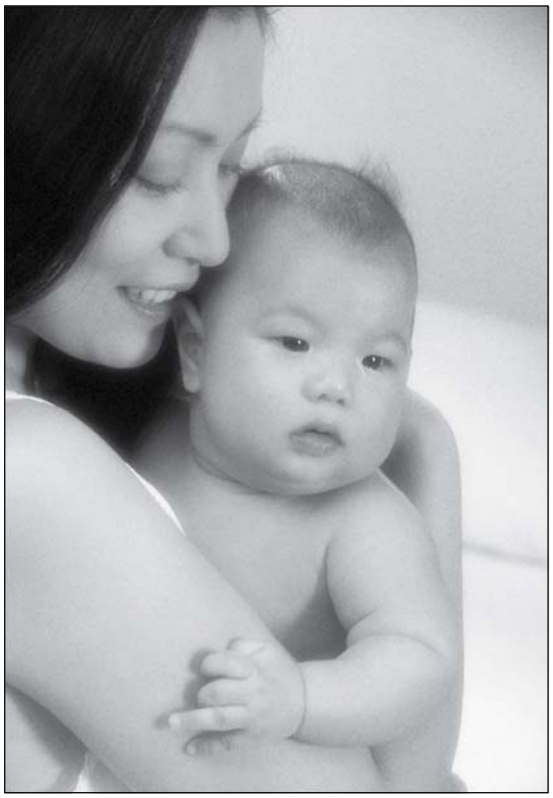
Information for Parents of Newborns

Welcome to Parenthood!



There is no instructional manual, and you will have lots of questions. It's a great idea to learn as much as you can about how to keep yourself and your baby healthy and safe. This booklet is one tool to help you do that.

This booklet will cover a variety of important health and safety topics for new parents. It will provide you with questions to think about and ask you to fill in information to help you plan for your baby's health needs. It will also provide you with phone and web resources in case you have questions or want more information.

For more information about women's or perinatal health issues, questions, or comments, contact us at titlev@dshs.state.tx.us

What Topics Are Covered?

Newborn Screening

The Newborn Screening Program of Texas screens newborns for 55 genetic conditions that can be improved by early detection. Finding and treating these disorders early can prevent serious complications, such as growth problems, developmental delays, deafness, blindness, intellectual disabilities, seizures, and sudden or early death. There are two types of Newborn Screening: blood spot tests and point-of-care screenings.

Blood spot screening tests, or "heel prick" tests, use a small amount of blood taken from your baby's heel. The blood spots are sent to the DSHS Laboratory. If the test results are not normal, your baby will need another test. The doctor may start treating your baby right away if the condition is serious.

Point-of-care screens are performed at the birthing facility or hospital and the results are determined right away. There are two point-of-care screening tests—one for possible deafness/hard of hearing and one for heart defects.

Deafness or hard of hearing occurs in 1.4 newborns out of 1,000 live births; late onset hearing loss occurs in 5 out of 1,000 children aged 3-17 years old. Being deaf or hard of hearing is one of the most common birth defects and a hearing screen could catch a problem early enough so that services can begin right away. At the point–of-care hearing screening in the hospital, you will get either a "pass," which means your baby can hear well enough to learn language, or a "did not pass," which means your baby will need another test. A "did not pass" does not necessarily mean your baby is deaf or hard of hearing. However, it is important to test your baby again. The hospital or your baby's healthcare provider will help you get this testing.

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

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

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

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

Newborn Screening References and Resources:

1. For more information on Newborn Screening: http://www.dshs.state.tx.us/newborn/expandparent.shtm

2. For more information on Newborn Hearing Screening: https://www.dshs.state.tx.us/tehdi/

3. For brochures about newborn hearing screening, checklists to know if your baby continues to hear well as he or she grows older and other newborn hearing screening related information, print or order from the Texas Health Steps Resource Catalog: http://www.dshs.state.tx.us/thsteps/THStepsCatalog.shtm

4. For statistics and other information from the Centers for Disease Control and Prevention about hearing loss in children: http://www.cdc.gov/ncbddd/hearingloss/

5. For more information on Newborn Screening for CCHD: http://www.dshs.state.tx.us/newborn/default.shtm

6. For other information from the Centers for Disease Control and Prevention about CCHD: http://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html

To contact the **Newborn Screening Program**, call 1-800-252-8023 x3957 *(use relay option of your choice if needed)* or email newborn@dshs.state.tx.us.

Cytomegalovirus

What is Cytomegalovirus (CMV)?

CMV is a viral infection that is common, and is usually harmless. The virus is spread through close contact with body fluids. It can infect people of any age, and most people will become infected at some point in their lives. Once a person is infected, CMV stays within the person, usually in an inactive state. The virus can become active again for periods of time and can appear in that person's body fluids. CMV does not spread easily. The risk of getting CMV through casual contact is very small. The virus can be spread through kissing, sexual intercourse, blood transfusion, and other ways. CMV can spread to children through saliva, tears, urine, blood, and even breastmilk. It can be spread during diaper changes, bathing, sharing cups or toothbrushes, or through other close contact.

Most healthy children and adults infected with CMV have no symptoms and may not even know that they have been infected. Some infected people may develop an illness and have fever, sore throat, body aches and fatigue. Since these are also symptoms of other illnesses, most people don't realize that they have been infected with CMV. In people with weakened immune systems, CMV can cause serious disease affecting many organs of the body.

Congenital CMV

Congenital CMV infection occurs when a baby becomes infected with CMV before or during birth. About 1 in 150 children are born with congenital CMV infection. Babies can get the virus from their mothers, sometimes before they are born through the placenta or from the mother's genital tract during delivery. CMV infection can also be transmitted through breastmilk. Most infants who come into contact with CMV from their mother's breastmilk will not get sick because the milk has antibodies from the mother to protect against infection.

