at stress management relevant to partners who face the responsibility of parenting.

**Goal:** The partners will learn how to manage stress in a positive manner.

**Objectives:** The partners will
- become aware that anxiety from being a parent is normal.
- identify the sources of their stress and accept present situations as an opportunity to learn and grow.
- learn to do some simple relaxation and breathing exercises.

**Handouts/Audiovisuals:**
- Worksheet *My Personal Stress Symptoms*.
- Handout *Stress Reduction Tips*.

**Background Information:**
Child rearing is a big stress to most parents. Many do not recognize the signs of depression, which is a big stress factor. The fear of being a single parent and insecurity may overload some partners’ stress tolerance levels. In addition, many partners have little control over their lives. They may have little money, live in someone else’s home, and be told by many different people what to do. An overload of stress and anxiety in parents can lead to loss of control and child maltreatment.

The main objective is to help your partners recognize the early signs of stress and learn to reduce or cope with stress. Be sure to explain that stress is actually our body’s natural reaction to coping with pressure, tension and change. Some stress can be helpful. It helps us with new challenges. Too much stress is not healthy. We need to monitor our stress levels and figure out ways to reduce stress or cope with situations we cannot change. Practice some relaxation and breathing techniques with your partners until they feel comfortable doing so on their own.
Lesson Plan:

1. Ask your partners what their stresses are, if any, at this time. Have them list the “stressors” in order of severity. Have them identify the sources of each stress as they write.

2. Using the handout My Personal Stress Symptoms, work with your partners on the different responses they have under stress. Asterisk the symptoms that occur more often. Assure them that it is the body’s normal way to cope with stress in response to life situations and changes.

3. Discuss with your partners what triggers the symptoms. For example, they may be frustrated when their relatives give them advice how to handle their child.

4. Let all partners share their individual experiences regarding stressful situations. Then ask them what they feel during those moments. Help them recognize the less obvious sources of stress, such as the responsibility of a baby before they know what they want to do with their lives.

5. Give your partners the handout Stress Reduction Tips. Emphasize the positive side of stress as an opportunity for learning and growth.

6. Emphasize that being a parent itself can create a great deal of stress. Teach your partners how to recognize the danger signs of stress overload. The critical exercise section concentrates on stress overload and some basic breathing and relaxation exercises to cope with stress.

Tell me what “stress” means to you?

How do you know if you are under stress?

How does your body respond to your stress?

Let’s discuss some of the situations that bother you or make you upset. Name one situation:

Do you remember an incident when you were really angry and you lashed out at another person or your baby?

How can “stress” be positive?

How do you recognize when your tolerance level has exceeded the “control point”? How can you remind yourself that you are reaching this point (red-flag response)?
Critical Thinking

Some stress is inevitable in everyday life. Some people seem to handle stress much better than others. “Stress tolerance levels” differ even among members of the same family. It is important for your partners to recognize when they hit their threshold for stress by recognizing the signals for the onset of stress symptoms.

What are the “stressors” your partners are facing at this time in their life? Assist them in writing down any situation that they associate with stress. For example, not getting along with their significant others or their mothers can be “stressors”.

When do your partners realize their stress tolerance levels have reached a “threshold” point? Practice red-flag responses with them. Have them close their eyes and picture that when the red flag is raised, the next step is to get out of the “red zone”.

Simple breathing exercises can relax the body and mind. When properly done, these alleviate stress, anger and moodiness. **Here is how.** Sit (or stand up) straight. Breathe through the nose; inhale slowly to reach the top part of the lung, then the middle part, then the lower part of the lung. Hold your breath for just a few seconds, and then exhale slowly. You should feel your diaphragm pushing your abdomen out to make room for more air. When you have exhaled completely, relax your abdomen and chest. Repeat this sequence at least five times.

Practice the following simple exercise to relieve tension with your partners. Raise your shoulders to your ears. Hold, count to five, then drop your shoulders back to their normal position. Ask your partners if they feel better after doing these exercises.
When you feel under a lot of stress and pressure, which one of the following responses do you notice? Place an L before items that happen a lot or regularly. Place an O before those that happen once in a while.

- Cry
- Feel depressed or irritable
- Smoke more
- Misuse drugs/alcohol
- Feel exhausted/restless
- Worry/feel discouraged
- Have mood swings
- Overeat
- Crave “comfort” foods
- Bite nails
- Back tightens up/aches
- Withdraw from people
- Act aggressive
- Can’t concentrate
- Sleep or go to bed to escape
- Can’t sleep
- Legs get shaky or tighten up
- Tap fingers or feet

Adapted from The Stress Connection. (1981). Chevy Chase, MD: National 4-H Council
**Stress Reduction Tips**

- Life is a balancing act. You are not alone!
- Talking with others who have similar situations can help you deal with challenges.
- See your present situation as an opportunity for growth. Your life has changed! Now you need to take good care of yourself and your baby.
- Thinking about what bothers you and what you can and cannot change can be helpful.
- Making a “to do list” can help. Try to do one thing at a time and then cross it off your list. Get organized!
- Do your best to keep a positive attitude and see the funny side of situations. Smiles and laughter help!
- Try to get enough rest. It is harder to cope when you are tired.
- Exercise or relaxation including deep breathing fights off tension in a good way.
- Learn to be flexible. Adjust, prioritize, and let some things go.
- You do not have to be Superwoman! Everyone needs help and support.
Postpartum Nutrition

Goal: The partners will understand that it is necessary to maintain optimal nutrition for them to feel good after the baby is born. (Depending on your partners’ education plan, this lesson can also be preceded by Basic Nutrition.)

Objectives: The partners will

- assume responsibility as a parent to ensure nutritional adequacy for them and their baby.
- understand why they should not impose severe dietary restrictions to lose weight quickly.

Handouts/Audiovisuals:

- Video Be All You Can Be.

Background Information:

Many partners want to get back in shape quickly after their baby is born. Some may impose severe dietary restriction too early. If your partners are lactating, rapid weight loss will jeopardize their milk production. Therefore, it is necessary to discuss the negative outcome of quick weight loss. Assure your partner that a gradual rate of weight loss in the first 6 months after the baby is born is more desirable.

Lactating partners need an extra 500 calories per day to compensate for milk production. Like the stress of pregnancy, they now face another challenge, i.e. the responsibility of raising an infant. Helping your partners understand and carry out this responsibility will be one of the main objectives of nutrition counseling. Measures also should be taken to promote food consumption during lactation that will prevent inadequate intake of specific nutrients such as protein, calcium, iron, vitamin C and folic acid.

Lesson Plan:

1. Find out if your partners are back to their normal weight, or if they have the urge to lose their pregnancy weights quickly. Find out if their health care providers have given them any advice.

   What was your pre-pregnancy weight?
   What is your weight now? ________
   How do you feel about your current weight? ______________________
   How much would you like to weigh?

2. You may need to incorporate the lesson Basic Nutrition if your partners had not taken that lesson yet. Provide handout Pyramid Power: Your Guide to Healthful Eating as needed. Emphasize that they should concentrate on eating well along with getting some exercise. Overtime, they can get back to their previous weight.

   Why is keeping up with good nutrition important now that you are no longer pregnant? ______________________

   How long do you think it will take you to get back to your previous weight?
3. Discuss with your partners the reasons for eating healthfully: being in shape; feeling energetic; and taking control of their lives. View video Be All You Can Be. Pause as needed.

What are the important points in this video?
____________________________________
____________________________________
____________________________________
Critical Thinking

The video **Be All You Can Be** suggests some practical points that your partners can adopt. How do they fit in your partners’ lifestyle? Can partners plan their meals? Is it feasible for them to plan 3 meals and 2 snacks per day? What about exercise? Do they exercise regularly?

Use the following probing questions to guide your partners’ critical thinking. Focus on interacting with them.

**What do you think are the barriers that prevent you from adopting these ideas? Are there other ways that fit your life better?**

As new parents, it is your responsibility to provide food for your baby. If your baby’s food is your breast milk, you must make sure you are eating healthfully. How do you plan to do this?

**Are you listening to your body? What is your body telling you right now?** (Are you tired? Are you full or are you hungry? Are you weak?)

**What is your energy level like? Do you skip meals? Which ones are the hardest meals for you to get?**

Explore feelings about partners’ weight. Be sensitive that some partners may want to lose weight rapidly and others don’t want to lose any weight. Probe about rate of weight loss – how much, how fast. Help partners understand a realistic goal of 1-2 pounds per week as a safe rate for weight loss.

Optional: The following is an example of how a 500 Kcal can be added to a breastfeeding partner’s diet. Plan a similar one with your partners according to their preferences.

<table>
<thead>
<tr>
<th>1 cup 2% reduced fat milk</th>
<th>120 Kcal</th>
<th>4 graham crackers</th>
<th>120 Kcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 medium orange</td>
<td>60 Kcal</td>
<td>2 Tbsp peanut butter</td>
<td>185 Kcal</td>
</tr>
</tbody>
</table>
Postpartum Blues

**Goal:** The partners will identify risk factors associated with postpartum blues and learn to cope with the physical and emotional stresses that occur after the baby is born.

**Objective:** The partners will
- recognize the symptoms of “baby blues” as a transient “down time” with which they can deal if they are mentally prepared.

**Handouts/Audiovisuals:**
- Handout *Do I Have the Baby Blues?*
- Handout *Checklist for More Severe Postpartum Depression* - optional.

**Background Information:**
About 45-80% of women experience “Baby Blues Syndrome”, which is transient emotional instability in the early postpartum period. Some symptoms include feeling powerless, panic attacks, and even headaches. Young mothers may not reveal their stress because they do not recognize the symptoms or may be afraid to discuss them. They are especially vulnerable and may suffer from some form of mental depression. The circumstance of unplanned pregnancy, minimal social support, economic disadvantage, and exhaustion after giving birth are a few reasons for this depression. Our job is to assist our partners in understanding the body changes brought about by hormonal shifts during the postpartum period.

The lesson plan deals with the approaches in identifying normal postpartum depression, with the ultimate goal of reducing some risk factors. Factors include abusive situations with significant others, stress from other family members, and guilt. Remember that we do not do clinical evaluations or assessments. We can assist partners in recognizing minor symptoms of depression and learn how to cope with them. Use information from the instructor’s guides for *Postpartum Depression* and *Dealing with Postpartum Depression* to assist you.

**Lesson Plan:**

1. Ask your partners how they have been feeling since the baby was born.
   - *How many hours do you sleep usually?*
   - ____________________
   - *Have you been able to get enough sleep since your baby was born?*
   - ____________________
   - *Can you tell me how you are feeling now?*
   - ____________________
   - *What worries you?*
   - ____________________

2. Use the handout *Do I Have the Baby Blues* to explain that a short period (about two weeks) of feeling down is normal after the baby is born.

3. If you have determined that your partners are experiencing minor baby blues spells, concentrate on helping them find ways to cope with the “low moments.”
4. Point out that postpartum depression can start as late as four weeks after childbirth. In fact, the stresses of having a newborn can cause depression anytime in the first year.

5. Review the Teacher’s Guide in Dealing with Postpartum Mood and Anxiety Disorders. Suggest to your partner some helpful hints that can benefit them.

6. Optional. You can use handout Checklist for More Severe Postpartum Depression if you sensed your partners are having feelings that go beyond baby blues. If the score is more than 13, the partners may be at a state of more pronounced depression and require immediate referral for further assistance. Check with your supervisor for further referral.

Do you feel that you are alone with these feelings? 
Is there someone with whom you can confide and share these feelings? If yes, who is that person? 

Let’s explore some ways that can help you … 

Do you know the difference between “baby blues” and the more serious “postpartum depression”? 

Do you need further assistance? How may I help you?

Do you feel that you are alone with these feelings? 
Is there someone with whom you can confide and share these feelings? If yes, who is that person? 

Let’s explore some ways that can help you …

Do you know the difference between “baby blues” and the more serious “postpartum depression”? 

Do you need further assistance? How may I help you?
**Critical Thinking**

It is important to identify your partners’ risk factors. Check the following, if applicable.

- Unplanned pregnancy
- No family support
- Poor relations with baby’s father
- Poor skills in coping with baby
- Isolation from others

Any or all of the above factors can become a risk to Baby Blues Syndrome and aggravate further stress.

