

## Feeding Tips

- Cuddle and love your baby during feedings.
- Feed your baby before he is upset or crying.

### How Much Should I Feed My Baby?

- Newborns only need a small amount of breast milk\* at each feeding. Your baby's stomach is only about the size of a large egg at 10 days old.
- Nighttime feedings are needed for baby to grow strong and healthy.
- During growth spurts or when learning, baby may want to eat more often.
- Growth spurts typically last 1-2 days and usually occur around:
  - 2 weeks
  - 6 weeks
  - 2 ½ - 3 months
  - 4 ½ - 6 months
- When baby gets older he will feed less often.
- Allow him to feed as long as he wants. He will tell you when he is hungry and full.



### Signs That Your Baby Is Well Fed

- Most newborns will feed about 8 - 12 times in 24 hours (or about every 1 ½ - 3 hours).
- After one week your baby will have 6 or more wet diapers and at least 3 dirty diapers daily.
- Your baby will gain weight.
- Wait to give a pacifier or bottle until baby is about 3 or 4 weeks old and you have good milk supply.

### It's Too Early for Solid Foods

- Most babies are not ready for solid foods, such as cereal, until at least 6 months. Giving food too early can cause baby to have allergies, choke or drink less breast milk\* than needed.

\* or infant formula



State of Illinois  
Department of Human Services

## Feeding Your Newborn



### BABY NEWS

Date: \_\_\_\_\_

My Name: \_\_\_\_\_

Today's weight: \_\_\_\_\_ length: \_\_\_\_\_

After today's visit, my goal will be... \_\_\_\_\_

For breastfeeding support I can contact: \_\_\_\_\_

# Formula Feeding

## 0-12 months



---

### How much formula should my baby be taking?

You and baby need to work together to know how much formula to offer at each stage of development. Every baby is different in their eating habits. These habits vary in how much and how often he/she eats.

Below are some good guideline recommendations to follow.

Age (in months)	Feedings a Day	Oz per Feeding	Oz per Day	Growth spurts at:
0-2	6-8	2-4	12-32	2-6 weeks
2-4	5-7	4-7	20-42	
4-6	4-5	6-8	24-40	during this time
6-9	3-4	6-8	18-32	around 6 months
9-12	3-4	5-6	15-24	

**Baby will:** ☺ Let you know when he/she is hungry by sucking on their fist or fingers, making faces, smacking lips, or fussing and crying (usually the last sign—try not to wait until then).  
☺ Let you know their full by slowing down on sucking, turning head away, closing lips, or by becoming distracted easily.

**You Should:** ☞ Hold your baby close while feeding and talk quietly to him/her.  
☞ Burp your baby frequently  
☞ Feed until baby seems full

---

### Will cereal help my baby sleep through the night?

No, formula has everything your baby needs to grow healthy. Your baby gets hungry during the night because baby's growing so fast & tummy is so small.

### Will honey or corn syrup help constipation?

No, in fact, honey is dangerous for baby and shouldn't be given until age 1. There is not enough iron in formula to be the cause of constipation.

### Will holding my baby spoil him/her?

No, babies who are held tend to cry less and sleep longer since they know they're loved. Remember, baby was with you for 9 months before delivery and is used to the sound of your heart beat and voice. You are the most important person in their life.

### Does my baby need water?

No, properly mixed formula with water is all that is needed.



# **HOW TO BUY FORMULA BECAUSE WIC IS A “SUPPLEMENTAL PROGRAM”**

The Federal Government limits the amount of formula on the vouchers because WIC is a “help” and not a complete food source. When feeding formula (or breastfeeding & formula feeding) you must plan to buy formula each month to go along with WIC’s help.

Tips to make sure you have enough formula on hand:

- Always mix your formula correctly (see directions on can). Your baby’s brain is growing in the first 3 years of life. Make sure your family always mixes correctly.
- Set aside at least \$10 per week to buy formula.
- Purchase 2 cans of formula weekly to go along with your WIC vouchers
- If you have formula at home, still set aside \$10 per week so you don’t run low on money or formula during months when your baby will take in more.
- Use food banks or church food pantries to help with your food costs so you will have the extra money per week to buy formula.
- Use your LINK card or check with family members for help with food/formula.
- Use all the money saving tips you know: coupons, eat at home, store sales, etc.
- If you get money for baby gifts, set aside half of the money to buy formula.
- If you end up breastfeeding more than you thought, by the end of the baby’s first year of life, you could have about \$500 set aside.