Most babies born with CMV will not have any symptoms and will not be sick. But congenital CMV can cause birth defects and, in rare cases, death in infected infants. In a small number of cases, babies born with a congenital CMV infection will have symptoms at birth such as premature birth, liver problems, lung problems, spleen problems, small size at birth, small head size, or seizures. The infection can cause permanent problems or disabilities including hearing loss or deafness, vision loss, mental disability, small head size, lack of coordination, seizures and, in rare cases, death. Congenital CMV infections account for approximately 15 to 21 percent of all hearing loss in newborns in the United States, and approximately 25 percent of all hearing loss at four years of age. Children with congenital CMV infection are more likely to have permanent problems if they were born with symptoms of CMV. But some babies who seemed healthy at birth can develop CMV-related hearing or vision loss over time. Approximately 33 to 50 percent of hearing loss that is caused by congenital CMV has a late onset, occurring the first years of life but after birth. Regular hearing and vision screening are important for children born with CMV.

CMV Infection During Pregnancy

The Centers for Disease Control and Prevention (CDC) does not recommend routine screening for CMV infection during pregnancy. Healthy pregnant women are not at special risk for disease from CMV infection. The two most common ways for pregnant women to get CMV are through sexual contact and through contact with the urine of young children with CMV infection. When infected with CMV, most women have no symptoms, but some may have symptoms resembling mononucleosis. Women who develop a mononucleosis or flu-like illness during pregnancy should talk to their health care provider about CMV testing.

For now, there are no licensed treatments for pregnant women who become infected with CMV during pregnancy. Currently licensed treatments that are effective against CMV infection have serious side effects, are not approved for use in pregnant women, and have not been shown to prevent CMV infection in the fetus. Scientists are working on CMV vaccines and are looking for other ways to prevent congenital CMV infection.

Prevention Measures to Avoid CMV Infection

Good habits, and especially regular hand washing, can lower your risk of getting or spreading CMV. Women who are concerned about CMV infection during pregnancy should consult their physicians about the best ways to avoid problems from CMV infection. Here are a few simple steps you can take to reduce exposure to saliva and urine that might contain CMV:

- Wash your hands often with soap and water for 15-20 seconds, especially after every time you:
  - Change a child's diaper
  - Feed a young child
  - Wipe a young child's nose or drool
  - Handle children's toys
- Do not share food, drinks, or eating utensils used by young children
- Do not put a child's pacifier in your mouth
- Do not share a toothbrush with a young child
- Avoid contact with saliva when kissing a child
- Clean toys, countertops, and other surfaces that come into contact with children's urine or saliva
- Children should be told not to share their cups and utensils
- Pregnant women who work with young children, such as day care workers or health care workers, should take extra steps to prevent infection such as wearing gloves when changing diapers.

Treatment for Babies Born with CMV

If you find out that you became infected with CMV for the first time during your pregnancy, make sure your infant is tested for CMV as soon as he or she is born. If your baby is diagnosed with congenital CMV infection, you should have his or her hearing and vision checked regularly.

About 80 percent of babies with congenital CMV infection never have health problems. But in about one in five babies, congenital CMV infection causes permanent problems beginning at birth or that may develop later during infancy or childhood. If your child starts to have hearing or vision problems, early detection can help his or her development. If your baby is infected and has symptoms of congenital CMV infection, talk with your doctor about the benefits and risks of antiviral drug treatments. Babies infected with CMV **after** birth generally are not at risk for problems unless they were born very prematurely and have very low birth weights.

Resources for Families of Children Born with Congenital CMV

1. The Department of State Health Services sponsors a **Teratogen Information Program** and hotline (toll free 1-855-884-7248) to assist Texans in determining if a drug, infection, or environmental exposure could affect their pregnancy. A teratogen is any medication, chemical, infectious disease (including CMV), or environmental exposure that could affect the development of a fetus. https://med.uth.edu/texastips/

2. The DSHS **Texas Early Hearing Detection and Intervention** is dedicated to ensuring that newborns and young children with hearing loss are identified as early as possible. The program's goal is to provide appropriate intervention services in order to prevent delays in communication and cognitive skill development. http://www.dshs.state.tx.us/tehdi/Audiology-Services-Home.aspx

3. The **Congenital CMV Disease Research Clinic & Registry** at Baylor College of Medicine is a research program working to learn more about children born with symptoms of congenital CMV disease. https://www.bcm.edu/departments/pediatrics/sections-divisions-centers/cmvregistry/

4. Information is available from the **Congenital Cytomegalovirus Foundation**, whose mission is to prevent birth defects resulting from congenital CMV infection. http://www.congenitalcmv.org/public.htm

5. Resources are also available from the **Centers for Disease Control and Prevention** http://www.cdc.gov/cmv/references-resources.html

CMV References:

1. Centers for Disease Control and Prevention. National Center for Immunization and Respiratory Diseases, Division of Viral Diseases. *Cytomegalovirus (CMV) and congenital CMV infection:* http://www.cdc.gov/cmv/index.html. Published July 28, 2010. Accessed October 20, 2015.

2. American College of Obstetrics and Gynecology. *Frequently Asked Questions Pregnancy* - Reducing Risks of Birth Defects*:* http://www.acog.org/Patients/FAQs/Reducing-Risks-of-Birth-Defects. Published October 2014. Accessed October 20, 2015.

3. American Academy of Pediatrics Committee on Infectious Diseases. *Cytomegalovirus infection*. In: Pickering LK, Baker CJ, Kimberlin DW, eds. Red Book: Report of the Committee on Infectious Diseases, 29th Ed. Elk Village, IL: American Academy of Pediatrics; 2012: 301-305.

4. American Academy of Pediatrics. *Healthy Children.* Cytomegalovirus (CMV) infections: https://healthychildren.org/English/health- issues/conditions/infections/Pages/Cytomegalovirus-CMV-Infections.aspx. Published August 20, 2015. Accessed October 20, 2015.

5. Department of State Health Services. Texas Early Hearing Detection and Intervention (TEHDI) Program. *Cytomegalovirus: A common cause of hearing loss in children*. Texas Early Hearing Detection and Intervention. http://www.dshs.state.tx.us/TEHDI/. Last updated July 15, 2015. Accessed October 20, 2015.