Now, identify the protective factors that can help your partners’ mental well-being. Check the following:

- Drawing help from extended family; encourage them to ask for help.
- Acceptance of present condition with the baby’s arrival. Validate reality with partner – it is O.K. to feel depressed. They are not alone (may present handout **Stress Reduction Tips** from the lesson on Stress Management).
- Assisting partners in recognizing and responding to infant cues – parenting skills can be learned. This will in turn help partners cope.
- Help is available – community resources.
Don’t be afraid to ask your partners about their thoughts and feelings. Let them relate problems in their own terms and accept their feelings. Give them positive feedback when you sense the protective factors are in place. If they had no protective factors, you will need to assist them in building up some coping strategies. For examples, they can attend free classes to learn about parenting skills; they can set a mother’s time out period with a relative’s help; or they can call a family friend for assistance.
Please **UNDERLINE** the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

---

**Checklist for More Severe Postpartum Depression**

**IN THE PAST 7 DAYS:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have been able to laugh and see the funny side of things:</td>
<td>As much as I always could</td>
</tr>
<tr>
<td></td>
<td>Not quite so much now</td>
</tr>
<tr>
<td></td>
<td>Definitely not so much now</td>
</tr>
<tr>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td>2. I have looked forward to things with enjoyment:</td>
<td>As much as I ever did</td>
</tr>
<tr>
<td></td>
<td>Somewhat less than I used to</td>
</tr>
<tr>
<td></td>
<td>Definitely less than I used to</td>
</tr>
<tr>
<td></td>
<td>Hardly at all</td>
</tr>
<tr>
<td>3. I have blamed myself unnecessarily when things went wrong</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Yes, some of the time</td>
</tr>
<tr>
<td></td>
<td>Not very often</td>
</tr>
<tr>
<td></td>
<td>No, never</td>
</tr>
<tr>
<td>4. I have been serious and worried for no good reason:</td>
<td>No, not at all</td>
</tr>
<tr>
<td></td>
<td>Hardly ever</td>
</tr>
<tr>
<td></td>
<td>Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>Yes, very often</td>
</tr>
<tr>
<td>5. I have felt scared or panicky without very good reason:</td>
<td>Yes, quite a lot</td>
</tr>
<tr>
<td></td>
<td>Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>No, not much</td>
</tr>
<tr>
<td></td>
<td>No, not at all</td>
</tr>
<tr>
<td>6. Things have been getting on top of me:</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td>Nearly never</td>
</tr>
<tr>
<td>7. I have been so unhappy that I have had difficulty sleeping?</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Yes, sometimes</td>
</tr>
<tr>
<td></td>
<td>No, not very often</td>
</tr>
<tr>
<td></td>
<td>No, not at all</td>
</tr>
<tr>
<td>8. I have felt sad or miserable:</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Yes, quite often</td>
</tr>
<tr>
<td></td>
<td>Not very often</td>
</tr>
<tr>
<td></td>
<td>No, not at all</td>
</tr>
<tr>
<td>9. I have been so unhappy, that I have been crying</td>
<td>Yes, most of the time</td>
</tr>
<tr>
<td></td>
<td>Yes, quite often</td>
</tr>
<tr>
<td></td>
<td>Only occasionally</td>
</tr>
<tr>
<td></td>
<td>No, never</td>
</tr>
<tr>
<td>10. The thought of harming myself has occurred to me:</td>
<td>Yes, quite often</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td>Hardly ever</td>
</tr>
<tr>
<td></td>
<td>Never</td>
</tr>
</tbody>
</table>

Scoring Template

Add up the total score from the Checklist for More Severe Postpartum Depression. A score of > 13 signifies a depressive state.

<table>
<thead>
<tr>
<th>IN THE PAST 7 DAYS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have been able to laugh and see the funny side of things:</td>
<td>6. Things have been getting on top of me:</td>
</tr>
<tr>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2. I have looked forward with enjoyment in things:</td>
<td>7. I have been so unhappy that I have had difficulty sleeping?</td>
</tr>
<tr>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>3. I have blamed myself unnecessarily when things went wrong:</td>
<td>8. I have felt sad or miserable:</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. I have been serious and worried for no good reason:</td>
<td>9. I have been so unhappy, that I have been crying:</td>
</tr>
<tr>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>5. I have felt scared or panicky for no very good reason:</td>
<td>10. The thought of harming myself has occurred to me:</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Do I Have the Baby Blues?

After your baby is born, you are going through lots of changes. Your body is adjusting and your hormones are changing. You are learning how to take care of a new baby and may not be getting enough sleep. The “blues” usually start about the third day after delivery and lasts up to 10 days to two weeks. For some moms, the baby blues start to go away a few weeks after the baby is born.

You may be experiencing Baby Blues if you have all or some of the following after your baby is born.

- Feeling sad: having negative feelings or no feeling for your baby.
- Unpredictable or severe mood swings.
- Feeling really tired but unable to sleep
- Crying spells.
- Big changes in your appetite.
- Lots of worrying.

It is not uncommon for other family members to experience “down feelings”. The many changes a new baby brings can affect them as well as you, making your homelife tense. It is important to recognize the baby blues feelings when they happen and to take care of yourself. If your baby blues spells last more than two weeks or are really making you unhappy, call your doctor. Tell your home health nurse and ask her to assist you in finding help.

Here are some tips that can help with your blues:

- Get as much sleep as possible. Be sure to rest while your baby sleeps. The chores can wait!
- Talk to your best friend or someone with whom you can confide, and share your feelings.
- Arrange time for yourself – go to a movie, walk in the mall, or phone a friend.
- Listen to your favorite music and sing along if you like. Singing helps relieve tension.
- Have a friend come over and help you take care of your baby. She can take a turn rocking the baby if you show her how to support the baby’s head and neck.


Postpartum Blues
Nurturing Partners 2002
Postpartum Depression
Instructor’s Guide

When “baby blues” last longer than two weeks with more intense symptoms, one can suspect the onset of Postpartum Mood and Anxiety Disorder (PPMAD). But it can happen anytime within the new mom’s first year. The symptoms include:

- Feeling extremely tired most of the time—unable to sleep or excessive sleeping.
- Feeling irritable and angry, even with the slightest provocation.
- Unable to concentrate.
- Unable to make decisions—very frustrated and feel helpless.
- Extreme worries and fears that are not based on reality.
- Feeling hopeless and not interested in everyday activities.
- Anxious or panic stricken.
- Self-guilt and loss of control.
- Extreme mood swings—not predictable.
- Overly protective of the baby, or the opposite.
- Loss of appetite, or sudden increase of appetite.
- Recurrent suicidal thoughts—constant self-blaming.
- Having headaches, numbness, tight chest, despair and inability to cope.

The nature of this disorder is not yet well known. But PPMAD affects 1 in 10 new mothers. There may not be a single cause that leads to this disorder. Some people are less able to cope with stress. If left untreated, PPMAD can develop into a more serious form of mental impairment (psychosis). The impact on family life is tremendous, as depressed mothers are unable to interact with their infant and other family members in a normal way. The mothers may see their situation as “helpless, beyond repair”. Hence suicidal thought sets in. Children of depressed parents are at a greater risk for experiencing emotional disturbances.

Medical treatment includes antidepressant medications and special counseling by a qualified physician who need to identify and establish the diagnosis.

Dealing with Postpartum Depression
Instructor’s Guide

The following is a list of helpful hints for dealing with postpartum mood and anxiety disorders.

1. Be receptive to your state of mind after your baby is born. Accept the change of mood at its earliest onset.
2. When the strange feeling/emotion sets in, write it down immediately. Share it with someone you confide in. It is O.K. to tell your nurse or doctor that “you cry for no reason”.
3. Catch yourself with those “feeling good moments” now that you have a new baby. Ask yourself what makes you happy? Write it down and form a mental picture for “recall” during bad moments. This is like taking a snapshot of your baby’s first smile and enjoying it later!
4. What triggers the moments of feeling down? Does this happen each time after you quarrel with your boy friend or mother? What can you do to avoid these situations?
5. Try to understand the pattern of panic attacks. Distract yourself when you sense it is coming. For example, pick up a phone and talk to your friend.
6. Have small frequent meals (snacks). This is true especially when your appetite is poor. Keep up with fluid intake. Your body, under stressed conditions, has an increased hydration need.
7. Frequently, PPMAD is aggravated by inadequate sleep due to insomnia. Your doctor or nurse is the only one who can help you with medication advice. Another way to cope is to seek family members’ assistance in babysitting while you get some rest.
8. Check out local support groups where you can bring baby and talk about problems. This is the easiest way to gain problem-solving skills – by simply asking questions.
9. You may need to consult with a lactation consultant or La Leche League regarding medication side effects on breastfeeding. Difficulty with breastfeeding may increase mother’s feelings of inadequacy. You need not feel guilty if you have to stop breastfeeding in order to use medication. You must feel good about yourself first.

Healthy Infant/Toddler Growth and Development

Goal: The partners will be able to use good judgment in distinguishing baby’s minor symptoms, understand the importance of immunization schedule, and know what to expect with developmental skills during baby’s first year.

Objectives: The partners will
- familiarize themselves with CDC Growth Charts.
- understand and become aware of baby’s symptoms and decide what action to take.
- gain knowledge about preventable childhood diseases and recommended vaccines.
- reduce unrealistic expectations about their babies’ developmental skills.

Handouts/Audiovisuals:
- Handout CDC Growth Charts (weight for age; length for age; weight for length - gender specific).
- Handout When to Call the Doctor.
- Handout What to Expect from Your Baby - Year One.
- Video Growth & Development – What’s Normal?

Background Information:
Infant growth charts provide basic information. Using the length for age and weight for age charts, you can determine where a particular baby’s height and weight stand in relation to other babies of that age. Using the head circumference chart for age, you can determine if the baby has a normal head size. Using the weight for length chart, you can monitor the baby’s individual growth pattern. We are not trained, nor do we have the appropriate tools to measure and weigh the baby accurately. Therefore, the partners must rely on their health care providers to give them the information. This makes the partners responsible for maintaining the charts and plotting the baby’s measurements. Your partners may already have come across the growth charts at WIC or the pediatrician’s office. Your role is to help them interpret how their babies are growing.

Growth charts may be too difficult for some partners. If you find your partners showing signs of impatience or boredom, simply explain what they are and move on to the next section.

The second part of this lesson intends to guide your partners to learn about their baby’s symptoms and when to call the doctor. Some partners are scared to ask questions regarding “baby shots” and may even skip well-baby checkups. Since we are not nurses or physicians, our role in monitoring infant growth and development is limited. We can provide reassurance and support, and provide encouragement to seek medical help if a problem becomes obvious.

The final part of this lesson focuses on child development as it relates to feeding skills and physical activity. Young partners are often overly concerned with their baby’s developmental skills. Make sure they understand that “growth spurts” differ slightly among babies.
Lesson Plan:

1. Spread out the charts. Determine if your partners have the baby’s measurements from birth. Explain that the purpose of these charts is to monitor their baby’s growth using percentile relationship with other babies across the country.

   Do you know baby’s weight and length? Are you curious about how your baby is growing? 
   ____________________________
   ____________________________
   ____________________________

   Show me your baby’s length, weight and head circumference when he/she was born. Would you like to learn how to follow your baby’s growth? 
   ____________________________

2. Ask your partners if they want to plot their babies’ birth length, weight and head circumference. Show them how to plot the measurements on the appropriate forms.

   Tell me why you think there are so many different charts. ____________________________
   ____________________________
   ____________________________

3. Explain to the partners the purpose of the different types of growth charts. Make sure they understand that analyzing the rate and pattern of growth best assess the adequacy of their babies’ diet.

   What do you think is the purpose for each of the charts (or this chart)? 
   ____________________________
   ____________________________
   ____________________________

4. Find out if your partners are comfortable calling the pediatrician. Emphasize the importance of a well-baby checkup and immunizations as a foundation for baby’s health. If appropriate, remind partners that the best defense against illnesses and diseases for their babies is breastfeeding.

   Are you comfortable calling you doctor’s office to make an appointment? 
   ____________________________
   ____________________________
   ____________________________

   Do you know the best way to guard against preventable diseases such as polio, measles, diphtheria, etc? 
   Do you know human milk has a lot of disease fighting components? 
   ____________________________
   ____________________________
   ____________________________

5. Review the handout When to Call the Doctor. This is a good time for all partners to share their experience with others. You can have them role-play: making phone calls to a clinic, questions to ask the nurse, and problems related to keeping appointments, etc.

   What are some of the signs that your baby might need to see a doctor? 
   ____________________________
   ____________________________
   ____________________________

   How do you describe your baby’s signs to the nurse over the phone? 
   ____________________________
   ____________________________
   ____________________________

6. View video Growth & Development – What’s Normal? Ask your partners if they have any concerns regarding their babies’ developmental skills. Go over the handout What To Expect From Your Baby - Year One. Be sure to emphasize individual differences - not every baby is the same.

   Are you worried that your baby is not “up to par” compared to others? How can you tell if your baby’s skills and abilities are keeping up with others’? 
   ____________________________
   ____________________________
   ____________________________
Critical Thinking

Young partners have limited knowledge and experience in dealing with their babies’ doctor visits and immunizations. They need to be aware of preventable childhood diseases that can cause blindness, mental retardation, and even death. Make it a point to reveal some of the barriers that hinder them from ensuring what’s best for their babies.