# HOW TO PREPARE AND STORE **POWDERED** INFANT FORMULA



## ARE YOU FEEDING YOUR BABY **POWDERED** INFANT FORMULA?

Follow these steps to prepare and store your infant formula safely and correctly.

### STEP 1



Make sure the formula is **not expired** and the container is **in good condition** (no dents, puffy ends, or rust spots).

### STEP 2



**Wash your hands and clean the countertops** with soap and warm water before preparing bottles. Use a clean bottle and nipple.

### STEP 3



**Use water from a safe source to mix with formula.** Tap water is usually safe, but contact your local health department if you are not sure.

### STEP 4



Use the exact amount of water and formula listed on the instructions of the infant formula container. **Always measure the water first and then add the infant formula powder.** **NEVER dilute formula** by adding extra water. This can make your baby sick.

### STEP 5



**Shake infant formula in the bottle to mix.** Do not stir.

### STEP 6



**You do not need to warm infant formula before feeding.** If you decide to warm the formula, place the bottle under running warm water or into a bowl of warm water for a few minutes. Avoid getting water into the bottle or nipple. This could contaminate the prepared formula. Test the temperature of the formula before feeding it to your baby by putting a few drops on the inside of your wrist. **It should feel warm, not hot.** **Never warm infant formula in a microwave. Microwaving creates hot spots, which can burn your baby's mouth.**

### STEP 7



After feeding, be sure to **thoroughly clean the bottle and nipple before the next use.**

To learn about cleaning and sanitizing infant feeding items, visit <https://go.usa.gov/xpg4F>

To learn about infant formula feeding, visit <https://tinyurl.com/2apdfedh>



## USE QUICKLY OR STORE SAFELY



Use prepared infant formula within **1 hour from start of feeding** and **within 2 hours of preparation**.



If you are not going to use the prepared infant formula within 2 hours, immediately store the bottle in the refrigerator and use **within 24 hours**.



**Throw out any infant formula that's left in the bottle** after feeding your baby. **Do not refrigerate it to save for later.** The combination of infant formula and your baby's saliva can cause bacteria to grow.

## TIPS FOR BOTTLE FEEDING



**Watch your baby for signs that he or she is full**, and then stop feeding, even if the bottle is not empty.

**Let your baby take breaks** from drinking when he or she seems to want them.

**Position the bottle at an angle** rather than straight up and down so the infant formula only comes out when your baby sucks.

## REMEMBER

- **Do not** use a bottle to feed your baby anything besides infant formula or breast milk.
- **Hold your baby close** when you feed him or her a bottle.
- **Always hold the bottle for your baby while feeding.** Propping the bottle in your baby's mouth can increase your baby's risk of choking, ear infections, and tooth decay.
- **Do not put your baby to bed with a bottle.** Infant formula can pool around the baby's teeth and this can cause tooth decay.
- **Do not force your baby to finish the bottle** if your baby is showing signs of fullness.

**If your baby is younger than 2 months old, was born prematurely, or has a weakened immune system**, you may want to take extra precautions when preparing infant formula.

Visit <https://tinyurl.com/2hvtz89> to learn more.



This institution is an equal opportunity provider.

IDHS 4605 (R-05-23) Infant Formula Preparation - Powdered

Printed by the Authority of the State of Illinois P.O. #24-0024 50,000 Copies





# WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?

The following image shows a safe sleep environment for baby.