Immunizations

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

Texas law requires children to get vaccines against certain diseases before going to child care or school, including:

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

Children cannot start child care or school without these immunizations. The schedule below lists the recommended vaccines for children by age. Follow the schedule and your child will meet the requirements. If your child misses a vaccine, talk with your health care provider about a revised immunization schedule to catch up on missed vaccines. Additional vaccines may be recommended for children with certain health conditions.

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

Vaccine	Birth	1 mo.	2 mo.	4 mo.	6 mo.	12 mo.	15 mo.	18 mo.	19-23 mo.	2-3 yrs.	4-6 yrs.	7-10 yrs.	11-12 yrs.	13-18 yrs.
Hepatitis B (Hep B)	1st dose	2nd dose			3rd dose									
Rotavirus (RV)			1st dose	2nd dose	3rd dose									
Diphtheria, tetanus, pertussis (DTaP)			1st dose	2nd dose	3rd dose		4th dose				5th dose			
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	3rd dose	4th dose								
Pneumococcal vaccine (PCV)			1st dose	2nd dose	3rd dose	4th dose								
Inactivated polio vaccine (IPV)			1st dose	2nd dose	3rd dose									
Influenza (flu)					Yearly influenza vaccine									
Measles, mumps, rubella (MMR)						1st dose					2nd dose			
Varicella						1st dose					2nd dose			
Hepatitis A						1st dose, with 2nd dose given 6 to 8 months later								
Human papillomavirus (HPV) series													3 doses	
Meningococcal conjugate vaccine (MCV)													1st dose	2nd dose at age 16 yrs
Tetanus, diphtheria, and pertussis													1st dose	

As children get older, a tetanus and diphtheria booster should be given every ten years. Beginning at six months, a yearly flu shot is recommended.

Immunization References and Resources:

1. Department of State Health Services. Immunizations Program website (includes information on the Texas minimum state vaccine requirements for child-care facilities and for students grades K-12): www.immunizetexas.com

2. Centers for Disease Control and Prevention. Recommended Immunization Schedules for Persons Aged 0 through 18 Years. United States, 2015: http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

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

Pertussis (Whooping Cough)

What is pertussis?
Pertussis, also called whooping cough, is a very contagious disease that is spread from person to person through sneezing and coughing. While it is usually thought of as a disease in children, it can infect adults as well – even those who were vaccinated against it in childhood. Adults may have a very mild illness without much cough. Some may wake at night with a cough followed by vomiting. In the beginning, pertussis seems like a cold, with a runny nose and cough. Unlike a cold, the cough gets worse over time. The cough usually occurs in fits of coughing and may be followed by a high-pitched "whooping" sound in infants. However, a person who has pertussis may not have a cough, including babies. Pertussis may make very small infants stop breathing and turn blue. The disease can lead to pneumonia, seizures, brain damage, and even death.

Early treatment with antibiotics is important to stop the infection from getting worse and to limit the spread of the disease to others. People who have spent time around a person with pertussis may need to take antibiotics to prevent or reduce the chance of getting pertussis.

Is there a vaccine for pertussis?
Yes. Children should get a series of five shots of a vaccine called **DTaP**, which protects against diphtheria, tetanus and pertussis. A dose of DTaP should be given at 2, 4, and 6 months of age. A fourth shot should be given between 15 through 18 months or as early as age 12 months, provided that at least six months have elapsed since the third dose was given. The fifth shot should be given between 4 through 6 years.

Tdap protects people aged 11 through18 years who have completed the recommended childhood vaccination series and for adults aged 19 through 64 years. Vaccines help prevent people from getting a serious illness and from spreading pertussis. The vaccine is safe and is especially recommended for pregnant women and for people who will be around babies. Babies cannot get their first DTaP before 6 weeks of age; therefore it is important for adults who will be around a baby to be vaccinated in order to protect babies who are too young to be vaccinated. They are not considered fully protected from pertussis until after their fifth shot at 4 through 6 years. Babies under 1 year old are at the highest risk of serious problems from pertussis.

Why do babies need to be protected from pertussis?
Pertussis can be deadly to babies. It can cause breathing problems, lung infections like pneumonia, violent, uncontrolled shaking, brain damage, and even death. Nearly half of all babies (under 1 year old) who get it need to be hospitalized. About 1 to 2 of 100 babies who go to the hospital will die. In Texas there have been 33 deaths due to pertussis since 2005.

Protect babies by getting vaccinated during pregnancy, and having your family members vaccinated too.
Babies are best protected when mothers get the vaccine during each pregnancy and babies get all their pertussis vaccines on time. If a mother is vaccinated during the last three months of pregnancy, she will make antibodies that protect her baby. Antibodies will be highest about 2 weeks after getting the vaccine and will decrease over time. The best time to get the vaccine is from 27 through 36 weeks of each pregnancy. If a pertussis vaccination was not given during pregnancy, be sure to get the vaccine as soon as possible after birth. It is okay to get the vaccine while breastfeeding. A mother who makes protective antibodies can also give them to her child through breast milk.

A baby is most likely to get whooping cough from someone at home. Your family can create a "cocoon" of protection around your baby by getting vaccinated against pertussis. This means giving the right vaccine to the mother, father, grandparents, aunts, uncles, brothers and sisters, babysitters, day care providers, and health care providers. Unless they are pregnant, an adult (19 years or older) who has already had the Tdap vaccine does not need to get vaccinated again. Your baby should start getting a series of pertussis vaccinations beginning at 2 months old.

Pertussis References and Resources:

1. Centers for Disease Control and Prevention. *Pertussis (Whooping Cough)*: http://www.cdc.gov/pertussis/index.html

2. Centers for Disease Control and Prevention. Advisory Committee on Immunization Practices Tdap/Td Vaccine Recommendations: http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html

Planning for After Delivery

You will have lots of feelings before and after your baby is born. Some of these feelings include joy, excitement, nervousness, and stress. All of these feelings are normal. Below are some things you can do now to plan for after your baby is born.

