LCDHD

Lake Cumberland District Health Department

A Healthy Today for a Brighter Tomorrow



FOR AMAZING MOMS

- HEALTH DEPARTMENT SERVICES
- WOMEN'S HEALTH
- LOCAL SUPPORT AGENCIES
- FETAL DEVELOPMENT
- PREGNANCY EDUCATION
- IMMUNIZATIONS
- INFANTS AND CHILDREN

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Lake Cumberland District Health Department

A Healthy Today for a Brighter Tomorrow

PREVENTIVE CLINICAL SERVICES

- WIC PROGRAM
- CHILD FATALITY REVIEW
- FAMILY PLANNING
- SEXUALLY TRANSMITTED DISEASES
- WOMEN'S CANCER SCREENING
- TUBERCULOSIS (TB) CONTROL
- H.A.N.D.S/HOME VISITING
- RYAN WHITE PART B CARE
- SCHOOL BASED PROGRAMS
- IMMUNIZATION
- TEEN PREGNANCY PREVENTION

PUBLIC HEALTH SERVICES

- DISASTER PREPAREDNESS
- EPIDEMIOLOGY
- VITAL STATISTICS
- ENVIRONMENTAL SERVICES

HEALTH & WELLNESS

- HEALTH COALITIONS
- WELLNESS
- DISEASE MANAGEMENT
- TOBACCO PREVENTION/CESSATION
- CHILDCARE HEALTHY CONSULTANT

Accredited Health Department

PHAB

Advancing Public Health Performance

Public Health Accreditation Board

WWW.LCDHD.ORG

1-800-928-4416

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Lake Cumberland District Health Department



76 FALLS, CLINTON COUNTY
PHOTO PROVIDED BY LAURA WOODRUM

The Lake Cumberland District Health Department focuses on public and preventive health. We do so by offering on-site clinics, off-site programs and by engaging our communities to adopt health-focused policies and initiatives. Our mission is to, "...prevent illness and injury, promote good health practices and assure a safe environment."

Please enjoy your copy of our For Amazing Mom's guidebook. The Lake Cumberland District Health Department wants to help parents and caregivers have a handy resource guide. Inside you will find useful information about local services and how to contact them.

Our area has numerous resources available to assist families. We hope you will take a moment to review the information we have provided with your family's well being in mind.

Lake Cumberland District Health Department Staff

Tell Your Friends and Family About WIC



The supplemental nutrition program for pregnant and postpartum women, infants and children up to age five.

- Health screenings and nutrition counseling
- Referrals to other health care services
- Access to healthy foods (eggs, whole grain, fruits and vegetables, etc.)

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Kentucky Public Health
Prevent. Promote. Protect.

KENTUCKY WIC
Women, Infants, & Children

Visit the **Kentucky WIC** website to learn more.

This institution is an equal opportunity provider.

https://www.chfs.ky.gov/agencies/dph/dmch/nsb/pages/wic.aspx

Income Guidelines for the WIC Program
185% of Poverty
Effective April 2026

	Household Size								
	1	2	3	4	5	6	7	8	
Weekly	$568	$770	$972	$1,175	$1,377	$1,579	$1,781	$1,983	+$203
Bi-Weekly	$1,136	$1,540	$1,944	$2,349	$2,753	$3,157	$3,561	$3,965	+$405
Twice-Monthly	$1,231	$1,669	$2,106	$2,544	$2,982	$3,420	$3,858	$4,296	+$438
Monthly	$2,461	$3,337	$4,212	$5,088	$5,964	$6,839	$7,715	$8,591	+$876
Annual	$29,526	$40,034	$50,542	$61,050	$71,558	$82,066	$92,574	$103,082	+$10,508

Persons who receive Medicaid or SNAP
Automatically meet the income requirements for the WIC Program.

Income Guidelines for the WIC Program
185% of Poverty
Effective April 2026

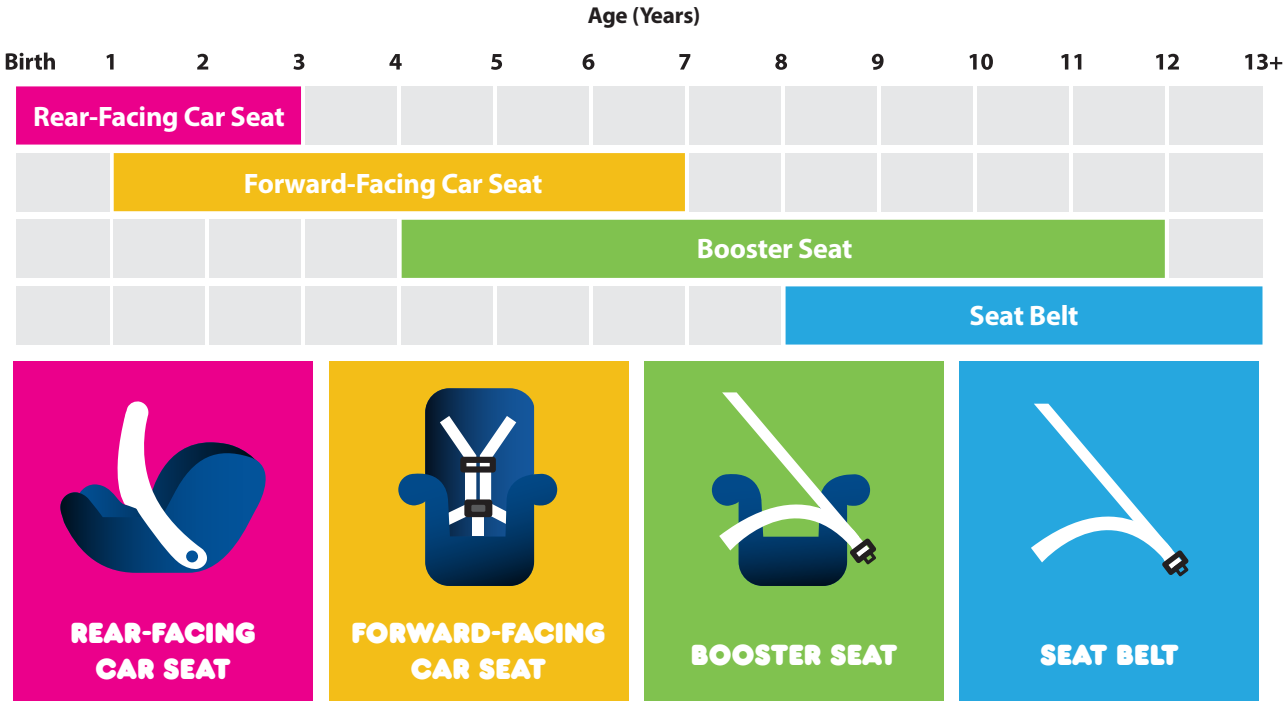
	Household Size								
	9	10	11	12	13	14	15	16	
Weekly	$2,185	$2,387	$2,589	$2,791	$2,993	$3,195	$3,397	$3,599	+$203
Bi-Weekly	$4,369	$4,773	$5,178	$5,582	$5,986	$6,390	$6,794	$7,198	+$405
Twice-Monthly	$4,733	$5,171	$5,609	$6,047	$6,485	$6,923	$7,360	$7,798	+$438
Monthly	$9,466	$10,342	$11,218	$12,093	$12,969	$13,845	$14,720	$15,596	+$876
Annual	$113,590	$124,098	$134,606	$145,114	$155,622	$166,130	$176,638	$187,146	+$10,508

Persons who receive Medicaid or SNAP
Automatically meet the income requirements for the WIC Program.

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Car Seat Recommendations for Children

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child's needs.



- Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

Rear-Facing Car Seat



Birth – 12 Months

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and All-in-One car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.



1 – 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

Forward-Facing Car Seat



1 - 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.



4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

Booster Seat



4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.



8 - 12 Years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

Seat Belt



8 - 12 Years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

NHTSA.gov/TheRightSeat

U.S. Department of Transportation
National Highway Traffic Safety Administration

NHTSA Child Car Safety

10849b-071219-v3a

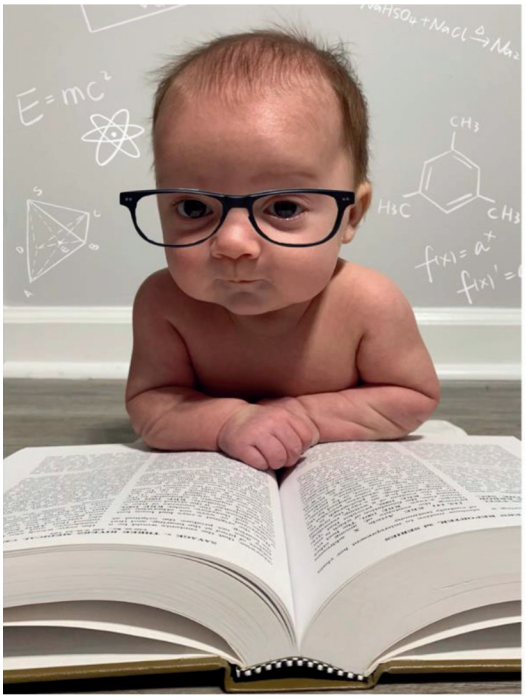
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Lake Cumberland District Health Department

Are you pregnant or the parent of a newborn?

Do you have questions about:

A healthy pregnancy? **A healthy baby?**

A healthy toddler? **A healthy family?**



You are your child's first teacher.

HANDS has resources for SUCCESS!

Kentucky Public Health
Prevent. Promote. Protect.

Kentucky HANDS
Health Access Nurturing Development Services
Every family needs an extra pair of HANDS.

Call Your Local Health Department Today!

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Lake Cumberland District Health Department

Adair	(270) 384-2286	
Casey	(606) 787-6911	
Clinton	(606) 387-5711	
Cumberland	(270) 864-2206	
Green	(270) 465-4191	
McCreary	(606)	376-2412
Pulaski	(606)	679-4416
Russell	(270)	343-2181
Taylor	(270)	465-4191
Wayne	(606)	348-9349

Kentucky HANDS

Health Access Nurturing Development Services

Every family needs an extra pair of **HANDS**.



Pregnancy and parenthood are exciting times for new parents! These new experiences can be overwhelming and stressful, and you may have questions.

HANDS is a voluntary program for new or expecting parents. HANDS supports families as they build healthy, safe environments for the best possible growth and development of their children.

WHAT CAN I EXPECT FROM THE HANDS PROGRAM?

At no cost to the family, the HANDS program encourages, supports, and provides information to new parents and families as they develop healthy parent-child relationships.

HANDS was created to support healthy child growth and development and to help parents reach their goals for their new babies and the family.

The HANDS program can:

- Provide support through your pregnancy and the early years of your baby's life
- Provide guidance on how you can ensure your home is the safest it can be for your baby
- Provide you with resources to help you know if your baby is growing and developing in healthy ways
- Offer helpful information on different ways to care for your baby
- Offer activities that you and your baby can enjoy together to stimulate your baby's brain development
- Connect you with other community resources and services

WHO CAN PARTICIPATE?

If you or your loved one is currently pregnant or your child is less than 90 days old you/they may qualify. HANDS services are available in all 120 Kentucky counties.

HANDS IN ACTION

Since its start, the HANDS program has served more than **150,000** families.

Parents who participated in the HANDS program reported improvements in their:

- Home safety
- Coping skills
- Support system
- Stress management skills
- Child discipline techniques



> "**HANDS** was valuable to our growing family. It has helped both of our children grow into the independent and creative thinkers that they are today. The staff's professionalism and devotion meant that they were 'all-in' for our family."
>
> -HANDS Dad, Clark County, KY

To learn more about the HANDS program and how it can benefit you and your family scan the QR code or visit:

https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/hands.aspx

Kentucky Public Health
Prevent. Promote. Protect.

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Lake Cumberland District Health Department

KY-Moms

Maternal Assistance Towards Recovery

Healthy Communities Start with Mom





OUR MISSION

KY-Moms Maternal Assistance Towards Recovery a behavioral health prevention and case management program focused on risks and effects of substance use/misuse while providing education, information, resources, support and hope to pregnant and postpartum women and their families and to the professionals who serve them. KY-Moms helps moms provide their babies with a healthier, safer start in life.

PROGRAM QUALIFICATIONS

Prevention Education:

- Any pregnant/postpartum woman up to 1-year post delivery

Case Management:

- Pregnant/postpartum women with a past or present substance use disorder (up to 1-year post delivery)

RESEARCH

Research indicates that substance use during pregnancy occurs at nearly equal rates across races and income levels. All individuals should receive substance use and mental health screenings throughout pregnancy and postpartum periods. KY-Moms offers a variety of services to best support them and their community.

WHY CHOOSE US?

- Substance use screening and assessments
- Case management
- Prevention
- Education
- Addressing risk factors
- Counseling referrals
- Services for at-risk or with identified substance use disorder
- Community setting or home
- Assistance with other medical needs or family-based services



WHAT WE DO

PREGNANT/POSTPARTUM

KY-Moms improves Kentucky birth outcomes by helping pregnant and postpartum women recover from substance use disorders and risk factors.

OUTREACH

TheKY-Moms team provides community outreach, education of substance use, community trainings, along with early identification and intervention services.

CASE MANAGEMENT

Case management services needs are immediately assessed and appropriately addressed to help maximize functioning in the community while reducing barriers.

PREVENTION

Prevention education services to educate pregnant/postpartum women of the risk factors associated with substance use and to assist in reduction of those risk factors.

For more information contact KY-Moms at 606-679-9425

Servingcounties:Adair, Casey, Clinton Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne

KY-Moms
Maternal Assistance Towards Recovery

ADANTA
Enhancing Lives

WIC Breastfeeding Peer Counselor Program

https://www.lcdhd.org/services/parenting/breastfeeding



"This institution is an equal opportunity provider"

WIC Supports breastfeeding mothers by providing specially trained breastfeeding peer counselors and a Designated Breastfeeding Expert

WIC helps patients along every step of their breastfeeding journey through the WIC Breastfeeding Peer Counselor Program. Peer Counselors help answer questions and concerns regarding breastfeeding. Peer Counselors also offer help with common breastfeeding issues and make referrals to the WIC Lactation Counselor as needed.

Contact your Local Health Department for more information:

Select option 1 for Clinic Services

Adair County Health Department:
270-384-2286
Casey County Health Department:
606-787-6911
Clinton County Health Department:
606-387-5711
Cumberland County Health Department:
270-864-2206
Green County Health Department:
270-932-4341
McCreary County Health Department:
606-376-2412
Pulaski County Health Department:
606-679-4416
Russell County Health Department:
606-343-2181
Taylor County Health Department::
270-465-4191
Wayne County Health Department:
606-348-9349

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Lake Cumberland District Health Department

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

LEARN, START, OVERCOME, AND THRIVE: Your Breastfeeding Journey

Breastfeeding is a journey, with ups and downs and feelings of frustration and accomplishment. Your experience will be unique to you and your baby. WIC is here to help every step of the way, no matter what stage of the breastfeeding journey you're in.



LEARN

Prepare to breastfeed.

- Learn about the benefits.
- Talk with your local WIC clinic about their breastfeeding support services.
- Attend classes and events at your WIC clinic to learn what to expect when you breastfeed.
- Develop a breastfeeding plan and set goals.
- Tell your family, friends, and employer about your desire to breastfeed and help them understand how they can support you.
- Take a tour of your hospital or birthing center and let them know you want to breastfeed.
- Learn about breastfeeding laws.

U.S. DEPARTMENT OF AGRICULTURE
WIC BREASTFEEDING SUPPORT
LEARN TOGETHER. GROW TOGETHER.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a program of the USDA, Food and Nutrition Service.

