

OKLAHOMA CITY  
**INDIAN CLINIC**  
  
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# Eagle's Nest Resources

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# Urgent Maternal Warning Signs

## What to Watch During Pregnancy and in the Year After Delivery

Did you know some problems due to pregnancy can happen up to a year after delivery? Be aware of urgent maternal warning signs and symptoms during pregnancy and in the year after delivery. Seek medical care immediately if you experience any signs or symptoms that are listed below. These symptoms could indicate a life-threatening situation.

### 1. Headache that won't go away or gets worse over time

- Feels like the worst headache of your life.
- Lasts even after treatment with medication and fluid intake.
- Starts suddenly with severe pain - like a clap of thunder.
- Throbs and is on one side of your head above your ear.
- Comes with blurred vision or dizziness.

### 2. Dizziness or fainting

- You faint or pass out
- You have dizziness and lightheadedness that's ongoing, or comes and goes over many days.
- You experience a gap in time of which you have no memory.

### 3. Changes in your vision

- You see flashes of light or bright spots.
- You have blind spots or you can't see at all for a short time.
- Your vision is blurry, you can't focus, or you're seeing double.

### 4. Fever of 100.4 F (38C)

- You have a temperature of 100.4 F (38C) or higher.

### 5. Extreme swelling of your hands or face

- Swelling in your hands makes it hard to bend your fingers or wear rings
- Swelling in your face makes it hard to open your eyes all the way - they feel and look puffy.
- Your lips and mouth feel swollen or you have a loss of feeling.
- **This swelling is not like the usual slight swelling that most moms have during pregnancy, especially during the last few months of pregnancy.**

### 6. Thoughts about harming yourself or your baby

- You may think about hurting yourself because you:
  - Feel very sad, hopeless, or not good enough.
  - Don't feel that you have control over your life.
  - Feel extremely worried all the time.
- You may think about hurting your baby and/or have scary thoughts that come when you don't want or that are hard to get rid of.

### 7. Trouble Breathing

- You feel short of breath suddenly or over time, as if you can't breathe enough air in your lungs.
- Your throat and/or chest feel tight.
- You have trouble breathing when you're laying down flat, such as needing to prop your head up with pillows to sleep.

### 8. Chest pain or fast-beating heart

- You have chest pain, such as:
  - A feeling of tightness or pressure in the center of your chest.
  - Pain that travels to your back, neck, or arm.
- You have a change in your heartbeat, such as:
  - A fast heartbeat or a pounding in your chest.
  - An irregular heart rate or skipped heartbeats.
- You feel dizzy, faint, or disoriented
- You have trouble catching your breath (talking and breathing are difficult).

**These symptoms can happen at any time and anywhere or may be triggered by a specific event.**

### 9. Severe nausea and throwing up

- You feel severely sick to your stomach (nauseous) beyond the normal queasy feeling and throwing up that many moms have in early pregnancy.
- You are unable to drink for more than 8 hours or eat for more than 24 hours.
- You throw up and can't keep water or other fluids in your stomach.
- You have:
  - A dry mouth
  - Headaches
  - Confusion
  - Fever
  - Dizziness or lightheadedness

### 10. Severe belly pain that doesn't go away

- You have a sharp, stabbing, or cramp-like belly pain that doesn't go away.
- Your belly pain starts suddenly and is severe, or gets worse over time.
- You have severe chest, shoulder, or back pain.

### 11. Baby's movement stopping or slowing during pregnancy

- You feel that your baby has stopped moving or your baby is moving less than before.
- **There is no specific number of movements that is considered normal, a change in your baby's movement is what is important.**

### 12. Vaginal bleeding of fluid leaking during pregnancy

- You have any bleeding from your vagina that is more than spotting - like a period.
- You have fluid leaking out of your vagina.
- You have a vaginal discharge that smells bad.

### 13. Vaginal bleeding or discharge after pregnancy

- You have heavy bleeding soaking through one or more pads in an hour.
- You pass clots bigger than an egg or you pass tissue.
- You have a vaginal discharge that smells bad.

### 14. Severe swelling, redness or pain of your leg or arm anytime during pregnancy or up to 6 weeks after birth.

- You have swelling, pain, or tenderness in your leg (usually your calf or in one leg):
  - It may or may not hurt when you touch it.
  - It may hurt when you flex your foot to stand or walk.
  - The painful area can also be red, swollen and warm to the touch.
- You have pain, tenderness or swelling in your arm, usually on just one side of your body.

### 15. Overwhelming tiredness

- You are suddenly very tired and weak, not like chronic fatigue.
- You don't have enough energy to go about your day.
- No matter how much you sleep, you don't feel refreshed.
- You feel so tired that you don't get up to take care of your baby.
- You feel sad after having your baby.