- **Be realistic about being a new parent:** There is so much to learn about your baby and about your role as a parent. Be patient with yourself. You may not always feel like having visitors or you might be too tired to dress up for a dinner party. It takes time to get used to your baby's eating and sleeping schedule.

- **Ask for support:** You can ask friends and family to help you with chores at home. You can ask co-workers or friends to bring you easy-to-heat meals so you don't have to cook. Ask grandparents, family and friends to plan their visits at different times so that you are not overwhelmed with visitors.

- **Keep your body healthy:** Include a variety of foods in your diet, like fruits, vegetables, whole grains, protein and dairy. Eating well will help your body recover from childbirth, and will help you to stay healthy and feel your best. Try to get at least 30 minutes of physical activity a day. Exercise is a great way to get rid of stress and keep your mind and body healthy. The benefits of daily exercise include: stronger heart, muscles and bones, less stress, better sleep, more energy, healthier weight, and fewer illnesses. You can build exercise in your day by using the stairs or parking at the far end of a parking lot and walking the extra distance to the entrance of your destination. Avoid using tobacco, alcohol and any other mood-altering drugs that are not prescribed to you for a medical condition. Be sure to follow up with your provider for a postpartum visit at about six weeks after delivery. This is time to make sure your body is healing well and to start talking about birth control, going back to work, and any health conditions or concerns you may have. Even though you'll be busy, this appointment is not one to skip. If you have problems with breastfeeding, medical symptoms like fever, heavy bleeding, persistent pain, problems urinating, or other health concerns, or if you think you may be depressed, do not wait for your scheduled postpartum visit—ask for help.

- **Stay connected:** There are lots of emotional and physical changes that happen after having a baby. Because of that, it is important to have people in your life you can talk to. This could mean having a cup of coffee with a friend, attending a parenting class or a new mom's support group, or connecting with other families in your neighborhood to share ideas about parenting. Look for yoga classes or walking groups for new moms. Exercise is a great way to stay healthy.

- **Pay attention to your emotions:** You can do this by talking with your health care provider or a counselor. You can also try writing in a diary or talking with a friend or partner. If you feel very sad before, during, or after pregnancy, it is important to get help.

- **Learn about breastfeeding:** Postpartum depression rates have been found to be lower in breastfeeding moms. Breastfeeding provides your baby with complete nutrition and protects both mothers and babies against illness. Breastfed babies have fewer common childhood illnesses like ear infections and diarrhea, and are at lower risk for more serious problems like asthma, diabetes, obesity, and sudden infant death syndrome (SIDS). Mothers who breastfeed are at lower risk for developing health conditions such as heart disease, breast or ovarian cancer, rheumatoid arthritis, and type 2 diabetes. Breastfeeding costs less than bottle feeding, and helps you bond with your baby. Breastfeeding doesn't always come naturally, but there are things that you can do to get off to a good start. Learn about breastfeeding during your pregnancy by taking a class and reading. The Department of State Health Services' website

www.BreastmilkCounts.com is a one-stop resource for breastfeeding information. Once your baby is born, ask for help in the hospital with positioning and latching your baby. If breastfeeding hurts, if you feel frustrated or you are unsure about anything, ask for help. Breastfeeding support may be available to you from your hospital, health care provider, through your health plan, or through programs like the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Information and referrals to breastfeeding support resources are available at no cost from the Texas Statewide Lactation Support Hotline: 1(800) 550- 6667.

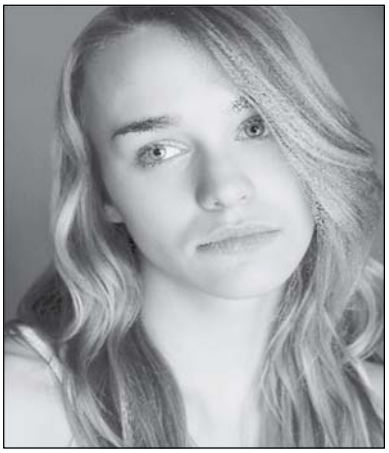
- **Spend quality time with your baby.** Holding and smiling at your baby makes your baby feel loved. Spending time in skin-to-skin contact with your baby has been shown to reduce stress and anxiety. It's good for your baby too! Reading, singing, talking, playing, and interacting with your baby helps stimulate your baby's brain. Getting outside and taking your baby for walks helps you stay healthy and gives your baby some new things to look at and learn about. Your interactions matter.

Postpartum Mood Disorders

Perinatal Depression

Perinatal depression is depression that happens during or after pregnancy. It is not the same thing as the "baby blues," which go away within a week or two of birth. It can occur during pregnancy or within a year after the end of your pregnancy. Without treatment, symptoms may last a few weeks, months, or even years. In rare cases, the symptoms are severe and can be potentially dangerous to the mother and baby.

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



During the past week or two –

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

If I Have Perinatal Depression, What Can I Do?

You may find it hard to talk about it if you are feeling depressed. Know that you are not alone. Perinatal depression affects thousands of women and can be treated successfully. It is possible to feel better. Here are some things that can help.

1. **Lean on Family and Friends:** Ask for help with a few hours of weekly child care so that you can take a break. Get help cleaning the house or running errands. Share your feelings openly with friends and family. Let them help and support you when you need it.

2. **Talk to a Health Care Provider:** An easy way to raise the subject is to bring the above checklist with you to your next appointment. Show the items you checked and talk about them. If you feel that your provider does not understand what you are going through, please do not give up. There are many providers who do understand, who are ready to listen to you, and who can help you.

3. **Find a Support Group:** Find other women in your community experiencing perinatal depression. This can give you a chance to learn from others and to share your own feelings. Ask your health care provider how to find and join a support group.

4. **Talk to a Mental Health Care Professional:** Many mental health professionals have special training to help women with perinatal depression. They give you a safe place to express your feelings and help you manage and even get rid of your symptoms. If you can, choose counselors who have experience in treating perinatal depression.