FNS-748
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USDA is an equal opportunity provider, employer, and lender.

START

As soon as you give birth, start breastfeeding. Then keep practicing.

- Hold your baby skin to skin and breastfeed within the first hour after birth, if possible.
- Maintain your milk supply. Ask others not to give your baby other fluids unless medically necessary.
- Plan to feed your baby 8 to 12 times in a 24-hour period.
- Contact the lactation consultant at the hospital or your local WIC clinic to get help with positioning your baby, finding a good latch, learning your baby's hunger signs, or whatever else you may need.
- Schedule follow-up visits with your baby's doctor, your WIC peer counselor, and WIC clinic.
- Take care of yourself—eat nutritious foods, and get rest when you can.



OVERCOME

You may experience challenges with breastfeeding. But eventually it gets easier.

- Know the signs for and how to manage common breastfeeding problems, including sore nipples, engorgement, milk supply issues, and infections.
- Be prepared for cluster feedings, growth spurts, nursing strikes, and other things your baby may go through.
- Reach out to WIC for its breastfeeding support services.
- Ask your friends and family to help you take care of your baby—and you! They can change diapers, give baths, do laundry, run errands, make dinner, and more.
- Find out how milk expression can be a solution for common challenges. Practice expressing milk using a breast pump or hand expression so you can provide breast milk for your baby when you are apart.
- Take breastfeeding day by day.

THRIVE

You're a breastfeeding pro!

- Celebrate the milestones.
- Congratulate yourself. You did it!
- Share your success with other moms. Find out about becoming a peer counselor.

For more resources, visit:

WICBreastfeeding.fns.usda.gov

TAKE A STAND AGAINST DOMESTIC VIOLENCE



Serving Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, and Wayne

CONFIDENTIAL/NO COST
24/7 CRISIS LINE
EMERGENCY SHELTER
SAFETY PLANNING
CASE MANAGEMENT
COUNSELING
COURT ADVOCACY
PROFESSIONAL TRAININGS
OUTREACH
INFORMATION/ REFERRALS FOR HOUSING, BENEFITS, MEDICAL, MENTAL HEALTH, SUBSTANCE ABUSE AND MORE

Bethany House
ABUSE SHELTER, INC.
1-800-755-2017

When You Don't Have an Answer

When **you** or **someone you love**
could use a little extra help,



Call-Text-Chat 988

- a suicidal or mental health crisis
- a substance use crisis
- overwhelming thoughts
- a need for guidance on bullying
- a need for general mental health tips
- **a need to just *talk***

Mom, you don't have to **always** know the answer. We are here to help!



988 SUICIDE & CRISIS LIFELINE

LCDHD

tinyurl.com/Chat988KY



Need help managing Diabetes?

Join us for Healthy Living with Diabetes sessions. Several options are available to meet your needs!

For More Information:
800-928-4416 Option #4
www.lcdhd.org/diabetes

Adair	(270)	384-2286
Casey	(606)	787-6911
Clinton	(606)	387-5711
Cumberland	(270)	864-2206
Green	(270)	465-4191

Healthy living with Diabetes
Kentucky Department for Public Health

LCDHD

McCreary	(606)	376-2412
Pulaski	(606)	679-4416
Russell	(270)	343-2181
Taylor	(270)	465-4191
Wayne	(606)	348-9349

Our Diabetes Team is here for you!

HEPATITIS ABC'S

How to **PREVENT** it?

There is a vaccine for Hep A and Hep B. There is not one for Hep C

*Clean surfaces with 1 part bleach to 9 parts water
*Don't share personal items, especially razors, toothbrushes, needles, and washcloths
*Practice safe sex; use condoms
*Wash your hands with soap and water after going to the bathroom, changing diapers and before cooking or eating

What are the **SYMPTOMS**?

Symptoms **may be similar** in A, B, or C. You may have **no symptoms** at all, **some** of these, **or all** of these symptoms:
*Aches and pains *Tiredness *Fever *Upset stomach, stomach pain, not hungry *Feeling like you have the flu *Can cause liver cancer or cirrhosis (scarring of the liver)

How do you **CATCH** it?

Hep A
*Found in feces (poop)
*By close contact such as sex
*Touching items that have feces on them such as washcloths, toilets, etc.
*Contaminated food or water

Hep B
*Found in blood, sex fluids, and saliva from the mouth
*Human bites
*Sharing contaminated needles, tattoo, or body piercing tools, razors or toothbrushes
*From mom to baby during birth
*Any contact to blood can be risky

Hep C
*Found mostly in blood
*Can be passed during sex
from mom to baby during birth
*Sharing contaminated needles, tattoo or body piercing tools, razors or toothbrushes
*Any contact to blood can be risky

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Lake Cumberland District Health Department

What is the **TREATMENT**?

Hep A
*No drug treatment *Rest *Drink lots of fluids *Usually goes away in 2-6 months *Don't drink alcohol-it will make it worse *See your doctor and only take medicines the doctor says are ok. Some medicines will damage your liver and will make you feel worse

Hep B
*Your doctor will prescribe Interferon or oral anti-viral medicine
*Usually goes away within several months (acute infection) but some people will always have problems from it (chronic infection)
*Don't drink alcohol-it makes it worse
*Only take medicines the doctor says are okay. Some medicines will damage your liver and will make you feel worse

Hep C
*Your doctor will prescribe oral anti-viral medication
*Will not go away unless it is treated
*Most people can be cured
*Don't drink alcohol-it makes it worse
*Only take medicines the doctor says are okay. Some medicines will damage your liver and make you feel worse

Breast Cancer in Young Women

1 in 8 women will get breast cancer. About 9% will be found in women less than age 45, and is often hereditary. Breast cancer in young women is more likely to be found at a later stage-when it is aggressive and difficult to treat.



Warning Signs:

- New lump in the breast or armpit
- Thickening or swelling of part of the breast
- Irritation or dimpling of breast skin
- Redness or flaky skin in the nipple area or the breast
- Pulling in of the nipple or pain in nipple area
- Nipple discharge other than breast milk, including blood
- Any change in the size or shape of the breast
- Pain in any area of the breast

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Lake Cumberland District Health Department

BE BREAST SELF-AWARE **1-800-928-4416**

Kentucky Women's Cancer Screening Program

Helping Women Stay Healthy

FREE Mammograms and Pap Tests



Eligibility Requirements:

- Age 21 or older
- Has a household income at or below 250% of the federal poverty level
- Has no health insurance (no Medicare, no Medicaid, or no private health insurance)

For a list of contracted screening providers, scan this QR code and scroll down to the state map.

All I Need to Know is Where I Need to Go!
Call 1-844-249-0708!

This publication is supported by grant number, 1 NU58DP006272, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department for Health and Human Services.

KCP Kentucky Cancer Program

CHFS Kentucky Cabinet for Health and Family Services

Kentucky Public Health Prevent. Promote. Protect.

kycancerlink

Kentucky Women's Cancer Screening Program

Dolly Parton's Imagination Library

"YOU CAN NEVER GET ENOUGH **BOOKS** INTO THE HANDS OF ENOUGH **CHILDREN**"

Dolly



INSPIRE A LOVE OF READING

Enroll your child in Dolly Parton's Imagination Library and get a FREE BOOK every month until their 5th birthday.

"Our daughter **LOVES READING** and being read to, and the **VARIETY** she receives from the Imagination Library is a **SIGNIFICANT** part of this"

Dolly Parton's Imagination Library is dedicated to inspiring a love of reading by gifting books free of charge to children from birth to age five, through funding shared by Dolly Parton and local community partners in the United States, United Kingdom, Canada, Australia and Republic of Ireland.

Adair County Imagination Library | Casey County Imagination Library
Clinton County Imagination Library | Cumberland County Imagination Library
Green County Imagination Library | McCreary County Imagination Library
Pulaski County Imagination Library| Russell County Imagination Library
Taylor County Imagination Library | Wayne County Imagination Library

Dolly Parton's Imagination Library

IMAGINATIONLIBRARY.COM/

BASIC EMERGENCY SUPPLY KIT

Top Recommended Items

Consider stocking up on these supplies
to keep you and your family 'stay safe' during an emergency

Ready

Prepare. Plan. Stay Informed. ®

www.ready.gov

 1 gallon of water per person per day for drinking and sanitation for at least 3 days	 At least 3 days of non-perishable food and manual can opener	 Cell phone and portable charger/ power bank
 Battery-powered or hand crank radio and extra batteries	 Flashlight and extra batteries	 First aid kit (7 day supply of medicines and medical supplies)
 Whistle to signal for help	 Dust mask, duct tape and plastic sheeting	 Moist towelettes, garbage bags and plastic ties for personal sanitation
 Wrench and pliers or multi-tool	 Local map with family meeting place	 Sleeping bag, blanket and matches
 Extra cash in small bills	 Family and emergency contact information / documents	 Spare change of clothes

LCDHD County Health Centers **Call (800) 928-4416**

Adair • Casey • Clinton • Cumberland • Green • McCreary • Pulaski • Russell • Taylor • Wayne

Hearing or speech impaired callers: call the Kentucky Relay Service at (800) 648-6056.

www.LCDHD.org

www.lcdhd.org

MEDICATION

seen through a child's eyes



Always keep medicine:

- up and away, out of reach and sight of children, even medicine you take every day
- in original containers with child-proof caps

When taking medications:

- take care and avoid distractions/ spills
- reseal and put away immediately after use



Remember - even a small dose of adult medication is enough to harm, or even kill, a child

ROSC — Recovery Oriented Systems of Care

If you are interested in a free prescription lock box for medication safety contact the Lake Cumberland ROSC at 606-679-9425

For accidental ingestions call Poison Control: 1-800-222-1222

Community Collaboration for Children

Community Collaboration for Children (CCC) is a **FREE** service designed to *prevent* child abuseand neglect,to supportandstrengthen families, and to encourage communities to work together knowing that they are the family's best resources.

CCC in-home services empower the family unit by teaching problem solving skills, discussing appropriate discipline techniques, assisting parents in becoming self-sufficient and coordinating available community resources.



FAMILY/POPULATION TYPES: New & Expectant Parents, 2 Parent Households, Single Parents, Blended Families,Young Adults, Grandparents Raising Grandchildren, Homeless, Parent/Child with Disabilities, Teenage Parents, Truancy/School issues, Grief, Crisis, or just increased education and help in raising children.

For More Information:

Phone: 270-343-4600

Email: carrie.bunch@lc-caa.org

COMMUNITY COLLABORATION FOR CHILDREN

Lake Cumberland Community Action
Helping People. Changing Lives.

SCAN ME

No income guidelines to quality.
Child in the home: prenatal to 18 years old.
No DCBS Substantiated findings
Visits in the comfort of your own home.
Services tailored to your families needs.
Valuable education and resources.
Concrete Support items available.
And much more!!

This program is funded under a contract with the Cabinet for Health & Family Services with funds from Title IV-B, Sub-part 2 of the Federal Social Security Act, Promoting Safe & Stable Families (PSSF) and the Federal Community Based Child Abuse Prevention (CBCAP).

Nurturing Parenting Programs

FREE — On-Line Parenting Classes

The Nurturing Parenting Programs are a family-centered trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices. The Nurturing Parenting Programs target all families with children birth to 18 years. The programs feature activities to foster positive parenting skills with nurturing behaviors, promote healthy physical and emotional development, and teach appropriate role and developmental expectations.

12 Classes with the following topics covered:

- The Philosophy of Nurturing Parenting
- Ages & Stages
- Brain Development
- Communicating with Respect
- Building Self-Worth
- Understanding Feelings & Emotions
- Family Morals & Values
- Praising Children
- Alternatives to Spanking
- Dealing with Stress

Bonus Topics Include:

- Drug Abuse
- Suicide
- Identity Theft
- Neonatal Syndrome
- Bed Bugs
- Staying Positive
- Budgeting
- Anxiety
- Disaster/Emergency Preparedness
- Peace Management

Enroll TODAY!

To register or for more information

Contact: Carrie Bunch

Phone: 270-343-4600

Toll Free: 800-928+6382

Email: carrie.bunch@lc-caa.org

Nurturing Parenting Programs

Lake Cumberland Community Action
Helping People. Changing Lives.

Prevent Child Abuse Kentucky

COMMUNITY COLLABORATION FOR CHILDREN

This project is funded, in part, under a contract with Prevent Child Abuse Kentucky using state funds allocated by the Kentucky General Assembly via contract number PON2 736 2000003480



WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?

The following image shows a safe sleep environment for baby.

Room share: Give babies their own sleep space in your room, separate from your bed.

Use a firm, flat, and level sleep surface, covered only by a fitted sheet*.

Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.

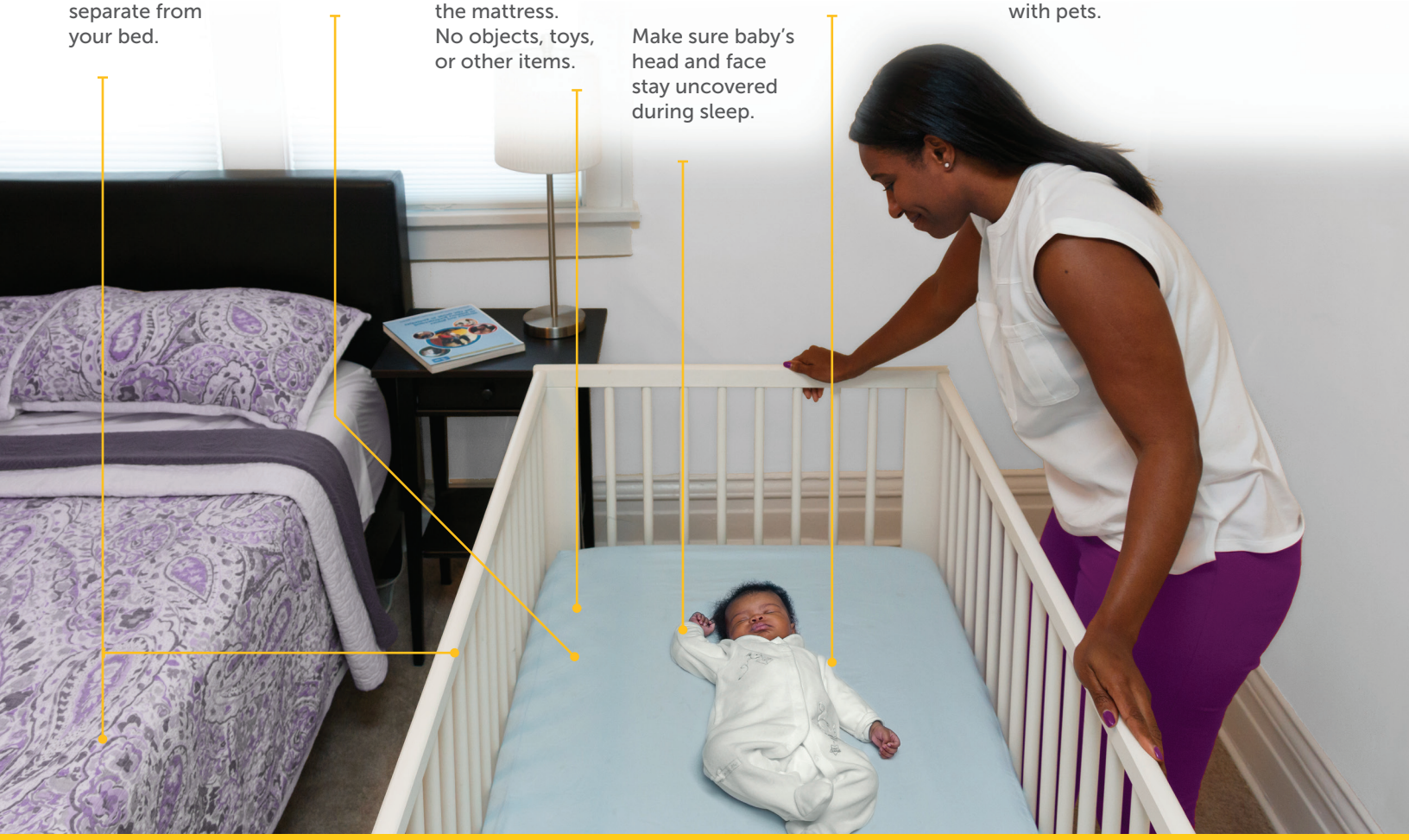
Use a wearable blanket to keep baby warm without blankets in the sleep area.

