CareBaby

Your helpful guide to a healthy and happy newborn and post-birth recovery.



You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call Customer Service at 855-722-8208 or TTY 711. We accept relay calls.

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Contact us







Jackson Care Connect Customer Service

We're open 8 a.m. to 5 p.m. Monday through Friday.

Customer Service: **541-500-0567** or toll-free **855-722-8208 TTY:** 711

Send us a secure message at: *jacksoncareconnect.org/portal*



Who to call when you have questions

For questions about your child's health, call your clinic or ask your provider.

For questions about benefits and services, call Jackson Care Connect Customer Service.

If you need an interpreter for visits or phone calls to your provider's office, you're legally entitled to this service free of charge. Jackson Care Connect Customer Service also provides interpretation services. **Just ask.**



Need help getting to a physical, dental or mental health care appointment?

As a Jackson Care Connect member, you can get help with transportation through **TransLink**. Depending on your needs, it could be:

- Help paying for gas
- Discounted transit passes
- Rides

Call TransLink at least 48 hours ahead of time, when possible: 541-842-2060, toll-free 888-518-8160 or TTY 711. Phones are open every day, 24 hours a day.



Congratulations, you're a parent!

As the parent of a newborn, you're on an important journey. It's exciting and can be a little scary, with lots to think about and do.

That's why Jackson Care Connect put together this guide to help you and your baby be as healthy and happy as possible. It includes:

Benefits. As a Medicaid member, you and your newborn have access to many helpful services after delivery and during your child's first year. These include:

- Physical, dental and mental health care appointments
- Extra benefits for at least 12 months after delivery
- Transportation help to covered health appointments

• Food support, help to stop smoking and more

What to take care of, and when.

We'll note when to make appointments, when vaccines are recommended and what to do if your child gets sick.

What's happening with you and

your baby. We'll share information on what to look for over the next year — babies change quickly!

Jackson Care Connect is here to walk with you in the months ahead.

Best wishes, Jackson Care Connect

How to use this guide

This guide is separated into four sections for easy reference.

1. The "fourth trimester." Topics

include postpartum care for you, newborn feeding support, physical warning signs, sleep and co-sleeping, depression, stress, counseling and mental health, tobacco use, vape smoke and other substance use, and public health resources.

2. Your baby at 0-3 months. Topics include telling the Oregon Health Plan (OHP) about your baby, newborn screening, pee, poop and diapers, newborn feeding support, illness, medication, immunizations and vaccines, crying and colic, watching your baby, car seat installation, umbilical cord care and circumcision.

3. Your baby at 3-6 months.

Topics include well-child visits, measuring growth, developmental screening and infant safety.

4. Your baby at 6-12 months.

Topics include dental care for infants, solid food, milestones like crawling, walking and talking.

Along the way, we have charts and checklists you can use to keep track of important things, and space for your own notes.



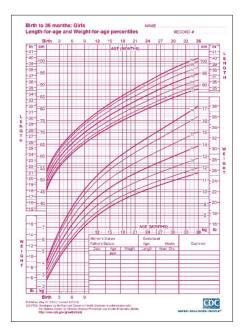
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Resources

Recommended car seats based on your child's age (in years) and size



link.careoregon.org/ohp-car-seats



See cdc.gov/growthcharts to view this chart larger.

Resources

The Women, Infants and Children program (WIC) is a free program that provides healthy foods for pregnant people, recent birth parents, infants and children up to age 5. WIC provides nutrition education, breastfeeding support, healthy foods and referrals to health and social programs. Learn about WIC services online: *link.careoregon.org/jackson-wic*

Jackson County's public health department also has resources for parents and children: *jacksoncountyor.org/hhs/ Public-Health*

My notes:



Resources

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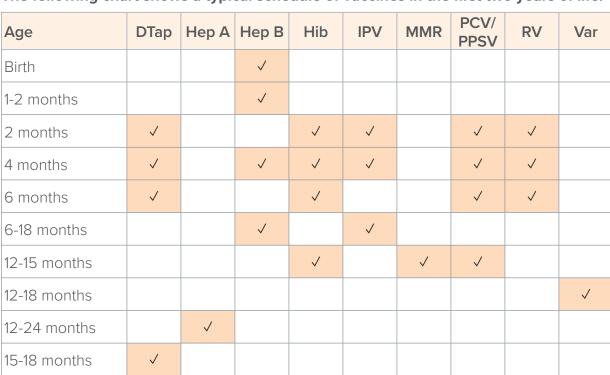
Here is a list of the immunizations (vaccines) recommended for your baby:

- DTaP "diphtheria, tetanus and pertussis" (pertussis is whooping cough).
 Children generally received a DTaP vaccine six times between ages 0-18.
 After that, a DTaP shot is recommended at least once every ten years.
- Hep A the hepatitis A vaccine, which is given just once between ages 1-2.
- Hep B the hepatitis B vaccine, which is given four times between ages 0-2.
- Hib "Haemophilus influenzae type b" prevents the spread of illnesses related to the *H. influenzae* bacteria. It's given three or four times in the first two years of life.
- Influenza more commonly known as the flu shot, this is an annual shot for children more than 6 months old.

- IPV "inactivated poliovirus vaccine." This vaccine protects children from polio. It's given four times from ages 0-6.
- MMR "measles, mumps, rubella." Given twice between ages 0-6.
- PCV or PPSV "pneumococcal conjugate vaccine" or "pneumococcal polysaccharide vaccine," these help prevent pneumococcal disease. Your child will receive one of the two and will receive the vaccine four times in the first 15 months of life.
- RV the rotavirus vaccine is given two or three times in a child's first six months.
- Var this vaccine prevents varicella, more commonly known as chicken pox. It is given twice between ages 1-6.

For more detailed information, visit *cdc.gov/vaccines* or talk to your provider.

Resources



The following chart shows a typical schedule of vaccines in the first two years of life:

Months 0 to 3 The "fourth trimester"

The first three months after delivering are sometimes called the **"fourth trimester."** The following topics will help see you through your first three months as a parent!

Postpartum care for new parents.

As a Jackson Care Connect member, your physical, dental and mental health care coverage is active until at least 12 months after your pregnancy ends (regardless of any other changes in income or circumstances). This means you still have time to access the "extra" pregnancy benefits available to you like glasses, dental care, and counseling. The first weeks after you give birth are vital for you and your baby — they help lay a foundation of health for babies and parents that will last the baby's whole life.

In addition to your baby's well-child visits (see page 40), it is important for you to see your own provider to make sure you are staying healthy after your baby is born. During the first weeks of your baby's life, you are adapting to many changes, including physical, social

and psychological. Your hormones are changing, you are learning to take care of your newborn, and in the midst of the excitement you may also juggle feelings of fatigue, stress, pain and other challenges.

Even though you're no longer pregnant, there are new health risks after delivery that your provider will need to screen for. Make an appointment with your provider to talk through your own health care needs. Postpartum appointments are important for you, just like well visits are



important for your newborn. Your provider can support you in deciding when it is safe to be active, discuss family planning options, and connect you to other resources if needed.

Newborn feeding support.

Breastfeeding — also called chestfeeding or body feeding — is an important way to give babies the nutrition their bodies need while helping to build their natural immunity against illness. Jackson Care Connect covers lactation consultants, who offer support and help with any issues you face while breastfeeding. Breast pumps are also fully covered.



Prenatal vitamins. Keep taking your prenatal vitamins for six months after your baby is born, or longer if you're still breastfeeding. Prenatal vitamins are free with a prescription from your provider.

Post-birth warning signs. Most

people who give birth recover without problems. But complications can happen, and knowing what to look for may save your life. The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) created a helpful list of things to look out for after you childbirth. Using the acronym POST BIRTH, here are reasons you may want to call 911 or your provider.

Call 911 for:

- Pain in your chest.
- **Obstructed breathing** or shortness of breath.
- Seizures.
- Thoughts of hurting yourself or someone else.