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



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



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



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



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

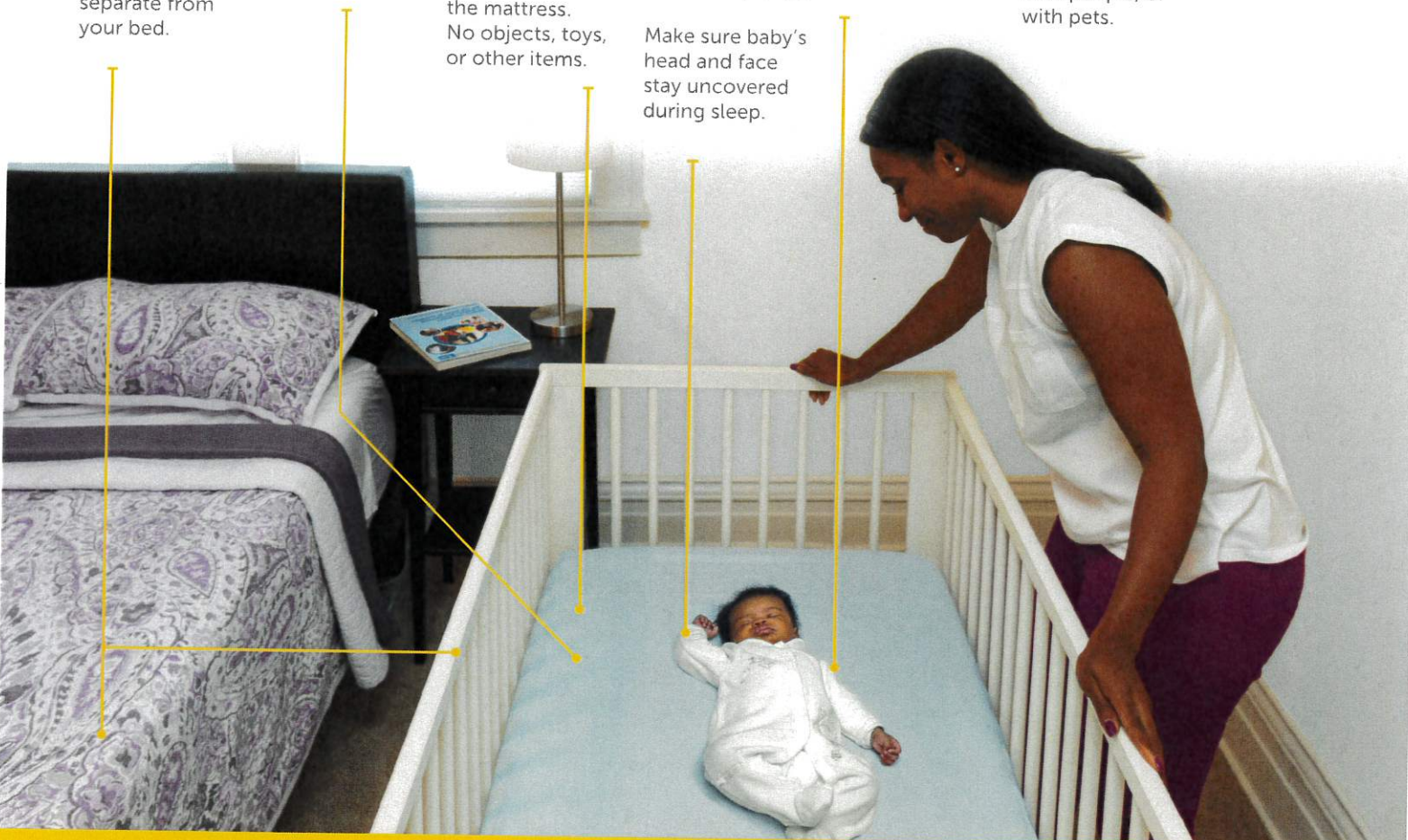


Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.



Keep baby's surroundings smoke/vape free.

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



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



NIH

Eunice Kennedy Shriver National Institute of Child Health and Human Development





# SAFE SLEEP FOR YOUR BABY

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



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



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



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

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



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



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



Feed your baby human milk, like by breastfeeding.



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



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



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



Get regular medical care throughout pregnancy.



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



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



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



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



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



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

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947

Email: [SafetoSleep@mail.nih.gov](mailto:SafetoSleep@mail.nih.gov)

Website: <https://safetosleep.nichd.nih.gov>

Telecommunications Relay Service: 7-1-1

## Choose your baby's caregivers wisely.

Consider the following questions when choosing someone to watch your baby:

**The answers to these questions should be YES:**

- Does this person want to watch my baby?
- Will I have an opportunity to watch this person with my baby before I leave?
- Is this person good with babies?
- Has this person done a good job caring for other babies that I know?
- Will my baby be cared for in a place that is safe?
- Have I told this person that a baby should never be shaken?

**The answers to these questions should be NO:**

- Will this person become angry if my baby cries or bothers him or her?
- If this person is angry with me for leaving, will he or she treat my baby roughly?
- Does this person have a history of violence that makes him or her a danger to my baby?
- Has this person had children removed from his or her custody because he or she was unable to care for them?

Tell anyone who cares for your baby to call you *any time* they become frustrated or have concerns.