5. **Focus on Wellness:** An important step toward treating perinatal depression is taking care of your body. A healthy diet combined with exercise can help you gain your lost energy and feel strong. Eat breakfast in the morning to start your day right. Eat two servings of fruit and three servings of vegetables each day, choose

healthy snacks and avoid alcohol. Also, fit exercise into your day. It will make you feel good and can even reduce your stress level.

6. **Take Medication as Recommended by Your Health Care Provider:** Sometimes, medications are needed to treat depression. You should talk to your health care provider about which medication, if any, may be best for you. Ask questions about your treatment options; be active in deciding how you will get better. Make sure to tell your provider if you are taking any other medicines.

Postpartum anxiety and psychosis

A very small number of women suffer from a severe form of perinatal depression called postpartum psychosis. Women who have a bipolar disorder or other psychiatric problems may have more of a risk for postpartum psychosis. Symptoms may include:

- Extreme confusion
- Hopelessness
- Cannot sleep (even when exhausted)
- Refusing to eat
- Distrusting other people
- Seeing things or hearing voices that are not there
- Thoughts of hurting yourself, your baby, or others

If you or someone you know fits this description, please seek medical help immediately. This is a medical emergency requiring URGENT care.

Perinatal Depression References and Resources:

1. **2-1-1 Texas**. http://www.211texas.org/. This service helps you to find state and local resources. Dial 2-1-1 from your phone or, from your cell phone, by dialing 1-877-541-7905.

2. Maternal & Child Health Bureau. ***Depression During and After Pregnancy: A Resource for Women, Their Families, & Friends***: http://mchb.hrsa.gov/pregnancyandbeyond/depression/index.html

3. **Postpartum Support International** (PSI): http://www.postpartum.net. This service provides information and resources and referrals related to mental health during pregnancy and postpartum. Help Line: 800-944-4773.

4. **Substance Abuse and Mental Health Services Administration National Helpline** also known as, the Treatment Referral Routing Service. This Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish. www.samhsa.gov/find-help/national-helpline or National Helpline: 1-800-662-HELP (4357).

5. **National Suicide Prevention Lifeline**. If you or someone you know is contemplating suicide, please call 1-800-273-TALK (8255). If you are faced with a medical emergency, call 9-1-1.

6. The **Office on Women's Health's National Women's Health Information Center** is a website with information and resources about women's health, including depression during and after pregnancy. http://www.womenshealth.gov

When Baby Cries

It is normal for babies to cry every day. Babies cry to communicate. It is not always easy to know what your baby needs when he or she is crying. It can be frustrating when your baby cries, but try to stay calm and be patient while you figure out your baby's needs. Soon enough you will be able to tell what your baby needs by her cry.

Facts about crying[1]:

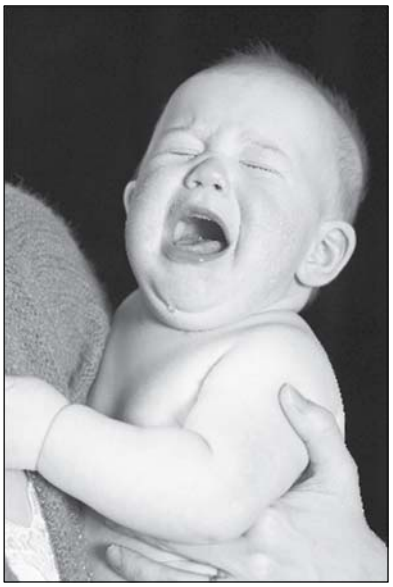
- Baby may cry more each week, the most in month 2, then less in months 3-5.
- Crying can come and go and you don't know why.
- A crying baby may look like they are in pain when they are not.
- Crying can last up to 5 hours a day, or more.
- Your baby may cry more in the late afternoon or evening.

Every parent has to learn what works for their baby. Here are some things you can try to calm your baby:

Some reasons babies cry:	What you can do:
They are hungry.	Feed the baby. Avoid overfeeding because this may also make your baby uncomfortable.
They are uncomfortable from: • Gas pains • A dirty diaper • Clothing (hot/cold, tight, itchy)	• Pat or rub the baby's back. • Change the baby's diaper when dirty and at least every 3 hours when she's awake. • Remove or add clothes until your baby is comfortable.
They are sick or hurt.	Call the doctor if you think your baby is sick. If you think your baby is hurt, try to figure out where he's hurt and call the doctor if necessary.
They are bored.	Show your baby a new toy, take her for a walk, pick her up or change her position, go outside.
They are sleepy.	Bring your baby into a quiet, dark room. Try holding your baby skin-to-skin, swaying or rocking your baby, gently massaging her, and "shushing" or singing to her. Some babies also like to be breastfed or given a pacifier or finger to suck on.
They are over stimulated (too noisy, too bright or too many adults holding the baby).	Babies will fuss and/or turn their head away when they've had enough. Dim the lights, move him to a quieter room or ask visitors to leave.
They are teething.	Offer your baby a teething ring that's been cooled in the fridge, a pacifier or other safe toy to chew on. Rub her gums with your clean finger.
Other things to try.	Hold baby against bare skin, like on your chest or cheek to cheek; take baby for a walk or on a car ride (remember to always use a car seat); rock baby with slow, rhythmic movements; place baby on her left side or stomach and rub baby's back or belly (if baby falls asleep, place her on her back in a crib); turn on calming sounds; give baby a bath.

[1] Period of Purple Crying: http://purplecrying.info/sub-pages/crying/why-does-my-baby-cry-so-much.php

If you are feeling frustrated by your baby's crying, put the baby in a safe place and leave the room. Let your baby cry alone for 10 to 15 minutes. A safe place can include a crib or a play pen/play yard. Never leave your baby alone in a swing or a bouncy chair. Take deep breaths to calm yourself down. Things you can do to calm down include:



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

If you don't think you can calm down after five minutes, check on the baby to make sure he or she is physically okay, then call a friend, neighbor or family member to come and help you. Every parent should have a plan in case they are in a situation where they cannot get their baby to stop crying. Fill in the following box to help you think about what your plan will be:

When my baby won't stop crying:

A safe place I can leave the baby for five minutes is:

A calm and understanding person I can call to talk to is:

One thing I can do to calm myself down is:

If I need help caring for the baby I will:

TIP: Consider sharing this information with your baby's caretaker and find out how they handle a baby that won't stop crying. Also, consider sharing it with your partner, and other friends with babies to help them plan.