Or call your provider if you have:

- **Bleeding**, soaking through one pad per hour, or blood clots the size of an egg or larger.
- Incision that is not healing.
- **Red or swollen leg** that is painful or warm to the touch.
- **Temperature** of 100.4°F or higher.
- **Headache** that doesn't get better, even after taking medicine, or a bad headache with vision changes.

Sleep. Sleep is often a big focus during the baby's first months. Is the baby sleeping enough? Are you sleeping enough? How can you take care of your baby when you're so tired? Lack of sleep and getting your baby into a sleep routine can be frustrating. Here are some tips from the American Academy of Pediatrics to help everyone sleep better:

- Babies should sleep on their back. The risk of sudden infant death syndrome (see page 44) grows when babies are not on their back.
- **Swaddle your baby.** Many babies (but not all) enjoy the comforting feeling of being wrapped snugly in a baby

blanket. Make sure you don't wrap (swaddle) your baby too tightly or too loosely. Too tight and it may be difficult for your baby to breathe, too loose and they may get out of the blanket.

- Create a routine. As early as 2 months old, you can start a bedtime routine to get your baby used to the idea that there is a time for sleeping. This might be a bath, a special song, darkness in the room — anything that signals to your baby that it's time for sleep.
- Nap when they do. If your schedule allows, take a nap when your baby naps. Even a short nap can help refresh you.



Safe sleep. You might hear different terms about this topic. Here's what they mean:

- Co-sleeping is when your baby sleeps in the same room or bed as you, not in their own room.
- Room sharing means your baby sleeps in your room with you, but not in your bed. For example, they might have their own crib in your room.
- Bed sharing is when your baby sleeps in your bed next to you.

The American Academy of Pediatrics recommends room sharing with your baby — but not bed sharing — for the first year of life, or at least the first six months.

We want parents and their babies to be safe. If you practice bed sharing, keep these tips from the Charlie's Kids Foundation in mind:

- Put your baby on their back when they sleep.
- Use a firm mattress, and remove unneeded/loose blankets, pillows and stuffed animals.
- Don't let your baby get too hot.
- Do not share a bed if you're under the influence of alcohol, drugs or strong medicine.

Emotional support. Having a baby is hard work. It's normal for parents of a newborn to feel stressed. Remember that you are not alone, and make sure you are taking care of yourself. Jackson Care Connect covers services to help you manage stress, sadness, anxiety or grief.

Q: I feel overwhelmed. What can I do?

A: Counseling is a covered benefit for all Jackson Care Connect members. Ask your pregnancy provider if the clinic offers a counselor on staff. Or call Jackson Care Connect Customer Service: 541-500-0567 or toll-free at 855-722-8208.







Tobacco use, vape smoke and other substance use. When you're smoking, your baby is smoking. But you both can be free of tobacco. Talk with your primary care provider (PCP) or pregnancy provider about the services Jackson Care Connect offers to help you cut down or quit smoking. Or contact Quit For Life®, a free counseling service offered by phone and online chat:

- Call toll-free 800-784-8669 (800-QUIT-NOW)
- Visit quitnow.net/Oregon

Getting substance use treatment — for alcohol or drugs — is one of the best things you can do for your baby. These services are fully covered. Ask your PCP to help you get started. **Public health resources.** There are many public health resources to help you as you begin life with your baby. Here are some options:

- WIC (the Women, Infants, and Children Program): WIC is a nationwide public health nutrition program. WIC helps families with healthy food and much more. Oregon Health Plan (OHP) clients qualify for WIC if they're pregnant, postpartum (recently gave birth), breastfeeding or responsible for a child under 5 years old. Any family member who cares for a child may apply for WIC. WIC provides:
 - » Benefits to buy healthy foods
 - » Tips on nutrition, exercise, prenatal care, feeding kids and more

- » Breastfeeding/chestfeeding/body feeding help and pumps for those who need them
- » Classes on a variety of health and parenting topics
- » Information on other services in our community

Your county handles WIC applications and services. To find out more, check the Jackson County WIC website at *jacksoncountyor.org/hhs/ Public-Health/WIC* Family Connects: If you are an Oregon resident, Family Connects is a service that offers home visits from nurses at no cost to you. A local nurse will schedule visits around three weeks after your baby is born to support you and your baby's health. They are familiar with resources in the community and can help answer questions you may have. To learn more about this free program and what may be available in your county, visit *familyconnects.org* or call Jackson Care Connect Customer Service at 855-722-8208 or TTY 711.