Make sure baby's head and face stay uncovered during sleep.

Place babies on their backs to sleep, for naps and at night.

Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.

Keep baby's surroundings smoke/vape free.



*The Consumer Product Safety Commission sets safety standards for infant sleep surfaces (such as a mattress) and sleep spaces (like a crib). Visit https://www.cpsc.gov/SafeSleep to learn more.

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

SAFE TO SLEEP®

SAFE SLEEP FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths



Feeding babies human milk by direct breastfeeding, if possible, or by pumping from the breast, reduces the risk of SIDS. Feeding only human milk, with no formula or other things added, for the first 6 months provides the greatest protection from SIDS.

Place babies on their backs to sleep for naps and at night.



Use a sleep surface for baby that is *firm* (returns to original shape quickly if pressed on), ***flat*** (like a table, not a hammock), ***level*** (not at an angle or incline), **and covered only with a fitted sheet**.



Feed your baby human milk, like by breastfeeding.



Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.



Keep things out of baby's sleep area—no objects, toys, or other items.



Offer baby a pacifier for naps and at night once they are breastfeeding well.



Stay smoke- and vape-free during pregnancy, and keep baby's surroundings smoke- and vape-free.



Stay drug- and alcohol-free during pregnancy, and make sure anyone caring for baby is drug- and alcohol-free.



Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.



Get regular medical care throughout pregnancy.



Follow health care provider advice on vaccines, checkups, and other health issues for baby.



Avoid products and devices that go against safe sleep guidance, especially those that claim to "prevent" SIDS and sleep-related deaths.



Avoid heart, breathing, motion, and other monitors to reduce the risk of SIDS.



Avoid swaddling once baby starts to roll over (usually around 3 months of age), and keep in mind that swaddling does not reduce SIDS risk.



Give babies plenty of "tummy time" when they are awake, and when someone is watching them.



NIH Pub. No. 22-HD-5759 | August 2022

For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947
Email: SafetoSleep@mail.nih.gov
Website: https://safetosleep.nichd.nih.gov
Telecommunications Relay Service: 7-1-1



Lake Cumberland community Action
Helping People. Changing Lives.
HEAD START



*** HEAD START * EARLY HEAD START * AGRI-GROW HEAD START PROGRAMS**

Free Early Childhood Education Program
Full-day program, 4days per week
Transportation available
Children with special needs welcome
School readiness focus
Family participation is encouraged
Volunteer and job opportunities

Lake Cumberland Head Start

23 Industry Dr.
PO Box 830
Jamestown, KY 42629

Ph: 270-343-6400

Fax: 270-343-2800

Email: info@lc-caa.org

www.lc-caa.org

Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor & Wayne Co.

AREA RESOURCES FOR INFANTS, CHILDREN AND FAMILIES

The mission of the Lake Cumberland Children's Advocacy Center is to provide joint agency support services that will prevent further victimization of sexually abused children and minimize the emotional trauma to the child victim and their non-offending caregivers.

We are a non-profit organization located in Jamestown, KY with an alternative location in Nancy, KY. We provide services such as forensic interviews, medical exams, advocacy services, and mental health therapy. We serve the 10 county Lake Cumberland Region.



Lake Cumberland Children's Advocacy Center
472 South Main Street
Jamestown, Kentucky 42629
Phone 270.343.6922

PREGNANCY SUPPORT

We offer:

- A better understanding of pregnancy
- Lessons on how to communicate with children
- Proper discipline techniques
- Teach the ins and outs of potty training
- Lessons on health
- Lessons on proper nutrition
- Help developing loving families

Each class will consist of a video, discussion session, and a worksheet. Our clients earn what we call Mommy Bucks with each class they take. There are other options to earn Mommy Bucks as well. Sarah's Closet is a place created to provide all baby necessities and more. The Mommy Bucks earned can be used for purchases.

Agape House
PREGNANCY RESOURCE CENTER

Columbia, KY 42728
270 380-1699

LCDHD
Lake Cumberland District Health Department

LOCAL RESOURCE CENTER INFORMATION

ARC
PREGNANCY
SUPPORT CENTER
270.866.2377
Real Hope. Real Truth. Real Choices.

82 Brian Walters Dr.
Russell Springs, KY 42642

As a part of our Earn While You Learn Parenting Program, we give you an opportunity to earn credits that you can use to purchase materials like maternity and baby clothes, blankets, diapers, formula and other much needed supplies. We will help you to understand what to expect in pregnancy and beyond.

There are a number of topics to choose from and our staff will put together a lesson plan that is unique to your needs. The lessons are fun, interesting and practical. We can help you learn how to be the best parent you can be! We would love to have you involved in our program and show you the supplies and maerials you can earn from our center!

PREGNANCY SUPPORT

FIRST CHOICE
CLINIC OF SOMERSET
EMPOWER. HEAL. EDUCATE.

SCAN ME

111 S. Church Street
Somerset, KY 42502
606 678-0335

Bright Course Program

Are you overwhelmed at the thought of being a new mother or father? Are you confident in parenting already but wonder how you are going to make ends meet with a new baby? Maybe the baby is already toddling about, but your financial situation is challenging. We are here to offer support and education. Single or married women and men are welcome to come earn Boutique Bucks while learning in a private or group setting. Boutique Bucks can be used in our on-site boutique to buy diapers, wipes, baby clothes and other baby items.

LCDHD
Lake Cumberland District Health Department

LOCAL RESOURCE CENTER INFORMATION

200 North Main Street
Monticello, KY 42633
606 348-1981

HELP
pregnancy care center

Here to serve anyone seeking care and support during pregnancy with information in a safe environment.
To ensure that babies basic needs are met with items such as diapers, wipes, formula, cereal, baby food and clothing newborn to 4T.
All services are free and confidential. Our parenting classes are designed for all expecting moms and dads to provide the basic fundamentals of parenting. Pregnancy, childbirth, child development, parenting skills and more are the focus of these sessions.

PREGNANCY SUPPORT

Hope Pregnancy Center of Taylor County

Touching Hearts • Changing Lives

319 E. Maple Street
Campbellsville, KY 42718
270 465-4330

Our Mission
To assist parents and families in need with physical, emotional, and spiritual support through one-on-one relationships, referrals, and care oriented services.

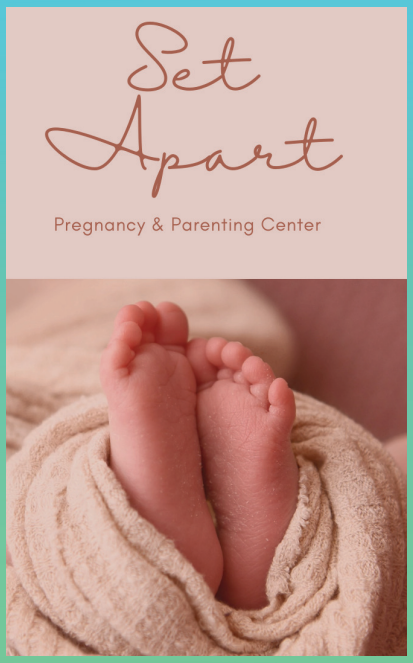
Our Program
The HOPE Program offers new, expectant, and financially burdened parents the opportunity to earn practical baby care items while learning positive parenting skills.

LCDHD
Lake Cumberland District Health Department

LOCAL RESOURCE CENTER INFORMATION

Our Blessed Beginnings program provide clients with a variety of parenting courses that help guide expecting mothers, fathers and family members throughout pregnancy and into childhood. We offer pregnancy testing, birth and parenting courses, and mentor sessions. Women and their support partner can earn Blessing Bucks to shop in the Blessing Boutique for necessities. We offer support and compassion every step of the way.

120 High Street
Burkesville, KY 42717
270 284-1111



Choose health. Drink water.

Drink, Calories and Container Size (fuid ounces)	Teaspoons of Sugar per Container Size	Minutes of Brisk Walking to Burn Off the Drink (walking at 3.5 mph)
 **Soda** **227** calories 20 f. oz.	**14** tsp 	**49** min. 
 **Sports Drink** **125** calories 20 f. oz.	**9** tsp 	**27** min. 
 **Energy Drink** **240** calories 16 f. oz.	**15** tsp 	**52** min. 
 **Juice Drink** **305** calories 20 f. oz.	**17** tsp 	**66** min. 
 **Fruit-favored Soda** **165** calories 12.5 f. oz.	**11** tsp 	**36** min. 
 **Vitamin-added Water** **125** calories 20 f. oz.	**8** tsp 	**27** min. 
 **Sweetened Tea** **213** calories 20 f. oz.	**14** tsp 	**46** min. 
 **Water** **0** calories 20 f. oz.	**0** tsp 	**0** min. 

Note: Walking times are based on the average calorie expenditure for a 154-pound individual walking at 3.5 mph (280 calories/hour). Calories burned per hour will be higher for persons who weigh more than 154 pounds and lower for persons who weigh less. Teaspoons of sugar are rounded to the nearest whole number. All walking times are rounded up to the next whole number.

United States Department of Health and Human Services, U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005, Table 4, Calories/Hour Expended in Common Physical Activities. http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter3.htm. Accessed May 15, 2012.

rethink YOUR DRINK

This material was produced by the California Department of Public Health's Nutrition Education and Obesity Prevention Branch with funding from USDA SNAP-Ed, known in California as CalFresh. These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious food for better health. For CalFresh information, call 1-877-847-3663. For important nutrition information, visit www.CaChampionsForChange.net.

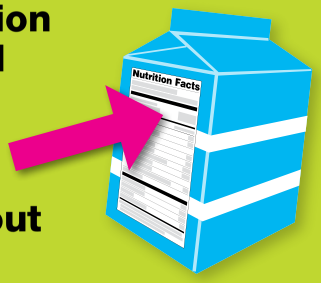
LCDHD Lake Cumberland District Health Department

SIGN-556 Rev. 03/14

The Nutrition Facts Label

Look for It and Use It!

Information you need to make healthy choices throughout your day



Found on food and beverage packages



Use it to compare and choose foods!



Size up Servings

Check the serving size and servings per container. The nutrition information listed on the Nutrition Facts label is usually based on one serving of the food.

Packages can—and often do—contain more than one serving! If you eat multiple servings, you're getting "multiples" on calories and nutrients, too.

2SERVINGS=CALORIES&NUTRIENTSX2

Consider the Calories

Calories from food provide the energy your body needs to function and grow. **Balance the number of calories you eat and drink with the number of calories you burn during physical activity.** Curious about calorie needs? Check out www.choosemyplate.gov/MyPlatePlan.



TIP: 100 calories per serving of an individual food is considered a **moderate** amount and **400 calories** or more per serving of an individual food is considered **high** in calories.

Nutrition Facts

4 servings per container
Serving size 1 1/2 cup (208g)

Amount per serving **Calories**	240
	% Daily Value*
Total Fat 4g	**5%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 5mg	**2%**
Sodium 430mg	**19%**
Total Carbohydrate 46g	**17%**
Dietary Fiber 7g	**25%**
Total Sugars 4g	
Includes 2g Added Sugars	**4%**
Protein 11g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 6mg	35%
Potassium 240mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Use %DV

% Daily Value (%DV) is the percentage of the Daily Value (reference amounts of nutrients to consume or not to exceed each day for adults and children 4 years of age and older) and shows how much a nutrient in a serving of the food contributes to a total daily diet. **Use %DV to see how a food's nutrients stack up and choose foods that are higher in nutrients to get more of and lower in nutrients to get less of.**

TIP: 5% DV or less per serving is **low** and **20% DV** or more per serving is **high**

Choose Nutrients Wisely

Nutrients To Get **More** Of

Compare and choose foods to **get 100% DV of these on most days:**

- Dietary Fiber
- Iron
- Vitamin D
- Potassium
- Calcium

Nutrients To Get **Less** Of

Compare and choose foods **to get less than 100% DV of these each day:**

- Saturated Fat
- Sodium
- Added Sugars
- *Trans* Fat (Note: *Trans* fat has no %DV, so use grams as a guide)

Eat a variety of foods to get the nutrients your body needs, including:

- Fruits and vegetables
- Whole grains
- Dairy products
- Lean meats and poultry
- Eggs
- Seafood
- Beans and peas
- Soy products
- Unsalted nuts and seeds

Nutrition Facts
Read the Label

Revised: October 2018

www.fda.gov/nutritioneducation

DEPARTMENT OF HEALTH & HUMAN SERVICES USA

FDA

Health Benefits of Physical Activity

FOR CHILDREN

Academic Performance
Improves attention and memory

Brain Health
Reduces risk of depression



Muscular Fitness
Builds strong muscles and endurance

Heart and Lung Health
Improves blood pressure and aerobic fitness

Cardiometabolic Health
Helps maintain normal blood sugar levels

Long-term Health
Reduces risk of several chronic diseases, including type 2 diabetes and obesity

Healthy Weight
Helps regulate body weight and reduce body fat

Bone Strength
Strengthens bones

CREATING AN ACTIVE AMERICA, TOGETHER
ACTIVE PEOPLE, HEALTHY NATION℠

Source: *Physical Activity Guidelines for Americans*, 2nd edition

To learn more, visit: https://www.cdc.gov/physicalactivity/basics/adults/health-benefits-of-physical-activity-for-children.html

October 2021

Health Benefits of Physical Activity for Adults

IMMEDIATE

A single bout of moderate-to vigorous physical activity provides immediate benefits for your health.

LONG-TERM

Regular physical activity provides important health benefits for chronic disease prevention.

Sleep
Improves sleep quality

Less Anxiety
Reduces feelings of anxiety

Blood Pressure
Reduces blood pressure

Brain Health
Reduces risks of developing dementia (including Alzheimer's disease) and reduces risk of depression

Heart Health
Lowers risk of heart disease, stroke, and type 2 diabetes

Cancer Prevention
Lowers risk of eight cancers: bladder, breast, colon, endometrium, esophagus, kidney, lung, and stomach

Healthy Weight
Reduces risk of weight gain

Bone Strength
Improves bone health

Balance and Coordination
Reduces risks of falls

Emerging research suggests physical activity may also help boost immune function.

Nieman, "The Compelling Link," 201–217.
Jones, "Exercise, Immunity, and Illness," 317–344.

CREATING AN ACTIVE AMERICA, TOGETHER
ACTIVE PEOPLE, HEALTHY NATION™

Source: *Physical Activity Guidelines for Americans*, 2nd edition

To learn more, visit: https://www.cdc.gov/physicalactivity/basics/adults/health-benefits-of-physical-activity-for-adults.html

August 2020





Quitting for Two

Quitting tobacco is the best thing you can do for your health and your baby's health. Quit Now Kentucky can help!