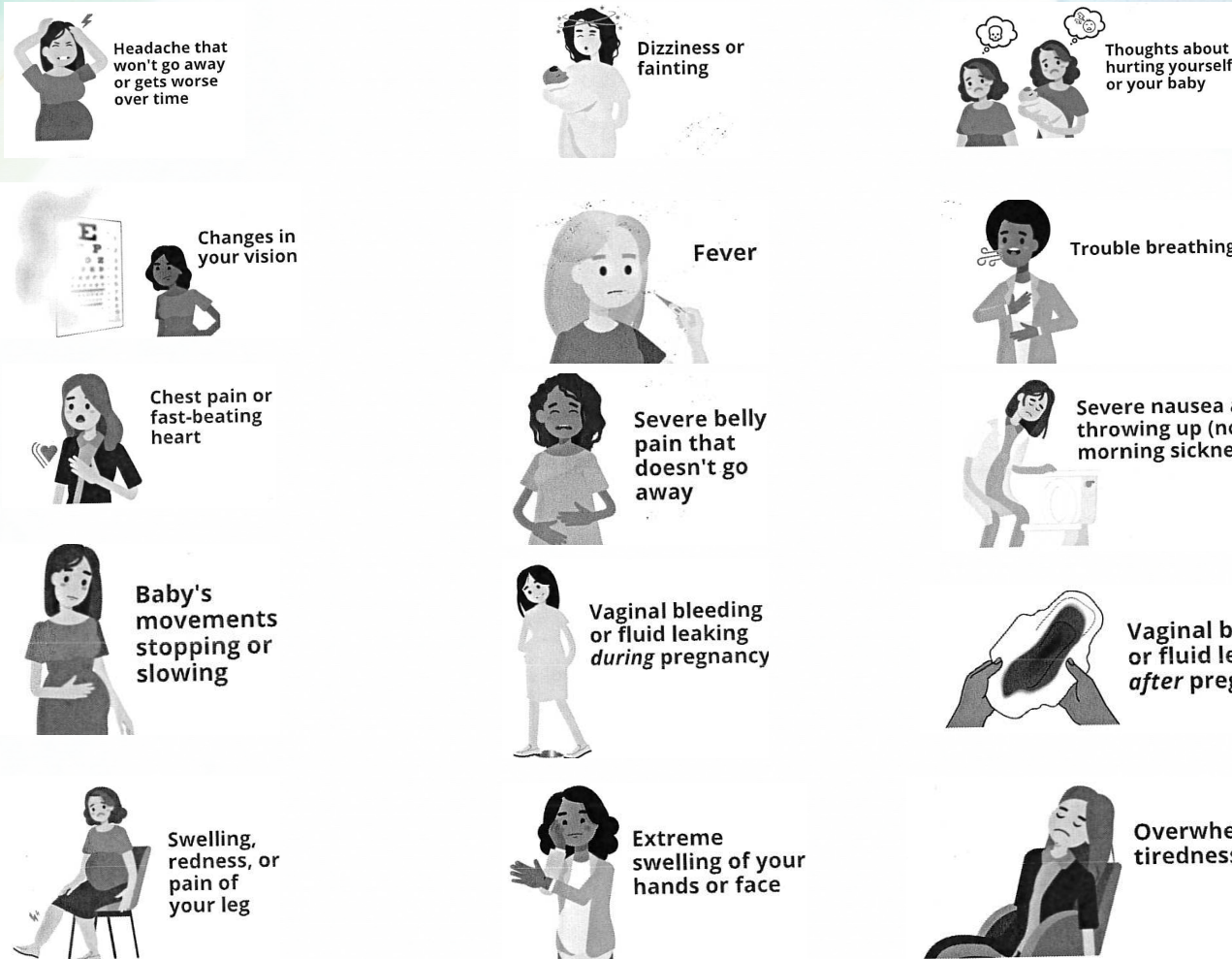
**This list is not meant to cover every symptom you might have. If you feel like something just isn't right, or you aren't sure if it's serious, talk to your healthcare provider. Be sure to tell them if you have been pregnant within the last year.**





# Urgent Maternal Warning Signs

If you have any of the below symptoms during or after pregnancy, contact your healthcare provider and get help right away.



If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year. Learn more at [safehealthcareforeverywoman.org/urgentmaternalwarningsigns](https://safehealthcareforeverywoman.org/urgentmaternalwarningsigns)





# Scald Prevention for Young Children

- More than half of all burn center admits for young children in Oklahoma are for a scald injury.
- One-third of these scald injuries involved heated water, and half involved some other hot liquid such as coffee, tea, soup, grease, etc.
- The vast majority of children were burned while at home.
- On average, children suffering severe scald injury were burned over 10% of their body and were hospitalized for 5 days.

## **Scald Prevention**

Unintentional tap water scalds can be prevented by following these tips:

- Lower the temperature of the water heater to no more than 120F.
- Always check the temperature of the water before placing a child in a bath.
- Do not leave children unattended in the bathtub or sink.
- When giving children a bath, do not allow them to be supervised by anyone other than an adult.
- When soaking materials in a sink or a bathtub or when running bath water, shut or lock the door to keep children from contact with hot water.

Other scalds can be prevented by:

- Providing constant supervision for children when hot liquids are present.
- Caregivers not drinking hot beverages, like coffee and tea, or eating hot foods while holding an infant or young child.
- Allowing food or drink to cook out of reach of young children.
- Keeping the kitchen off limits to children while food is being prepared.
- Placing pan and pot handles towards the back of the stove where little hands cannot reach them.
- Not allowing the cord to any household appliances to hang free and in the reach of children.
- Not holding a child while cooking food or preparing bottles.
- Finding a safe place for hot grease to cool.

If scald occurs, actions that may lessen the severity of a burn include:

- Removing clothing to stop ongoing heat injury.
- Slowly cool the injury with tap water for 30 minutes. Cooling decreases the depth of burning and is the appropriate first aid for all thermal burns.
- Ice should not be used because of the risk of producing hypothermia. Ice may also shut down circulation to the damaged skin and increase the death of tissue.
- Butter and other types of salves should NOT be used on scald injuries.





# Childhood Drowning

- Drowning is the leading cause of death for Oklahoma children aged 1-4.
- Over half of drownings or near-drowning among children less than 5 years of age occur in home swimming pools and nearly one - quarter occur in bathtubs.
- Most young children who drowned in pools had been in the home, out of sight for only a few minutes, and were under the supervision of their parents.
- Young children do not understand the consequences of falling into water and cannot call for help once they are in the water.

## **Prevention**

- Always stay close and watch children when they are in or near water, even if they know how to swim. *NEVER* leave a child unsupervised, not even for a minute.
- Don't be distracted - pay attention! Have a dedicated "water watcher" and take turns with other adults.
- Keep a phone nearby in case of emergency.
- Swimming lessons for children greatly reduce drowning risk.
- Learn child and infant CPR. Early intervention can improve outcomes. Swimming noodles and water wings are not safety devices - they should never be used in place of life jackets.

## **Pool and Hot Tub Safety**

- Install a self-closing, self-latching gate and pool fencing that completely surrounds the pool that is at least 4 feet high and has no vertical opening more than 4 inches wide.
- Install safety drain covers and back up devices. Teach children not to play hair drains.
- Always completely remove the pool cover. Never allow puddles to collect on the cover.
- Follow the same tips for above ground pools, and install a gate around the pool ladder or remove the ladder when the pool is not in use.
- Install door and window alarms to alert you if a child wanders out of the house.

### **In The Home**

- Stay within an arm's reach of your child near the bathtub, toilets or buckets.
- Never leave your child alone or in the care of an older child during bath time.
- After bath time, immediately drain the tub.
- Empty all buckets and containers after use. Store them upside down. Children can drown in only a few inches of water!



### **Open Water and Boating**

- Swimming in open water is not the same as in a pool. Be aware of uneven surfaces, currents, undertow and weather.
- Children should wear a U.S. Coast Guard approved life jacket.





# Fall Prevention for Young Children

- More than one million infants, toddlers and preschoolers were treated in an emergency room for a fall-related injury in 2011.
- In 2010, 134 Oklahoma children age 0 to 5 were hospitalized for a fall-related injury.
- The most common types of falls for infants and young children were from furniture and other falls from one level to another.
- Young children are independent, curious and like to climb. They should be supervised at all times and kept off high surfaces to prevent fall injuries.