What is the level of knowledge with your partners in general regarding calling the doctor and immunization schedules? Do they know when to call the doctor’s office? Do they feel intimidated when they talk with the nurse?

What is their attitude toward screening examinations and immunization updates? Are they aware of the importance of baby health care?

Are young partners aware of the procedures during a well-baby appointment? Do they know what is being checked during a well-baby examination? For example: compare baby’s weight and height according to growth charts, vision and hearing screening, strength, coordination, and social development.

What are some of the barriers for young partners to call the doctor’s office or access immunization clinics? Solicit response(s) and let partners share their experience. Suggest solutions or ways to cope with each barrier.

Why do partners compare their babies’ developmental skills with each other? List their concerns. Point out some of the unrealistic expectations. Affirm their feelings that they are not alone.

What are your partners’ levels of understanding at the end of this session?
## WHAT TO EXPECT FROM YOUR BABY – Year One

<table>
<thead>
<tr>
<th>Baby’s Approximate Age</th>
<th>Developmental Skills</th>
<th>Feeding Skills, Abilities &amp; Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth through 5 months</strong></td>
<td>Hand and Body Skills</td>
<td>Mouth Patterns</td>
</tr>
<tr>
<td>• Poor control of head, neck trunk until about 3 months</td>
<td>• Suck/swallow reflex</td>
<td>• Swallows liquids but pushes most solid objects from the mouth</td>
</tr>
<tr>
<td>• Brings hands to mouth around 3 months</td>
<td>• Tongue thrust reflex</td>
<td>• Will routinely push out food after first spoonful until around 6 months old</td>
</tr>
<tr>
<td>• After 3 months holds up head and chest while lying on stomach</td>
<td>• Rooting reflex</td>
<td></td>
</tr>
<tr>
<td>• Smiles at you</td>
<td>• Gag reflex</td>
<td></td>
</tr>
<tr>
<td>• Responds to voices</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4 months through 6 months</strong></td>
<td>Hand and Body Skills</td>
<td>Mouth Patterns</td>
</tr>
<tr>
<td>• Sits with support</td>
<td>• Draws in upper or lower lip as spoon is removed from mouth</td>
<td>• Begins to interact with feeder – moves forward to eat, moves head away if full</td>
</tr>
<tr>
<td>• Good head control</td>
<td>• Up-and-down munching movement</td>
<td>• Takes in a spoonful of pureed or strained food and swallows it without choking</td>
</tr>
<tr>
<td>• Uses whole hand to grasp objects (palmer grasp)</td>
<td>• Can transfer food from front to back of tongue to swallow</td>
<td>• Drinks small amounts from cup when held by another person, with spilling</td>
</tr>
<tr>
<td>• Draws in upper or lower lip as spoon is removed from mouth</td>
<td>• Tongue thrust and rooting reflexes begin to disappear</td>
<td></td>
</tr>
<tr>
<td>• Up-and-down munching movement</td>
<td>• Gag reflex diminishes</td>
<td></td>
</tr>
<tr>
<td>• Can transfer food from front to back of tongue to swallow</td>
<td>• Opens mouth when sees spoon approaching</td>
<td></td>
</tr>
<tr>
<td>• Tongue thrust and rooting reflexes begin to disappear</td>
<td>• Moves mouth when sees spoon approaching</td>
<td></td>
</tr>
<tr>
<td>• Gag reflex diminishes</td>
<td>• Begins to eat mashed foods</td>
<td></td>
</tr>
<tr>
<td>• Opens mouth when sees spoon approaching</td>
<td>• Eats from a spoon easily</td>
<td></td>
</tr>
<tr>
<td><strong>5 months through 9 months</strong></td>
<td>Hand and Body Skills</td>
<td>Mouth Patterns</td>
</tr>
<tr>
<td>• Begins to sit alone unsupported</td>
<td>• Begins to control the position of food in the mouth</td>
<td>• Begins to eat ground or finely chopped food and small pieces of soft food</td>
</tr>
<tr>
<td>• Follows food with eyes</td>
<td>• Up-and-down munching movement</td>
<td>• Begins to experiment with spoon but prefers to feed self with hands</td>
</tr>
<tr>
<td>• Begins to use thumb and index finger to pick up objects (princer grasp)</td>
<td>• Positions food between jaws for chewing</td>
<td>• Drinks from a cup with less spilling</td>
</tr>
<tr>
<td>• First teeth appear</td>
<td>• Begins to curve lips around rim of cup</td>
<td></td>
</tr>
<tr>
<td>• Reaches out and grabs for objects (especially spoon)</td>
<td>• Begins to chew in rotary pattern (diagonal movement of the jaw as food is moved to the side or center of the mouth)</td>
<td></td>
</tr>
<tr>
<td><strong>8 months through 11 months</strong></td>
<td>Hand and Body Skills</td>
<td>Mouth Patterns</td>
</tr>
<tr>
<td>• Sits alone easily</td>
<td>• Moves food from side-to-side in mouth</td>
<td>• Begins to eat ground or finely chopped food and small pieces of soft food</td>
</tr>
<tr>
<td>• Transfers objects from hand to mouth</td>
<td>• Begins to curve lips around rim of cup</td>
<td>• Begins to experiment with spoon but prefers to feed self with hands</td>
</tr>
<tr>
<td>• Begins crawling</td>
<td>• Begins to chew in rotary pattern (diagonal movement of the jaw as food is moved to the side or center of the mouth)</td>
<td>• Drinks from a cup with less spilling</td>
</tr>
<tr>
<td>• Shy with strangers</td>
<td>• Improves</td>
<td></td>
</tr>
<tr>
<td><strong>10 months through 12 months</strong></td>
<td>Hand and Body Skills</td>
<td>Mouth Patterns</td>
</tr>
<tr>
<td>• Begins to put spoon in mouth</td>
<td>• Eats chopped food and small pieces of soft, cooked table food</td>
<td></td>
</tr>
<tr>
<td>• Begins to hold cup</td>
<td>• Improves</td>
<td>• Begins self-spoon feeding with help but still is messy</td>
</tr>
<tr>
<td>• Good eye-hand-mouth coordination</td>
<td>• Eats chopped food and small pieces of soft, cooked table food</td>
<td></td>
</tr>
<tr>
<td>• Pulls up to standing position</td>
<td>• Improves</td>
<td></td>
</tr>
</tbody>
</table>

- Developmental stages are approximate and may vary with individual infants. Adopted from USDA, FNS-288, 1993.
Weight-for-age percentiles:
Boys, birth to 36 months
Weight-for-length percentiles:
Girls, birth to 36 months

CDC Growth Charts: United States

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
CDC Growth Charts: United States

Weight-for-length percentiles:
Boys, birth to 36 months

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
Weight-for-age percentiles: Girls, birth to 36 months

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
Length-for-age percentiles: Boys, birth to 36 months

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
Prevent Unnecessary and Harmful Illness: Immunize Your Baby

Check with your clinic nurse for booster shots required at a later age. Go to the same clinic for all your baby’s shots with the record entered each time by the nurse. Most local immunization clinics do not require an appointment. You should use a calendar to keep track of the schedule. You can keep your baby healthy by making sure she/he gets all immunizations on time.

Your baby may develop mild fever or soreness where the shot was given. Remember to use Tylenol®, not aspirin, to relieve your child’s discomfort. Find out about the different reactions your baby may get by asking what to expect. Always check with your health care provider if you are not sure.

The American Academy of Pediatrics recommends that ALL children aged 6-23 months receive FLU VACCINE every year. Check with your health care provider.

<table>
<thead>
<tr>
<th>AGE</th>
<th>RECOMMENDED VACCINES &amp; TESTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn, 7-10 days</td>
<td><strong>Newborn blood screen:</strong> thyroid test, PKU, adrenal (CAH), hemoglobin (sickle cell) and HepB</td>
</tr>
<tr>
<td>2 Months</td>
<td><strong>DTaP</strong> (Diptheria, Tetanus, Pertussis), <strong>Comvax</strong> (Hib/HepB), <strong>Polio</strong> (IPV)</td>
</tr>
<tr>
<td>4 Months</td>
<td><strong>DTaP</strong> (Diptheria, Tetanus, Pertussis), <strong>Comvax</strong> (Hib/HepB), <strong>Polio</strong> (IPV)</td>
</tr>
<tr>
<td>6 Months</td>
<td><strong>DTaP</strong> (Diptheria, Tetanus, Pertussis)</td>
</tr>
<tr>
<td>10 Months</td>
<td><strong>HCT</strong>, also receive information on chickenpox vaccine</td>
</tr>
<tr>
<td>15 Months</td>
<td><strong>DTaP</strong> (Diptheria, Tetanus, Pertussis), <strong>Comvax</strong> (Hib/HepB), <strong>Polio</strong> (IPV), <strong>MMR</strong> (Measles, Mumps, Rubella), <strong>Varicella</strong> (Chickenpox) vaccine optional at 12 – 18 months</td>
</tr>
</tbody>
</table>

Prepared by: May Tang, R.D. and Madeleine Sigman-Grant Ph.D., R.D.

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# WHEN TO CALL THE DOCTOR

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Possible Causes</th>
<th>Action You Can Take</th>
<th>Call The Doctor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby spits up after feedings.</td>
<td>• Normal infant response. • Swallowing air.</td>
<td>Keep baby calm after feedings. Make sure baby is positioned properly during feeding. Burp baby several times during feeding.</td>
<td>No. The spitting will diminish as baby’s muscles mature.</td>
</tr>
<tr>
<td>Cries vigorously up to 3 hours at certain time during the day. Has runny nose; passes gas, pulls up his legs, and wiggles as if in pain. Refuses the last feeding of the day. Breathing is labored and with difficulty.</td>
<td>• Fussiness; colicky (early months up to 5 months of age). • Hunger. • Possible ear infection. • Possible respiratory distress.</td>
<td>Make sure baby is properly fed and burped. Check for soiled diaper, hunger.</td>
<td>Yes. When baby still cries recurrently after you check things out, call your pediatrician</td>
</tr>
<tr>
<td>Baby passing eight or more stools that are watery, bloody, or full of mucus.</td>
<td>• Infectious diarrhea. • Milk sensitivity or milk allergy.</td>
<td>Keep on nursing as usual. Follow doctor’s orders.</td>
<td>Yes Call your pediatrician</td>
</tr>
<tr>
<td>Has a rectal temperature of 100.4°F (38°C) Vomits forcefully after every feeding. There is blood in the vomit. Has difficulty breathing.</td>
<td>• Infection or other conditions that may require treatment.</td>
<td>Make sure baby is not overdressed. Check room temperature (should be about 68° to 70°F). Follow doctor’s orders.</td>
<td>Yes Call your pediatrician</td>
</tr>
<tr>
<td>Very sleepy or slow to take the breast or nipple, or goes back to sleep after a few mouthfuls.</td>
<td>• Sleepy baby. • Not yet really hungry.</td>
<td>Stroke baby’s cheek and mouth next to the breast or bottle to stimulate the rooting reflex and make him/her seek the nipple. Place a few drops of breast milk or formula on baby’s lower lip; if baby isn’t hungry, wait a few minutes and try again later.</td>
<td>No</td>
</tr>
<tr>
<td>Very frantic with each feeding and seems upset to feed.</td>
<td>• Over-hungry infant. • Colicky. • Fussiness.</td>
<td>Feed baby in a quiet place. Learn baby’s quiet signs of hunger. Feed baby before he/she works himself to frantic state.</td>
<td>No Baby will outgrow colic.</td>
</tr>
<tr>
<td>Baby is losing or failing to gain weight.</td>
<td>• Possible digestive disorder, blockage. • Esophageal reflux. • Not getting enough milk.</td>
<td>Smaller feeding amounts; feed more often.</td>
<td>Yes. Your pediatrician needs to examine your baby.</td>
</tr>
</tbody>
</table>

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*Healthy Infant/Toddler Growth and Development*
*Nurturing Partners 2002*
Moving Me

You may select any or all of the sections for specific discussion and interaction with your partners.

**Goal:** The partners will acquire knowledge to promote and foster the enjoyment of movement and motor skills for their babies at an early age.

**Objectives:** The partners will

- increase their awareness that the need to be physically active begins during infancy.
- review and discuss the Physical Activity Guidelines for Infants and Toddlers.
- recognize that normal activity in children is not hyperactivity.

**Handouts/Audiovisuals:**

- Activity *How Old Am I?* (Cards)
- Handout *Moving Me*.