No matter how upset you feel, **NEVER SHAKE** your baby. Shaking or treating your baby roughly can cause brain damage, blindness, hearing loss and death. Abusive Head Trauma (Shaken Baby Syndrome) is the name for all the different problems that can happen when a baby is shaken. This occurs most often in children 6 to 8 weeks old, which is when babies cry the most.

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

If it is an emergency, call 911.

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

- Baby is very sleepy or fussy, or baby does not seem like him or herself.
- Baby vomits or does not want to eat.
- Baby is not smiling or making noises like usual.
- Baby's arms and legs are rigid or stiff for any period of time – this may be a seizure or something worse

- Baby has a hard time breathing.
- Baby's eyes look different or you think the baby's eyes have been hurt

When Baby Cries Resources:

1. 211 Texas: Dial 2-1-1 – Help finding local resources. From a cell phone, dial 1-877-541-7905.

2. American Academy of Pediatrics. HealthyChildren.org: https://healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx

3. Childhelp USA: 1-800-4-A-CHILD (1-800-422-4453) – 24 Hour hotline with counselors to help you cope with babies crying.

4. Children's Advocacy Centers of Texas: http://www.cactx.org/child-abuse-in-texas

5. National Center on Shaken Baby Syndrome: http://www.dontshake.org

6. Period of Purple Crying: http://purplecrying.info/

7. Prevent Child Abuse America: 1-800-CHILDREN (1-800-244-5373).

8. Shaken Baby Alliance: http://www.shakenbaby.com/

9. Texas CASA: http://texascasa.org/

Sudden Infant Death Syndrome & Safe Sleep

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected death of an apparently healthy infant under one year of age that remains unexplained after the performance of a complete postmortem investigation, including an autopsy, an examination of the scene of death and a review of the medical history.

SIDS is the leading cause of death for babies between 1 month and 1 year of age. SIDS is a sudden and silent medical disorder that can happen to an infant who seems healthy. Most SIDS deaths occur in babies between 1 month and 4 months of age, and the majority (90%) of SIDS deaths occur before a baby reaches 6 months of age. However SIDS deaths can occur anytime during a baby's first year. SIDS is sometimes called "crib death" or "cot death" because it is associated with the timeframe when the baby is sleeping. Cribs themselves don't cause SIDS, but the baby's sleep environment can influence sleep-related causes of death. Slightly more boys die of SIDS than do girls. SIDS rates for the United States have dropped steadily since 1994 in all racial and ethnic groups. Thousands of infant lives have been saved, but some ethnic groups are still at higher risk for SIDS. Even though we don't know the exact cause of SIDS, we do know that some things can increase a baby's risk for SIDS and other sleep-related causes of infant death. The good news is that parents and caregivers can reduce the risk of SIDS and other sleep related deaths by acting on the following:

- Put your baby on her back to sleep for every sleep.
- Put your baby to sleep alone on a firm sleep surface. A firm crib mattress, covered by a fitted sheet is recommended.
- Keep baby away from drapes, curtains, venetian blinds and their cords.
- Never have spaces between the mattress and the crib where the baby could be trapped.
- Don't use hand-me-down cribs that don't meet safety standards. See the crib safety site: http://www.cpsc.gov/cribs.html for more info.
- Room sharing without bed sharing is recommended. The safest place for your baby to sleep is in a crib or bassinet in the same room as the parents.
- You may bring your baby into bed with you for feeding or comforting and then return the baby to his own crib or bassinet when you are ready to go back to sleep. Do not feed or hold your baby on a chair, couch, or recliner if you feel like you might fall asleep.
- Keep stuffed toys, soft things like bumper pads and pillows, and loose bedding like sheet or blankets out of your baby's crib and away from the sleep area.
- Keep a smoke-free home and do not allow anyone to smoke around your baby.
- Breastfeed your baby. It reduces the risk of SIDS.
- Consider offering your baby a pacifier at nap and bedtime. For breastfed babies, pacifier use should be delayed until breastfeeding is well established, usually around 3-4 weeks.
- Keep the room where the baby sleeps at a temperature that is comfortable for a lightly clothed adult.
- Talk to all caregivers about how to safely put your baby to sleep. Share this checklist for safe sleep with your baby's caregiver, friends, relatives, babysitters and anyone that may put your baby to sleep when you are away.

Bed Sharing Precautions

The safest place for baby to sleep is in a safety-approved crib or bassinet in the same room with a parent or caregiver. Adult beds are not made for babies and may carry a risk of accidental entrapment and suffocation. If parents choose to share a sleep surface (bed-share) with their infants, the following warnings are offered:

- Siblings or adults other than the parents should never sleep with an infant.
- Avoid crevices between the mattress and a wall that could entrap an infant.
- Don't smoke while you're pregnant, it is one of the biggest risk factors for SIDS after your baby is born.

- Don’t allow smoking in homes where babies live, especially near where baby sleeps.
- Parents should never sleep with their infant if the parent is:
  - a smoker
  - under the influence of alcohol, illegal drugs, or are using prescription drugs that cause drowsiness
  - sick, unusually tired or taking medication that causes sleepiness
  - very upset or angry, or
  - obese or severely overweight

Sudden Infant Death Syndrome and Safe Sleep References and Resources:

1. Safe to Sleep Public Education Campaign: https://www.nichd.nih.gov/sts/Pages/default.aspx

2. American Academy of Pediatrics, A Parent’s Guide to Safe Sleep: https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

3. Task Force on Sudden Infant Death Syndrome. Moon RY. SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2011;128(5).