## **Prevention**

### **Infant (Less than one year old)**

- Never leave an infant alone on a counter, bed, table, couch or other high place.
- Always keep at least one hand on the infant when changing diapers or dressing.
- An infant carrier should be stable and placed where the child and carrier can't fall.
- Lower the crib mattress as the child grows. If the child is climbing out of the crib, consider moving the child to a toddler bed.
- Keep safety straps securely fastened when using a stroller, high chair, swing, carrier or shopping cart.
- Use of baby walkers is not recommended. They may tip over or fall down stairs. Walkers are involved in more injuries than any other piece of baby equipment.
- Don't let other children hold or carry an infant unless closely watched.

### **Young Children (1-5 Years old)**

- Install safety gates at the top and bottom of stairs and keep stairs free of clutter.
- Install windows guards - screens keep bugs out, not children.
- Keep windows locked when closed.
- Keep doors to balconies and fire escapes locked.
- Playground surfaces must be soft material such as wood chips or chipped rubber.
- Playground equipment should be in good repair and age appropriate.
- Watch children closely when they are playing on slides, swings and seesaws.
- Hold the child's hand while climbing stairs or riding escalators; teach the child to hold onto handrails to avoid falling.
- Bicycles should be in good repair and the correct size for the child. If the child is riding with you, they should be in a rear-mounted seat and wearing a helmet.
- A child with a disability needs more attention and supervision to avoid falls.
- The safety precautions used at home should also be used at day care.





# Child Passenger Safety

## Selection Errors

- Child does not meet the weight and height requirements of the safety seat.
- Child is too small or too young for a safety seat.
- Safety seat is too old or the history of a safety seat is unknown.
- Safety seat has been involved in a moderate to severe crash.
- Safety seat is under current recall (check with your child safety seat manufacturer).

## Installation Errors

- Safety seat is facing the wrong direction (based on the child's age and weight).
- Recline angle of the safety seat is incorrect.
- Carrying handle of infant carriers positioned incorrectly while vehicle is in motion (refer to safety seat owner's manual for correct position).
- Safety seats should only be installed with a seat belt **OR** lower anchors and tethers (LATCH), not both (unless specified by the car seat manufacturer).
- Use of the wrong seat belt path.
- Incorrect use of lower anchors and tethers.
- Seat belts or lower anchors are too loose or not locked securely (car seats should not move more than one inch at the seat belt path).
- **NEVER** install a rear-facing child safety seat in front of an active airbag.

## Use of Market Products

- Use only products/accessories (padding, harness strap covers, toys hanging front the infant carrier handle, etc.) that come with your child's safety seat or those that have been approved by the child safety seat manufacturer. Products that do not come with your child's safety seat have not been crash tested with the seat and it is unknown if these items compromise the safety of your child in the event of a motor vehicle crash.
- This also applies to this vehicle seat belt. Do not add covers, adjusters or tightening tools that are not approved by the vehicle manufacturer.



## Harness Errors

- Harness is not used.
- Harness straps are too loose.
- Harness straps are routed through the wrong slots or are secured incorrectly.
- Harness straps are placed on the child incorrectly.
- Harness straps are damaged or twisted.
- Retainer clip (chest clip) is too low.





# The Safe Sleep Top 10

**Always** place your baby on his or her back to sleep, every time for every sleep session. The back sleep position is the safest, and every sleep time counts.

**Place** your baby on a firm, safety-approved crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins or other soft surfaces.

**Keep** soft objects, toys and loose bedding out of your baby's sleep area. Do not use pillows, blankets, quilts or crib bumpers in your baby's sleep area. Keep all objects away from your baby's face.

**Do not** allow smoking around your baby. Do not smoke before or after the birth of your baby.

**Keep** your baby's sleep area close to, but separate from, where you and others sleep.

- An adult bed is never a safe place for a baby to sleep.
- It is not safe for a baby to sleep with other children, adults or pets.
- If you feed your baby in your bed, put your baby back in the crib or bassinet to sleep.

**Think** about using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it. If you are breastfeeding your baby, consider waiting 4-6 weeks or until breastfeeding is well-established before introducing a pacifier.

**Do not** let your baby overheat during sleep. Dress your baby in light sleep clothing, and keep the room temperature between 68 degrees F - 72 degrees F. Remember, babies only need one extra layer than you to be comfortable.

**Avoid** products, including home monitors, that claim to reduce the occurrence of SIDS because most have not been tested for effectiveness or safety. If you have questions about using monitors for other conditions, talk to your health care provider.

**Reduce** the chance flat spots will develop on your baby's head: provide "Tummy Time" when your baby is awake and someone is watching; change the direction your baby lies in the crib from one week to the next; avoid too much time in car seats, carriers, and bouncers.

**Make** sure everyone who takes care of your baby follows these simple steps.





# Toy Safety For Babies



As new parents, there are so many fun ways to interact with your baby. Toys, stuffed animals, and games are great for babies and make wonderful gifts. But before your baby plays with any toy, help keep them safe with the following tips.

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## **Top Safety Tips**

1. Consider your baby's age when purchasing a toy or game. It's worth a second to read the instructions and warning labels to make sure it's just right for your child. Identify any small parts or other potential hazards.
2. Before you've settled on the perfect toy, check to make sure there aren't any small parts or other potential choking hazards.
3. Keep a special eye on small game pieces that may be a choking hazard for young children. While these kinds of games are great for older kids, they can pose a potential danger for younger, curious siblings.
4. After playtime is over, use a bin or container to store toys for next time. Make sure there are no holes or hinges that could catch little fingers.
5. Safe Kids compile products recall specific to children and sends twice - monthly email alerts for recent recalls. Sign up for the latest recall information at [www.safekids.org](http://www.safekids.org).
6. Go to [www.cpsc.gov](http://www.cpsc.gov) for additional information about product recalls related to kids.





# Button Battery Safety Tips

*Everything you need to know to keep your kids safe around button batteries.*

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Little kids love to explore and when they find something new, what's the first thing they do? Put it in their mouths. Electronic devices are getting smaller, slimmer and sleeker. There are mini remote controls, small calculators, watches, key fobs, flameless candles and musical greeting cards. Kids love to pick them up, play with them and take them apart, often exposing dangerous button batteries inside. Here are a few things to remember to make sure these batteries stay where they belong.

## **Learn the Facts about Button Batteries**

- When a child swallows a button battery, the saliva triggers an electrical current. This causes a chemical reaction that can severely burn the esophagus in as little as two hours.
- The scary part is that it may not be obvious at first that there is something wrong, since kids can still breathe and act normally after ingesting a battery, though it may seem like your child has a cold or flu.
- Repairing the damage from battery ingestion is painful and often involves multiple surgeries. Even after a battery is removed, kids can experience terrible side effects to their vocal chords and windpipe.