**Background information:**

In 2002, the National Association for Sport and Physical Education issued the guidelines below. Confining babies and young children to strollers, play pens, car and infant seats for hours at a time, may delay development such as rolling over, crawling, walking and even thinking. Such restrictions begin the child down the path of sedentary lifestyle. Sedentary lifestyles are associated with obesity and other chronic diseases.

These guidelines are intended to promote a physically active lifestyle early in life. The intent is to ensure healthy development and later participation in physical activity. It is thought that today’s children are not physically active and do not learn to enjoy movement at an early age. Emphasize the importance of safe boundaries during the discussion.

**Physical Activity Guidelines for Infants**

1. Infants should interact with parents and/or caregivers in daily physical activities that are dedicated to promoting the exploration of their environment.
2. Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time.
3. Infants’ physical activity should promote the development of movement skills.
4. Infants should have an environment that meets or exceeds recommended safety standards for performing large muscle activities.
5. Individuals responsible for the well-being of infants should be aware of the importance of physical activity and facilitate the child’s movement skills.

**Physical Activity Guidelines for Toddlers and Preschoolers**

1. Toddlers should accumulate at least 30 minutes daily of structured physical activity; preschoolers at least 60 minutes.
2. Toddlers and preschoolers should engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.
3. Toddlers should develop movement skills that are building blocks for more complex movement tasks; preschoolers should develop competence in movement skills that are building blocks for more complex movement tasks.

4. Toddlers and preschoolers should have indoor and outdoor areas that meet or exceed recommended safety standards for performing large muscle activities.

5. Individuals responsible for the well-being of toddlers and preschoolers should be aware of the importance of physical activity and facilitate the child’s movement skills.

**Lesson Plan:**

1. Begin the discussion with the card sorting game, but instead of showing the description side, show the age side. Ask partners what they think an infant can do at the age you show.

2. After going through the cards for both infants and toddlers, ask partners how much they know about the relationship of physical activity and problems such as obesity and diabetes.

3. Review Physical Activity Guidelines for specific groups according to your partners’ needs.

4. Using handout *Moving Me*, follow-up with directing the partners to consider how this might relate to infants and toddlers. Have them identify some activities that they can do with their babies, for example, sitting down on a swing at about 3-4 months. Allow partners to have fun when sharing their experiences playing with their babies.

5. If it is not mentioned previously, hyperactivity should be addressed at this point. Most parents (and even some health professionals) are too quick to label normally active children as hyperactive. Several of the signs of true hyperactivity are normal signs of development – inability to concentrate, squiggling and wiggling, not paying attention to directions, etc.

6. Help partners recognize that curiosity and busyness is normal in very young children. This should be encouraged within the bounds of safety.

What are children able to do at these different ages? ________________

________________________________________________________________________

Tell me what you know about how being inactive (sedentary)? Do you know of any overweight children? ________________

What are some of the problems with being “overweight”? ________________

How can we apply this information to your infant(or toddlers)? ________________

________________________________________________________________________

Let’s look at the handout *Moving Me*. There are many activities you can do together with your baby. ________________

________________________________________________________________________

Do you have fun playing with your baby?

________________________________________________________________________

Does it matter if children are active or not?

How would you describe an overactive child? ________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What safety precautions should you take to prevent accidents?

________________________________________________________________________

________________________________________________________________________
Critical Thinking

Use this section to record your partners’ responses to the questions asked in the lesson.

Record how well the partners completed the exercise.

Record what the partners told you about how being inactive (sedentary) relates to getting overweight or diseases such as diabetes.

Record what the partners told you about connecting this information to young children.

Record responses to the questions:

1. Does it matter if children are active or not?

2. How would you describe an overactive child?

3. What safety precautions should you take to prevent accidents?

___________________________________________________
___________________________________________________
___________________________________________________
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### Birth to One Month

- Unwrap my blanket a few times a day. Let me out of my infant seat or baby carrier when these are not necessary. I love to stretch.
- Place me on my back in a safe place and move my arms and legs. Help me learn how to kick and wave my arms by myself.
- Put me on my tummy to stretch with my head turned to one side – just make certain that you place me on my back if I fall asleep.
- Give me a gentle massage after a nice, warm bath. I love the touch and it helps my bones get strong! It also helps me bond with you.

#### 1-2 Months

- I can “peddle” my legs when on my back, if you help me. Hold me in your lap, gently take my ankles and move my legs as if I were riding a bicycle.
- Place me on my back and hold a toy above my body. Encourage me to try to reach for it.
- Give me a gentle massage after a nice, warm bath. I love the touch and it helps my bones get strong! It also helps me bond with you.
- Make sure you hold my head safe!

#### 2-3 Months

- Encourage me to turn over by placing toys just out of my reach. I may try to twist toward them.
- Help me to stand up on your lap, hold me up under my arms and bounce your legs.
- I love to move to music – dance with me, sing to me.
- Watch me! I may prop myself up on my chest – encourage me to try!
- I still love to be gently massaged – remember it helps my bones get strong!

#### 3-4 Months

- I love to see the world – take me out for a stroll.
- Put me on a blanket in a safe place and let me move around on my tummy. I may begin to get up on my hands and knees and rock my body.
- While I may enjoy a walker, I cannot control one and may get hurt. Protect me – let me move but not in a walker.
- Take me to a park. While holding me in your lap, sit down on a swing – I love the rocking motion. Hold on tight!
- I still love to be gently massaged – remember it helps my bones get strong!

### 4-5 Months

- Encourage me to get up on my hands and knees and rock my body. Show me what to do.
- Sit me on the floor and hold me up. Let me try to sit alone and balance myself.
- Place toys out of my reach and ask me to get them. Watch me roll or scoot!
- Play music and let me move my body. Dance with me.

#### 5-6 Months

- I love to move my arms. Play “patty cake” with me. Hold my hands and clap them together.
- Watch me play with my hands. It may seem like I just discovered them!
- Don’t quit massaging me – It helps my bones get strong and it also helps me bond with you.

#### 6-7 Months

- Allow me to practice movement. Frequently change my position—from back to tummy, from lying down to propping up, from the floor to the crib. This helps me get ready for crawling.
- As I appear ready, let me stand on your lap and bounce.
- Let me try to pull myself up to standing by holding onto your fingers.
- Help me pull myself up to a sitting position.

### 7-8 Months

- I love to explore – help me by putting objects just out of my reach. I will try to get to them by scooting, stretching, rolling, dragging my body, rocking and trying to crawl.
- Continue to help me build strength in my legs – hold me standing up with your hands under my arms. But, please don’t force me to walk – I’ll go when I’m ready!
- Let me try to pull myself up. Sit me on your lap, put your fingers in my palms and encourage me to stand.

### 8-9 Months

- I love to search for things. Sometimes I will drop an object and look down to find it. I love when you pick it up, give it to me and I throw it down again. Watching you move makes me happy!
- If I’m crawling, it’s okay to put small obstacles (like a small, rolled up towel) in my way to challenge me. Keep me safe!
- Encourage me to pull myself up on furniture. If I can pull myself up, encourage me to hold on and try to walk.

#### 9-10 Months

- Watch out folks! I can cruise around the crib. This helps me get up on my tummy. I may begin to place and let me move around in the crib.
- I love to explore the world around me.
- I am very active and busy. This is normal.
- Have some safe toys for me to play with in each room that I’m allowed in. Pots and pans in the kitchen are great noisemakers for me! Plastic containers are also good for hours of enjoyment.

#### 10-11 Months

- Standing up may be easy for me – but I need to learn how to sit down! You may see me cry when I get myself up and then can’t get back down again – I need help!
- Play a stand up/sit down game with me. Let me hold on to a low table. Say “Stand Up” and show me what to do. Let me do it. Then say “Sit Down” and show me how.
- Continue to message me. I love it!

#### 11-12 Months

- I can wave bye-bye now. Show me how to “flap” – first wave my left arm, then my right arm, and then both arms together.
- Watch me cruise around the furniture (hanging on). I may be able to stand up without holding on for a minute or two.
- Encourage my safe exploration. You may empty a drawer and put interesting things in it for me to discover. This drawer can be higher than the bottom drawer.

### 12 Months and Beyond...

> "Just follow my lead and keep me safe!"
Money Management

Goal: The partners will develop an understanding of managing money as a limited resource and learn how to work with realistic spending plans (budget).

Objectives: The partners will
- prepare a monthly expense record – recognizing the difference between “need” and “want”.
- learn how to categorize spending – identifying one way to track money.
- acquire practical hints in money-saving tips in grocery planning.

Handouts/Audiovisuals:
- Worksheet My Monthly Expenses.
- Worksheet Periodic & Seasonal Expenses.
- Handout Smart Spending Strategies.
- Handout To Get the Best Buy for the Money.

Background information:
Many people are uncomfortable talking about their income because they have no idea about managing finances. You may want to start with a mock budget and figure out a monthly expense record. One important thing that instructors must remember: we must not put our own values on our partners. Clarify your partners’ needs and wants. Focus on the techniques to develop a realistic spending budget. Be alert to the fact that this information can be distressing for partners who have few resources. They may have avoided planning because they can see no way of meeting their needs. Acknowledge distress and be certain to let your partners know that you will support them in getting what they need.

Lesson Plan:
1. Start with a realistic mock “net income”. Using the handout My Monthly Expense, have partners write down a list of their expenses. Start with monthly expenses such as rent (if applicable) and telephone.

Let’s assume your net income after taxes is about $2000 per month. What are your monthly expenses? Starting with the most important expense, list all your expenses: ____________________________

What are the basic needs in your expense list? Start with the most important ones first:__________________
3. Help partners distinguish between NEEDS (what we must have) vs. WANTS (what we would like to have but can do without).

4. Your partners may want to plan for irregular expenses such as holiday spending, birthday gifts, etc. Use the handout Periodic & Seasonal Expenses to plan for those expenses.

5. If the whole month’s expenses are more than the net income, suggest ways to help balance the budget. Be sure to clarify “needs” and “wants” again.

6. The video (optional) Eating for Less: Lily Gets Her Money’s Worth covers the basics of shopping and food preparation to make ends meet. Use the handouts Smart Spending Strategies and/or To Get The Best Buy For The Money to illustrate practical ways to maximize food budget. Let partners share their experience in grocery shopping and meal planning.

7. Emphasize that money is a limited resource, thus it is important to anticipate unexpected expenses by staying ahead.

---

How often do you find yourselves spending on something you “want” at the beginning of the month, and not having money for things you “need” at the end of the month? What happens then?____

Don’t forget about seasonal expenses: birthdays, Christmas gifts. Let’s list them out by month here. __

Let’s add all these up and see what are the whole month’s expenses. __

What are the challenges you have in meeting your needs? ______

How do you get the best buy for your money? _____________

How can you stay ahead in managing your grocery money? ___

---
Critical Thinking

Setting up a budget plan may be new and unfamiliar to many. Note how comfortable are your partners when you start talking about budget.

Increased knowledge in money management is crucial for your partners. Do your partners understand the concept of balancing income with expense?

Concentrate on the techniques of budgeting:
1. Estimate Income
2. Estimate Expense
3. Balancing Income with Expense
4. Track Your Spending
5. Adjust Your Plan

Remember to clarify your partners’ NEEDS and WANTS. For example: if they are overspending on seasonal expenses, what can you suggest to help them balance the budget?

The video Eating for Less: Lily Gets Her Money’s Worth provides excellent information on moneysaving tips with grocery and meal planning. Those partners who do grocery shopping and prepare meals may find it interesting as well as informational. You may show it as necessary.
Smart spending does not mean you have to go to the store each time you need something. Let us study the follow scenario:

You are now six months pregnant; you have a limited amount of money to buy a new crib. What is your smart spending strategy?

- Shop at Thrift Shops and the Goodwill outlets – make sure the crib meets the safety standard (slats are no more than 2 ¼ inches apart and no lead paint has been used).
- Find a crib on sale at a discount store and register for layaway.
- Go to a garage sale with a friend (safety standard applies).
- Borrow a crib from a friend or relative (safety standard applies).

Obviously the cheapest way is to borrow a crib from your friends or relatives. You can also shop at garage sales to obtain other baby items. You need to plan – read classified ads, find directions, arrange for transportation, and have someone help you haul heavy objects.

Money is such a limited resource that many new parents are constantly puzzled by their wants and needs such as clothing, furniture, birthday gifts and other expenditures that make budgeting a challenge. It is, therefore, important that you realize that you would not be able to obtain everything you want at the same time. The followings are tips to mange your money.

- Start with the most needed item. Check out at least 3 sources and compare prices and value for major purchases.
- **Do not spend money that you do not yet have.** Always know your bank account balance before you go shopping.
- If you have a credit card, pay special attention. Can you pay on the due date? If not, finance charges will add up quickly. **Credit is not free!**
- Obtaining a new credit card is not a solution to financial needs. It only adds to more debts.
- **Debit card** is a good budget tool. You only spend money that you have.
- Avoid impulse purchases. Shopping is not a form of recreation.