## What are the signs and symptoms of Abusive Head Trauma?

Signs and symptoms of Abusive Head Trauma include:

- Extreme crankiness
- Difficulty staying awake
- Irregular or difficulty breathing
- Vomiting
- Seizures
- Tremors or shakiness
- Poor sucking or swallowing
- Lack of smiling or vocalizing
- Rigidity

## What should I do if I think my baby has been shaken?

Call 911 or immediately go to the closest hospital emergency room. Be sure to tell the doctor or nurse if you know or suspect that your child was shaken. A doctor who is not aware that a child has been shaken may treat the child's symptoms as an illness, not an injury. Injuries from Abusive Head Trauma will only get worse without treatment and could lead to death. Getting the proper medical treatment right away may save your child's life and prevent serious health problems from developing. Don't let embarrassment, guilt or fear get in the way of your child's health or life.

For more information, visit the American Academy of Pediatrics at [www.aap.org](http://www.aap.org) or Prevent Child Abuse Illinois at [www.preventchildabuseillinois.org](http://www.preventchildabuseillinois.org)

**SAFETY**  **SAFETY**  
FIRST ALWAYS

Printed by Authority of the State of Illinois  
DCFS #79 • Aug 2021 • 6,000 copies  
CPS 1050-81 • rev 9/2/21

# Never Shake A Baby!

## Understanding and Preventing Abusive Head Trauma



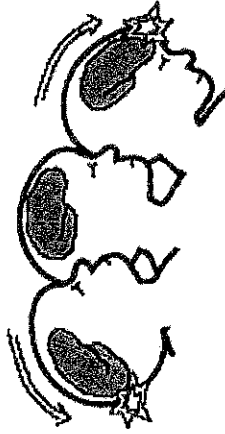
Illinois Department of  
**DCFS**  
Children & Family Services

[www2.illinois.gov/DCFS](http://www2.illinois.gov/DCFS)



## What is Abusive Head Trauma?

Abusive Head Trauma is a form of inflicted traumatic brain injury. Abusive Head Trauma (also called Shaken Baby Syndrome) describes the serious injuries that can occur when an infant or toddler is severely or violently shaken. These children, especially babies, have very weak neck muscles and do not yet have full support for their heads which are disproportionately large in relation to their bodies. When a baby or young child is shaken, the head whips back and forth slamming the brain against the hard skull, causing bruising, bleeding and swelling inside the brain. Normal interaction with a child, like bouncing the baby on a knee will not cause these injuries. However, it is important to never shake a baby because gentle shaking can escalate.



## What types of injuries can be caused by Abusive Head Trauma?

Shaking a baby or young child, even for a short time can cause irreversible damage. In the worst cases, children die from their injuries. Children who survive may have:

- Partial or total blindness
- Mental retardation
- Developmental delays
- Seizures

- Cerebral palsy
- Paralysis
- Speech and learning difficulties
- Problems with memory and attention

## What should I do when my baby cries?

All babies cry! Crying is your baby's way of communicating. When your baby cries, he may be trying to tell you he:

- Is hungry
  - Needs to be burped
  - Needs his diaper changed
  - Is too hot or too cold
  - Is in pain
- (Check for fever or teething; call your doctor or health clinic for advice.)

If your baby's basic needs have been met, the following things may help to calm your baby:

- Offer her a pacifier
- Hold her against your chest and walk or rock gently
- Place her in an infant swing
- Take her for a ride in her stroller
- Play soothing music
- Sing or talk to her
- Take her to a quiet room

## What should I do if I become upset by my baby's crying?

Sometimes babies just cry. It's okay. Crying will not hurt your baby. *It's better to let your baby cry than shake him.*

Shaking a baby is a serious form of child abuse. Anyone can shake a baby. The number one reason given by perpetrators of Abusive Head Trauma is that they were angry or frustrated because the baby wouldn't stop crying.