1. Sign up free at QuitNowKentucky.org or by calling 1-800-QUIT-NOW 24 hours a day, seven days a week.
2. Schedule your first free coaching call for a time that fits your schedule.
3. Get a free welcome packet in the mail with tips to help you plan your quit and fight cravings.
4. Enjoy up to nine free, no-judgement coaching calls to learn how to quit and stay quit.
5. Earn $20 per call during your pregnancy, and $30 per call after your baby is born!

BE TOBACCO FREE
QUIT NOW
KENTUCKY

Text QUITNOW to 333888

1-800-QUIT-NOW | QuitNowKentucky.org | 1-855-DÉJELO-YA

Help Quitting Tobacco

Frequently Asked Questions About 1-800-QUIT-NOW



What is Quit Now Kentucky?

Quit Now Kentucky is a tobacco quitline for people who live in Kentucky. It is a toll-free number you can call for help quitting smoking, vaping, dipping or using other kinds of tobacco products!

What can I expect when I call?

You will get free support and advice from a quit coach, an experienced professional who is trained to help people quit tobacco. Your quit coach may ask you about your tobacco use, motivation to quit and/or previous experiences trying to quit. This is completely confidential and helps them create a plan that will work for you!

What if I am not ready to quit?

You don't have to be ready to quit today to call the quitline. Your quit coach can help you explore your worries and doubts about quitting and help you identify new solutions.

Can I get help in-person?

Quit Now Kentucky is only available online and by phone, but a quit coach may be able to help you find in-person resources near you. You can also ask your local health department if they offer classes, or search for a Freedom From Smoking clinic at lung.org/quit-smoking.

What if I do not live in Kentucky?

Quit Now Kentucky is only for people who live in Kentucky, but anyone in the U.S. can call 1-800-QUIT-NOW to talk to a quit coach. Services differ from state to state, but they're always free!

How much does the quitline cost?

Quitline services are free. Quit Now Kentucky is supported by the Kentucky Department for Public Health.

June 2025



Will they make me feel bad about smoking?

Absolutely not! Quitline coaches are hired and trained based on their ability to help you. Many used to smoke themselves, so they understand what you are going through.

Does Quit Now Kentucky work?

Yes! People who use a quitline are more likely to quit for good than people who try to quit smoking on their own. One study found quitline coaching can double the chances of quitting. You could even triple your success rate by combining quitline coaching with medications like the patches available through Quit Now Kentucky.

What if I am under 18?

Quit Now Kentucky provides free, confidential help to people of all ages, but high school and middle school students may want to try My Life, My Quit - which is specifically for people ages 17 and under! Text START MY QUIT to 36072 or visit MyLifeMyQuit.com.

BE TOBACCO FREE
QUIT NOW
KENTUCKY

Kentucky Public Health
Prevent. Promote. Protect.

KENTUCKY TOBACCO PREVENTION & CESSATION PROGRAM

1ST TRIMESTER OF PREGNANCY

WHAT TO EXPECT

The first trimester of pregnancy is marked by an invisible — yet amazing — transformation. And it happens quickly. Knowing what physical and emotional changes to expect during the first trimester can help you face the months ahead with confidence.

While your first sign of pregnancy might have been a missed period, you can expect several other physical changes in the coming weeks, including:

- **Tender, swollen breasts.** Soon after conception, hormonal changes might make your breasts sensitive or sore. The discomfort will likely decrease after a few weeks as your body adjusts to hormonal changes.
- **Nausea with or without vomiting.** Morning sickness, which can strike at any time of the day or night, often begins one month after you become pregnant. This might be due to rising hormone levels. To help relieve nausea, avoid having an empty stomach. Eat slowly and in small amounts every one to two hours. Choose foods that are low in fat. Avoid foods or smells that make your nausea worse. Drink plenty of fluids. Foods containing ginger might help. Contact your health care provider if your nausea and vomiting is severe.
- **Increased urination.** You might find yourself urinating more often than usual. The amount of blood in your body increases during pregnancy, causing your kidneys to process extra fluid that ends up in your bladder.
- **Fatigue.** During early pregnancy, levels of the hormone progesterone soar — which can put you to sleep. Rest as much as you can. A healthy diet and exercise might increase your energy.
- **Food cravings and aversions.** When you're pregnant, you might become more sensitive to certain odors and your sense of taste might change. Like most other symptoms of pregnancy, food preferences can be chalked up to hormonal changes.
- **Heartburn.** Pregnancy hormones relaxing the valve between your stomach and esophagus can allow stomach acid to leak into your esophagus, causing heartburn. To prevent heartburn, eat small, frequent meals and avoid fried foods, citrus fruits, chocolate, and spicy or fried foods.
- **Constipation.** High levels of the hormone progesterone can slow the movement of food through your digestive system, causing constipation. Iron supplements can add to the problem. To prevent or relieve constipation, include plenty of fiber in your diet and drink lots of fluids, especially water and prune or other fruit juices. Regular physical activity also helps.

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Pregnancy might leave you feeling delighted, anxious, exhilarated and exhausted — sometimes all at once. Even if you're thrilled about being pregnant, a new baby adds emotional stress to your life.

It's natural to worry about your baby's health, your adjustment to parenthood and the financial demands of raising a child. If you're working, you might worry about how to balance the demands of family and career. You might also experience mood swings. What you're feeling is normal. Take care of yourself, and look to loved ones for understanding and encouragement. If your mood changes become severe or intense, consult your health care provider.

Your first visit will focus on assessing your overall health, identifying any risk factors and determining your baby's gestational age. Your health care provider will ask detailed questions about your health history. Be honest. If you're uncomfortable discussing your health history in front of your partner, schedule a private consultation. Also expect to learn about first trimester screening for chromosomal abnormalities.

After the first visit, you'll probably be asked to schedule checkups every four weeks for the first 32 weeks of pregnancy. However, you may require more or less frequent appointments, depending on your health and medical history.

During these appointments, discuss any concerns or fears you might have about pregnancy, childbirth or life with a newborn. Remember, no question is silly or unimportant — and the answers can help you take care of yourself and your baby.



2ND TRIMESTER OF PREGNANCY

WHAT TO EXPECT

During the second trimester of pregnancy, you might experience physical changes, including:

- **Growing belly and breasts.** As your uterus expands to make room for the baby, your belly grows. Your breasts will also gradually continue to increase in size. A supportive bra with wide straps or a sports bra is a must.
- **Braxton Hicks contractions.** You might feel these mild, irregular contractions as a slight tightness in your abdomen. They're more likely to occur in the afternoon or evening, after physical activity or after sex. Contact your health care provider if the contractions become regular and steadily increase in strength. This could be a sign of preterm labor.
- **Skin changes.** Hormonal changes during pregnancy stimulate an increase in pigment-bearing cells (melanin) in your skin. As a result, you might notice brown patches on your face (melasma). You might also see a dark line down your abdomen (linea nigra). These skin changes are common and usually fade after delivery. Sun exposure, however, can aggravate the issue. When you're outdoors, use sunscreen. You might also notice reddish-brown, black, silver or purple lines along your abdomen, breasts, buttocks or thighs (stretch marks). Although stretch marks can't be prevented, most eventually fade in intensity.
- **Nasal problems.** During pregnancy, your hormone levels increase and your body makes more blood. This can cause your mucous membranes to swell and bleed easily, resulting in stuffiness and nosebleeds. Saline drops or a saline rinse can help relieve congestion. Also, drink plenty of fluids, use a humidifier, and dab petroleum jelly around the edges of your nostrils to help moisten skin.
- **Dental issues.** Pregnancy can cause your gums to become more sensitive to flossing and brushing, resulting in minor bleeding. Rinsing with salt water and switching to a softer toothbrush can decrease irritation. Frequent vomiting could also affect your tooth enamel and make you more susceptible to cavities. Be sure to keep up your dental care during pregnancy.
- **Dizziness.** Pregnancy causes changes in circulation that might leave you dizzy. If you're having trouble with dizziness, drink plenty of fluids, avoid standing for long periods, and move slowly when you stand up or change position. When you feel dizzy, lie down on your side.
- **Leg cramps.** Leg cramps are common as pregnancy progresses, often striking at night. To prevent them, stretch your calf muscles before bed, stay physically active, and drink plenty of fluids. Choose shoes with comfort, support and utility in mind. If a leg cramp strikes, stretch the calf muscle on the affected side. A hot shower, warm bath or ice massage also might help.



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- **Vaginal discharge.** You might notice a sticky, clear or white vaginal discharge. This is normal. Contact your health care provider if the discharge becomes strong smelling, unusual in color, or if it's accompanied by pain, soreness or itching in your vaginal area. This could indicate a vaginal infection.
- **Urinary tract infections.** These infections are common during pregnancy. Contact your health care provider if you have a strong urge to urinate that can't be delayed, sharp pain when you urinate, urine that is cloudy or has a strong smell or you have a fever or backache. Left untreated, urinary tract infections can become severe and result in a kidney infection.

- During the second trimester, you might feel less tired and more up to the challenge of preparing for your baby. Check into childbirth classes. Some childbirth classes may be available online. Find a doctor for your baby. Read about breastfeeding. If you will work after the baby is born, get familiar with your employer's maternity leave policy and investigate child care options.
- You might worry about labor, delivery or impending parenthood. To ease your anxiety, learn as much as you can. Focus on making healthy lifestyle choices that will give your baby the best start.
- Your prenatal appointments will focus on your baby's growth and detecting any health problems during the second trimester of pregnancy. Your health care provider will begin by checking your weight and blood pressure. Your provider might measure the size of your uterus by checking your fundal height — the distance from your pubic bone to the top of your uterus (fundus).
- At this stage, the highlight of your prenatal visits might be listening to your baby's heartbeat. Your health care provider might suggest an ultrasound or other screening tests this trimester. You might also find out your baby's sex — if you choose.

Be sure to mention any signs or symptoms that concern you. Talking to your health care provider is likely to put your mind at ease.

3RD TRIMESTER OF PREGNANCY

WHAT TO EXPECT

Soon you'll hold your baby in your arms! Here's what to expect in the meantime. As your pregnancy progresses, your baby's movements will become more obvious. These exciting sensations are often accompanied by increasing discomfort and other signs and symptoms, including:

- **Braxton Hicks contractions.** You might feel these mild, irregular contractions as a slight tightness in your abdomen. They're more likely to occur in the afternoon or evening, after physical activity or after sex. These contractions also tend to occur more often and become stronger as you approach your due date. Contact your health care provider if the contractions become regular and steadily increase in strength.
- **Backaches.** Pregnancy hormones relax the connective tissue that holds your bones in place, especially in the pelvic area. These changes can be tough on your back, and often result in discomfort during the third trimester of pregnancy. When you sit, choose chairs with good back support. Get regular exercise. Wear low-heeled — but not flat — shoes with good arch support. If you have severe or persistent pain, contact your health care provider.
- **Shortness of breath.** You might get winded easily. Practice good posture to give your lungs more room to expand.
- **Heartburn.** Pregnancy hormones relax the valve between your stomach and esophagus. This can allow stomach acid to reflux into your esophagus and cause heartburn. To prevent heartburn, eat small, frequent meals. Also, avoid fried foods, citrus fruits, chocolate, and spicy or fried foods.
- **Spider veins, varicose veins and hemorrhoids.** Increased blood circulation might cause tiny red-purplish veins (spider veins) to appear on your face, neck and arms. Redness typically fades after delivery. You might also notice swollen veins (varicose veins) on your legs. Painful, itchy varicose veins in your rectal area (hemorrhoids) may also occur. To ease swelling, exercise and elevate your legs frequently, include plenty of fiber in your diet and drink lots of fluids. For hemorrhoid relief, soak in a warm tub or apply witch hazel pads to the area.
- **Frequent urination.** As your baby moves deeper into your pelvis, you'll feel more pressure on your bladder. You might find yourself urinating more often. This extra pressure might also cause you to leak urine — especially when you laugh, cough, sneeze, bend or lift. If this is a problem, consider using panty liners. If you think you might be leaking amniotic fluid, contact your health care provider.



As anticipation grows, fears about childbirth might become more persistent. How much will it hurt? How long will it last? How will I cope? If you haven't done so already, consider taking childbirth classes. You'll learn what to expect — and meet others who share your excitement and concerns. Talk with others who've had positive birth experiences, and ask your health care provider about options for pain relief.

The reality of parenthood might begin to sink in as well. You might feel anxious, especially if this is your first baby. To stay calm, write your thoughts in a journal. It's also helpful to plan ahead. If you'll be breastfeeding, you might get a nursing bra or a breast pump. If you're expecting a boy — or you don't know your baby's sex — think about what's right for your family regarding circumcision.

During the third trimester, your health care provider might ask you to come in for more frequent checkups — perhaps every two weeks beginning at week 32 and every week beginning at week 36.

Also, one dose of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine is recommended during each pregnancy — ideally during the third trimester, between weeks 27 and 36 of pregnancy. This can help protect your baby from whooping cough before he or she can be vaccinated.

You will also need screening tests for various conditions, including:

- **Gestational diabetes**. This is a type of diabetes that sometimes develops during pregnancy. Prompt treatment and healthy lifestyle choices can help you manage your blood sugar level and deliver a healthy baby.
- **Iron deficiency anemia.** Iron deficiency anemia occurs when you don't have enough healthy red blood cells to carry adequate oxygen to your body's tissues. Anemia might cause you to feel very tired. To treat anemia, you might need to take iron supplements.
- **Group B strep.** Group B strep is a type of bacteria that can live in your vagina or rectum. It can cause a serious infection for your baby if there is exposure during birth. If you test positive for group B strep, your health care provider will recommend antibiotics while you're in labor.

Your health care provider will also check your baby's size and heart rate. Near the end of your pregnancy, your health care provider will also check your baby's position and ask about your baby's movements. He or she might also ask about your preferences regarding labor and pain management as you get ready for delivery. If you have specific preferences for labor and birth — such as laboring in water or avoiding medication — define your wishes in a birth plan. Review the plan with your health care provider but keep in mind that pregnancy problems might cause plans to change As your due date approaches, keep asking questions. Knowing what to expect can help you have the most positive birth experience.

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Pregnant? You Need a **Flu Shot!**

Information for Pregnant Women



Because you are pregnant, CDC and your ob-gyn or midwife recommend you get a flu shot to protect yourself and your baby from flu.

You should get vaccinated by the end of October. This timing can help ensure that you are protected before flu activity begins to increase. Talk to your ob-gyn or midwife about getting a flu shot.

Flu can be a serious illness, especially when you are pregnant.

Getting sick with flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in the immune system, heart, and lungs during pregnancy make you more likely to get severely ill from flu. Pregnant women who get flu are at high risk of developing serious illness, including being hospitalized.

Flu shots are the best available protection for you – and your baby.

Getting a flu vaccine is the first and most important step in protecting against flu. Pregnant women should get a flu shot and not the live attenuated influenza vaccine (LAIV), also known as nasal spray flu vaccine. When you get your flu shot, your body starts to make antibodies that help protect you against flu. It takes about two weeks after vaccination for antibodies that protect against flu to develop in the body. In addition to protecting you, a flu shot given during pregnancy has been shown to help protect your baby from flu infection for several months after birth, when they are too young to get vaccinated. If you breastfeed your infant, antibodies also can be passed through breast milk. You should get a flu vaccine by the end of October. However as long as flu viruses are circulating, vaccination should continue throughout the flu season, even in January or later.

If you have additional questions, talk to your doctor or health care provider about flu vaccination during pregnancy.

Flu shots have a long safety record.

Flu shots are recommended at any time, during any trimester, while you are pregnant. Millions of flu vaccines have been given for decades, including to pregnant women, with a good safety record. There is a lot of evidence that flu vaccines can be given safely during pregnancy, though these data are limited for the first trimester.