Next section: Your baby at 0-3 months!





My notes:



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My notes:

Months O to 3

Your baby at 0-3 months

Immunizations during this age range:

Age	DTap	Нер В	Hib	IPV	PCV/ PPSV	PPSV	RV
Birth		\checkmark					
1-2 months		\checkmark					
2 months	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark	\checkmark

Telling the Oregon Health Plan (OHP) about your baby. Your baby is NOT automatically enrolled in OHP. You or the hospital must add your baby to OHP within 30 days of birth to have full access to your Medicaid benefits. OHP needs to be told your baby has been born.

Q: How does my baby get on OHP?

A: Often, your hospital will send a Newborn Notification form to OHP. If the hospital doesn't take care of that, call Jackson Care Connect Customer Service and ask for a copy of the form. You can bring this form to the hospital or to the newborn appointment. Or, you can update OHP about your status and your newborn's birth in any of these ways:

- » Call OHP toll-free at 800-699-9075
- » Log on or create a ONE account to update information: *one.oregon.gov*
- » Email updates and questions to oregonhealthplan.changes@state. or.us. If you email, write your request in the email subject line (e.g., "birth of baby" or "pregnancy status change"). In the email itself, include key information: full name, Member ID and phone number where you can be reached.

Check that your baby's health plan is the same as yours.





Newborn screenings and procedures.

In the first weeks of your child's life, they will receive several screenings, some of which are required. In the hospital, just after birth, and in the first weeks of life, providers recommend these for your child:

- A vaccine for hepatitis B. This is the first of four doses they will receive during their first year.
- A vitamin K shot. All babies are born with a lack of vitamin K. The shot supports blood clotting and prevents problems that stem from a lack of vitamin K.
- Eye ointment, called erythromycin, an antibiotic that helps protect your baby from an eye infection. You may notice your baby's eyes have a gooey substance in or near them.

- The Northwest Regional Newborn Bloodspot Screening (NWRNBS) program, a blood test that screens for more than 40 different conditions.
- Screening for congenital heart defects (sometimes called CCHD), within the first 24-72 hours of life.
- Hearing screening, required by the state of Oregon, in the first month of your baby's life.

In addition to care in the hospital, babies need to be seen by their own primary care provider (PCP), often in the first week after they are born. Your baby's first doctor visit may be with a family medicine doctor, pediatrician or midwife.

- Your existing primary care provider (PCP). If your own PCP also sees children, you can ask them to be your baby's PCP.
- Pediatricians and pediatric nurse practitioners. Medical professionals who specialize in infants, children and teenagers. Call Jackson Care Connect or ask your PCP for help finding a pediatrician, or check our online provider directory at jacksoncareconnect.org/ find-a-provider
- Family practice clinics. These providers see both adults and children. PCPs in family practice clinics can be family medicine doctors, family nurse practitioners or physician assistants. At a family practice clinic, you and your baby may be able to see the same provider.

Car seat installation. You must have a car seat before the birth facility will let you take your baby home. Installing a car seat properly can be hard. We encourage you to get a free car seat check-up from Oregon Impact (*oregonimpact.org* or 503-303-4954) or another agency that offers free safety checks.

Ask your hospital if it offers car seat safety classes. Some programs and community resources may offer discounted or free car seats. Call Jackson Care Connect Customer Service and we can help you find resources. More car safety seat info can be found at **oregonimpact.org**/ **Child_Passenger_Safety**





Q: What direction should the car seat face?