It's normal to feel stress when a baby is crying. Recognize when you are beginning to feel anxious or angry. Caring for a baby is a tough job. Have a plan in place because you don't want to hurt your child. If you become upset by your baby's crying, take a break, even if it means leaving the baby to cry for a few minutes:

- Gently place your baby on its back in a crib or other safe place and leave the room
- Relax, breathe deeply, and count to 10, 20 or 30
- Don't feel guilty about asking for help— call a friend or relative for support or to take over for a while
- Watch TV, listen to music, or take a shower
- As you calm down, check on your baby every five to 10 minutes

## Prevent Injury, Don't Shake!

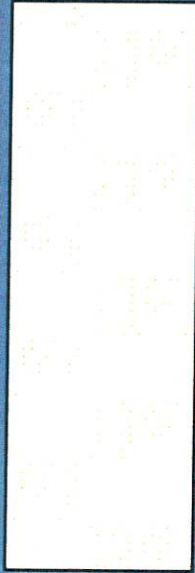


## Tips to help you cope with crying:

1. Stay calm and be patient - it could take several minutes for your baby to settle down.
2. Use your baby's cues to try to identify what your baby is telling you.
3. Hold your baby close to your body.
4. Speak softly or sing over and over.
5. Rock, sway or bounce your baby gently over and over.
6. Massage his back, arms, and legs gently.
7. If you start to feel angry or overwhelmed, put the baby down in a safe place for a few minutes and take a break.
8. Ask a friend or family member for help.
9. Contact WIC or your doctor if you think your baby is crying too much.



Never  
Shake  
a Baby



Created by the UC Davis Human Lactation Center as part of the FitWIC Baby Behavior Study.

Key Resource: Sumner, B., & Barnard, K. (1980). Keys to caregiving. Seattle: NCAST, University of Washington."

This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture, Food and Nutrition Service. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

# Why do Babies Cry?



It can be very upsetting when babies cry.  
Crying is normal, but there are things you can do to reduce it.



## Not-So Fun Facts About Crying

All babies cry.



Crying is upsetting for a reason - to make caregivers want to help.



Babies cry for many reasons, not just because they are hungry.



When you try to help, it may take a while for them to calm down. Babies need some time to respond.

The average 6-week-old baby cries for about 2 hours per day.



Babies cry less and less as they get older.



## Babies Cry for Many Reasons

Sometimes it is easy to know what your baby needs (like a diaper change!). Other times it seems like babies cry for no reason at all.

Watch for these cues to learn why your baby is crying...

If your baby is hungry, he might:

- Make sucking noises
- Pucker his lips
- Keep his hands near his mouth



If your baby needs a break from what's going on around her, she might:

- Turn or push away
- Stretch out her fingers
- Have tense muscles in her face and body



Many times babies show cues before they start crying. Watching for these cues and helping your baby be more comfortable is a good way to reduce crying.



# Your baby at 2 months

Baby's Name \_\_\_\_\_

Baby's Age \_\_\_\_\_

Today's Date \_\_\_\_\_



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

## What most babies do by this age:

### Social/Emotional Milestones

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

### Language/Communication Milestones

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

### Cognitive Milestones (learning, thinking, problem-solving)

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

### Movement/Physical Development Milestones

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

## Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

**You know your baby best.** Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your baby, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

**Don't wait.  
Acting early can make  
a real difference!**



Download CDC's  
free Milestone  
Tracker app

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



# Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns "talking" back and forth in conversation.
- Talk, read, and sing to your baby to help her develop and understand language.
- Spend time cuddling and holding your baby. This will help him feel safe and cared for. You will not spoil your baby by holding or responding to him.
- Being responsive to your baby helps him learn and grow. Limiting your screen time when you are with your baby helps you be responsive.
- Take care of yourself. Parenting can be hard work! It's easier to enjoy your new baby when you feel good yourself.
- Learn to notice and respond to your baby's signals to know what she's feeling and needs. You will feel good and your baby will feel safe and loved. For example, is she trying to "play" with you by making sounds and looking at you, or is she turning her head away, yawning, or becoming fussy because she needs a break?
- Lay your baby on his tummy when he is awake and put toys at eye level in front of him. This will help him practice lifting his head up. Do not leave your baby alone. If he seems sleepy, place him on his back in a safe sleep area (firm mattress with no blankets, pillows, bumper pads, or toys).
- Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.
- Learn when your baby is hungry by looking for signs. Watch for signs of hunger, such as putting hands to mouth, turning head toward breast/bottle, or smacking/licking lips.
- Look for signs your baby is full, such as closing her mouth or turning her head away from the breast/bottle. If your baby is not hungry, it's ok to stop feeding.
- Do not shake your baby or allow anyone else to—ever! You can damage his brain or even cause his death. Put your baby in a safe place and walk away if you're getting upset when he is crying. Check on him every 5–10 minutes. Infant crying is often worse in the first few months of life, but it gets better!
- Have routines for sleeping and feeding. This will help your baby begin to learn what to expect.