If you deliver your baby before getting your flu shot, you still need to get vaccinated.

Flu is spread from person to person. You, or others who care for your baby, may get sick with flu, and spread it to your baby. It is important that everyone who cares for your baby get a flu vaccine, including other household members, relatives, and babysitters.

Common side effects of a flu vaccine are mild and may include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have a headache, muscle aches, fever, and nausea or feel tired.



Last Updated 11/01/2018

If you have flu symptoms, call your doctor immediately.

If you get flu symptoms (e.g., fever, cough, body aches headache, etc.) – even if you have already had a flu shot – call your doctor, nurse, or clinic right away. Doctors can prescribe influenza antiviral medicine to treat flu. Antiviral drugs can shorten your illness, make it milder and lessen the chance of developing serious complications. Because pregnant women are at high risk of serious flu complications, CDC recommends that they be treated quickly with flu antiviral drugs if they get flu symptoms. Oseltamivir (generic or brand name Tamiflu®) is the preferred treatment for pregnant women because it has the most studies available to suggest that it is safe and beneficial. Flu antiviral medications work best when started early.

Fever is often a symptom of flu. Having a fever early in pregnancy increases the chances of having a baby with birth defects or other problems. Acetaminophen (brand name Tylenol®) can reduce a fever, but you should still call your doctor or nurse and tell them about your illness.

If you have any of the following signs, call 911 and seek emergency medical care right away:

- **Difficulty breathing or shortness of breath**
- **Pain or pressure in the chest or abdomen**
- **Sudden dizziness or confusion**
- **Severe or persistent vomiting**
- **High fever that is not responding to Tylenol® (or store brand acetaminophen equivalent)**
- **Decreased or no movement of your baby**



For more information about the flu or the vaccine, call:

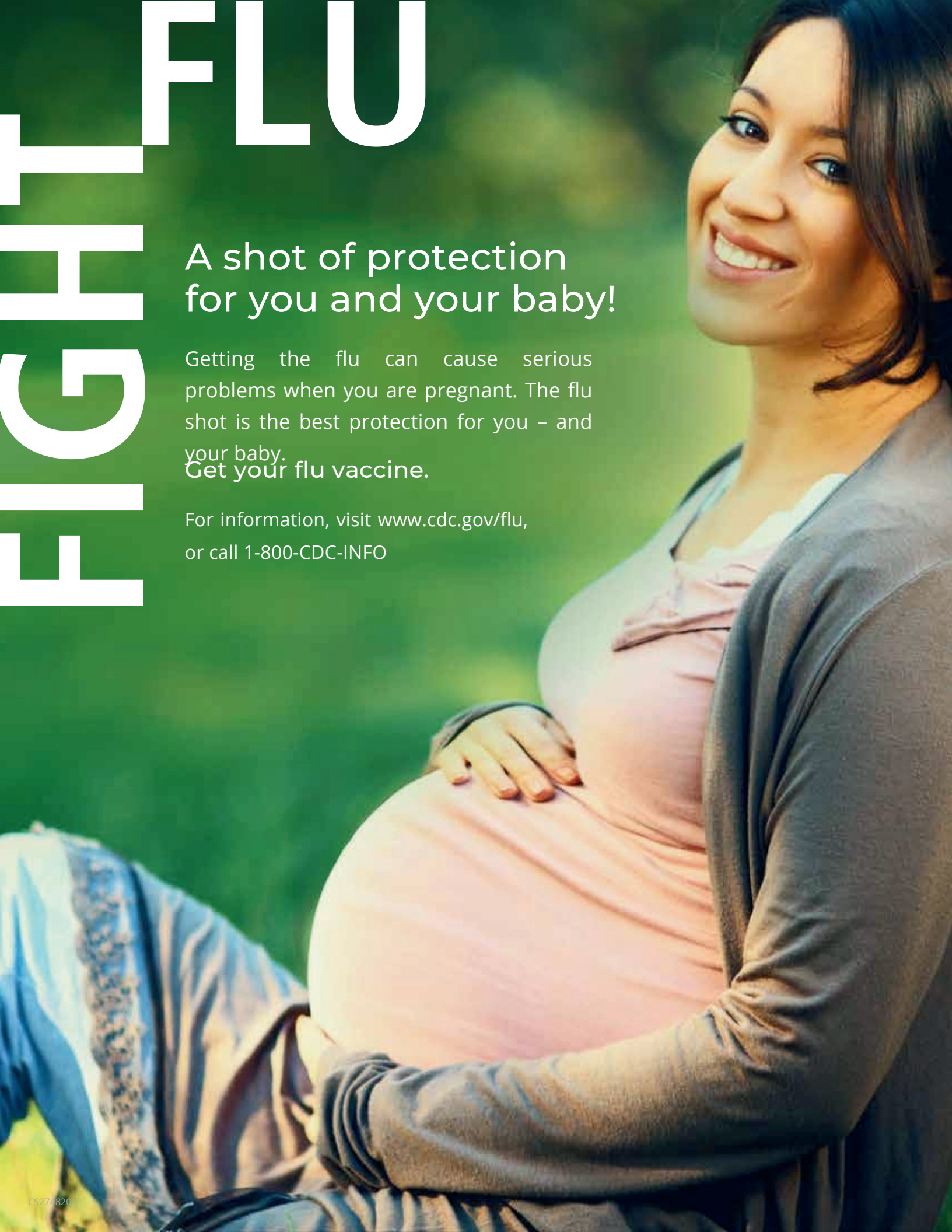
1-800-CDC-INFO

or visit:

www.cdc.gov/flu/

LCDHD
Lake Cumberland District Health Department
A Healthy Today for a Brighter Tomorrow

CS HCVG15-MAT-106 11/01/2018


FIGHT FLU
A shot of protection for you and your baby!
Getting the flu can cause serious problems when you are pregnant. The flu shot is the best protection for you – and your baby.
Get your flu vaccine.
For information, visit www.cdc.gov/flu,
or call 1-800-CDC-INFO
CS27-820



Outbreaks of whooping cough are happening across the United States. This disease can cause your baby to have coughing fits, gasp for air, and turn blue from lack of oxygen. It can even be deadly. When you get the whooping cough vaccine (also called Tdap) during your third trimester, you'll pass antibodies to your baby. This will help keep him protected during his first few months of life, when he is most vulnerable to serious disease and complications.

Talk to your doctor or midwife about the whooping cough vaccine.

LCDHD
Lake Cumberland District Health Department

Born with protection against whooping cough.

www.cdc.gov/whoopingcough

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February 2015

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You can start protecting your baby from whooping cough before birth

Information for pregnant woman



Whooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unfortunately, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting a whooping cough vaccine called Tdap during your pregnancy. The recommended time to get the shot is your 27th through 36th week of pregnancy, preferably during the earlier part of this time period. By getting vaccinated, you will pass antibodies to your baby so she is born with protection against whooping cough.

When you get Tdap vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Why do I need to get Tdap vaccine while I am pregnant?

CDC recommends Tdap vaccine during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

Is this vaccine safe for me and my baby?

Yes, Tdap vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that Tdap vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy—so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's still common in the United States. Recently, we saw the most cases we had seen in 60 years. Cases, which include people of all ages, are reported in every state. Typically more than 1,000 babies younger than 2 months old are diagnosed with whooping cough each year in the United States.

LCDHD Lake Cumberland District Health Department
A Healthy Today for a Brighter Tomorrow

www.cdc.gov/whoopingcough

AMERICAN ACADEMY OF FAMILY PHYSICIANS
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WOMEN'S HEALTH CARE PHYSICIANS

Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure everyone who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.

How dangerous is whooping cough for babies?
Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. In the United States, about half of babies younger than 1 year old who get whooping cough are hospitalized. About 7 in 10 deaths from whooping cough are among babies younger than 2 months old. These babies are too young to be protected by their own vaccination.

How could my baby be exposed to whooping cough?
Whooping cough spreads from person to person when coughing or sneezing. It also spreads when people spend a lot of time together or share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?

When you get Tdap vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection. Tdap vaccine used to be recommended for women to get in the hospital after giving birth. This helped protect moms from getting whooping cough, but did not directly protect babies.

Is it safe to breastfeed after getting Tdap vaccine?
Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get Tdap vaccine during pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get Tdap until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

LCDHD
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Where can I go for more information?

Pregnancy and Whooping Cough website:
www.cdc.gov/pertussis/pregnant

Immunization for Women website:
www.immunizationforwomen.org/patients/diseases-vaccines/tetanus-diphtheria-pertussis/faqs.php

Vaccines and Pregnancy Quiz:
www.cdc.gov/vaccines/pregnancy/vaccine-quiz.html

American Academy of Family Physicians website:
www.aafp.org/patient-care/immunizations/disease-population.html

Tdap Vaccine Information Statement (VIS):
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Ask your doctor or midwife about getting Tdap vaccine during your 3rd trimester.

To learn more about vaccines recommended during pregnancy, visit www.cdc.gov/vaccines/pregnancy

FETAL DEVELOPMENT

1ST TRIMESTER

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Weeks 1 and 2: Getting ready

It might seem strange, but you're not actually pregnant the first week or two of the time allotted to your pregnancy. Yes, you read that correctly!

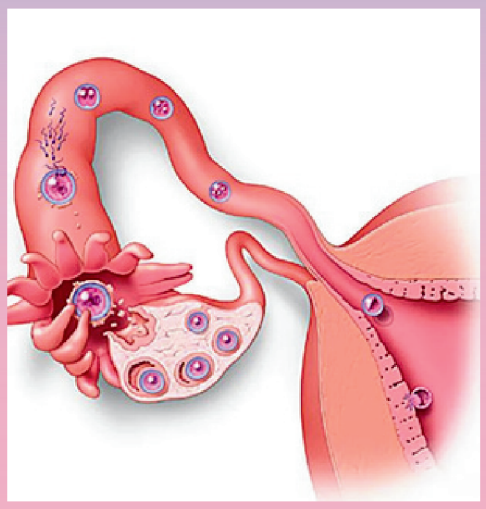
Conception typically occurs about two weeks after your last period begins. To calculate your estimated due date, your health care provider will count ahead 40 weeks from the start of your last period. This means your period is counted as part of your pregnancy — even though you weren't pregnant at the time.

Week 3: Fertilization

The sperm and egg unite in one of your fallopian tubes to form a one-celled entity called a zygote. If more than one egg is released and fertilized or if the fertilized egg splits into two, you might have multiple zygotes.

The zygote typically has 46 chromosomes — 23 from the biological mother and 23 from the biological father. These chromosomes help determine your baby's sex and physical traits.

Soon after fertilization, the zygote travels down the fallopian tube toward the uterus. At the same time, it will begin dividing to form a cluster of cells resembling a tiny raspberry — a morula.



Week 4: Implantation

The rapidly dividing ball of cells — now known as a blastocyst — has begun to burrow into the uterine lining (endometrium). This process is called implantation.

Within the blastocyst, the inner group of cells will become the embryo. The outer layer will give rise to part of the placenta, which will nourish your baby throughout the pregnancy.

Week 5: Hormone levels increase

The fifth week of pregnancy, or the third week after conception, the levels of HCG hormone produced by the blastocyst quickly increase. This signals your ovaries to stop releasing eggs and produce more estrogen and progesterone. Increased levels of these hormones stop your menstrual period, often the first sign of pregnancy, and fuel the growth of the placenta. The embryo is now made of three layers. The top layer — the ectoderm — will give rise to your baby's outermost layer of skin, central and peripheral nervous systems, eyes, and inner ears.Your baby's heart and a primitive circulatory system will form in the middle layer of cells — the mesoderm. This layer of cells will also serve as the foundation for your baby's bones, ligaments, kidneys and much of the reproductive system.The inner layer of cells — the endoderm — is where your baby's lungs and intestines will develop.

Week 6: The neural tube closes

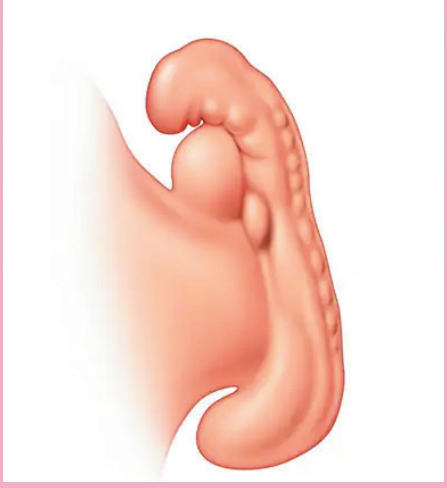
Growth is rapid this week. Just four weeks after conception, the neural tube along your baby's back is closing. The baby's brain and spinal cord will develop from the neural tube. The heart and other organs also are starting to form.

Structures necessary to the formation of the eyes and ears develop. Small buds appear that will soon become arms. Your baby's body begins to take on a C-shaped curvature.

Week 7: Baby's head develops

Seven weeks into your pregnancy, or five weeks after conception, your baby's brain and face are growing. Depressions that will give rise to nostrils become visible, and the beginnings of the retinas form.

Lower limb buds that will become legs appear and the arm buds that sprouted last week now take on the shape of paddles.







Week 8: Baby's nose forms

Eight weeks into your pregnancy, or six weeks after conception, your baby's lower limb buds take on the shape of paddles. Fingers have begun to form. Small swellings outlining the future shell-shaped parts of your baby's ears develop and the eyes become obvious. The upper lip and nose have formed. The trunk and neck begin to straighten.

By the end of this week, your baby might be about 1/2 inch (11 to 14 millimeters) long from crown to rump — about half the diameter of a U.S. quarter.

Week 9: Baby's toes appear

In the ninth week of pregnancy, or seven weeks after conception, your baby's arms grow and elbows appear. Toes are visible and eyelids form. Your baby's head is large but still has a poorly formed chin.

By the end of this week, your baby might be a little less than 3/4 inch (16 to 18 millimeters) long from crown to rump — the diameter of a U.S. penny.

Week 10: Baby's elbows bend

By the 10th week of pregnancy, or eight weeks after conception, your baby's head has become more round.

Your baby can now bend his or her elbows. Toes and fingers lose their webbing and become longer. The eyelids and external ears continue to develop. The umbilical cord is clearly visible.







Week 11: Baby's genitals develop

At the beginning of the 11th week of pregnancy, or the ninth week after conception, your baby's head still makes up about half of its length. However, your baby's body is about to catch up.

Your baby is now officially described as a fetus. This week your baby's face is broad, the eyes widely separated, the eyelids fused and the ears low set. Buds for future teeth appear. Red blood cells are beginning to form in your baby's liver. By the end of this week, your baby's external genitalia will start developing into a penis or a clitoris and labia majora.

By now your baby might measure about 2 inches (50 millimeters) long from crown to rump — the length of the short side of a credit card — and weigh almost 1/3 ounce (8 grams).



Week 12: Baby's fingernails form

Twelve weeks into your pregnancy, or 10 weeks after conception, your baby is sprouting fingernails. Your baby's face now has taken on a more developed profile. His or her intestines are in the abdomen.

By now your baby might be about 2 1/2 inches (61 millimeters) long from crown to rump — the length of the short side of a U.S. bill — and weigh about 1/2 ounce (14 grams).

FETAL DEVELOPMENT

2ND TRIMESTER

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Week 13: Urine forms

Thirteen weeks into your pregnancy, or 11 weeks after conception, your baby is beginning to make urine and release it into the surrounding amniotic fluid. Your baby also swallows some amniotic fluid.

Bones are beginning to harden in your baby's skeleton, especially in the skull and long bones. Your baby's skin is still thin and transparent, but it will start to thicken soon.