## **Keep Button Batteries Out of Reach**

- Search your home, and any place your child goes for gadgets that may contain coin-sized lithium batteries.
- Keep coin lithium battery-controlled devices out of sight and reach of children. These devices include remote controls, singing greeting cards, digital scales, watches, hearing aids, thermometers, children's toys, calculators, key fobs, flameless or tea light candles, flashing holiday jewelry or decorations.
- Keep loose batteries locked away. Place a piece of duct tape over the controller to secure the battery compartment.

## **Get Treatment Right Away**

- If you suspect your child has ingested a battery, go to the hospital immediately. Don't induce vomiting or have your child eat or drink anything until assessed by a medical professional.
- The symptoms may be tricky to recognize (they include coughing, drooling, and discomfort), so if you have even the smallest doubt, don't take any chances. Go to the emergency room right away.
- Enter the National Battery Ingestion Hotline (202-625-3333) into your phone right now. Call anytime for additional treatment information.

## **Tell Your Family and Friends**

- Share this life-saving information with caregivers, friends, family members and sitters. It only takes a minute and could save a life.
- Each year in the United States more than 2,800 kids are treated in emergency rooms after swallowing button batteries. That's one child every three hours. The number of serious injuries or deaths as a result of button batteries has increased ninefold in the last decade.





# Babyproofing Your Home

## Kitchen

- Are knives, forks, scissors and other sharp tools in a drawer with a childproof latch?
- Have you installed a dishwasher lock so kids can't open it when it's running and can't reach breakable dishes, knives and other dangerous objects?
- Have you installed a stove lock, and have knob protectors been placed on the stove knobs?
- Does your oven range have an anti-tip bracket installed?
- Are chairs and step stools kept away from the stove?
- When cooking, are all pot handles on the stove turned inward or placed on back burners where kids can't reach them?
- Are glass objects and appliances with sharp blades stored out of reach?
- Is the garbage can behind a cabinet door with a childproof latch?
- Are all appliances unplugged when not in use, with cords out of reach?
- Are all vitamin or medicine bottles tightly closed and stored in a high cabinet far from reach?
- Are matches and lighters stored in a locked cabinet?
- Is the cabinet under the sink free of cleaning supplies, bug sprays, dishwasher detergent and dishwashing liquids? And are these supplies out of reach of children?
- Are any bottles containing alcohol stored out of reach?
- Are all plastic garbage bags and sandwich bags out of reach?
- Are refrigerator magnets and other small objects out of reach?
- Are childproof latches installed on all cabinet doors?
- Is there a working fire extinguisher? Do family members know how to use it?
- Does your child's highchair have a safety belt with a strap between the legs?
- Are tables free of tablecloths that could be grabbed?





# Bathroom

- Is the thermostat on the hot water heater set below 120 degree F ( 49 degree C)
- Are razor blades, nail scissors and other sharp tools stored in a locked cabinet?
- Are childproof latches installed on all drawers and cabinets?
- Do the outlets have ground fault interrupters (GFCI), which may protect against electrocution if an electrical appliance gets wet? If you live in an older home that may not be “up to code”, have an electrician inspect your circuit breaker panel.
- Are toilets always left closed? Is there a toilet-lid lock on the toilet?
- Are all hair dryers, curling irons and electric razors unplugged when not in use?
- Are there non-skid strips on the floors of showers and bathtubs?
- Are there non-slip pads under rugs to hold them securely to the floor?
- Are all prescription and nonprescription medicines, cosmetics, and cleaners stored in a locked cabinet?  
Are childproof caps on all medicines?
- Are bottles of mouthwash, perfumes, hair dyes, hair sprays, nail polishes, and nail polish removers stored in a locked cabinet?





# Child's Bedroom



- Does your baby's changing table have a safety belt?
- Are all painted cribs, bassinets and high chairs made after 1978? (Prior to this, paint was lead based.)
- Are crib slats less than 2-3/8 inches (6 centimeters) apart?
- Are the crib's headboard and footboard free of large cut-outs?
- Is all of the hardware on the crib secure?
- Is the crib mattress firm and flat? Does it fit snugly in the crib?
- Is the crib free of a drop side?
- Is the crib free of soft pillows, stuffed animals, bumper pads and soft bedding?
- Have all strings or ribbons been clipped off hanging mobiles and crib toys?
- Are window blind and curtain cords tied with clothespins or specially designed cord clips? Are they kept well out of reach and away from cribs?
- Are all electric cords (including baby monitor cords) at least 3 feet from the crib or bed?
- Are dressers secured to the wall or floor with drawers closed?
- Do the lids on toy chests or toy storage containers have a lid support to keep them from slamming shut? Are all toy chests non-locking?
- Has a window guard been placed on any window that isn't an emergency exit?
- Are nightlights in the room away from any fabric, like bedspreads or curtains?
- Does your child wear flame-retardant sleepwear?
- Is there a smoke alarm outside the bedroom?
- Have you removed all drawstrings from your child's clothing?





# Adult's Bedroom

- Are all medicine bottles, loose pills, coins, scissors, and any other small or sharp objects out of reach?
- Are window blinds and curtain cords tied with clothespins or specially designed cord clips?



## **If you own firearms:**

- Are they stored in a securely locked case out of kids' reach? All firearms should be stored unloaded and in the un-cocked position.
- Is ammunition stored in a separate place in a securely locked container out of kids' reach?
- Are keys kept where kids can't find them?





# Furniture and Stairways

## Furniture

- Are bookshelves and other furniture secured to the wall or floor so they can't be tipped over?
- Is there protective padding on corners of coffee tables, furniture and countertops that have sharp edges?
- Do toy chests and other chests have safety hinges to prevent them from closing?
- Have you checked that all used or hand-me-down baby equipment hasn't been recalled?
- Are flatscreen TVs mounted securely on the wall? Are older, heavy TVs on a low, stable piece of furniture?
- Are there stops on all removable drawers to prevent them from falling out?
- Are there safety locks on drawers and cabinets?
- Are beds and cribs away from windows?

## Stairways

- Are there hardware-mounted safety gates at the top and bottom of every stairway?
- Do the gates meet current safety standards?
- Are stairways clear of tripping hazards, such as loose carpeting or toys?
- Have you placed a guard on banisters and railings if your child can fit through the rails?
- Are the railings and banisters secure?
- Is the door to the basement steps kept locked?
- Is there enough light in the stairway?





# Walls & Floors

- Are all walls in good condition, with no peeling or cracking paint (which could contain lead in older homes)?
- Are there any nails in the walls that should be removed?
- Are mirrors and frames hung securely?
- Are rugs secured to floors or fitted with anti-slip pads underneath?
- Are the floors free of clutter?
- Do your kids wear slippers when on a wooden or slippery floor?