A: By Oregon law, infants and toddlers must ride facing the rear window until they are 2 years old.

Q: Where does my baby ride?

A: By Oregon law, newborns must sit in the back seat if the vehicle has a front air bag. TIP: The safety seat straps should thread through the seat at your baby's shoulders, or just below them. The chest strap needs to be in line with your baby's armpits. This puts the strap over the ribs, and not the stomach.



Umbilical cord care. Babies have a small stump of dried umbilical cord for the first few weeks of life. It dries up and turns black before it falls off. Keep it clean and dry. Let the stump fall off on its own rather than pulling it off.

Circumcision. Jackson Care Connect covers circumcision. Talk to your provider if you have questions about whether or not to circumcise your baby.

Diapers. When you're a parent, you change a lot of diapers! In the first few days, you can probably expect:

	Wet diapers	Poopy diapers
Day 1	1,9	
Day 2	1919	
Day 3	191919	
Day 4 +	<u> \$ \$ \$ \$ \$ \$</u>	

After that, you can expect to change your newborn's diapers six to eight times each day. More frequent diaper changes may help avoid diaper rash, which is often caused by moisture.





Depending on the absorbency of your diapers, you don't have to change a diaper every time your baby pees, but you should change your baby's diaper after each poop. Newborns will often have black, tar-like poop, which usually goes away after the first two days. This is called meconium and is normal. If something about your baby's poop worries you — like its color, consistency or frequency — call your provider.

Newborn feeding support. The milk your body produces is the healthiest food you can give your baby for their growth in the first year. It is often also a special way for parents to bond with their babies. You can see a lactation consultant in the hospital after you give birth and later if you face any issues with breastfeeding. Formula can substitute for breastmilk if needed, but breastfeeding is often the healthiest (and least expensive) choice. The CDC recommends "1 to 2 ounces of infant formula every 2 to 3 hours in the first days of life." As your baby grows, their stomach grows, too. See the chart on page 30.

You may face challenges when you breastfeed. Common challenges include soreness, engorged breasts, blocked ducts and mastitis (an infection in the breast tissue). While most of these problems are not serious, they can be hard to deal with. You may also have questions about when to introduce a bottle. Your primary care provider, your pregnancy provider, lactation consultants and free community groups like **La Leche League** (*Illi.org*) can all provide support to help you.

Q: Why am I not making milk yet?

A: Milk usually "comes in" — which means you start making it — a few days after birth. Babies are born with energy reserves and get enough nutrients from colostrum, the clear substance that your body makes before it makes milk. Start breastfeeding/chestfeeding/body feeding soon after delivery, as it will help your body start making milk.

Q: Is my baby getting enough milk? Wouldn't they get more from a bottle?

A: Breasts usually produce as much milk as babies need — the American Academy of Pediatrics says breasts "are designed to provide just what your baby needs for his nutrition, growth, and development." Although it may seem that a baby gets more from a bottle, that's not true. If you are concerned about whether your baby is getting enough, talk with your provider or lactation consultant.



How big is my baby's stomach?

Remember, a baby's stomach is not the same as an adults! Here's a chart from about the size of your baby's stomach:



Information provided by Aeroflow Breastpumps.

If you're breastfeeding and concerned that you're not making enough milk, talk to your provider.

Illness. Every baby will have fevers, colds and get cuts and scrapes at some time. Knowing what is normal and what needs more care is important. If you have concerns about your baby, call their primary care provider. Clinics will have a provider available at all times of the day or night. On the right is is a brief guide to when to contact a medical professional and what level of care your baby may need.



First-aid items you should have at home:

- A thermometer made for babies
- Bandages
- A nasal aspirator (bulb syringe)
- Nail clippers
- Tweezers

Here are some reasons to call your baby's provider, from the Mayo Clinic:

- 0-3 months old and a fever of 100.4 or higher.
- 3-6 months old and a fever up to 102 and seems sick, or a fever higher than 102.
- 6 to 24 months and a fever over 102 for more than one day.
- Has a fever that lasts more than three days.