Week 14: Baby's sex becoming apparent

Fourteen weeks into pregnancy, or 12 weeks after conception, your baby's neck has become more defined. Red blood cells are forming in your baby's spleen.

Your baby's sex will become apparent this week or in the coming weeks.

By now your baby might be almost 3 1/2 inches (87 millimeters) long from crown to rump and weigh about 1 1/2 ounces (45 grams).

Week 15: Baby's scalp pattern develops

Fifteen weeks into your pregnancy, or 13 weeks after conception, your baby is growing rapidly. Bone development continues and will soon become visible on ultrasound images. Your baby's scalp hair pattern also is forming.

Week 16: Baby's eyes move

Sixteen weeks into your pregnancy, or 14 weeks after conception, your baby's head is erect. His or her eyes can slowly move. The ears are close to reaching their final position. Your baby's skin is getting thicker.

Your baby's limb movements are becoming coordinated and can be detected during ultrasound exams. However, these movements are still too slight to be felt by you.

By now your baby might be more than 4 1/2 inches (120 millimeters) long from crown to rump and weigh close to 4 ounces (110 grams). By the end of the 16th week of pregnancy your baby's limb movements are becoming more coordinated.



Week 17: Baby's toenails develop

Seventeen weeks into your pregnancy, or 15 weeks after conception, toenails begin developing.

Your baby is becoming more active in the amniotic sac, rolling and flipping. His or her heart is pumping about 100 pints of blood each day.

Week 18: Baby begins to hear

Eighteen weeks into your pregnancy, or 16 weeks after conception, your baby's ears begin to stand out on the sides of his or her head. Your baby might begin to hear sounds. The eyes are beginning to face forward. Your baby's digestive system has started working.

By now your baby might be 5 1/2 inches (140 millimeters) long from crown to rump and weigh 7 ounces (200 grams).

Week 19: Baby develops protective coating

Nineteen weeks into pregnancy, or 17 weeks after conception, growth slows.

A greasy, cheeselike coating called vernix caseosa begins to cover your baby. The vernix caseosa helps protect your baby's delicate skin from abrasions, chapping and hardening that can result from exposure to amniotic fluid.

For girls, the uterus and vaginal canal are forming.

Week 20: The halfway point

Halfway into your pregnancy, or 18 weeks after conception, you might be able to feel your baby's movements (quickening). Your baby is regularly sleeping and waking. He or she might be awakened by noises or your movements.

By now your baby might be about 6 1/3 inches (160 millimeters) long from crown to rump and weigh more than 11 ounces (320 grams).

Week 21: Baby can suck his or her thumb

Twenty-one weeks into your pregnancy, or 19 weeks after conception, your baby is completely covered with a fine, downy hair called lanugo. The lanugo helps hold the vernix caseosa on the skin.

The sucking reflex also is developing, enabling your baby to suck his or her thumb.



Week 22: Baby's hair becomes visible

Twenty-two weeks into your pregnancy, or 20 weeks after conception, your baby's eyebrows and hair are visible. Brown fat also is forming, the site of heat production. For boys, the testes have begun to descend.

By now your baby might be 7 1/2 inches (190 millimeters) long from crown to rump and weigh about 1 pound (460 grams).

Week 23: Fingerprints and footprints form

Twenty-three weeks into your pregnancy, or 21 weeks after conception, your baby begins to have rapid eye movements. Ridges also form in the palms of the hands and soles of the feet that will later create the foundation for fingerprints and footprints.

Your baby might begin hiccuping, causing jerking movements.

Week 24: Baby's skin is wrinkled

Twenty-four weeks into pregnancy, or 22 weeks after conception, baby's skin is wrinkled, translucent and pink to red because of visible blood in the capillaries. By now your baby might be about 8 inches (210 millimeters) long from crown to rump and weigh more than 1 1/3 pounds (630 grams).

Week 25: Baby responds to your voice

Twenty-five weeks into your pregnancy, or 23 weeks after conception, your baby might be able to respond to familiar sounds, such as your voice, with movement. Your baby is spending most of his or her sleep time in rapid eye movement (REM), when the eyes move rapidly even though the eyelids are closed.



Week 26: Baby's lungs develop

Twenty-six weeks into your pregnancy, or 24 weeks after conception, your baby's lungs are beginning to produce surfactant, the substance that allows the air sacs in the lungs to inflate — and keeps them from collapsing and sticking together when they deflate.

Week 27: 2nd trimester ends

This week marks the end of the second trimester. At 27 weeks, or 25 weeks after conception, your baby's nervous system is continuing to mature. Your baby is also gaining fat, which will help his or her skin look smoother.

FETAL DEVELOPMENT

3rd TRIMESTER

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Week 28: Baby's eyes partially open

Twenty-eight weeks into your pregnancy, or 26 weeks after conception, your baby's eyelids can partially open and eyelashes have formed. The central nervous system can direct rhythmic breathing movements and control body temperature.

By now your baby might be nearly 10 inches (250 millimeters) long from crown to rump and weigh nearly 2 1/4 pounds (1,000 grams).

Week 29: Baby kicks and stretches

Fetal development 27 weeks after conception

Twenty-nine weeks into your pregnancy, or 27 weeks after conception, your baby can kick, stretch and make grasping movements.



Week 30: Baby's hair grows

Thirty weeks into your pregnancy, or 28 weeks after conception, your baby's eyes can open wide. Your baby might have a good head of hair by this week. Red blood cells are forming in your baby's bone marrow.

By now your baby might be more than 10 1/2 inches (270 millimeters) long from crown to rump and weigh nearly 3 pounds (1,300 grams).

Week 31: Baby's rapid weight gain begins

Thirty-one weeks into your pregnancy, or 29 weeks after conception, your baby has finished most of his or her major development. Now it's time to gain weight — quickly.

Week 32: Baby practices breathing

Thirty-two weeks into your pregnancy, or 30 weeks after conception, your baby's toenails are visible.

The layer of soft, downy hair that has covered your baby's skin for the past few months (lanugo) starts to fall off this week.

By now your baby might be 11 inches (280 millimeters) long from crown to rump and weigh 3 3/4 pounds (1,700 grams).

Week 33: Baby detects light

Fetal development 31 weeks after conception

Thirty-three weeks into your pregnancy, or 31 weeks after conception, your baby's pupils can change size in response to a stimulus caused by light. His or her bones are hardening. However, the skull remains soft and flexible.



Week 34: Baby's fingernails grow

Thirty-four weeks into your pregnancy, or 32 weeks after conception, your baby's fingernails have reached his or her fingertips.

By now your baby might be nearly 12 inches (300 millimeters) long from crown to rump and weigh more than 4 1/2 pounds (2,100 grams).

Week 35: Baby's skin is smooth

Thirty-five weeks into your pregnancy, or 33 weeks after conception, your baby's skin is becoming smooth. His or her limbs have a chubby appearance.

Week 36: Baby takes up most of the amniotic sac

Thirty-six weeks into your pregnancy, or 34 weeks after conception, the crowded conditions inside your uterus might make it harder for your baby to give you a punch. However, you'll probably still feel lots of stretches, rolls and wiggles.

Week 37: Baby might turn head down

Thirty-seven weeks into your pregnancy, or 35 weeks after conception, your baby has a firm grasp.

To prepare for birth, your baby's head might start descending into your pelvis. If your baby isn't head down, your health care provider will talk to you about ways to deal with this issue.

Week 38: Baby's toenails grow

Thirty-eight weeks into your pregnancy, or 36 weeks after conception, the circumference of your baby's head and abdomen are about the same.

Your baby's toenails have reached the tips of his or her toes. Your baby has mostly shed all of his or her lanugo.

By now your baby might weigh about 6 1/2 pounds (2,900 grams)

Week 39: Baby's chest is prominent

Thirty-nine weeks into your pregnancy, or 37 weeks after conception, your baby's chest is becoming more prominent. For boys, the testes continue to descend into the scrotum. Fat is being added all over your baby's body to keep him or her warm after birth.

Week 40: Your due date arrives

Forty weeks into your pregnancy, or 38 weeks after conception, your baby might have a crown-to-rump length of around 14 inches (360 millimeters) and weigh 7 1/2 pounds (3,400 grams). Remember, however, that healthy babies come in different sizes.

Don't be alarmed if your due date comes and goes with no signs of labor starting. Your due date is simply a calculated estimate of when your pregnancy will be 40 weeks. It does not estimate when your baby will arrive. It's normal to give birth before or after your due date.



Prevent Child Abuse Kentucky™

Parenting Support
Abusive Head Trauma

What is Abusive Head Trauma?

Abusive Head Trauma occurs when an infant or young child is shaken forcefully, hit, slammed, or thrown. These acts can create serious brain injury and even death.



Abusive Head Trauma is 100% preventable.
Crying is the #1 trigger when this occurs.

All babies cry. Some babies cry A LOT! Have a plan of what to do if you can't calm your crying baby. Keep a list of emergency numbers by or in your phone. Call a friend. Call your doctor if you fear something is wrong. If you feel yourself getting upset, gently put your baby in a safe place and walk away.

Important Numbers and Resources:

Someone I can call when I feel stressed:

_____

Someone I can call when I feel stressed:

_____

Pediatrician:

_____

tinyurl.com/AHTsafesleep
www.pcaky.org

kynect resources

How to help your crying baby

- Check if your baby needs to be fed, burped, or changed.
- Check if the baby has a fever or is too hot or too cold.
- Hold your baby close to you. Gently walk, rock, or sing to your baby.
- Some babies can get fussy is there is too much noise, light, or too many people. Find a quiet, safe place for baby to nap. Babies should always sleep and nap alone, on their backs, in a crib, bassinet, or Pack and Play, free from districted caregivers who may be using medications, drugs, or alcohol. These are known as the ABCD's of safe sleep.
- Make sure EVERYONE who cares for your child knows about the dangers of shaking, hitting, throwing, or slamming a baby or child.

Take the Safe Baby Promise

My promise to:

_____
(baby's name)

- I promise to have a safe place for you to sleep, to learn all I can about what you need, to make sure NO ONE HARMS (shakes, slams, hits, or throws) YOU, and above all else I promise to always love you with all my heart!
- Love is having a plan to keep you safe.
- Love is gently putting you down in a safe place if I am feeling stressed. It's okay to walk away.
- Love is finding a way to calm myself when I can't calm you.
- Love is calling a friend, relative, or neighbor to talk to or to take over when I need a break.
- Love is providing a safe sleep environment for you every night and every nap.
- Love is talking about Abusive Head Trauma and the ABCD's of Safe Sleep to others who may take care of you.

Parent/ Caregiver:

_____

www.pcaky.org
2265 Harrodsburg Road, Ste. 200
Lexington, KY 40504
859.225.8879
@PCAKY Prevent Child Abuse Kentucky @PreventChildAbuseKy

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Accessible link: www.cdc.gov/rsv/high-risk/infants-young-children.html

RSV in Infants and Young Children

Respiratory syncytial virus, or RSV, is a common virus that affects the lungs. RSV season starts in the fall and peaks in the winter in most regions of the U.S.

Protect your young child from RSV.

There are two options to protect babies from severe RSV. Most babies only need one, not both.

RSV vaccine given during pregnancy:

- Protection passed to baby during pregnancy
- Recommended when 32-36 weeks pregnant
- Usually given during September-January

RSV antibody given to the baby:

- Directly provides protection to baby
- Recommended for babies younger than 8 months
- Usually given during October-March

A dose of RSV antibody is also recommended for the following children between the ages of 8 and 19 months entering their second RSV season:

- Children who have chronic lung disease from being born prematurely
- Children who are severely immunocompromised
- Children with cystic fibrosis who have severe disease
- American Indian and Alaska Native children

Talk to your healthcare provider to determine which option is best for you and your baby.



RSV is the LEADING CAUSE of infant hospitalization in the U.S.

w w w.cdc.gov/rsv

LCDHD Lake Cumberland District Health Department

CS 341839-C September 2023

GETTING VACCINATION RECORDS HAS NEVER BEEN EASIER!



Through the secure Kentucky Immunization Registry (KYIR) Public Portal you can obtain a copy of your immunization records.

ON THE KYIR PUBLIC PORTAL, YOU CAN ACCESS:

DIGITAL COPY

A digital copy of your immunization records.

SCHOOL CERTIFICATE

For students under 18 years of age a digital copy of school certificates can be obtained.

COVID-19 SMART HEALTH CARD

A copy of your COVID-19 vaccination records or a SMART Health Card: A digital copy of your COVID-19 vaccination records that can be stored on a phone.

To access a copy of your immunization records from the KYIR Public Portal scan the QR code provided or visit:

chfs.ky.gov/KDPHMyVaxRecord

If you are unable to access your immunization records through the KYIR Public Portal please contact the KYIR Helpdesk at:

KYIRHelpdesk@ky.gov

If your Immunization records are incomplete please contact your healthcare provider.

Kentucky Public Health
Prevent. Promote. Protect.

Vaccinations for Infants and Children, Age 0–10 Years

Getting your child vaccinated on time will help protect him or her against 18 vaccine-preventable diseases. Ask your child's healthcare provider if your child is up to date with all recommended vaccines.

Vaccine	Is your child up to date?
Chickenpox (varicella; Var)	Your child needs 2 doses of chickenpox vaccine. The first dose is given at 12–15 months and the second at 4–6 years.
COVID-19	COVID-19 illness can lead to rare but serious medical complications in children. Talk with your child's healthcare provider about protecting them through vaccination.
Diphtheria, tetanus, and pertussis (DTaP)	Your child needs 5 doses of DTaP vaccine. The first dose is given at 2 months, the second at 4 months, the third at 6 months, the fourth at 15–18 months, and the fifth at 4–6 years.
***Haemophilus influenzae* type b** (Hib)	Your child needs 3–4 doses of Hib vaccine, depending on the brand of vaccine. The first dose is given at 2 months, the second at 4 months, the third at 6 months (if needed), and the last at 12–15 months.
Hepatitis A (HepA)	Your child needs 2 doses of hepatitis A vaccine. The first dose is given at age 1 year and the second 6–18 months later.
Hepatitis B (HepB)	Your child needs at least 3 doses of hepatitis B vaccine, depending on the brand of vaccine. The first dose is given at birth, the second at 1–2 months, and the final dose at 6–18 months.
Human papillomavirus (HPV)	HPV vaccine is routinely given to children at age 11 or 12 years but may be started at age 9. This two-dose series should be separated by 6–12 months.
Influenza (Flu)	Everyone age 6 months and older needs influenza vaccination every fall or winter. Some children younger than age 9 years need 2 doses. Ask your child's healthcare provider if your child needs more than 1 dose this season.
Measles, mumps, rubella (MMR)	Your child needs 2 doses of MMR vaccine. The first dose is given at 12–15 months and the second at 4–6 years.
Meningococcal (MenACWY, MenB)	Infants and children age 0–10 years with certain health conditions (such as a non-functioning spleen) need MenACWY vaccine or, if age 10, MenACWY and MenB vaccines. Talk with your healthcare provider to find out if your child needs meningococcal vaccination.
Pneumococcal (conjugate vaccine [PCV]; polysaccharide vaccine, [PPSV23])	Your child needs 4 doses of conjugate vaccine (PCV). The first dose is given at 2 months, the second at 4 months, the third at 6 months, and the fourth at 12–15 months. Some older children with certain health conditions also need additional pneumococcal vaccination. Ask your child's healthcare provider if your child needs this extra protection against pneumococcal disease.
Polio (IPV)	Your child needs 4 doses of polio vaccine (IPV) to protect them from paralytic polio. The first dose is given at 2 months, the second at 4 months, the third at 6–18 months, and the fourth at 4–6 years.
Respiratory Syncytial Virus preventive antibody (RSV-mAb)	Infants age birth through 7 months may need RSV preventive antibody (RSV-mAb) before or during their first RSV season if RSV vaccine was not given during pregnancy. Certain children age 8 through 19 months at high risk may need RSV-mAb before their second RSV season.
Rotavirus (RV)	Your child needs 2–3 doses of rotavirus vaccine (RV), depending on the brand of vaccine. The first dose is given at 2 months, the second at 4 months, and the third (if needed) at 6 months.