# Doors & Windows



- Have you installed a finger-pinch guard on doors?
- Have you removed the rubber tips from all door stops or installed one-piece doorstops?
- Have you placed door knob covers on doors so that your toddler won't be able to leave the house?
- Do all glass doors in the house contain decorative markers so they won't be mistaken for open doors?
- Do all sliding doors have childproof locks?
- Is all furniture placed away from windows?
- Are there safety bars or windows guards installed on upper-story windows?
- Are there window stops to keep the windows from closing all the way?
- Are window blind cords tied with clothespins or specially designed cord clip?





# Electrical and Heating & Cooling and Emergency Equipment & Numbers

## Electrical

- Are all unused outlets covered with safety plugs?
- Are all major electrical appliances grounded?
- Have cord holders been used to keep longer cords fastened against walls?
- Have you checked for and removed other electrical fire hazards, such as overloaded electrical sockets and electrical wires running under carpets?
- Are televisions, computers and stereo equipment positioned against walls? Are they secured to the wall with brackets so they can't tip forward?
- Do you unplug extension cords when they are not in use?

## Heating & Cooling Elements

- Are all radiators and baseboard heaters covered with childproof screens if necessary?
- Have gas fireplaces been secured with a valve cover or key?
- Do all working fireplaces have a screen and other barriers in place when in use?
- Have chimneys been cleaned recently?
- Are all electric space heaters at least 3 feet (91 centimeters) from beds, curtains or anything flammable?

## Emergency Equipment & Numbers

- Do you have a list of emergency phone numbers on your cell phone and near each phone in your home?
- Are there fire extinguishers installed on every floor and in the kitchen?
- Do you have an emergency ladder for the upper floors of your home?
- Are there smoke detectors on each floor of your home?
- Have smoke detectors been installed in the hallway between all bedrooms?
- Have you tested all smoke detectors within the last month?
- Have you changed the batteries in the smoke detectors within the past 6 months?
- If you cook with or heat your home with natural gas or have an attached garage, have you installed a carbon monoxide detector in your home?





# Garage & Laundry Area



- Are all tools, products and supplies used for auto maintenance, pool care, gardening and lawn work stored safely away from children in a locked area?
- Are recycling containers storing glass and metal out of reach?
- Are bleaches, detergents and other cleaning products in their original containers and stored in a locked cabinet?
- Are buckets used for cleaning kept out of reach?
- Are laundry detergent pods out of sight and stored in a locked cabinet?
- Are the doors of the washer and dryer always closed?
- Are laundry chutes locked with childproof locks?





# Outside & Backyard Play

- Are all walkways and outdoor stairways well lit?
- Are all walkways clear of toys, objects or anything blocking a clear path?
- Are all sidewalks and outdoor stairways free of concrete cracks or missing pieces?
- Are all garbage cans securely covered?
- Are all swing set parts free from rust, splinters and sharp edges?
- Are all parts on swing sets or other outdoor equipment securely fastened?
- Is the surface beneath the swing set soft enough (cushioned with material such as sand, mulch, wood chips or approved rubber surfacing mats) to absorb the shock of a fall?
- Are all outdoor toys put away in a secure, dry place when not in use?
- Is there climb-proof fencing at least 5 feet (1.5 meters) high on all sides of the pool?
- Does the pool fence have a self-closing gate with a childproof lock?
- If the pool can be accessed through a door to the house, do you have a door alarm installed?
- Have all ladders been removed from an above-ground pool when not in use?
- No poisonous houseplants?
- Do you have a no-smoking rule in your home to protect kids from secondhand smoke?
- Has your house been tested for lead, radon, asbestos, mercury, mold and carbon monoxide?
- If there are guns in the home, are they kept in a locked cabinet with the key hidden and the ammunition locked separately?
- Do you always supervise your child around pets, especially dogs?





# Benefits of Exclusive Breastfeeding

## Infant:

- Significantly decreases the risk of elevated weight gain at 2 years.
- Cuts the chances of SIDS by half.
- Decreases non-specific gastroenteritis.
- Decreases sever lower respiratory tract infections.
- Decreases atopic dermatitis and asthma.
- Decreases adult obesity.
- Decreases incidence of type 1 and 2 diabetes as adults.
- Any breastfeeding for more than 6 months decreases the risk of leukemia by 20%
- Decreases incidence of necrotizing enterocolitis.
- Decreases the odds of sepsis by 19% of every increase in human milk of 10 ml/kg/day for premature infants.
- Infants that were born at 28-32 weeks gestation that were fed breastmilk have faster brainstem maturation compared with infants fed preemie formulas.
- Extremely premature infants who received an exclusive human milk diet had significant lower incidence of NEC and mortality.
- Among very low birthweight infants: for every 10ml/kg per day increase in breastmilk ingested had increased Bayley Mental Developmental and psychomotor development scores, behavior rating scores, and 6% decrease in re-hospitalization.

## Mother:

- Decrease the risk of breast cancer.
- Breastfeeding 18 months or more is associated with a significant decrease in ovarian cancer risk. For each month of breastfeeding the relative risk decreased 2 percent.
- Decreases the risk of type 2 diabetes.
- Decreases the risk of myocardial infarction, coronary artery disease, type 2 diabetes, hypertension, hyperlipidemia, and cardiovascular disease.
- Women who breastfeed for a year or more are 10-15% less likely to develop metabolic syndrome.
- Decreases the risk of postpartum depression.

*Breastfeeding is a special gift only you can give your baby*





# Tips For Successful Breastfeeding

1. At birth make sure to perform skin-to-skin with your baby and allow your baby to complete the nine instinctive stages at birth. This has shown to increase breast milk production.
2. Put your baby to breast every two hours for the first two weeks of baby's life to help establish your milk supply. Then feed baby 10-12 times in a 24 hour period.
3. Perform pre-feeding skin-to-skin and look for cues that baby is hungry: rooting, hand to mouth actions, mouthing/suckling motions, rapid eye movements (REM) and the late cue of crying.
4. Make sure baby is tummy-to-tummy with you with their ear, shoulder and hip in alignment. Allow your baby to position their arms/hands around your breast.
5. Put baby's nose opposite of nipple to start while supporting baby's head and allow baby to perform gape response; baby will tilt their head back and open mouth wide.
6. Guide baby to breast with bottom lip and tongue reaching breast first.
7. Nose and chin should be close to breast and the ideal angle of mouth greater than 140 degrees.
8. Baby's top and bottom lip should be sealed and have a rounded check line with no dimple.
9. A proper latch will be asymmetric and there should be no pain, only tugging on nipple.
10. Baby should release the nipple when ending the feeding and/or their hands will be soft and relaxed.
11. Your nipple should be similar to pre-feeding shape.