Smart spending strategies are acquired habits that anyone can learn. It is necessary when you want to get more for your money. Once you are accustomed to the routines that work for you, you are on the road to managing your money.

Take charge of your finances today! Learn to be frugal because money is hard to earn. You and your baby will benefit from good money management in the years to come.
### Periodic & Seasonal Expenses

<table>
<thead>
<tr>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="New Year" /></td>
<td><img src="image" alt="Valentine's Day" /></td>
<td><img src="image" alt="Birthday" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Taxes" /></td>
<td><img src="image" alt="Mother's Day" /></td>
<td><img src="image" alt="Graduation" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPTEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="July" /></td>
<td><img src="image" alt="School" /></td>
<td><img src="image" alt="Birthday" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OCTOBER</th>
<th>NOVEMBER</th>
<th>DECEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="October" /></td>
<td><img src="image" alt="Birthday" /></td>
<td><img src="image" alt="Thanksgiving" /></td>
</tr>
</tbody>
</table>

Use this form to plan ahead to cover irregular expenses such as insurance payments, dental fees, car registration, birthday gifts, Mother’s day, Father’s day, Valentine’s day, etc.

Adapted from: Managing My Money by Patricia A. Behal. University of Nevada Cooperative Extension.

---

Money Management
Nurturing Partners 2002
<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount Due</th>
<th>Need?</th>
<th>Want?</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>5.</td>
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<td>6.</td>
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<td>10.</td>
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<td>11.</td>
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<td>12.</td>
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<tr>
<td>13.</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>14.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

My Total Net Income = $ _____
My Total Expenses = $ _____
Balance = $ _____
To Get the Best Buy for the Money

☐ Plan meals to include a variety of foods from the Food Guide Pyramid and make a list before shopping of all foods needed.

☐ Compare ingredient list and nutrition facts label on packaged foods to help select the most nutritious foods.

☐ Compare the cost of convenience foods with the cost of those foods made from scratch.

☐ Look for specials, sales and coupons in newspaper ads, on radio, and in television spots. Remember, coupons save dollars only on those products one needs and normally buys.

☐ Try store brands and generic brands. They are usually less costly than name brands and are equally nutritious.

☐ Use the unit price to compare cost of different brands and package sizes. Most stores show the unit price on the shelf.

☐ Use open dating information (“sell by dates” and “best if used by” information) to help select the freshest foods.

☐ When buying meat, consider the amount of cooked lean meat or the number of servings obtained for the price. A low price per pound is not always the best buy.

☐ Use dry beans and peas occasionally instead of meat, poultry, or fish to vary meals and reduce cost. These foods provide protein and many of the same nutrients found in meat.

☐ The best buy for fresh veggies and fruits are when they are in season. Look for sales in the produce department.

☐ Buy fresh fluid milk in large containers. Convenience stores usually charge more than the supermarket food stores.

☐ Buy bulk when available.

☐ Foods at a salad bar can be costly. But if you have a small family, this may actually help reduce waste and save dollars.

☐ Buy the types of food that family members like and the amount they will eat before the food spoils. If you buy a large quantity you might end up wasting due to spoilage.

Adapted from: USDA Food Plans - Revised Thrifty Food Plan.
Planning For The Future

Goal: The partners will learn to understand the benefits of setting personal goals to aid in their planning for the future.

Objectives: The partners will
- acquire knowledge (practical hints) in setting short-term and long-term goals.
- write a realistic action plan to implement goals.

Handouts/Audiovisuals:
- Handout My Personal Goal Setting.

Background Information:
For many young parents, moving forward with their babies as part of their lives becomes a real life challenge. Those with little self-confidence may have difficulty dealing with everyday life, and even more difficulty setting goals. Extra time will be needed for these partners. Also, it is important to note that not all cultures believe in goal setting. Some individuals feel it is more important to live in harmony with nature and less important to “act ahead.” Be alert to family and cultural values when setting goals.

Encourage your partners to identify their short- and long-term goals. Give each goal a reasonable timeline in which to be accomplished. Emphasize that a good goal reflects what is most important to them. For example, one of your partners may want to finish high school. This should be her short-term goal. She then may want to plan on getting a job when the baby is a little older. This becomes her long-term goal. The challenge to you, as an educator, lies in assisting your partners to come to grips with reality and think about their future as they consider their hopes and dreams.
Lesson Plans


2. Ask partners if they have heard of “Dr. Martin Luther King’s famous speech starting with “I have a dream…” Clarify that his dream was actually his ultimate goal.

3. Ask partners what they want to do in the next 6-12 months— their short-term goals (6 months to a year). Allow plenty of time to let them verbalize in their own words. Then ask if they have long-term goals (1 to 5 years). Allow students to write their goals on the My Personal Goal Setting handout.

4. Point out that goals are of little use if there is no action plan to follow. Allow partners to work on their action plans. Remind them that a little support from others can go a long way.

Use the guidelines in the Critical Thinking Section to assist partners in setting goals and action plans.

Tell me, what does the word “goal” mean to you?

Do you know what made these people famous?

Dr. Marin Luther King once said, “I have a dream…” What was he trying to say?

Do you have any short-term goals at this time?

What about your long-term goals?

How tough is it to achieve these?

Now that you know what you want for your future, what steps can you take to go about reaching those goals?
**Critical Thinking**

It is probably not difficult for your partners to come up with a list of goals, although some may be unrealistic. It is important that you guide them to come to grips with reality and develop action plans that align with their goals. Emphasize that setting goals takes a little thinking, some planning, and a commitment to face the realistic challenges of life.

Use the following guidelines to help your partners set their goals.

1. **Be honest with yourselves.** Your goals must be within your abilities, even though challenging. Your goal must be realistic.

2. **Make a plan.** What are some steps that you can take to meet your goal? If your long-term goal is to gain complete financial independence, what are the steps you can take now to move toward that direction five years from now? Ten years from now?

3. **Set your mind for challenges.** There may be challenges. Think of creative ways to deal with them.

4. **It is okay to ask for help.** You need support from friends or relatives who care about you. Line up your support network.

5. **Give yourself a break.** No one is perfect! You are going to come up short on your plan every so often. But it is the “long haul” that counts.

6. **Pat yourself on the back.** Be proud of the small steps that you have taken, even though you are still far from your final destination.

7. **Don’t lose sight of the benefits.** Once you reach your goal, the benefits will show. You can do it!
## My Personal Goal Setting

<table>
<thead>
<tr>
<th>Goals</th>
<th>Short-term</th>
<th>Long-term</th>
<th>Action Plan or Steps (Time Frame)</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get High School Diploma</td>
<td></td>
<td>GED diploma in 2</td>
<td>1) Call about GED at community resource centers – e.g. Lifeline with Family and Family.</td>
<td>• Gain adequate education for employment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>years</td>
<td>2) Register for classes.</td>
<td>• Gain financial independence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3) Attend classes for Fall semester.</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from: Partners in Parenting. University of Nevada Cooperative Extension.
My Personal Support Network

Goal: The partners will be able to identify their personal support network and apply it to find alternatives and solve problems to difficult situations.

Objectives: The partners will
- define support networks and their relationship to friends and community resources.
- evaluate real life scenarios and relate them to their support network to deal with difficult situations.

Handouts/Audiovisuals:
- Handout My Personal Support Network.
- Worksheet What Should I Do?
- Handout A Guide to Services for Women and Children

Background Information:
Young partners who have poor social relationships with others in the community have very little support from available resources. Those with low self-esteem may have difficulty seeking out community supports.

When your partners’ social network is weak, the lack of help may trigger fear and helplessness, the consequences of which can be detrimental. Whether it is with individual or group sessions, make sure that your partners can identify their support networks. Let them share their experiences in resolving situations that require assistance from others. This enables them to make better decisions and be in charge of their lives.

Lesson Plan:
1. Ask partners to define “support” and identify what kinds of support they have presently. For example, do they have a good friend to talk to when they are under stress? Identify this as a support of their emotional needs.

2. Use the My Personal Support Network handout to illustrate ties within their support networks. Point out that a support system sometimes may not necessarily be a positive network. Let your partners evaluate and point out the negative aspects of their support networks.

Tell me what “support” means in your own words. ____________________________
______________________________

Write down your support networks. For example: if your aunt gives you money for down payment on a car, this is “support”. What kind of support would you call this? ____________________________
(Emotional, financial, etc.)

Which supports give you negative feelings, make you anxious, confused or uncomfortable, and even feel like you are being “put-down”? ________________
3. Pick a scenario from the worksheet *What Should I Do* (critical thinking section) and allow partners to openly discuss the issues. Or solicit an “anonymous” situation, encourage partners to participate in coming up with possible approaches. They can also complete the worksheet on their own, if preferred.

4. Ask your partners if they would like to have a copy of *A Guide To Services for Women and Children*

*How would you handle this?__________  
______________________________  
Can you propose an alternative? _____  
______________________________  
What can you do to minimize conflict with your…? ________________  
______________________________  
From whom can you ask help? ________  
______________________________  
Would you like to have some information on community resources? ________________  
______________________________
**Critical Thinking – Partner Worksheet**

The following scenarios attempt to stimulate your partners’ critical thinking. Let your partners verbalize their comprehension of the issues, then guide them in solving problems by looking at their personal support networks. Propose alternative solutions by asking partners what changes they would make to come up with positive results. Do this as a class activity and have partners work in sub-groups. You can facilitate the whole group in an open-discussion format, or you can ask partners to complete the worksheet.

**What Should I Do?**

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>How could this situation be handled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your best friend uses inhalants. She occasionally offers you a “sniff”, which she claims is harmless, and not addictive. You know inhalants can become the gateway drug to get “hooked” to more drug use. When you tell her about this, she becomes really angry with you. You wish to keep her friendship but don’t want to join her and use drugs.</td>
<td></td>
</tr>
<tr>
<td>Your sister’s neighbor Lisa is a good friend of yours. She comes by your apartment daily to chat with you. She lights cigarettes and blows smoke directly in your face. You want to tell her that cigarette smoke is harmful to you and your baby. You enjoy her company but the smoke does bother you. You have been waiting for the “right moment” to tell her not to smoke in front of you. But you simply do not have the courage.</td>
<td></td>
</tr>
<tr>
<td>Your sister, her boyfriend and your boyfriend insist that you drink with them when eating out. You really do not care for alcohol that much. You drink only to please them. You hate yourself for not being able to be open and honest about it. You end up disappointed with yourself and also resentful later. You are worried that you might be pregnant and alcohol would hurt the baby. Yet you do not want to disappoint them.</td>
<td></td>
</tr>
</tbody>
</table>
Critical Thinking - Partner Worksheet

What Should I Do?

<table>
<thead>
<tr>
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<th>How could this situation be handled?</th>
</tr>
</thead>
<tbody>
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<td></td>
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<tr>
<td>Your sister’s neighbor Lisa is a good friend of yours. She comes by your apartment daily to chat with you. She lights cigarettes and blows smokes directly in your face. You want to tell her cigarette smoke is harmful to you and your baby. You enjoy her company but the smoke does bother you. You have been waiting for the “right moment” to tell her not to smoke in front of you. But you simply do not have the courage.</td>
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<td></td>
</tr>
</tbody>
</table>
Write down the names of all the people who provide you with aid, comfort, or assistance. Such support includes personal and community resources necessary to cope with everyday needs. Connect your support network by drawing a line between all of the people that have relationships or contact with each other.

Not all support networks produce positive results. There may be conflict with some of the people who provide support to you. Negative support from relatives or friends can add stress to your self-support system and may weaken your self-confidence. Remember that we cannot change how others act; we can only change how we react to them. How do you handle disagreements? What can you do to let others know what you need? How can you help others see that you are making wise choices for yourself?
Theoretical Background

The Ecological Perspective

According to both Hoyer [1] and Contento [2], many intervention programs lack both a theoretical basis and an evaluation component. Consideration of one or more theories, models or frameworks can assist in identifying and predicting program impacts. Theories can address individual physiological and psychological factors. They can capture both personal and interpersonal as well as modifiable and non-modifiable factors which impact people’s lives. These individual factors interact with the environment to build the world of our partners. No single theory alone can predict or describe human behavior. However, several theories that describe individuals, the environment, and the intersection of the individual with the environment may be combined for purposes of program design and evaluation.