Will your child be traveling outside the United States? Visit the Centers for Disease Control and Prevention's (CDC) website at wwwnc.cdc.gov/travel/destinations/list for travel information, or consult a travel clinic.

Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2021 will:

prevent **472 million** illnesses

(29.8 million hospitalizations)



more than the current population of the entire U.S.A.

help avoid **1,052,000** deaths



greater than the population of Seattle, WA

save nearly **$2.2 trillion** in total societal costs



more than $5,000 for each American

(that includes $479 billion in direct costs)

Updated 2021 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2021."

LCDHD
Lake Cumberland District Health Department
A Healthy Today for a Brighter Tomorrow

www.cdc.gov/vaccines/vfcprogram/

Diseases and the Vaccines that Prevent Them

Adapted from cdc.gov

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (whooping cough)	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
Haemophilus influenzae type b (Hib)	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Pneumococcal disease (PCV13, PCV15)	PCV vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Coronavirus disease 2019 (COVID-19)	COVID-19 vaccine protects against severe complications from coronavirus disease 2019.	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death

DTaP* DTaP combines protection against diphtheria, tetanus, and pertussis.

MMR** MMR combines protection against measles, mumps, and rubella.

Last updated December 2022 • CS322257-A

Developmental Milestones

Your Baby at 2 Months

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 2 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional Milestones

- ☐ Calms down when spoken to or picked up
- ☐ Looks at your face
- ☐ Seems happy to see you when you walk up
- ☐ Smiles when you talk to or smile at them

Language/Communication Milestones

- ☐ Makes sounds other than crying
- ☐ Reacts to loud sounds

Cognitive Milestones

- ☐ Watches you as you move
- ☐ Looks at a toy for several seconds

Movement/Physical Development Milestones

- ☐ Holds head up when on tummy
- ☐ Moves both arms and both legs
- ☐ Opens hands briefly

What You Can Do for Your 2 Month-Old:

Being responsive to your baby helps him learn and grow. Limiting your screen time when you are with your baby helps you be responsive.

Take care of yourself. Parenting can be hard work! It's easier to enjoy your new baby when you feel good yourself.

Learn to notice and respond to your baby's signals to know what she's feeling and needs. You will feel good and your baby will feel safe and loved. For example, is she trying to "play" with you by making sounds and looking at you, or is she turning her head away, yawning, or becoming fussy because she needs a break?

Lay your baby on his tummy when he is awake and put toys at eye level in front of him. This will help him practice lifting his head up. Do not leave your baby alone. If he seems sleepy, place him on his back in a safe sleep area (firm mattress with no blankets, pillows, bumper pads, or toys).

Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.

Learn when your baby is hungry by looking for signs. Watch for signs of hunger, such as putting hands to mouth, turning head toward breast/bottle, or smacking/licking lips.

Look for signs your baby is full, such as closing her mouth or turning her head away from the breast/bottle. If your baby is not hungry, it's ok to stop feeding.

Do not shake your baby or allow anyone else to—ever! You can damage his brain or even cause his death. Put your baby in a safe place and walk away if you're getting upset when he is crying. Check on him every 5–10 minutes. Infant crying is often worse in the first few months of life, but it gets better!

Have routines for sleeping and feeding. This will help your baby begin to learn what to expect.

Hold a rattle off to one side of your baby's head, shake it, and see if your baby looks for the noise.

Practice staying calm when your baby is upset by talking softly, holding, rocking, or singing to her. This will help her calm down and lessen her stress and fears.

Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.

Talk and play with your baby while feeding, dressing, and bathing.

Help your baby learn some ways to self-soothe by letting her suck on her fingers or a pacifier.

Copy your baby's sounds and see how long your baby "talks" by making sounds back and forth with you.

Place a baby-safe mirror near your baby so she can look at herself. She will begin to develop a sense of who she is.

Look at pictures with bright colors or faces with your baby and talk about them.

Your Baby at 4 Months

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 4 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional Milestones

- ☐ Smiles on her own to get your attention.
- ☐ Chuckles (not yet a full laugh) when you try to make them laugh
- ☐ Looks at you, moves, or makes sounds to get or keep your attention

Language/Communication Milestones

- ☐ Makes sounds like "oooo", "aahh" (cooing)
- ☐ Makes sounds back when you talk to him
- ☐ Turns head towards the sound of your voice

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ If hungry, opens mouth when she sees breast or bottle
- ☐ Looks at their hands with interest

Movement/Physical Development Milestones

- ☐ Holds head steady, unsupported
- ☐ Pushes down on legs when feet are on a hard surface
- ☐ May be able to roll over from tummy to back
- ☐ Can hold a toy and shake it and swing at dangling toys
- ☐ Brings hands to mouth
- ☐ When lying on stomach, pushes up to elbows

What You Can Do for Your 4 Month-Old:

Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns "talking" back and forth in conversation.

Provide safe opportunities for your baby to reach for toys, kick at toys and explore what is around her. For example, put her on a blanket with safe toys.

Allow your baby to put safe things in his mouth to explore them. This is how babies learn. For example, let him see, hear, and touch things that are not sharp, hot, or small enough to choke on.

Talk, read, and sing to your baby. This will help her learn to speak and understand words later.

Limit screen time (TV, phones, tablets, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.

Feed only breast milk or formula to your baby. Babies are not ready for other foods, water, or other drinks for about the first 6 months of life.

Give your baby safe toys to play with that are easy to hold, like rattles or cloth books with colorful pictures for her age.

Let your baby have time to move and interact with people and objects throughout the day. Try not to keep your baby in swings, strollers, or bouncy seats for too long.

Set steady routines for sleeping and feeding.

Lay your baby on her back and show her a bright-colored toy.

Move the toy slowly from left to right and up and down to see if she watches how the toy moves.

Sing and talk to your baby as you help her "exercise" (move her body) for a few minutes.

Gently bend and move her arms and legs up and down.

Download the *Milestone Tracker* app from the *App Store* or *Google Play* today!

Scan the QR Code to download the complete CDC Developmental Milestones Guide to your phone.

Your Baby at 6 Months

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 6 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional Milestones

- ☐ Knows familiar people
- ☐ Likes to look at himself in a mirror
- ☐ Laughs

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Puts things in her mouth to explore them
- ☐ Reaches to grab a toy he wants
- ☐ Closes lips to show she doesn't want more food

Language/Communication Milestones

- ☐ Takes turns making sounds with you
- ☐ Blows "raspberries" (sticks tongue out and blows)
- ☐ Makes squealing noises

Movement/Physical Development Milestones

- ☐ Rolls from tummy to back
- ☐ Pushes up with straight arms when on tummy
- ☐ Leans on hands to support himself when sitting

What You Can Do for Your 6 Month-Old:

Use "back and forth" play with your baby. When your baby smiles, you smile; when he makes sounds, you copy them. This helps him learn to be social.

"Read" to your baby every day by looking at colorful pictures in magazines or books and talk about them. Respond to her when she babbles and "reads" too. For example, if she makes sounds, say, "Yes, that's the doggy!"

Point out new things to your baby and name them. For example, when on a walk, point out cars, trees, and animals.

Sing to your baby and play music. This will help his brain develop.

Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.

When your baby looks at something, point to it and talk about it.

Put your baby on her tummy or back and put toys just out of reach. Encourage her to roll over to reach the toys.

Learn to read your baby's moods. If he's happy, keep doing what you are doing. If he's upset, take a break, and comfort your baby.

Talk with your baby's doctor about when to start solid foods and what foods are choking risks. Breast milk or formula is still the most important source of "food" for your baby.

Learn when your baby is hungry or full. Pointing to foods, opening his mouth to a spoon, or getting excited when seeing food are signs that he is hungry. Others, like pushing food away, closing his mouth, or turning his head away from food, tells you that he's had enough.

Your Baby at 9 Months*

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 9 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional Milestones

- ☐ Is shy, clingy, or fearful around strangers
- ☐ Shows several facial expressions, like happy, sad, angry, and surprised
- ☐ Looks when you call her name
- ☐ Reacts when you leave (looks, reaches for you, or cries)
- ☐ Smiles or laughs when you play peek-a-boo

Language/Communication Milestones

- ☐ Makes different sounds like "mamamama" and "babababa"
- ☐ Lifts arms up to be picked up

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Looks for objects when dropped out of sight (like his spoon or toy)
- ☐ Bangs two things together

Movement/Physical Development

- ☐ Gets to a sitting position by herself
- ☐ Moves things from one hand to her other hand
- ☐ Uses fingers to "rake" food towards himself
- ☐ Sits without support

What You Can Do for Your 9 Month-Old:

Repeat your baby's sounds and say simple words using those sounds. For example, if your baby says "bababa," repeat "bababa," then say "book."

Place toys on the ground or on a play mat a little out of reach and encourage your baby to crawl, scoot, or roll to get them. Celebrate when she reaches them.

Teach your baby to wave "bye-bye" or shake his head "no." For example, wave and say "bye-bye" when you are leaving. You can also teach simple baby sign language to help your baby tell you what he wants before he can use words.

Play games, such as peek-a-boo. You can cover your head with a cloth and see if your baby pulls it off.

Play with your baby by dumping blocks from a container and putting them back in together.

Play games with your baby, such as my turn, your turn. Try this by passing a toy back and forth.

"Read" to your baby. Reading can be talking about pictures. For example, while looking at books or magazines, name the pictures as you point to them.

Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.

Find out about choking risks and safe foods to feed your baby. Let him practice feeding himself with his fingers and using a cup with a small amount of water. Sit next to your baby and enjoy mealtime together. Expect spills. Learning is messy and fun!

Ask for behaviors that you want. For example, instead of saying "Don't stand," say "Time to sit."

Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try.

Give her a chance to try foods again and again.

Say a quick and cheerful goodbye instead of sneaking away so your baby knows you are leaving, even if he cries. He will learn to calm himself and what to expect. Let him know when you return by saying "Daddy's back!"

***It's Time For a Developmental Screening!**

At 9 months, your baby is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your baby's developmental screening.

Your Baby at 12 Months

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 12 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional Milestones

- ☐ Plays games with you, like pat-a-cake

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Puts something in a container, like a block in a cup
- ☐ Looks for things he sees you hide, like a toy under a blanket

Language/Communication Milestones

- ☐ Waves "bye-bye"
- ☐ Calls a parent "mama" or "dada" or another special name
- ☐ Understands "no" (pauses briefly or stops when you say it)

Movement/Physical Development Milestones

- ☐ Pulls up to stand
- ☐ Walks, holding on to furniture
- ☐ Drinks from a cup without a lid, as you hold it
- ☐ Picks things up between thumb and pointer finger, like small bits of food.

What You Can Do for Your 12 Month-Old:

Teach your baby "wanted behaviors." Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet's tail, teach her how to pet gently and give her a hug when she does it. Talk or sing to your baby about what you're doing. For example, "Mommy is washing your hands" or sing, "This is the way we wash our hands."

Build on what your baby tries to say. If he says "ta," say "Yes, a truck," or if he says "truck," say "Yes, that's a big, blue truck."

Redirect your baby quickly and consistently by giving her a toy or moving her if she is getting into things you don't want her to get into. Save "no" for behaviors that are dangerous. When you say "no," say it firmly. Do not spank, yell, or give her long explanations.

Give your baby safe places to explore. Baby-proof your home. For example, move sharp or breakable things out of reach. Lock away medicines, chemicals, and cleaning products. Save the Poison Help Line number, 800-222-1222, in all phones.

Respond with words when your baby points. Babies point to ask for things. For example, say "You want the cup? Here is the cup. It's your cup." If he tries to say "cup," celebrate his attempt.

Point to interesting things you see, such as a truck, bus, or animals. This will help your baby pay attention to what others are "showing" him through pointing.

Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.

Give your baby water, breast milk, or plain milk. You don't need to give your baby juice, but if you do, give 4 ounces or less a day of 100% fruit juice. Do not give your baby other sugary beverages, such as fruit drinks, soda, sports drinks, or flavored milks.

Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give your baby a chance to try foods again and again. Give your baby time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your baby.

Give your baby pots and pans or a small musical instrument like a drum or cymbals. Encourage your baby to make noise.

Your Child at 15 Months

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 15 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional Milestones

- ☐ Copies other children while playing, like taking toys out of a container when another child does
- ☐ Shows you an object she likes
- ☐ Claps when excited
- ☐ Hugs stuffed doll or other toy
- ☐ Shows you affection (hugs, cuddles, or kisses you)

Language/Communication Milestones

- ☐ Tries to say one or two words besides "mama" or "dada," like "ba" for ball or "da" for dog
- ☐ Looks at a familiar object when you name it
- ☐ Follows directions given with both a gesture and words. For example, he gives you a toy when you hold out your hand and say, "Give me the toy."
- ☐ Points to ask for something or to get help

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Tries to use things the right way, like a phone, cup, or book
- ☐ Stacks at least two small objects, like blocks

Movement/Physical Development Milestones

- ☐ Takes a few steps on his own
- ☐ Uses fingers to feed herself some food

What You Can Do for Your 15 Month-Old:

Help your child learn to speak. A child's early words are not complete. Repeat and add to what he says. He may say "ba" for ball and you can say "Ball, yes, that's a ball."

Tell your child the names of objects when he points to them and wait a few seconds to see if he makes any sounds before handing it to him. If he does make a sound, acknowledge him, and repeat the name of the object. "Yes! Cup." Find ways to let your child help with everyday activities. Let her get her shoes to go outside, put the snacks in the bag for the park, or put the socks in the basket.

Have steady routines for sleeping and feeding. Create a calm, quiet bedtime for your child. Put on his pajamas, brush his teeth, and read 1 or 2 books to him. Children between 1 and 2 years of age need 11 to 14 hours of sleep a day (including naps). Consistent sleep times make it easier!

Show your child different things, such as a hat. Ask him, "What do you do with a hat? You put it on your head." Put it on your head and then give it to him to see if he copies you. Do this with other objects, such as a book or a cup.

Sing songs with gestures, such as "Wheels on the Bus." See if your child tries to do some of the actions.

Say what you think your child is feeling (for example, sad, mad, frustrated, happy). Use your words, facial expressions, and voice to show what you think she is feeling. For example, say "You are frustrated because we can't go outside, but you can't hit. Let's go look for an indoor game."

Expect tantrums. They are normal at this age and are more likely if your child is tired or hungry. Tantrums should become shorter and happen less as he gets older. You can try a distraction, but it is ok to let him have the tantrum without doing anything. Give him some time to calm down and move on.

Teach your child "wanted behaviors." Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet's tail, teach her how to pet gently. Give her a hug when she does it.

Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Children learn by talking, playing, and interacting with others.

Encourage your child to play with blocks. You can stack the blocks and she can knock them down.

Let your child use a cup without a lid for drinking and practice eating with a spoon. Learning to eat and drink is messy but fun!