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# Babies Love to Snuggle Early with Skin-to-Skin Contact

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Skin-to-skin means your baby is placed unclothed onto your chest, against your skin, and under a blanket or your clothing. Baby may have a diaper on if you prefer. This happens right after birth, as soon as you are ready.

**The sooner the baby is skin-to-skin the better for you and your baby, Regardless of the feeding method, all babies love to snuggle skin-to-skin. So do this as much as possible, especially while breastfeeding.**

## What does skin-to-skin do?

- Helps keep baby warm
- Baby has better oxygen and blood sugar levels.
- Causes your uterus to contract and bleed less.
- Helps baby feel calm and comforted so baby cries less.
- Promotes feelings of closeness and protectiveness.
- Provides the best opportunity to get breastfeeding started.





# How Breastfeeding Works

*Did you know your body gets ready for breastfeeding before you even give birth? While you are pregnant, your breasts change. These changes allow your breasts to make milk and may cause them to feel fuller and more tender.*

*Once your baby is born, their suckling releases hormones in your body that cause your breasts to make and release milk.*

## Role of your breasts

Milk production occurs within the alveoli, which are grape-like clusters of cells within the breast. Once the milk is made, it is squeezed out through the alveoli into the milk ducts, which resemble highways. The ducts carry the milk through the breast.

The size of your breasts does not affect your ability to breastfeed. Women with small breasts make the same quantity and quality of milk as women with larger breasts.

## Role of your baby

Your baby helps you make milk by suckling and removing milk from your breast. The more milk your baby drinks, the more milk your body will make. Frequent breastfeeding or milk removal (8-12 times or more every 24 hours), especially in the first few days and weeks of your baby's life, helps you make a good milk supply.

Your milk will continue to vary according to your baby's needs. Each time your baby feeds, your body knows to make more milk for the next feeding. The amount of milk you make will go up or down depending on how often your baby eats. By nursing for as often and as long as your baby wants, you are helping your body to make more milk. At first, it might feel like you are doing nothing but breastfeeding. Soon, you and your baby will get into a pattern that works for both of you.

## Role of your brain

When your baby suckles, it sends a message to your brain. The brain then signals the hormones, prolactin and oxytocin to be released. Prolactin causes the alveoli to begin making milk. Oxytocin causes muscles around the alveoli to squeeze milk out through the milk ducts.

When milk is released, it is called the let-down reflex.

Signs of milk release are:

- Tingling, fullness, dull ache, or tightening in the breasts (although some moms do not feel any of these sensations).
- Milk dripping from the breast.
- Uterine cramping after you put baby to the breast during the first few days after birth.

To encourage your milk to release, try these methods:

- Find ways to relax, such as going to a calm place or trying deep breathing.
- Place a warm compress on your breasts before breastfeeding.
- Massage your breasts and hand express a little milk.

After you've been breastfeeding for a while, the let-down reflex can happen for many other reasons, like when you hear your baby cry, or you see or think of your baby. It also can happen at the time of day you usually breastfeed your baby, even if your baby is not around.



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## Breastfeeding is a special gift only you can give your baby





# How Breastfeeding Works

## How does my baby get milk?

It is important to perform pre-feeding skin-to-skin and to look for cues that your baby is hungry: rooting, hand-to-mouth actions, mouthing/suckling motions, rapid eye movement, and body movements and crying, which is the late cue.

Put your baby tummy-to-tummy with you and make sure their ear, shoulder and hip are aligned. Allow the baby's arms and hands to be around your breast. It is important for babies to latch properly. To do this, put the baby's nose opposite of your nipple while supporting the baby's head. Allow your baby to perform the gape response. Your baby will tilt their head back and open their mouth very wide. Guide your baby to your breast allowing the bottom lip and tongue to reach your breast first. This will cause the latch to be asymmetric. Your baby's nose and chin should be close to the breast and the ideal angle of their mouth is greater than 140 degrees. The top and bottom lip should be flanged out, like a duck. The wet part of their lips will create a seal.

Your baby should have a rounded cheek with no dimples. You should feel tugging on your nipple.

When the baby smells the milk or their lip is touched, they put their head back and perform the gape. With their mouth opened wide, they put their tongue down and forward, to seek the breast. When the baby is close enough to the breast, and takes a large enough mouthful, the baby can bring the nipple back until it touches the soft palate. This stimulates the sucking reflex. The muscles then move the tongue in a wave from the front to the back of their mouth, expressing the milk from the ducts beneath the areola into their mouth. At the same time, the oxytocin reflex makes the milk flow along the ducts. The baby swallows when the back of the mouth fills with milk.

Your baby should release the nipple when ending the feeding and their hands will be soft and relaxed. Your nipple should be similar to its pre-feeding shape.

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**Breastfeeding is a special gift only you can give your baby**





# Facts About Colostrum

## What is Colostrum?

Colostrum is the first milk that your breast produces. It has a yellow tint because of the high level of carotene, a form of vitamin A. Colostrum is produced in a very limited quantity; a newborn takes a very small amount of colostrum at each feeding. It is low in fat, high in protein, and easy for a baby to digest.

## Why is Colostrum Important?

Colostrum is your body's way of giving your baby proteins, vitamins, minerals and antibodies that protect your newborn from bacteria and viruses. As part of this protection, colostrum coats your newborn's intestines and seals the holes in them. Colostrum also acts as laxative, helping your baby expel the tar-like first stool, which is called meconium. The elimination of meconium helps reduce your newborn's risk of jaundice.

## When Will I Start Producing Colostrum?

Every mother produces colostrum at different times and in varying amounts. As early as the second trimester of pregnancy, colostrum will begin to form in your breast. Small amounts of colostrum may leak from your nipple.

## When Will My Milk Production Increase?

Several days after your baby is born, your breasts will begin to produce larger amounts of milk. This milk is thinner, whiter, and higher in calories than colostrum. You can encourage this increase by nursing your baby within the first hour after birth and then every two hours for the first two weeks. Continue to nurse baby 10-12 times for a 24 hour period.

As your breasts fill with milk, they may become swollen, hard, sore and hot. This temporary condition is called engorgement. Frequent breastfeeding is one of the best ways to relieve engorgement. You can also help to relieve engorgement by placing a warm, moist washcloth on your breasts before feedings and an ice pack wrapped in a towel on your breasts between feedings.



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# Positions for Breastfeeding

## Cradle Position

When you breastfeed, it is important to position your baby correctly. Proper position will decrease nipple soreness. There are several different breastfeeding positions. Change feeding positions often to stimulate and empty different parts of your breasts.

- Sit comfortably using pillows for support.
- Position your baby facing you, lying on their side and their tummy to your tummy.
- Support your baby at the level of your breast. If your baby is small, use pillows to raise them up.
- Support their head and body with your forearm. Your hand can grasp your baby's bottom or upper thigh.
- With your free hand, support and offer your breast.