4. Texas Department of Family and Protective Services. Room to Breathe Campaign: http://www.dfps.state.tx.us/Room_to_Breathe/

Poison Control

Before you know it, your baby will be crawling and getting into everything! A poisoning can happen in the blink of an eye. If you think someone has been poisoned, call **1-800-222-1222** right away. Do not wait for the victim to look or feel sick. **Do not** try to treat the person yourself. Poison Centers keep millions of people out of hospitals each year. While a quick search online may seem like an easy option, it's no substitute for speaking with medical experts in real-time. The Texas Poison Center Network is available 24 hours a day, 7 days a week, 365 days a year. Services are always free and treated confidential. All calls are answered by highly trained nurses, pharmacists or physicians. Call the Texas Poison Center Network for:

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

To learn about safety and prevention of poisonings, visit http://www.poisoncontrol.org/

How to Choose a Child Care Provider

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

What kind of care is best for my child?
This depends upon you, your child's needs and the setting you think would be best for your child. Always look for the education, experience, and training of caregivers as well as the group size for your child's age.

What are the types of child care operations?

Licensed Child-Care Center: Centers provide care for 7 or more children under 14 years old. Care is provided for less than 24 hours a day at a place other than the permit holder's home. Centers are inspected at least once a year for health and safety standards.

Licensed Child-Care Home: The caregiver provides care for 7-12 children under 14 years old. Care is provided for less than 24 hours a day in the permit holder's home.
Licensed homes are inspected at least once a year.

Registered Child-Care Home: The caregiver provides care in her own home for up to 6 children under 14 years old. They may also provide after school care for up to 6 additional elementary school children. The total number of children in care at any given time must not exceed 12.
Registered homes are inspected every 1-2 years for health and safety standards.

Listed Family Home: Listed Family Homes are not licensed or registered by the Department of Family and Protective Services (DFPS). The caregiver provides care in her own home for 1-3 children unrelated to the caregiver. Care is given for at least four hours a day, three or more days a week, for three or more consecutive weeks or four hours a day for 40 or more days in a 12 month period. There are no minimum standards, orientation or training requirements for listed homes. They **are not inspected** unless a report is received alleging child abuse/neglect, an immediate risk of danger to the health or safety of a child, and/or if providing child care subject to regulation.

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

To find out more about the different types of day care and residential facilities available, see the Department of Family and Protective Services (DFPS) *Guide to Child Care in Texas* at
www.dfps.state.tx.us/Child_Care/Other_Child_Care_Information/childcare_types.asp

Steps to Choosing a Child Care

- Start at the DFPS website - www.txchildcaresearch.org
- Click on "Search for a Licensed Child Care Center or a Licensed or Registered Child Care Home."
- Enter your preferences. The search will give you a list of providers, including locations and phone numbers.
- Select the child care provider you want to learn about. Each child care's licensing history and compliance with minimum health and safety standards is given.

- Visit the day cares that interest you. Watch the interaction between the staff and the children. Talk to parents whose children attend. Once your child is in care, stay involved and keep asking questions.

Financial Assistance for Child Care Program

You may qualify for financial assistance with child care. Dial 2-1-1 (1-877-541-7905 from a cell phone) to learn more. Knowledgeable staff in your area will answer your questions.

Child Safety Seats

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

It's the law! Texas law requires that all children who are younger than eight years of age and less than four feet, nine inches be secured in a child safety seat according to the instructions of the child safety seat. (TRC 545.412)

Read below for some tips about your child's car seat. The American Academy of Pediatrics recommends that children ride in a rear-facing car seat from birth to at least 2 years of age. Most rear-facing child seats fit children at five pounds. Some fit children at even lower weights. There are two types of rear-facing seats:

1. **Rear-facing only seats** often come with handles so that they can be used as carriers as well. If using as a carrier, always keep the child secured in the seat's harness straps. Rear-facing seats of this type usually have a maximum weight limit of 20–35 pounds and have height limitations.

2. **Convertible seats** are larger and cannot be used as carriers. They can be used for children, usually starting at five pounds. These seats typically have a higher weight range. They can also become forward-facing seats for older children.

Tips for your new seat

- A new seat is best. If the seat is not new, it should have its instructions, all its parts, be free of recalls, and in good working condition. Also make sure the seat is no more than six years old, and that you know the seat's history. A seat should be replaced according to manufacturer's instructions if it has been involved in a collision.
- Read the instructions. Before you bring your baby home, practice using the seat by putting a doll or stuffed animal in the safety seat according to instructions.
- Read the section in your vehicle owner's manual about how to install a child safety seat in your vehicle. Practice installing the child safety seat in your car. The child safety seat needs to be installed tightly and the child secured snugly in the safety seat's harness system.
- Keep your child rear-facing in a convertible child safety seat as long as possible, up to the rear-facing height or weight limit of the seat.
- Remember that your child will need other child safety seats in the future as he/she grows.

Use a child safety seat on every ride

- If riding in a motor vehicle, your child must always ride in a child safety seat. It's the law. Find a safe place to pull over and stop the car if the child needs attention when you are driving. Never remove your child from the child safety seat or hold the baby while you are driving or the vehicle is in motion.
- It is best practice to use the back seat for the child safety seat installation. Never install a rear-facing only seat in front of an active passenger airbag.
- If you have a concern about your newborn, have an adult ride in the back with the baby.
- If you are concerned about driving with your newborn in the vehicle, staying home is another option.
- Never leave your child unattended in a vehicle, not even for a short time.

Child Safety Seats Resources:

1. **Child seat distribution program for low-income families.** Eligible caregivers can receive one child safety seat after attending a one-hour class. In order to qualify, someone in the household must have a vehicle. Call Safe Riders at 800-252-8255 for more information.

2. **Telephone assistance** is available from child passenger safety technicians regarding laws in Texas. They also offer help with picking, installing and using a child seat. Call Safe Riders at 800-252-8255. The website is www.dshs.state.tx.us/saferiders.

3. **Checkups and inspection stations** offer you the chance to have your child's safety seat checked to make sure it is safe and used correctly. Find inspection stations online at www.seatcheck.org.

4. **Child safety seat selection information.** Picking the right child safety seat for your family can seem overwhelming. This site can guide you in choosing the right child seat for your child. https://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx.