Your Child at 18 Months*

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional Milestones

- ☐ Moves away from you, but looks to make sure you are close by
- ☐ Points to show you something interesting
- ☐ Puts hands out for you to wash them
- ☐ Looks at a few pages in a book with you
- ☐ Helps you dress him by pushing arm through sleeve or lifting up foot

Language/Communication Milestones

- ☐ Tries to say three or more words besides "mama" or "dada"
- ☐ Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Copies you doing chores, like sweeping with a broom
- ☐ Plays with toys in a simple way, like pushing a toy car

Movement/Physical Development Milestones

- ☐ Walks without holding on to anyone or anything
- ☐ Scribbles
- ☐ Drinks from a cup without a lid and may spill sometimes
- ☐ Feeds herself with her fingers
- ☐ Tries to use a spoon
- ☐ Climbs on and off a couch or chair without help

What You Can Do for Your 18 Month-Old:

Use positive words and give more attention to behaviors you want to see ("wanted behaviors"). For example, "Look how nicely you put the toy away." Give less attention to those you don't want to see.

Encourage "pretend" play. Give your child a spoon so she can pretend to feed her stuffed animal. Take turns pretending.

Help your child learn about others' feelings and about positive ways to react. For example, when he sees a child who is sad, say "He looks sad. Let's bring him a teddy."

Ask simple questions to help your child think about what's around her. For example, ask her, "What is that?"

Let your child use a cup without a lid for drinking and practice eating with a spoon. Learning to eat and drink is messy but fun!

Give simple choices. Let your child choose between two things. For example, when dressing, ask him if he wants to wear a red or blue shirt.

Have steady routines for sleeping and eating. For example, sit at the table with your child when she's eating meals and snacks. This helps set mealtime routines for your family.

Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Children learn by talking, playing, and interacting with others. Limit your own screen time when you are with your child so you are able to respond to her words and actions.

Ask your child's doctor and/or teachers if your child is ready for toilet training. Most children are not successful at toilet training until 2 to 3 years old. If he is not ready, it can cause stress and setbacks, which can cause training to take longer.

Expect tantrums. They are normal at this age and should become shorter and happen less often as your child gets older. You can try distractions, but it's ok to ignore the tantrum. Give him some time to calm down and move on.

Talk with your child by facing her and getting down to her eye level when possible. This helps your child "see" what you're saying through your eyes and face, not just your words.

Start to teach your child the names for body parts by pointing them out and saying things like "Here's your nose, here's my nose," while pointing to her nose and your own.

***It's Time For a Developmental Screening!**

At 18 months, your baby is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your baby's developmental screening.

Your Child at 2 Years*

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 2 years. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional Milestones

- ☐ Notices when others are hurt or upset, like pausing or looking sad when someone is crying
- ☐ Looks at your face to see how to react in a new situation

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Holds something in one hand while using the other hand; for example, holding a container and taking the lid off
- ☐ Tries to use switches, knobs, or buttons on a toy
- ☐ Plays with more than one toy at the same time, like putting toy food on a toy plate

Language/Communication Milestones

- ☐ Points to things in a book when you ask, like "Where is the bear?"
- ☐ Says at least two words together, like "More milk."
- ☐ Points to at least two body parts when you ask him to show you
- ☐ Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes

Movement/Physical Development Milestones

- ☐ Kicks a ball
- ☐ Runs
- ☐ Walks (not climbs) up a few stairs with or without help
- ☐ Eats with a spoon

What You Can Do for Your 2 Year-Old:

Help your child learn how words sound, even if he can't say them clearly yet. For example, if your child says, "or nana," say "You want more banana."

Watch your child closely during playdates. Children this age play next to each other, but do not know how to share and solve problems. Show your child how to deal with conflicts by helping her share, take turns, and use words when possible.

Have your child help you get ready for mealtime, by letting him carry things to the table, such as plastic cups or napkins. Thank your child for helping.

Give your child balls to kick, roll, and throw.

Give toys that teach your child how to make things work and how to solve problems. For example, give her toys where she can push a button and something happens.

Let your child play dress up with grown-up clothes, such as shoes, hats, and shirts. This helps him begin to pretend play.

Allow your child to eat as much or as little as she wants at each meal. Toddlers don't always eat the same amount or type of food each day. Your job is to offer her healthy foods and it's your child's job to decide if and how much she needs to eat.

Have steady routines for sleeping and feeding. Create a calm, quiet bedtime for your child. Put on his pajamas, brush his teeth, and read 1 or 2 books to him. Children this age need 11 to 14 hours of sleep a day (including naps). Consistent sleep times make it easier.

Ask your child's doctor and/or teachers about toilet training to know if your child is ready to start. Most children are not able to toilet train until 2 to 3 years old. Starting too early can cause stress and setbacks, which can cause training to take longer.

Use positive words when your child is being a good helper. Let him help with simple chores, such as putting toys or laundry in a basket.

Play with your child outside, by playing "ready, set, go." For example, pull your child back in a swing. Say "Ready, set….", then wait and say "Go" when you push the swing.

Let your child create simple art projects with you. Give your child crayons or put some finger paint on paper and let her explore by spreading it around and making dots. Hang it on the wall or refrigerator so your child can see it.

***It's Time For a Developmental Screening!**

At 2 years, your child is due for an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Your Child at 30 Months*

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 30 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional Milestones

- ☐ Plays next to other children and sometimes plays with them
- ☐ Shows you what she can do by saying, "Look at me!"
- ☐ Follows simple routines when told, like helping to pick up toys when you say, "It's clean-up time."

Language/Communication Milestones

- ☐ Says about 50 words
- ☐ Says two or more words together, with one action word, like "Doggie run"
- ☐ Names things in a book when you point and ask, "What is this?"
- ☐ Says words like "I," "me," or "we"

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Uses things to pretend, like feeding a block to a doll as if it were food
- ☐ Shows simple problem-solving skills, like standing on a small stool to reach something
- ☐ Follows two-step instructions like "Put the toy down and close the door."
- ☐ Shows he knows at least one color, like pointing to a red crayon when you ask, "Which one is red?"

Movement/Physical Development Milestones

- ☐ Uses hands to twist things, like turning doorknobsor unscrewing lids
- ☐ Takes some clothes off by himself, like loose pants or an open jacket
- ☐ Jumps off the ground with both feet
- ☐ Turns book pages, one at a time, when you read to her

What You Can Do for Your 30 Month-Old:

Encourage "free play," where your child can follow her interests, try new things, and use things in new ways.

Use positive words and give more attention to behaviors you want to see ("wanted behaviors"), than to those you don't want to see. For example, say "I like how you gave Jordan the toy."

Give your child food choices that are simple and healthy. Let him choose what to eat for a snack or what to wear. Limit choices to two or three.

Ask your child simple questions about books and stories. Ask questions, such as "Who?" "What?" and "Where?"

Help your child learn how to play with other children. Show him how by helping him share, take turns, and use his "words.

Let your child "draw" with crayons on paper, shaving cream on a tray, or chalk on a sidewalk. If you draw a straight line, see if she will copy you. When she gets good at lines, show her how to draw a circle.

Let your child play with other children, such as at a park or library. Ask about local play groups and pre-school programs. Playing with others helps him learn the value of sharing and friendship.

Eat family meals together as much as you can. Give the same meal to everyone. Enjoy each other's company and avoid screen time (TV, tablets, and phones, etc.) during meals.

Limit screen time (TV, tablets, phones, etc.) to no more than 1 hour per day of a children's program with an adult present. Children learn by talking, playing, and interacting with others.

Use words to describe things to your child, such as big/small, fast/slow, on/off, and in/out.

Help your child do simple puzzles with shapes, colors, or animals. Name each piece when your child puts it in place.

Play with your child outside. For example, take your child to the park to climb on equipment and run in safe areas.

Allow your child to eat as much or as little as she wants at each meal. Your job is to offer her healthy foods and it's your child's job to decide if and how much she wants to eat.

***It's Time For a Developmental Screening!**

At 30 months, your child is due for general developmental screening as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Your Child at 3 Years

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 3. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional Milestones

- ☐ Calms down within 10 minutes after you leave her, like at a childcare drop off
- ☐ Notices other children and joins them to play

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Draws a circle, when you show him how
- ☐ Avoids touching hot objects, like a stove, when you warn her

Language/Communication Milestones

- ☐ Talks with you in conversation using at least two back-and-forth exchanges
- ☐ Asks "who," "what," "where," or "why" questions, like "Where is mommy/daddy?"
- ☐ Says what action is happening in a picture or book when asked, like "running," "eating," or "playing"
- ☐ Says first name, when asked
- ☐ Talks well enough for others to understand, most of the time

Movement/Physical Development Milestones

- ☐ Strings items together, like large beads or macaroni
- ☐ Puts on some clothes by himself, like loose pants or a jacket
- ☐ Uses a fork

What You Can Do for Your 3 Year-Old

Encourage your child to solve her own problems with your support. Ask questions to help her understand the problem. Help her think of solutions, try one out, and try more if needed.

Talk about your child's emotions and give him words to help him explain how he's feeling. Help your child manage stressful feelings by teaching him to take deep breaths, hug a favorite toy, or go to a quiet, safe place when he is upset.

Set a few simple and clear rules that your child can follow, such as use gentle hands when playing. If he breaks a rule, show him what to do instead. Later, if your child follows the rule, recognize, and congratulate him.

Read with your child. Ask questions, such as "What is happening in the picture?" and/or "What do you think will happen next?" When she gives you an answer, ask for more details.

Play counting games. Count body parts, stairs, and other things you use or see every day. Children this age are starting to learn about numbers and counting.

Help your child develop his language skills by speaking to him in longer sentences than his, using real words. Repeat what he says, for example, "need nana," and then show how to use more "grown-up" words by saying, "I want a banana."

Let your child help with making meals. Give him simple tasks, such as washing fruits and vegetables or stirring.

Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."

Limit screen time (TV, tablets, phones, etc.) to no more than 1 hour per day of a children's program with an adult present. Don't put any screens in your child's bedroom. Children learn by talking, playing, and interacting with others.

Teach your child simple songs and rhymes, such as "Itsy Bitsy Spider" or "Twinkle, Twinkle, Little Star."

Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child. Encourage your child to play with other children. This helps him learn the value of friendship and how to get along with others.

Your Child at 4 Years

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 4. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional Milestones

- ☐ Pretends to be something else during play (teacher, superhero, dog)
- ☐ Asks to go play with children if none are around, like "Can I play with Alex?"
- ☐ Comforts others who are hurt or sad, like hugging a crying friend
- ☐ Avoids danger, like not jumping from tall heights at the playground
- ☐ Likes to be a "helper"
- ☐ Changes behavior based on where she is (place of worship, library, playground)

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Names a few colors of items
- ☐ Tells what comes next in a well-known story
- ☐ Draws a person with three or more body parts

Language/Communication Milestones

- ☐ Says sentences with four or more words
- ☐ Says some words from a song, story, or nursery rhyme
- ☐ Talks about at least one thing that happened during his day, like "I played soccer."
- ☐ Answers simple questions like "What is a coat for?" or "What is a crayon for?"

Movement/Physical Development Milestones

- ☐ Catches a large ball most of the time
- ☐ Serves himself food or pours water, with adult supervision
- ☐ Unbuttons some buttons
- ☐ Holds crayon or pencil between fingers and thumb (not a fist)

What You Can Do for Your 4 Year-Old:

Help your child be ready for new places and meeting new people. For example, you can read stories or role play (pretend play) to help him be comfortable.

Read with your child. Ask him what's happening in the story and what he thinks might happen next.

Help your child learn about colors, shapes, and sizes. For example, ask the color, shapes, and size of things she sees during the day. Encourage your child to use "his words" to ask for things and solve problems but show him how. He may not know the words he needs. For example, help your child say, "Can I have a turn?" instead of taking something from someone.

Help your child learn about others' feelings, and about positive ways to react. For example, when he sees a child who is sad, say "He looks sad. Let's bring him a teddy."

Use positive words and give attention to behaviors you want to see ("wanted behaviors"). For example, say "You're sharing that toy so nicely!" Give less attention to those you don't want to see.

Tell your child in a simple way why she can't do something you don't want her to do ("unwanted behavior"). Give her a choice of what she can do instead. For example, "You can't jump on the bed. Do you want to go outside and play or put on some music and dance?"

Let your child play with other children, such as at a park or library. Ask about local playgroups and preschool programs. Playing with others helps you child learn the value of sharing and friendship.

Eat meals with your child when possible. Let her see you enjoying healthy foods, such as fruits, vegetables, and whole grains, and drinking milk or water.

Create a calm, quiet bedtime routine. Avoid any screen time (TV, phone, tablet, etc.) for 1 to 2 hours before bed, and don't put any screens in your child's bedroom. Children this age need 10 to 13 hours of sleep a day (including naps). Consistent sleep times make it easier!

Give your child toys or things that encourage his imagination, such as dress-up clothes, pots, and pans to pretend cook, or blocks to build with. Join him in pretend play, such as eating the pretend food he cooks.

Take time to answer your child's "why" questions. If you don't know the answer, say "I don't know," or help your child find the answer in a book, on the Internet, or from another adult.

Your Child at 5 Years

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 5. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional Milestones

- ☐ Follows rules or takes turns when playing games with other children
- ☐ Sings, dances, or acts for you
- ☐ Does simple chores at home, like matching socks or clearing the table after eating

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Counts to 10
- ☐ Names some numbers between 1 and 5 when you point to them
- ☐ Uses words about time, like "yesterday," "tomorrow," "morning," or "night"
- ☐ Pays attention for 5 to 10 minutes during activities. For example, during story time or making arts and crafts (screen time does not count)
- ☐ Writes some letters in her name
- ☐ Names some letters when you point to them

Language/Communication Milestones

- ☐ Tells a story she heard or made up with at least two events. For example, a cat was stuck in a tree and a firefighter saved it
- ☐ Answers simple questions about a book or story after you read or tell it to him
- ☐ Keeps a conversation going with more than three back-and-forth exchanges
- ☐ Uses or recognizes simple rhymes (bat-cat, ball-tall)

Movement/Physical Development Milestones

- ☐ Buttons some buttons
- ☐ Hops on one foot

What You Can Do for Your 5 Year-Old:

Your child might start to "talk back" in order to feel independent and test what happens. Limit the attention you give to the negative words. Find alternative activities for her to do that allow her to take the lead and be independent. Make a point of noticing good behavior. "You stayed calm when I told you it's bedtime."

Ask your child what she is playing. Help her expand her answers by asking "Why?" and "How?" For example, say "That's a nice bridge you're building. Why did you put it there?"

Play with toys that encourage your child to put things together, such as puzzles and building blocks.

Use words to help your child begin to understand time. For example, sing songs about the days of the week and let him know what day it is. Use words about time, such as today, tomorrow, and yesterday.

Let your child do things for himself, even if he doesn't do it perfectly. For example, let him make his bed, button his shirt, or pour water into a cup. Celebrate when he does it and try not to "fix" anything you don't have to.

Talk about and label your child's and your own feelings. Read books and talk about the feelings characters have and why they have them.

Play rhyming games. For example, say "What rhymes with cat?"

Teach your child to follow rules in games. For example, play simple board games, card games, or Simon Says. Create a spot in your home for your child to go to when he's upset. Stay nearby so your child knows he is safe and can come to you for help calming as needed.

Set limits for screen time (TV, tablets, phones, etc.) for your child, to no more than 1 hour per day. Make a media use plan for your family.

Eat meals with your child and enjoy family time talking together. Give the same meal to everyone. Avoid screen time (TV, tablets, phones, etc.) during mealtime. Let your child help prepare the healthy foods and enjoy them together.
Encourage your child to "read" by looking at the pictures and telling the story.

Play games that help with memory and attention. For example, play card games, Tic Tac Toe, I Spy, or Hot and Cold.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

LCDHD

Lake Cumberland District Health Department

A Healthy Today for a Brighter Tomorrow



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