Nurturing Partners has several major theories, models, and frameworks as its’ underpinning for program design, implementation and evaluation. The Transtheoretical Model [3] was selected to describe the processes used by individuals when making behavior changes. Ecological Models [4-6] served to predict environmental factors that shape the adolescents’ world. Recognition of ways to prevent or diminish these risk factors (at both the individual and environmental levels) was incorporated into the program design. The same set of underpinning was used to design and develop evaluation techniques. Finally, in order to incorporate critical thinking skills into program implementation, techniques suggested by Brooksfield [7] and based on Bloom’s Taxonomy [8] were employed.

Individual Behavior Change Framework

The Transtheoretical (Stages of Change) framework suggested by Prochaska [3] and others [9, 10] is used to describe an individual’s readiness to change. The overall model describes five stages – precontemplation, contemplation, preparation, action and maintenance. Enmeshed within each stage are processes that must occur in order for change to begin and continue (Table I-1). During the precontemplation, contemplation and maintenance stages, the individual does much thinking and feeling. During preparation and action, much of the activity involves doing and reinforcement. There is seldom a smooth transition between stages; in actuality there are lapses into previous stages. These lapses are actual learning experiences that solidify and enhance change. Time is an integral component in this framework. Designing programs that acknowledge, incorporate, and facilitate change processes should enhance program outcomes.

It should be noted that the time components identified within the Stages of Change model are challenging for prenatal and parenting interventions. According to the theory, behavior change is preceded by a period of time for thinking and reacting to the suggested changes that in turn is followed by actual change. For example, it is expected that preparation will start within 6 months after contemplation has begun. This, however, is not the case when working within the timeframe of pregnancy and infancy where the need is imminent and the time for change compressed. The same is true for parenting in the early years, where there are brief periods of time when change must be implemented to ensure the health and development of the child.
Table I-1  Processes of Change -Thinking and Feeling

<table>
<thead>
<tr>
<th>Processes of Change</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consciousness raising</td>
<td>Increases information, understanding and feedback about self and problem</td>
</tr>
<tr>
<td>Dramatic relief</td>
<td>Expresses and experiences feelings about one's problems and solutions</td>
</tr>
<tr>
<td>Self-reevaluation</td>
<td>Assesses one's feelings about oneself with respect to problem</td>
</tr>
<tr>
<td>Self-liberation</td>
<td>Consciously chooses and commits to act; believes in ability to change</td>
</tr>
<tr>
<td>Social liberation</td>
<td>Increase available alternatives for non-problem behaviors in society</td>
</tr>
<tr>
<td>Environmental reevaluation</td>
<td>Assesses how one's problems affect physical condition and social environment</td>
</tr>
</tbody>
</table>

Processes of Change - Doing and Reinforcing

<table>
<thead>
<tr>
<th>Processes of Change</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping relationships</td>
<td>Is open and trusting about one's problems with someone who cares</td>
</tr>
<tr>
<td>Reinforcement management</td>
<td>Rewards self for making changes</td>
</tr>
<tr>
<td>Interpersonal systems control</td>
<td>Avoids others who encourage behavior one is trying to avoid</td>
</tr>
<tr>
<td>Counter-conditioning</td>
<td>Substitutes alternatives for problem behavior</td>
</tr>
<tr>
<td>Stimulus control</td>
<td>Avoids stimuli that produce problem behavior</td>
</tr>
</tbody>
</table>

The lesson contents, presentations, and evaluations of Nurturing Partners utilize both the Thinking and Feeling Processes and the Doing and Reinforcing Processes of change. This provides the support needed by partners to facilitate their individual changes. Combined with appropriate critical thinking tools, partners will be better prepared to face the challenges of their lives.

Environmental Theories

Urie Bronfenbrenner [4] conceptualized the “ecological framework for human development.” Using a nesting approach (Figure I-1), he described the relationship between an individual and its environment. The child sits within the innermost circle surrounded by family and friends (the microsystem). The immediate environment (the mesosystem) is further away from the family but is still influential. Such environmental entities include childcare and schools. Progressing outward, the mesosystem is surrounded by influences further away from immediate contact and control (the exosystem). In such a framework, as the child grows he/she becomes progressively influenced by situations and entities outside the immediate family.

From this perspective, an individual who has support at all environmental levels, from the most immediate relationships to the more distal overarching social institutions, should develop resiliency as they mature [11]. As the adolescent develops, several assumptions can be made.
First, how environmental influences impact development depends upon the personal attributes (e.g. confidence and intelligence) of an individual, irrespective of whether these attributes are inherent or acquired. Secondly, multiple factors within the environment impact a teen’s life including those within the microsystem (e.g. families and peers), the mesosystem (e.g. schools), and the exosystem (e.g. socio-cultural groups and other communities and populations that supply order and direction to life) as well as the natural and built physical environment.

Figure I-1 Bronfrenbrenner's Ecological Model

Other ecological models have been proposed for health promotion and intervention programs [6]. Similar to the ecological framework for human development, these models describe an individual's relationship to the environment. The individual is impacted by a unique set of psycho-social and physiological factors which in turn interrelate to the environment. Furthermore, time is a critical element that encircles both the environment and individual. Issues of time include life course events that occur to individuals and groups (including historical changes and group evolution) as well as personal growth, development, and change.
Psycho-social Factors
- stages (and processes) of change
- adult learning theory
- Piaget/Erickson stages of development
- knowledge, attitudes, expectations about pregnancy
- knowledge, attitudes, expectations about child behavior

Environmental Factors

Primary Groups
- family
- school and work peers
- social networks

Secondary Groups
- organizations and their cultures
- schools
- health care

Sociocultural groups
- public policy (welfare, food assistance)
- community practices/ opportunities

Physical Environment
- physical setting (urban design, weather)
- access/availability to food
- access/availability to recreational facilities

Physiological Factors
- menarchal age / chronological age
- prepregnancy weight and nutritional status
- Body Mass Index (BMI)
- anemia and other illnesses
- pregnancy induced changes - gestational diabetes, nausea, taste/odor perceptions
- reproductive & contraceptive history
- substance (alcohol, drug, tobacco) use
- activity patterns and ability

PROGRAM OUTCOMES
- Uncomplicated pregnancy
- Appropriate weight gain
- Normal weight, full term baby

PROGRAM ELEMENTS
- Food Choices
- Health Care

TIME
Bloom [5] suggests the more one is able to take into account the multiple interacting factors in real-life situations, the more likely one is able to deal effectively with social and personal challenges and possibilities. Building upon Bloom, Sallis, Bronfenbrenner and others, the design, delivery and evaluation of *Nurturing Partners* take into account the physiological, psychosocial, and environmental components influencing our partner’s lives. Figure I-2 depicts an example of these factors specific for adolescent pregnancy. When designing the lesson plans, relevant environmental factors as well as time needed to learn and master were considered. Prior to any intervention and subsequent evaluation, it is imperative to understand the processes of behavior change at the individual level in order to capitalize on the ecological perspective.

Furthermore, protective and risk factors working together shape a teen’s development, with protective factors leading to competent, resilient individuals [5, 11-13]. In general, the more risk factors present the greater the chance that individuals will experience negative outcomes. Effective programs address as many risk factors as possible. That is, they recognize both individual and environmental factors that create risk or protect individuals from negative developmental outcomes [14].

Bloom's six faceted configural equation cube [5] (Figure I-3) depicts preventive, protective and promotive actions for increasing individual strengths, social supports, and physical environment resources while decreasing individual limitations, social stresses, and physical environment pressures. It should be noted that cognitive, affective, behavioral and physiological aspects exist for each facet. It is important to recognize that some individuals with many risk factors overcome adversity and exhibit a remarkable degree of resilience. Protective factors such as a close relationship with a caring individual, positive experiences and high expectations at school, and a supportive community can serve as safeguards amidst adversity [11, 12].

**Figure I-3. The Configural Equation by Bloom (1996)**

![Figure I-3](image-url)
REFERENCES
Teaching Techniques and Delivery Approaches

The combined programs that form Nurturing Partners have operated under a set of working principles and teaching philosophies. Independent of teaching style, techniques and approaches, all faculty and staff associated with Nurturing Partners ascribe to the following working principles and teaching philosophy [1].

**Working Principles**
- I empower individuals to be nurturing, caring parents.
- I use delivery methods that allow for individualization to address social, cultural and educational differences.
- I recognize that partners do not function in a vacuum. I address their needs in the context of family, neighborhood and community.
- I value a supportive relationship between my partners and myself.
- I build and utilize a network of community partners.

**Teaching Philosophy**
- I believe those who enroll in the program are capable of learning and I know they want to learn.
- I will treat all persons with the same respect I wish to receive.
- I believe I am in a partnership with those involved in the program. I honor the ideas they bring for reflection by themselves and me. I offer “learner-led” opportunities, as well as teacher-directed activities.
- I observe my partners' reactions to discoveries and plan from the observations. I listen and talk with them about their ideas.
- I begin where my partners are and fit the pace of the challenges I present. I challenge and encourage, but avoid frustrating my partners to the point of creating disinterest and feelings of failure. I ask questions to which partners can respond with their own information and analyses or to which they can look for the answers.
- I value process as well as product. I value and give frequent, supportive, and descriptive responses. I recognize these partners might not change their behaviors immediately but my presence will enable them to think about change.
- I help my partners determine goals for learning. I establish a learning environment that encourages their mastery. I teach for mastery of knowledge, skills and process.
- I have passion for what I teach. I read, study new concepts, do research, and think about ideas and ideals. I participate in community service so that the environment can support what I teach.
- I honor my partners' knowledge about their own situations. I encourage them to share their knowledge so I can personalize the education to enhance learning.
- I have a responsibility to behave in a manner consistent with what I teach. I believe that my personal actions serve as a role model to the student.
**Styles of Teaching**

Many different styles can be used when working with our partners. While it is important to provide information, the object of *Nurturing Partners* is to promote positive behavior change [2]. Since information does not necessarily lead to change, it is imperative to utilize teaching styles that will promote change, not simply deliver information [3, 4]. Our partners are motivated by responsibility, collaboration, fear of failure, and respect for the teacher. *Nurturing Partners* instructors guide partners in discovering new possibilities; clarifying needs and aspirations; diagnosing gaps between aspirations and current situation; finding resources; and determining if goals are met. Instructors can be assertive and give direction and information. They can be suggestive and offer opinions and personal experiences. They also can be collaborative by eliciting, accepting, and exploring all ideas. Finally, instructors can be facilitative in their teaching style by eliciting and accepting *feelings*. There are times when *each* style is appropriate [5, 6]. A checklist to be used when working with partners is presented in Table II-1.

**Table II-1. Teaching Checklist**

- Ask partners to identify their own learning needs as related to health, nutrition or parenting.
- Ask partners to set their own objectives for the learning experience.
- Create opportunities for partners to learn on their own.
- Give systematic positive feedback (reinforcement) to partners.
-Give regular critical feedback (constructive) to partners.
- Vary teaching style.
- Consider the learning styles and personal characteristics of partners.
- Encourage partners to discuss their feelings with you about the topic under discussion.
- Ask partners to evaluate their own performance.
- Ask partners for their evaluation of you.

When a partner is seen one-on-one, lessons will use *motivational negotiating* techniques [7] whereas *facilitated discussions* will be used for teaching groups [8]. To accommodate the differences in delivery methods, appropriate changes to the curricula and materials are addressed within each lesson as well as within the evaluation components of the program.

Both motivational negotiating and facilitated discussions utilize probing, open-ended questions to deliver the lessons as opposed to simply giving information. The intent is to increase partners’ abilities to think critically about choices, situations and behaviors [3, 9]. Examples of probes to use to evoke self-motivational statements are found in Table II-2.
Table 11-2. Ideas to Employ in order to Evoke Self-motivational Statements

A. Getting Started

- Ask about the behavior to be changed "Tell me what you know about…"
- Ask about a typical day "Describe what you do on a typical day."
- Ask about the good things, then the less good things "I wonder, how much do these challenges affect you?"
- Ask about lifestyle and stresses "Tell me more about what choices you have."
- Ask about present and past behavior "What's the difference between your choices now and before you were pregnant?"
- Provide information and then ask ‘What do you think?’ "Would it be useful to spend a few minutes looking at how you can fit your typical food choices into a healthy eating plan?"
- Ask about health, then behavior "I wonder, when you select this food, where does it fit into your idea of a healthy eating pattern?"
- Ask about the next step "What is the next step for you?"
- Ask about concerns directly "What concerns do you have about making changes?"

B. Specific Questions

1. Problem recognition questions
   - What things make you think this is a problem?
   - What difficulties have you encountered trying to change your food choices?
   - In what ways do you think your smoking has harmed you or your baby?
   - In what ways has disciplining your baby been a problem for you?
   - How has breastfeeding stopped you from doing what you want to do?

2. Concern
   - What is there about your smoking that others might see as reasons for concern?
   - What worries you about your food choices?
   - How do you feel about breastfeeding?
   - What do you think could happen if you don’t place your baby in a car seat?