**To see more tips and activities download CDC's Milestone Tracker app.**

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

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



Download CDC's  
free Milestone  
Tracker app



**Learn the Signs. Act Early.**





## Back to Sleep, Tummy to Play

### What are the 2 most important things to remember about safe sleep practices?

- Healthy babies are safest when sleeping on their backs ([/English/ages-stages/baby/sleep/Pages/Sleep-Position-Why-Back-is-Best.aspx](#)) at nighttime and during naps. Side sleeping is not as safe as back sleeping and is not advised.
- Tummy time is for babies who are awake and being watched. Your baby needs this to develop strong muscles.



**Remember...Back to Sleep, Tummy to Play!**

### How much tummy time should an infant have?

Beginning on his first day home from the hospital or in your family child care home or center, play and interact with the baby while he is awake and on the tummy 2 to 3 times each day for a short period of time (3-5 minutes), increasing the amount of time as the baby shows he enjoys the activity. A great time to do this is following a diaper change or when the baby wakes up from a nap.

Tummy time prepares babies for the time when they will be able to slide on their bellies and crawl. As babies grow older and stronger they will need more time on their tummies to build their own strength.

### What if the baby does not like being on her tummy?

Some babies may not like the tummy time position at first. Place yourself or a toy in reach for her to play with. Eventually your baby will enjoy tummy time and begin to enjoy play in this position.

### Doesn't sleeping on her back cause the baby to have a flat head?

Parents and caregivers often worry about the baby developing a flat spot on the back of the head ([/English/health-issues/conditions/Cleft-Craniofacial/Pages/Positional-Skull-Deformities-and-Torticollis.aspx](#)) because of sleeping on the back. Though it is possible for a baby to develop a flat spot on the head, it usually rounds out as they grow older and sit up.

### There are ways to reduce the risk of the baby developing a flat spot:

- Alternate which end of the crib you place the baby's feet. This will cause her to naturally turn toward light or objects in different positions, which will lessen the pressure on one particular spot on her head.
- When the baby is awake, vary her position. Limit time spent in freestanding swings, bouncy chairs, and car seats. These items all put added pressure on the back of the baby's head.
- Spend time holding the baby in your arms as well as watching her play on the floor, both on her tummy and on her back.
- A breastfed baby would normally change breasts during feeding; if the baby is bottle fed, switch the side that she feeds on during feeding.

### How can I exercise the baby while he is on his tummy?

There are lots of ways to play with the baby while he is on his tummy ([/English/ages-stages/baby/sleep/Pages/The-](#)



Importance-of-Tummy-Time.aspx).

- Place yourself or a toy just out of the baby's reach during playtime to get him to reach for you or the toy.
- Place toys in a circle around the baby. Reaching to different points in the circle will allow him to develop the appropriate muscles to roll over, scoot on his belly, and crawl.
- Lie on your back and place the baby on your chest. The baby will lift his head and use his arms to try to see your face.
- While keeping watch, have a young child play with the baby while on his tummy. Young children can get down on the floor easily. They generally have energy for playing with babies, may really enjoy their role as the "big kid," and are likely to have fun themselves.

## Back to sleep and tummy to play

Follow these easy steps to create a safe sleep environment (/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx) in your home, family child care home, or child care center:

- Always place babies on their backs to sleep, even for short naps.
- Place babies on a firm sleep surface that meets current safety standards. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site (<https://www.cpsc.gov/>).
- Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation from the baby's sleep area.
- Make sure the baby's head and face remain uncovered during sleep.
- Place the baby in a smoke-free environment.
- Do not let babies get too hot. Keep the room where babies sleep at a comfortable temperature. In general, dress babies in no more than one extra layer than you would wear. Babies may be too hot if they are sweating or if their chests feel hot. If you are worried that babies are cold, use a wearable blanket such as a sleeping sack or warm sleeper that is the right size for each baby. These are made to cover the body and not the head.
- If you are working in a family child care home or center, create a written safe sleep policy to ensure that staff and families understand and practice back to sleep and sudden infant death syndrome (SIDS) and suffocation risk reduction practices in child care. If you are a parent with a child in out-of-home child care, advocate for the creation of a safe sleep policy.