- Seems constipated, with few poops for several days.
- Has a cold that makes breathing difficult.
- Has ear pain that lasts more than a week.
- Has a cough for more than a week.
- Has a sudden, unexplained rash.
- **Q:** When do I call my baby's provider vs. going to the emergency room or urgent care?
- A: If your baby's symptoms seem life-threatening — e.g., head trauma, breathing problems or non-responsiveness — go to the emergency room or call 911. You do not need to call your provider or health plan first.

If your baby's symptoms are not life-threatening, call your baby's provider. They may want to schedule an appointment. Problems like colds, fevers and rashes are best cared for by your baby's regular provider.

Medication. Most medications are not made for children younger than 2 years old. If you think your child needs medication — like children's Tylenol, Motrin or Benadryl — contact your provider first. They can tell you what medication to give, if any, and what dose to give. They can also suggest remedies that may not involve medication.

Immunizations and vaccines.

Immunizations (vaccines) help keep babies' bodies protected from certain diseases. Vaccines are proven to be safe and effective. Vaccines prevent your child from serious illnesses that can, in some cases, lead to death. If you have any questions about vaccines or the recommended schedule, contact your baby's provider.



Crying and colic. When your baby cries, it can be stressful for you. Remember that, in most cases, a baby's cry is their way of asking for something. When a baby cries, ask yourself whether the baby is hungry, tired, may have a dirty diaper, just wants to be held or is bothered by something else. Tell siblings, grandparents and other caregivers that your baby's cry means something, so they can also think about what your baby needs when it cries. Responding to your baby's cries quickly teaches your baby that it is safe and that you and others are trusted caregivers.

No matter how frustrating your child's crying becomes, **never shake your baby.** Shaking a baby can lead to brain injury and death.





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Your baby at 0-3 months

You may have heard of colic or a baby described as "colicky." The term "colic" doesn't just mean a baby who won't stop crying. According to the American Academy of Pediatrics, colic is when a baby's crying lasts more than three hours at a time. It usually starts before two weeks of age and ends by the time the baby is 3 or 4 months old. If you think your baby might have colic, ask your child's provider. Watching your baby. When your baby is in your care, it's best not to leave them alone. Leaving your baby alone can have serious harmful effects, especially if your baby can move around on their own. If you have to leave your baby for a moment (to use the bathroom or prepare a bottle, for example), make sure they are in a safe and secure spot (like a crib) until you return.

Next section: Your baby at 3-6 months!

My notes:

Remember, counseling is a covered benefit for all Jackson Care Connect members. Ask your provider if the clinic offers a counselor on staff. Or call Jackson Care Connect Customer Service: 541-500-0567 or toll-free at 855-722-8208.



My notes:



My notes:

Months 3 to 6 Your baby at 3-6 months

Immunizations during this age range:

Age	DTap	Hep B	Hib	IPV	PCV/ PPSV	RV
4 months	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
6 months	\checkmark		\checkmark		\checkmark	\checkmark

Well-child visits. Your provider will see your child regularly to make sure you and your baby are both doing well. At a wellchild visit, your baby will be weighed and measured so the doctor can make sure your baby's growth is on track. Your child's heartbeat, breathing, stomach, arms and legs, skin, eyes, ears, nose, mouth and throat will all be examined, and their reflexes will be checked. Your baby will be given the vaccines needed to stay safe, and you will be able to ask any questions you might have.

During well-child visits, the provider may also give your child a developmental screening.

Use this booklet to write down questions for your next well-child appointment and keep track of your child's vaccines.

My notes:

Usually, well-child visits will be scheduled at the following times:

Newborn: First six months

- » A few days after birth
- » 1 month old
- » 2 months old
- » 4 months old

Infant: 6-12 months

- » 6 months old
- » 9 months old
- » 12 months old (1 year)

Toddler: 1-3 years

- » 15 months old
- » 18 months old
- » 24 months old (2 years)
- » 30 months (2¹/₂ years)
- » 36 months (3 years)
- » After that, once a year!