## Cross-Cradle Position

- Sit comfortably using pillows for support.
- Place a pillow on your lap to raise your baby to the level of your breast.
- To feed your baby from your right breast, hold them along your left arm. Place your left palm on your baby's upper back, and support their head with your left hand.
- Support your right breast with your right hand.
- Hold your baby tummy to your tummy, and offer your right breast.



## Football or Clutch Position

- Sit comfortably using pillows for support.
- Put pillows or extra towels at your side to raise your baby to the level of your breast.
- Rest your baby's bottom against the pillows that support your back. They should be facing you.
- Support their back with your forearm, and their neck and head with your hand.
- Your baby's body should be snuggled close to yours, and your breast should be directly in the front of their mouth.
- With your other hand, support and offer your breast to your baby.



## Side-Lying Position

- Rest comfortably, lying on your side.
- Place pillows under your head, behind your back and between your knees.
- Position your baby on their side next to you. Their knees should be pulled close to you, and face should be level with your areola and nipple.
- Keep your baby on their side with a rolled-up blanket, a pillow or a towel tucked behind.
- Using your free upper arm to support your breast. Offer the breast that is closer to the bed or sofa.
- Make sure to place baby on a safe sleep surface if they fall asleep.



**Regardless of what position you use, remember that you need to be comfortable with your arms and back well supported. Your baby should be level with your breast, and should not have to turn their head to reach your breast.**

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# Safe Storage of Expressed Breastmilk for the Healthy Infant and Child

## General Tips for Collecting Milk:

- Wash your hands well before starting to collect milk.
- Clean pump parts and any equipment that will be used to collect or store milk.
- Use clean containers with covers that seal tightly.
- Do breast massage before manually expressing or pumping your milk.
- Label containers with date of expression, using stick-on labels and waterproof markers.
- If bottles go to a daycare setting, write the baby's name clearly on the label using a waterproof marker.
- Use oldest milk first to avoid waste.

## Storage Container

- Glass or hard plastic containers with tight lids are preferable. Example: food storage containers with "burpable" lids, glass jars (baby food, canning, recycled jelly or jam jars), baby bottles.
- Plastic nurser bags, while the preference of some mothers, do have some downfalls. It is easier to contaminate milk stored in them because the bags can be awkward to handle. The bags also tend to leak, and milk may be lost. Some types of plastic may destroy nutrients in the milk. Fat adheres to the sides of the bags, decreasing available calories and fat soluble vitamins. If plastic nurser bags are used, thicker ones designed for freezing are preferred. If thinner bags are used, double bagging milk and storing the bags in a bowl or other hard-sided container may prevent tears and punctures and prevent loss of milk.

## Storage Durations:

- Freshly expressed milk may be held safely at room temperature (<75F) for up to 4 hours, although the preference is to refrigerate or chill milk immediately upon expression. At work or at school, where refrigeration may be unavailable, a small cooler with ice or a frozen gel pack may be used to keep the milk chilled until freezing or refrigeration.
- Expressed milk may be safely stored in the refrigerator for 72 hours. If you are able to pump only small amounts of milk at each expression, not enough for a single feeding, you may add small amounts of chilled milk to a single container over the course of the day.
- It is usually safe to freeze milk for up to 3-6 months in the freezer section of a refrigerator/freezer if the freezer section is separate from the refrigerator section and each has separate doors. The freezer compartment must not be located within the refrigerator. Place milk away from the door of the freezer and away from its fan if it is a frost-free model.
- You may also add previously chilled milk to milk that has already been frozen, provided that the amount that is being added is a smaller volume than what is already frozen.
- Milk may be frozen for up to 6-12 months in a deep freeze that is kept at -20F or less.
- Milk that will not be used fresh within 72 hours of expression should be frozen as soon as possible.

## Thawing and Warming Breast Milk

- Thaw breastmilk in its container.
- Thaw milk overnight in the refrigerator, under lukewarm running tap water or in a pan of lukewarm water. Do not use hot water as the excessive heat may destroy some of the protective properties of the milk.
- Use thawed milk within 24 hours.
- **NEVER** use a microwave to thaw or warm milk. Microwaves can cause damage to milk components, and milk heated this way has the potential to burn the baby's mouth because of uneven "hot spots".
- Never refreeze thawed milk.

## Portion Size

- Package breast milk in feeding size portions to minimize waste. It is not advisable to feed left-over milk from a bottle that the baby has fed from.
- Package a few 1 or 2 ounce portions which can be used to top off the baby if the initial portion is not enough; or tide a baby over when he is hungry and his mother will be available shortly to feed him at the breast.

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## Breastfeeding is a special gift only you can give your baby





# General Tips for Collecting Milk

## Average Intake for Infants

### Baby's Weight Approximate Daily Intake

8lbs.	21.3 oz. in 24hrs.
9lbs.	24.0 oz. in 24hrs.
10lbs.	26.7 oz. in 24hrs.
11lbs.	29.4 oz. in 24hrs.
12lbs.	32.0 oz. in 24hrs.
14lbs.	37.0 oz. in 24hrs.
16lbs.	42.7 oz. in 24hrs.
18lbs.	48.0 oz. in 24hrs.

These average amounts may vary as much as + 2 ounces. Babies may take more at some feeds and less at others. Newborns in the first month of life are thought to require a higher intake of breastmilk than infants of 6 months of age. Males may also require more intake than females. Premature infants, extremely active infants, infants who are sick, or exhibiting periods of rapid growth may require higher intake as well. Consult your pediatrician for individual advice.

## Hand Expression

Learning how to do expressions is useful to collect breast milk for a feeding. The easiest time to first learn the skill is during nursing. As you nurse, your milk starts to let down or flow in both breasts. It's easy to hand express from the other breast. Most women who learn hand expression find that it is easier and faster than a mechanical pump.



## Breast Massage

- Breast massage is a good first step whether you are using a pump or doing hand expression. Breast massage can help your milk to let down or flow out and help you collect more milk. Most women feel more comfortable being alone. First wash your hands. Then, open your clothing.
- Stroke your breast gently but firmly with the palms of your hands. Work around each breast.
- Massage from several starting points, always working towards the nipple.
- Massage from your shoulder down, then massage from under your arm and over. Next, from your waist up. Last, massage from the center of your chest over toward the nipple.
- Massage around each breast a few times. Nipple stretching will help your milk flow.
- Wash your hands and massage your breasts. Then place your thumb and index finger on the areola. (The darker skin around your nipple) Push back toward your chest and compress your thumb and finger together gently. Don't slide your thumb and finger.
- Keep your thumb and finger there until no more drops come out, then move to another place around the nipple and repeat.
- Catch the milk in a clean container.
- When the milk comes out in only an occasional drop, it's time to stop.
- Massage and express from the other breast.