3. Intention to Change
   - The fact that you are sharing with me indicates that you are interested in learning about nutrition. What are the reasons you want to learn about food choices?
   - What makes you think that you may need to make a change?
   - If things worked out exactly as you would like, what would be different?
   - What would be the advantages of making a change?

4. Optimism
   - What makes you think that if you did decide to make a change, you could do it?
   - What encourages you to believe that you can change if you wanted to?
   - If you decided to change, what do you think would work for you?
Enhancing Critical Thinking Skills

The long-term impact for Nurturing Partners is to enhance partners’ decision-making skills, e.g. to be able to make strategic decisions about life’s choices [3, 9]. Critical thinking is defined as "a process by which a person makes reasonable and reflective decisions focused on what to believe or do" (Ennis, 1987). As with the Stages of Change framework [10, 11], critical thinking involves a series of processes. To engage the learner in developing critical thinking skills, the instructor must direct the learning experience so that partners:

♦ become aware of the issues they need to address
♦ explore alternative ways of dealing with these issues
♦ work through a transition to change from one method of approaching the issue to another
♦ achieve integration of ways to achieve their goals while handling the issue
♦ take action (may include taking no action)

Instructors will stimulate partner’s perceptions of different issues in relation to their own lives. All Nurturing Partners lessons assume that the intervention is learner-led, yet instructor directed [5]. Partners are assumed to have intimate knowledge about their own situation that, when brought to the attention of the teacher, will allow for personalization of the materials to enhance learning [1]. This will be done jointly with partners and instructors acting as a team who together will analyze the situation and make reasonable and reflective decisions. There will be no moral judgements made by the instructor about the partners. In return, partners are expected to participate and to treat the instructor respectfully and with honesty.

Each lesson is divided into two closely related parts. The first part is knowledge focused. Partners are provided sufficient time to complete worksheets, recipe preparations [12], or other interactive activities. The second part focuses on critical thinking [9].

For each lesson, the following questions need to be considered.

♦ What is the personal nature of the problem to each partner?
♦ What elements in this problem make it difficult for each partner to resolve?
♦ What alternatives exist for the partner making this decision?
♦ What is the first step to solving this problem?
♦ How do concerns/problems tie in with the key messages being delivered in each lesson? For example, for the lesson Fast Food—Everyone, how does the message “eating a variety of food is a healthy choice” get delivered when fast food plays a heavy role with your partners’ diet?

Motivational negotiation

Motivational negotiation techniques will be used for individual teaching encounters. Basically, motivational negotiation encourages the instructor to provide an environment so partners can become motivated from within [7]. The instructor accepts partners as they are, provides insight into problems, clarifies situations and solutions, and provides feedback. Self-efficacy, hope, and optimism are reinforced; self-responsibility is emphasized.

Instructors affirm the value of partners’ ideas and inputs through the use of compliments and statements of appreciation and understanding. Instructors use “reflective listening” – i.e. trying to understand the underlying meaning in what is being said [7]. This requires instructors to pay close attention to all that is said and also to what may not be said. Instructors should remain
focused on the partners’ concerns and not be thinking about what to teach next. Periodically, instructors will summarize what has been said by linking together all expressed thoughts.

**PROGRAM DELIVERY**
The lessons contained within Nurturing Partners will be delivered in two ways:
- one-on-one (in homes or community settings)
- in groups

**Home Visitations**
Home visiting is an educational process in which a professional or paraprofessional meets one-on-one with the learner in the learner's environment [13, 14]. Home visiting has existed for more than 100 years. Home visiting:
- reduces barriers to available services such as transportation, child care, motivation and poor physical health
- provides a unique opportunity to get relevant information about a family's environment, resources, and needs
- enhances a program's ability to individualize education
- customizes lessons to reflect diversity

The specific benefits of home visiting are[13, 14]:
- Home visitors bring reliable information to dispel myths and misinformation about parenting and child development
- Home visitors help partners negotiate with their families, agency representatives, and others
- Home visitors are seen as friends because they show concern for the well being of partners
- Home visitors help families solve problems and cut red tape because they are familiar with procedures used in support agencies

In a recent review, the American Academy of Pediatrics [15] reached the following conclusion: “Home-visitation programs can be an effective early-intervention strategy to improve the health and well-being of children, particularly if they are embedded in comprehensive community services to families at risk. Home-visitation programs are not a panacea, sufficient unto themselves to revise or prevent the damaging effects on children of poverty and inadequate or inexperienced parenting.”

The review highlighted several important components of successful home-visitation programs. These components include: a focus on families in greatest need of services; beginning intervention in pregnancy and continuing throughout the second year of the child’s life; flexibility and family specificity; promotion of positive health-related behaviors and infant care-giving; multi-problem focus to address family needs; reduction of family stress; and use of well-trained paraprofessionals as well as professionals.
Small Group Discussions (Classes)

Discussions have proven effective when used with small groups. In particular, facilitated discussions engage all learners (partners) to actively participate [8]. This is in direct contrast to the more traditional method—lecturing—whereby the partner is passive. Facilitated discussions add meaning to education by allowing a collective exploration of issues. It validates messages and adds elements of reality to the conversation.

Facilitated Discussions

Many techniques and assumptions associated with one-on-one motivational negotiation are incorporated into facilitated discussion with small groups [8]. Table II-3 presents guidelines and techniques to use in facilitated discussions. The general principles behind facilitated discussions include:

- establishing (jointly with partners) specific attainable goals for each individual
- mutual sharing within the group
- asking probing, open-ended question
- being a reflective listener
- affirming feelings
- exploring applications
- periodically summarizing

Table II-3. Guidelines and techniques for facilitative discussions

- Build the group from within
- Establish ground rules
- Begin each session with an icebreaker exercise
- Ask open-ended questions
- Encourage full participation
- Focus the conversation
- Correct misconceptions artfully
- Create an atmosphere of acceptance
- Summarize the discussion
- Be patient
- Make learning fun for instructor and partner

Recipe Demonstration

Recipe demonstration is a crucial teaching activity that can contribute to an unforgettable experience for partners [12, 16]. Besides learning basic cooking skills, partners also learn about food safety and have a chance to taste the end product. While a recipe may not necessarily be done for each lesson, conducting recipes demonstrations frequently can make lessons more appealing and interesting. Recipes should be determined at the beginning of the program so they can be integrated into the lessons.

Plan ahead for the recipe demonstration before each lesson. Prepare a grocery list and try to purchase perishable items the day before. A stock of non-perishable items should be labeled and kept in the kitchen cabinets. Periodic inventory should be done to replenish supplies to avoid “out-of-stock” situations. On the day of the demonstration, have all ingredients ready to take. Be sure to use insulated coolers with frozen inserts for storage during transportation. Plan to make enough food so all partners can taste.
Pick out the recipe the week before with your partners. Make this selection exciting to stimulate interest and curiosity. When working with an individual, complete the recipe together. When working with groups where cooking facilities are available, bring all partners close to the preparation areas. Ask for volunteers to help with the preparation. If no cooking facilities are available, prepare recipes ahead of time.

Always wash hands before working on the recipe. Kindly request your partners to wash their hands. Emphasize the importance of proper hand washing technique. This also is a good time to introduce safe food handling. Distribute *Fight BAC! Four Simple Steps for Food Safety*.

Make sure counters are cleaned and cleared of clutter. Have materials assembled for easy reach and preparation. Involve partners with the actual preparation. Give plenty of praise and encouragement when someone takes the initiative with each step. Make sure to clean the work area after finishing the demonstration.

Remember that positive experiences encourage successful future performances. Add *humor* to spice up the experience. Sprinkle lots of *fun* to make it interesting.

**Rationale for Demonstrating Recipes**

- Adds diversity and interesting activities to lessons.
- Allows interactive relationship between partners.
- Hands-on experience enhances cooking skills.
- Increases nutrition knowledge.
- New foods are more acceptable when introduced in a tasting session, as a snack.
REFERENCES
The World of the Adolescent

A multitude of factors must be considered in the design, implementation and evaluation of programs aimed at adolescent parents. Teens are a heterogeneous group. They differ in maturity, growth rates, personality, and environmental characteristics. Behavioral changes during adolescence do not occur at the same time, at the same rate, or in the same amount for all adolescents. Therefore, it is unrealistic to expect the same behaviors from all teens, even from those of the same chronological age. Individualization that will facilitate internalization and personalization of expected behavior is required.

To develop intervention programs focused on health, nutrition, and parenting issues for adolescents, it is imperative to understand the world in which they live. Adolescence is a turbulent time [1]. It is a time to take risks, to explore, and to seek identity. It is a time when teens are developing their own self-concept and view of the world apart from that of their parents and other “authority” figures. Often this need to separate is expressed in defiance and fierce independent behavior. Adolescents perceive themselves as the consummate “adult,” demanding to be treated as such. To the adolescent, peer opinion is of primary importance. While preadolescence is filled with much self-doubt, a shift occurs around age 15 when increasingly adolescents begin to acquire a sense of confidence in their own ability to successfully master life’s experiences. Furthermore, teens begin to develop a global view of the world. Finally, adolescence is a time for mastering abstract concepts and formulating ideas.

Cognitively, the teen can understand basic information, such as how nutrients function within the body. But knowledge does not necessarily result in appropriate behavior. This is particularly true for adolescents, as hormonal and brain maturation often run counter to application of knowledge. New research suggests impulsive behavior is the result of brain structure. It appears that throughout childhood and into adolescence the area of the brain that exerts cognitive control over behavior increases, thus enhancing the voluntary suppression of impulsive response tendencies. In other words, as teens mature, their brains change from increased activity in the areas that cause impulsive behaviors to increased activity in areas that determine more thoughtful decisions.

In terms of health and nutrition, adolescents often use food choices as a means of establishing independence [1-7]. Frequently these foods are ones that adults consider unhealthful. In addition, many teen girls are preoccupied with appearance and body function. Issues of weight status predominate. At the same time, the adolescent recognizes conflicts surrounding health and food choices. Indeed, similar to adults, adolescents find many barriers (real and perceived) hamper their selection of healthful foods. Of primary importance in determining food choices, teens have identified hunger and food cravings, the appeal of food (primarily taste), and time and convenience issues. Availability, parental influence (including culture, tradition, and family rules), perceived benefits, and the context (situation) of the eating occasion are additional factors affecting teens’ food choices. In addition, many teens do not have appropriate role models for either parenting or following healthful lifestyles. Some parents lacked skills for guiding their own children. Many families may not eat meals together; others rarely have home-cooked meals.

Finally, as accepting and embracing the parenthood role is difficult for many adults, it may be even more difficult for the adolescent. It has been noted that some teens quickly rise to the occasion whereas others are overwhelmed by the demand.
Pregnant and Parenting Adolescents

Pregnancy, parenthood and adolescence are periods of great change and growth. Each has unique challenges. Just at the time that an adolescent wants independence from family, the care of an infant may increase the teen parent's emotional and economic dependence on family. Pregnant and parenting teens have cut their adolescence short with the overwhelming responsibilities of caring for a child. Some teens assume the care of their babies more easily than others. Some may rely on their parents to provide physical help with rearing their children; others may wish to assume these responsibilities alone. Still others may find themselves in conflict, wanting both help and independence.

Wasik, Bryant and Lyons [8] have characterized some pregnant adolescents as:
- having sufficient understanding of contraception but vaguely aware of their role in conception
- wishing pregnancy would give them independence and maturity which they do not feel
- vacillating between a sense of deep guilt and of pleasure at being pregnant
- idealizing motherhood
- having a sense of power about being pregnant; however, in making changes in their own lives, feeling powerless

Any pregnant adolescent, even one from a middle or upper class family, may find her needs difficult to accommodate. Some families may be angry and unsupportive about the pregnancy whereas others may be overprotective. Many schools do not provide pregnancy management classes at all. Some schools may be reluctant to work with the teen in regard to her special needs. Absences to attend medical appointments or to accommodate morning sickness may cause the teen to miss exams or fail classes. Class scheduling may not be conducive to her physical changes (bathroom breaks, frequent eating, or breastfeeding). She may find herself without medical insurance (many health plans do not cover pregnancy in minor children). Even if the teen is married, some medical insurance plans will not cover her prenatal care. If the teen is from a poor family, the constraints may be even greater [9]. Under federal and state law, a pregnant adolescent must live with her parent or other legal guardian in order for her to be eligible for services. Most services require parental permission. A pregnant teen also may not receive TANF (Temporary Assistance for Needy Families) or food stamps directly – all support is given to her parent or legal guardian. Finally, if living conditions at home are not good, the pregnant or parenting teen may not be able to find a safe haven. Yet, emancipation is almost impossible to obtain.