Measuring growth. At your well-child visits, your provider will measure your baby's weight, length, and the circumference of their head. These are put onto a standard growth chart like the one shown on page 8. Your provider will help make sure your baby is getting the nutrition and support they need to be as healthy as possible.

If possible, make sure you're not on your cell phone or other device too much around your baby — babies need responsive interactions to thrive! **Developmental screening.** Your child grows in many ways during the first years of life. These changes are not just physical but also emotional, social and cognitive (learning, thinking and problem-solving). New skills are developed during these important first years including crawling, walking and talking. These new skills are referred to as "developmental milestones" (see page 50). Developmental screening is a short test to tell if a child is achieving these milestones or if there are areas needing support.

Discuss child development and developmental screening with your child's provider at a well-child visit. And always talk to your child's provider any time you have concerns about your child's development. Your child's provider will, periodically, give your baby a developmental screening to ensure that their brain is developing as well as their body. Many providers use the Ages & Stages Questionnaire (ASQ) to evaluate children by a list of milestones. Developmental screening is perfectly normal and not something to be worried about. Your child will continue to be screened until they are at least 5 years old. Speaking to (and around) babies supports healthy brain development. This includes reading to your child daily and imitating the sounds your baby makes.

One way to foster brain development is to be responsive to the baby. This means when a baby babbles, cries, makes gestures, etc., caregivers respond by talking to the baby, giving eye contact, picking the baby up and so on.





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Your baby at 3-6 months

Sudden infant death syndrome

(SIDS). SIDS is sometimes called crib death, and it refers to the unexplained death of a baby less than one year old, generally during sleep at night. Most often, SIDS happens to babies between 2-4 months old. According to the CDC (cdc.gov/sids), there are important things you can do to help prevent SIDS:

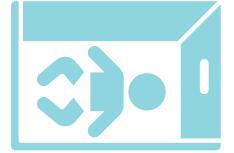
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- Put your baby to sleep on their back. It is unsafe for a baby to sleep on their stomach and can increase the risk of SIDS. This is the most important thing you can do to protect your child from SIDS.
- Use a firm mattress and tight-fitting sheets. Loose bedding, extra pillows or blankets should be removed from your baby's crib. Blankets should be thin and tucked around the crib mattress. Or, you can use a one-piece sleeper that a baby wears instead of a blanket.
- Keep your baby cool. If a baby gets overheated by extra blankets, hats and so on, it can lead to apnea (breathing problems) that can, in turn, cause SIDS.

- Use a pacifier. A pacifier at night can help prevent SIDS.
- **No smoking.** Neither you nor anyone else should smoke near your baby. If you smoke, it's best to change your clothes before holding your baby. Don't smoke inside your home.
- No drug or alcohol use if you are co-sleeping with your baby.

TIP: Jackson Care Connect is happy to offer bassinets (baby beds) where your baby can sleep safely and comfortably. Contact us for more information!

Next section: Your baby at 6-12 months!







My notes:







My notes:





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My notes:

Months 6 to 12

Your baby at 6-12 months

Immunizations during this age range:

Age	DTap	Hep B	Hib	IPV	PCV/ PPSV	RV
6 months	\checkmark		\checkmark		\checkmark	\checkmark
6-18 months		\checkmark		\checkmark		

Dental care for infants. Good dental care means better overall health. Your baby should see a dentist once their first tooth starts to show. You and your infant have free dental coverage through the

Oregon Health Plan (OHP). Ask your dental plan about the benefits available for your baby. Your dental plan's phone number is on your Jackson Care Connect Member ID card.

Solid food. At some point, you will introduce solid food. *CDC.gov* offers these tips on how to know if a child is ready for solid food:

- They sit upright and hold their head up by themselves.
- They open their mouth when you offer food.
- They no longer have a tongue reflex that pushes food out of their mouth.