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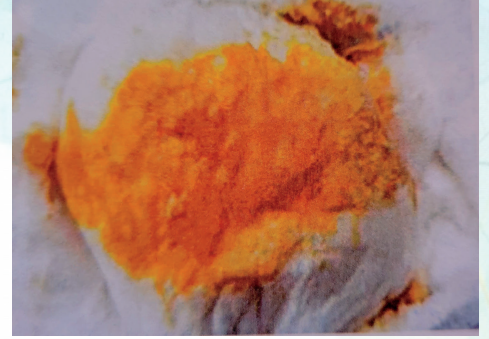
# Breastfed Baby Diapers



**Baby's first stool is black and sticky**



**Baby's stool turn green by day three or four**



**Baby's stool should be yellow by day four or five**

Days Old	Expected Wet Diapers	Expected Dirty Diapers
1	1	1
2	2	2
3	3	3
4	4	3+
5	5+	3+





# Coping with Crying

## ***The Period of "Purple" Crying***

Babies often cry, and at times to the point where parents become worried and upset. The good news is that crying during the first few months of life is common and part of a baby's normal development. Indeed, some babies seem to cry a lot and nothing helps. During this phase of a baby's life, they can cry for hours and still be healthy and normal. Parents often worry that there is something wrong. However, even after a checkup from the doctor that shows the baby is healthy, the baby continues to cry for hours, night after night. In extreme situations, a crying baby can be a source of tremendous frustration for parents and caregivers. Sadly, a parent or other caregiver may shake their baby out of desperation or even anger. Please remember: **never shake a baby** as this can cause serious brain damage or even death.

### The PURPLE Period of Crying

If parents understand that bouts of crying, especially during the first few months of life, are normal, they will be less frustrated and be more comfortable with their infant. In fact, all babies go through what is called the PURPLE period of crying. The acronym "PURPLE" is used to describe specific characteristics of an infant's crying during this phase. The word "period" is important because it signals that this phase is temporary and will end eventually. Each letter of the word 'PURPLE' stands for something that describes this period of crying, something that is essentially seen in all babies to some degree:

- **P: Peak of Crying:** Baby may cry more each week. They tend to cry more at two months and then less at three to five months.
- **U: Unexpected :** Crying can come and go, and you do not know why.
- **R: Resists Soothing :** Baby may not stop crying, no matter what you try.
- **P: Painlike Face :** A crying baby may look like they are in pain, even when they are not.
- **L: Long -Lasting :** Crying can last as much as five hours a day, or more.
- **E: Evening :** Baby may cry more during the late afternoon or evening.

Essentially, all babies go through this period when their crying peaks at about two months of age. Yet every baby differs by the intensity of the crying during this period. Some babies cry more intensely than others do during this time period, while others cry, but less intensely at the same age. In fact, unsoothable or intense crying represents about 5 percent to 15 percent of all crying and fussing that infants do. Excessive crying can be seen in all babies, no matter if they are breastfed or formula fed. If you or someone you know has a newborn baby that is crying a lot, it is important to understand that in most cases, this is normal. Knowing more about your baby and the period of PURPLE crying will lessen your frustration and worries, and allow you to fully enjoy your new family addition.



Additionally, crying may be a way babies express their needs such as being hungry, being tired or needing a diaper change. Different types or sounds of crying mean different things. Parents will soon discover this and understand what to do. As babies grow older, and become better able to express themselves through other forms of communication, they will cry less often and for shorter periods of time. Note that colic is now thought to be the PURPLE period of crying.

## Coping With Crying

Although crying is not usually a cause for alarm, it can be stressful for parents, caregivers, and the baby. Keeping the baby's environment peaceful and calm, particularly around feeding time, and in the late afternoon and evening may help prevent or minimize crying episodes. When your baby does cry, be sure to respond. Don't just let the baby cry. Babies who are left to cry may begin to feel abandoned and insecure, and are often harder to calm. They need TLC for their brain to develop normally, so don't worry - babies can't be spoiled at this age! Based on what science tells us today, babies who are given a lot of attention in the first few months tend to be happier, healthier and better adjusted in the long run.

## Strategies to Calm a Crying Baby

- Wrap your baby snugly in a blanket. Many babies find this soothing. But remember, never put your baby to sleep with a blanket wrap. This is sometimes called swaddling.
- Gently pick your baby up and rock her in your arms.
- Singing softly or gently massaging their tummy or back seems to soothe many babies.
- Babies love gentle rhythmic motion. Go for a walk outdoors together using a stroller, baby carrier or just your arms - it may calm your baby while providing some much needed stress relief for you too! If you prefer, strap your baby into the car seat for a ride in the car; this may help calm or lull him or her to sleep.
- Do skin-to-skin with your baby and allow them to nurse, or suck, on their hards or a pacifier.

## When Nothing Soothes Your Baby

Sometimes, nothing will soothe a crying infant, and the episode will need to simply run its course before crying will subside. Though it may be difficult in these circumstances, it's important that parents try to remain calm, both for their own sake and for the sake of their baby. Babies can sense their parents' anxiety and nervousness, and this may upset them further, leading to more intense crying. If your baby's crying is leaving you feeling stressed and burned out, leave the baby in the hands of a competent babysitter, and take time out for a movie, a dinner out or just a few hours of quiet relaxation - you've certainly earned it! If you don't have a babysitter, place the baby in a safe place, like their crib, bassinet or playpen. Go to another part of your home and do something to calm yourself down. Check on the baby every 10-15 minutes until you are no longer frustrated.



For more information, please visit [www.purplecrying.info](http://www.purplecrying.info)



Please answer the following questions.

Fax referral form (405).639.2059  
For more information (405).639.2054

**Mom**

NAME DATE OF BIRTH (MM/DD/YY)  
( )  
CELL PHONE EMAIL ADDRESS  
ADDRESS CITY , OK ZIP CODE

Permission to leave  
a message/text?

☐

Yes

☐

No

**Dad**

NAME DATE OF BIRTH (MM/DD/YY)  
( )  
CELL PHONE EMAIL ADDRESS  
ADDRESS CITY , OK ZIP CODE

Permission to leave  
a message/text?

☐

Yes

☐

No



BABY'S NAME BABY'S BIRTH/DUE DATE

What is the best day  
to meet with you?

☐ M

☐ T

☐ W

☐ Th

☐ F

☐ S

REFERRED BY

ORGANIZATION

( )

CELL PHONE

I freely and voluntarily authorize the above organization  
to release the enclosed information to Family  
Expectations for determining program eligibility.

MOM'S SIGNATURE

DAD'S SIGNATURE