5. **American Academy of Pediatrics. Policy Statement on Child Passenger Safety,** http://pediatrics.aappublications.org/content/pediatrics/early/2011/03/21/peds.2011-0213.full.pdf.

Heat Stroke for a Child Left Unattended in a Motor Vehicle

What is the danger of heat stroke?

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

Why are children at greater risk for heat stroke?

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

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

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

Heat stroke is 100% avoidable. Reduce the Number of Deaths from Heat Stroke by Remembering to A.C.T.[2]

A: Avoid heat stroke-related injury and death by never leaving your child alone in a car, even if the window is partly open or the engine is running and the air conditioning is on. Be sure to keep your car locked when you're not in it so that children don't play in the car.

C: Create reminders by putting something in the back of your car next to your child such as a briefcase, a gym bag, a purse or a cell phone that you will be sure to take with you when you reach your final destination. Sometimes a change in routine or busy schedule can cause a caregiver to forget that a child is still in the car. Make a habit of looking in the vehicle before locking the door and walking away.

T: Take action! If you see a child alone in a car, call 911. Emergency professionals are trained to determine if a child is in trouble. They want you to call. One call could save a life. If the child is responsive, stay with the child until help arrives. Have someone else search for the driver or ask the establishment to page the driver. If the child is not responsive or is in pain, get the child out of the car as quickly as possible, move to a cool place, and cool the child down with a cool, wet cloth or by spraying cool water. Do not give the child water or other fluids to drink if they may have heat stroke.

Believe it or not, routines and distractions have caused people to mistakenly leave children behind in cars. Take these extra steps to keep kids safe:

- Create a calendar reminder for your electronic devices to make sure you dropped your child off at daycare.
- Develop a plan with your daycare so that if your child is late, you'll be called within a few minutes. Be especially careful if you change your routine for dropping off children at daycare.

[2] Adapted from Safe Kids Worldwide. Heatstroke Safety Tips. http://www.safekids.org/tip/heatstroke-safety-tips

- Make sure to lock your vehicle, including doors and trunk, when you're not using it. Keep keys out of children's sight and reach.
- Teach children not to play in any vehicle. Make sure they know that vehicles and trunks are not safe places to play or "hang out" in or around.

If your child is missing, get help and check swimming pools, vehicles and trunks ***first***.

What Texas law (Penal Code Sec. 22.10) says about leaving a child in a vehicle:
A person commits an offense if he or she intentionally or knowingly leaves a child in a motor vehicle for longer than 5 minutes knowing that the child is:
1. Younger than 7 years of age and;
2. Not attended by an individual in the vehicle who is 14 years of age or older.

Heat Stroke References and Resources:

1. American Academy of Family Physicians, Familydoctor.org Editorial Staff. Heat exhaustion and heat stroke. http://familydoctor.org/familydoctor/en/prevention-wellness/staying-healthy/first-aid/heat-exhaustion-an-heatstroke.printerview.all.html. *FamilyDoctor.org*. Published December 2010.

2. American Academy of Pediatrics. Prevent child deaths in hot cars. https://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Prevent-Child-Deaths-in-Hot-Cars.aspx. *Healthychildren.org*. Published June 30, 2015.

3. Centers for Disease Control and Prevention. Extreme heat prevention guide-Part 3: Hot weather health emergencies. http://emergency.cdc.gov/disasters/extremeheat/heat_guide-page-3.asp. *Emergency Preparedness and Response.* Published June 20, 2011.

4. Centers for Disease Control and Prevention. Warning signs and symptoms of heat-related illness. http://www.cdc.gov/extremeheat/warning.html. *Extreme Heat and Your Health.* Published June 20, 2011.

5. Department of State Health Services. Safe Riders. Hyperthermia dangers in Texas. http://www.dshs.state.tx.us/saferiders/hyperthermia.shtm. *Safe Riders.* Published July 21, 2011.

6. National Highway Traffic Safety Administration (NHTSA). Prevent child heatstroke in cars. *In and Around the Car.* http://www.safercar.gov/parents/InandAroundtheCar/heatstroke.htm

7. Safe Kids Worldwide. Heatstroke. http://www.safekids.org/heatstroke

8. Texas Penal Code Sec.22.10. Leaving a child in a vehicle. http://www.statutes.legis.state.tx.us/Docs/PE/htm/PE.22.htm

All websites accessed October 21, 2015.

Special Needs and Early Intervention

Children with Special Health Care Needs (CSHCN) Services Program

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

- Medical, dental and mental health care
- Drugs
- Special therapies
- Medical equipment and supplies
- Case management
- Family Support Services
- Travel to health care visits
- Insurance premiums

The Children with Special Health Care Needs Services Program is available to anyone who:

1. Lives in Texas;
2. Is under 21 years old (or any age with cystic fibrosis);
3. Has a certain level of family income; and
4. Has a medical condition that:
   - Is expected to last at least 12 months
   - Will limit one or more major life activities
   - Needs more health care than what children usually need
   - Has physical symptoms (this means that the CSHCN Services Program does not cover clients with only a mental, behavioral or emotional condition, or a delay in development.)

To learn more about the CSHCN program, call 1-800-252-8023 or go to www.dshs.state.tx.us/CSHCN/

Early Childhood Intervention Program (ECI)

Early Childhood Intervention (ECI) helps families with children birth to 36 months with developmental delays or disabilities. All children need support as they grow and learn, but some children need extra help. It is important to start early. For some families, ECI services may begin soon after their baby is born.

If you have questions about how your baby**:**
Sees * Plays * Sits * Hears * Stands

Contact the Department of Assistive and Rehabilitative Services (DARS) via their website or Inquiries Line at:
www.dars.state.tx.us/ecis / 1-800-628-5115
If you are a person who is deaf or hard of hearing, use the TTY relay option of your choice. DARS contracts with local programs to provide services in every Texas county.

For more information about women's or perinatal health issues, questions, or comments, contact us at titlev@dshs.state.tx.us

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