Even when you start giving your baby solid foods, it's recommended that you keep feeding them breastmilk or formula, too. Solid food doesn't replace breastmilk or formula — it's a slow transition, often over many months. The American Academy of Pediatrics recommends giving your baby breastmilk for a year, if possible, to continue offering the benefits it provides.

When you start your baby with solid food, begin with healthy food, like mashed fruits and vegetables, and avoid processed foods. When babies eat solid food, they are also forming their tastes, so giving them healthy food early on helps babies develop a taste for it. Healthier food also helps promote better dental health once your baby's teeth start growing. Avoid sugary foods, sweet drinks like juice and anything that may be too large or difficult to eat.





Milestones. The questions above are often on new parents' minds. They are important questions often discussed with a provider during a child's well visit. Babies crawl, walk and talk at different stages. Don't worry — your baby will learn these skills!

- Crawling. Babies often start crawling between 6-10 months old. They go from rolling over to sitting up. Eventually, they want to explore their world and learn to crawl.
- Walking. Those first steps are so fun, and it's natural to want them to happen quickly. Babies may walk between
 10-14 months old, and some babies may walk closer to 16 or 17 months of age.
 When your baby wants to start walking, be ready to catch them when they fall and be encouraging and positive. They may not get there as quickly as you want, but they will get there!

 Talking. Babies are born making sounds, and before long you will notice their sounds have more shape and purpose. The more you talk to your baby, the more likely it is that they will learn words and begin using them. Remember it's never too early to start reading to your child! The American Academy of Pediatrics recommends reading to your baby for a few minutes as part of your bedtime routine. By the time babies are 2 years old, they are usually speaking in two- to four-word sentences.

TIP: Remember, counseling is a covered benefit for all Jackson Care Connect members. Ask your pregnancy provider if the clinic offers a counselor on staff. Or call Jackson Care Connect Customer Service: 541-500-0567 or toll-free at 855-722-8208.





Babyproofing. Before you know it, your baby will be mobile — rolling over, crawling, walking and eventually running. Make sure your home is ready for your little mover. Keep items that could be dangerous — like sharp items, or cleaning supplies and medicine — somewhere out of reach of your child.

Smoke and carbon monoxide

detectors. Having these detectors in your home is vital to keep you and your baby safe. Carbon monoxide has no smell or taste, so you won't know if your home has a carbon monoxide problem. Two-in-one detectors are available so an alarm will sound if either smoke or carbon monoxide are detected. Lead paint and asbestos. Before their harmful effects were known, materials like asbestos and lead paint were regularly used in construction. These materials may be present in your home and can be harmful to your baby.

 Lead paint: The CDC says, "Homes built in the U.S. before 1978 are likely to have some lead-based paint... Children can be poisoned if they chew on surfaces coated with lead-based paint, ...eat flaking paint chips or eat or breathe in lead dust." Call the Oregon Lead Line at 800-368-5060 for details about getting kids tested if they've been exposed to lead paint. Lead test kits are available in most grocery and hardware stores.

If you do have lead paint in your home, consider painting over the walls and get rid of toys that have lead paint. Also, as your child gets older, do your best to make sure they are not eating off the floor, where lead paint flakes hide.

 Asbestos is a harmful material used in construction prior to 1980. It can be dangerous for children particularly if you are doing any work on your home. Have asbestos removed by professionals — do not attempt to remove it yourself. Asbestos test kits can be found in most hardware stores, and you can learn more at *link.careoregon.org/deq-asbestos*

My notes:



My notes:





My notes:



Contact us

As your newborn grows, remember that Jackson Care Connect and many others in the community are ready to support you. All of us at Jackson Care Connect offer our best wishes to you and your baby!

Contact us

We're open 8 a.m. to 5 p.m. Monday through Friday.



Customer Service: 541-500-0567, toll-free 855-722-8208 or TTY 711

Send us a secure message: jacksoncareconnect.org/portal

Other useful info is on our CareBaby webpage: jacksoncareconnect.org/carebaby

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