Teen parents frequently lack knowledge about child development. Studies indicate that teen parents may not provide their infants cognitive stimulation for normal development, which may lead to cognitive delays [10]. However, this does not mean that teen parents automatically have poor parenting skills. Many teens are effective while others just need support and guidance. Once they gain knowledge in child development and develop a positive attitude toward parenting, they can become effective parents and self-sufficient caregivers.

Consequences of Adolescent Pregnancy
- Consequences to the Mother
  Pregnancy significantly impacts a woman's life and relationships [11]. Demands on the mother in terms of health and economic costs are high. Her relations with others dramatically change. Following delivery, physical, psychosocial, and environmental issues related to
parenting her child dominate her life. These issues are intensified when the mother is an
adolescent [12]. Those specific areas most problematic to the adolescent mother are highlighted
below.

Teenaged mothers have higher health risks than do older mothers. Teen mothers may smoke,
drink alcohol, and take drugs. Maternal smoking accounts for 20-40% of LBW infants born in
the United States. Maternal smoking doubles the risk of both low birth weight (LBW) and
sudden infant death syndrome (SIDS) and increases the risk of spontaneous abortions.

While there are many risks involved in delivering a LBW infant (Table III-1), the risk
increases in adolescent pregnancy [13, 14].

Table III-1. Risk factors for delivering a low birth weight baby.

| ♦ Low socioeconomic status | ♦ Pregnancy-induced hypertension |
| ♦ Young or older maternal age | ♦ Gestational diabetes |
| ♦ Low educational level | ♦ Tobacco use |
| ♦ Prior reproductive loss | ♦ Alcohol or substance use or abuse |
| ♦ Prior LBW birth | ♦ Low calorie intake during pregnancy |
| ♦ Late or no prenatal care | ♦ Low weight gain during pregnancy |

Because some teens engage in early, and frequently unprotected, sexual activity, they are
affected by sexually transmitted diseases, including chlamydia, syphilis and AIDS. Adolescents
as a population tend to have poor eating habits [2, 6, 15, 16]. These choices can lead to
inappropriate weight gain during pregnancy [17-20]. On the other hand, there are those who
don’t want to gain much weight at all. Furthermore, pregnant teens tend to have erroneous
beliefs regarding specific foods, food cravings and fetal and maternal nutrient needs [3, 4, 7, 21].
All these practices along with negligence and ignorance in taking prescribed medications,
including vitamin-mineral supplements, jeopardize the health of the adolescent mother and her
fetus.

The teen mother is more likely to have higher rates of birth complications (including
toxemia, anemia, hypertension, eclampsia, preterm labor, prolonged labor, uterine dysfunction,
infecions related to pregnancy, dental health problems [which may include subclinical
infections], postpartum hemorrhaging and abnormal bleeding, and premature rupture of the
uterine membrane) [14, 21-23]. Many of these have an underlying nutritional component. The
ten mother also is more likely to experience higher rates of mortality than an older mother [24,
25].

The psychological consequences surrounding motherhood are increased when the mother is
an adolescent. Teen mothers exhibit higher rates of stress, despair, depression, feelings of
helplessness, low self-esteem, and a sense of personal failure than older mothers [1, 12].

Teenaged mothers are at higher risks for severe social and economic consequences than are
older mothers [12, 26]. Many adolescent mothers end up in poverty and become reliant on social
services [9]. Some will drop out of high school, but by their late twenties, 7 out of 10 teen
mothers complete high school. However, they are less likely to go on to college than women who
delay childbearing. Those who return to school tend to be black, remain single, avoid repeated
pregnancy, live with their parents and were under 16 years old when pregnancy occurred.
However, these women may never make up for the economic delay.
The teen mother’s poor educational and skill levels result in lower earnings and few employment opportunities [27]. Job choices are typically part-time, low skilled, non-challenging, and low-paid. Adolescent mothers experience low rates of marriage and the marriages that do occur are unstable. Fewer than half of these mothers will get married within 10 years and fewer still will marry the baby’s father. Nonresident fathers often provide inadequate support for their children.

Adolescent mothers have more pregnancies, closer spacing of births, more non-marital births and an increased number of unintended births. On average, an adolescent mother uses $3700 per year in health care for her children. If she had delayed childbirth until age 20 or 21, it is estimated she would spend 20% less on medical care.

- **Consequences to the Child**

There is a 50% increased risk of low birth weight (LBW) and other childhood illnesses to infants born to teen mothers [11, 13]. There is a strong association between inadequate weight gain and LBW and preterm deliveries [17, 18, 20]. LBW babies may have poorly developed lungs and other body organs. They may suffer from respiratory distress syndrome or brain hemorrhages. LBW babies are 40 times more likely to die in their first month of life than are normal-weight babies.

Low birth weight accounts for 10 percent of all health care costs for children. Babies born too small can require increased medical costs (ranging from $1000 to $2500 a day), including time in a neonatal intensive care unit. The length of time spent depends on the medical problems. Average lifetime medical costs of a pre-term baby are approximately one-half million dollars. Furthermore, LBW babies are 20 times more likely to die in the first year of life than other infants. In fact, pre-term (<37 weeks gestation) and LBW together are the leading cause of death for African-American infants.

There also is an increased risk of childhood diseases in children born to adolescent mothers [26]. These diseases include epilepsy, blindness, deafness, nervous disorders, mental retardation, and spinal and hearing injuries. Some of these are directly linked to birth weight.

Teen mothers may have unrealistic expectations regarding their child’s development [28]. When comparing infants, some adolescent mothers expect too little too late from their own infants and too much too soon from infants born to older mothers. This thinking could result in failure to encourage their infants to develop. If a teen mother perceives her baby as less competent than other babies, she may not provide stimulation to her infant. Furthermore, adolescents may not be cognitively ready to become parents [29, 30]. Finally, teen mothers may have insufficient knowledge and skills regarding infant feeding, a specific parenting function [31]. This lack of knowledge may lead to increased stress levels in the parenting role. These mothers may be less well prepared to adapt in their parenting style than older women are [29, 32-34].

Consequently, these diminished parenting skills coupled with decreased access to social and familial support frequently lead to psychosocial problems in children of adolescent mothers [12, 26]. These children are 2 to 3 times more likely to run away from home. Some researchers claim there are more frequent reported cases of child abuse, although this finding is not consistent between studies. Child abuse ranges from physical abuse to abandonment and neglect. More of these children end up in foster care. There is a decreased likelihood of these children being rated “excellent” by their teachers; they are more likely to have lower assessment scores, and 50% are more likely to repeat a grade in school. Children of adolescent mothers have a higher chance of
dropping out of high school and are more likely to become teen parents themselves. Although information is limited, some studies indicate children of teen mothers have more signs of maladjustment with greater risks of social impairment. Other studies have found children of teen mothers to be neither in school nor working nor actively looking for a job at the age of 24. Furthermore, teen sons of adolescent mothers are 2.7 times more likely to be incarcerated.

- **Consequences to the Adolescent Father**
  Teenaged boys are one third less likely than adolescent girls to become teenaged parents. Indeed, girls who have partners over 20 years of age are much more likely to become pregnant than are girls with adolescent partners. However, for those teen boys who do become fathers, there are substantial impacts on their lives [12, 26]. Teen fathers are less likely to complete high school than are teens that wait until age 21 to become fathers. Therefore, teen fathers’ earnings are low and they are less likely to contribute child support.

- **Societal Consequences**
  With a significant portion of teen mothers being unmarried, there is an increased dependency on social services. Furthermore, their children are raised with lower socio-economic opportunities and lack paternal involvement or a male role model. Estimated costs to society for adolescent childbearing run ~$6.9 billion each year [26]. Beyond the immediate health care costs for delivering the child, costs are associated with increased incarceration expenses of the offspring, increased welfare and food stamp benefits, increased medical care expenses, loss of tax revenue, and increased costs of foster care. Beyond the dollar costs, there is the loss to society in terms of national productivity. Finally, the emotional costs of these problems are immeasurable.
REFERENCES:
Evaluation

Considerations

Not only are theoretical and behavioral models important for program design and delivery, they play an essential role in program evaluation. As indicated earlier, community interventions such as health promotion programs need an evaluation component [1-3]. Evaluation is essential in both determining short-term, intermediate and long-term outcomes. They also are critical to assessing effectiveness of program components.

Evaluation designs must be developed simultaneously with program design. Interventions based on random design are recommended in order to demonstrate program impact. However, it is difficult to randomly assign partners to groups when working in the community setting. Such randomization is costly and tends to deny education to some while providing opportunities to others. Quasi-experimental designs compensate somewhat for this situation by making comparisons of those receiving the education to a similar population who did not participate in the programming. Sampling issues also are a problem especially when people voluntarily seek out the program or the program is restricted to certain population groups. Some measurement tools (both qualitative and quantitative) lack psychometric validity yet may be the only tools available or may have been developed by the intervention team where none existed prior to the program. The latter often are not validated prior to use. Long-term follow-ups seldom are conducted. Finally, environmental factors and changes over time are not accounted for in some evaluations.

*Nurturing Partners* incorporates innovative evaluations that accommodate the natural environment of the adolescent. In addition, a variety of quantitative and qualitative evaluation techniques are employed. Wherever possible, previously used instruments have been adopted. Since self-enrollment could bias program outcome measures, all efforts will be made to compensate for this potential. Inclusion of stratification or blocking of one or more variables (e.g. developmental stage, program location, ethnicity, culture, age at first birth, parity, adolescent independence, marital status, or involvement in support systems) can be used to address the issue of randomization.

Critical Thinking Evaluation

The goal of introducing critical thinking into lessons is to stimulate partners’ perceptions of different issues in relation to their own situations. Specifically designed critical thinking pages accompany most lessons. Qualitative processes will be employed to evaluate how well partners master the critical thinking process.

Evaluation Instruments

- **Food Frequency Questionnaire**
  This tool measures daily intake of calcium, folate, zinc and iron at both the beginning and end of the lesson series. The questionnaires are collected, analyzed and returned to the partners. It is anticipated that some positive changes in food consumption will be noted for those partners who receive more than 6 lessons. Within-person and between classes comparisons will be conducted between pre and post-questionnaires.
• **Critical Thinking Evaluation Sheets** (see individual lessons)
  Once completed, these worksheets are retained in the partners’ folders as a permanent record of short-term outcomes - intent, beliefs, and knowledge. They can be used in subsequent lessons to determine intermediate impacts as well. Worksheets will be copied and given back to partners. These sheets can also be used to measure change.

  ♦ **Breastfeeding**
    • Before beginning the critical thinking activity, ask (and record) a show of hands as to how many will consider breastfeeding their baby. At the end of the discussion, ask the question again. Measure the difference in intent.
    • Immediately after the list is created, partners can be asked to identify those statements that are *True* and those that are *False*. Instructors record the number of correct responses. Following the discussion, partners again are asked to identify correct and incorrect statements. Instructors record responses. Differences in knowledge are quantified.
    • After the class, partners are asked to record (on the bottom of their critical thinking sheet) three things they learned from the lessons.

  ♦ **Hush Little Baby**
    • Two Critical Thinking Sheets can be handed out. Using a pen, partners can put down their responses. This sheet is collected for the pre-lesson quiz.
    • The second sheet can be used as a lesson worksheet.
    • The first sheet is handed back and the partners (using a different color pen or in pencil) record the post-lesson responses.

• **Interactive Activities** (see attached)
  These include quizzes, puzzles, fill-in the blanks, and other activities that the instructor and partners complete. Copies are retained in the partners’ files as a permanent record. Original sheets are given back to partners for their later use and referral. A range of activities is provided to accommodate the range of partner abilities.

  ♦ **General Nutrition**
    Several lessons review nutrition information and facilitate discussions on incorporating healthy eating choices. Several of these contain interactive materials that will be used as evaluation pieces. Specifically, for alternative schools and probation classes, knowledge can be measured using a cut and paste food guide pyramid activity. Some partners can dissect recipes and place the ingredients onto the food guide pyramid. For the child development classes, the planning guide can be used to develop 2-3 days of menus for toddlers. Regular high school classes can use the Nutrition IQ Quiz (pre and post lesson).

  ♦ **General Parenting**
    Similar evaluation processes can be done with the lesson activities for the parenting sessions. For example, at the start of the *Hush Little Baby* lesson, ask partners why babies cry. Record the initial list of reasons. At the end of the lessons, repeat the process. Record the number of additional reasons given – this will reflect increase in knowledge of the group.
Telephone Follow-up
This approach works well for determining retention of information. Telephone contacts can reinforce lessons and provide support for fulfilling stated intentions. Finally, telephone follow-ups may be used to measure long-term program impacts.

REFERENCES