## Additional Information from HealthyChildren.org:

- How to Keep Your Sleeping Baby Safe: AAP Policy Explained (/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx)
- Is Your Baby's Physical Development on Track? (/English/ages-stages/baby/Pages/Is-Your-Babys-Physical-Development-on-Track.aspx)
- Tummy Time Activities (/English/ages-stages/baby/sleep/Pages/The-Importance-of-Tummy-Time.aspx)
- Flat Head Syndrome & Your Baby: Information about Positional Skull Deformities (/English/health-issues/conditions/Cleft-Craniofacial/Pages/Positional-Skull-Deformities-and-Torticollis.aspx)
- Baby Helmet Therapy: Parent FAQs (/English/health-issues/conditions/Cleft-Craniofacial/Pages/Baby-Helmet-Therapy-Parent-FAQs.aspx)
- The Healthy Children Show: Sleep (/English/ages-stages/baby/sleep/Pages/The-Healthy-Children-Show-Sleep-Video.aspx) (Video)

**Last Updated** 1/20/2017

**Source** Back to Sleep, Tummy to Play (Copyright © 2008 American Academy of Pediatrics, Updated 08/2016)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.



## Secondhand Smoke and Child Custody

By: Fernando Urrego, MD, FAAP

Many parents know that smoking cigarettes damages their health. What they might not realize is that, in family court cases, the habit also can hurt their chances for custody of their kids.

### What's in the Child's Best Interest?

Regardless of the state you live in or whether you are fighting for full or joint custody, the judge who decides your case will be asking, *"What outcome will protect the safety and well-being of your child and what is in the child's best interest?"*



This involves many factors—including anything that might affect a child's health. In a rising number of custody cases, courts are also factoring in whether parents, or other family members smoke in the home or car when children are present.

### Smoke-Filled Risk

Secondhand smoke contains about 4,000 different chemicals, many of which can cause cancer. It is proven to increase short- and long-term health risks in children exposed to it, including:

- Asthma
- Respiratory infections (like bronchitis and pneumonia)
- Chronic cough and other lung problems
- Ear infections
- Sudden infant death syndrome (SIDS) (for babies younger than 1 year)
- Children whose parents smoke also are more likely to be involved in fires that start when they play with matches, lighters or lit cigarettes accidentally left within their reach.

### Is Smoking Around Kids Child Abuse?

According to federal law, child abuse is "an act or failure to act which presents an imminent risk of serious harm." Custody attorneys may argue that knowingly and repeatedly exposing a child to secondhand smoke is a form of child abuse and reason to limit custody or visitation rights—especially if a child has a health condition such as asthma ([/English/health-issues/conditions/tobacco/Pages/Tobacco-and-Children-with-Asthma.aspx](#)).

Whether exposure to secondhand smoke is child abuse is the source of much debate, and custody cases may include a range of pro and con arguments:

- **Addiction, or criminal act?** Some judges may emphasize the addictive power of nicotine in cigarettes. They may rule that, like other chronic illnesses, nicotine dependence is a disease, and the parent who smokes should be allowed to undergo treatment without judgment. The other side of the argument assumes a "moral failure" by



the parent who exposes the child to a dangerous situation. From this point of view, exposing a child to secondhand smoke can be considered a criminal act. Back to Top

- **Privacy rights.** Complicating the issue is legal debate over a parent's privacy right, not only to smoke in their own home, but to raise his or her child without intervention from the state. The court will determine if the parent's rights outweigh the best interest of the child.

## Further Clouding the Issue...

Courts considering a child's exposure to secondhand smoke in a custody or visitation case look to the state's Uniform Marriage and Divorce Act (<http://www.uniformlaws.org/ActSummary.aspx?title=Marriage%20and%20Divorce%20Act%2c%20Model>) for guidance. Exposure to secondhand smoke is typically considered as part of a "health" or "safety" factor in the custody proceedings.

## Some of the situations that can become sticking points in custody cases:

- **Sick and sicker.** Non-smoking caregivers seeking to challenge custody or visitation rights can make the case that a child's respiratory illnesses worsen when visiting a parent smokes and may cause a life-threatening asthma attack, for example.
  - In *Mitchell v. Mitchell*, a Tennessee Court of Appeals judge awarded custody of a 6-year-old boy with asthma to his non-smoking father. The mother and grandmother smoked near the child despite being advised by a doctor that the smoke would aggravate the child's asthma.
  - In Louisiana's *Badeaux v. Badeaux*, a judge limited a smoking father's visitation rights after his son developed asthma and repeated upper respiratory infections.
- **Long-term risk.** Even if a child has no current illness, judges may consider evidence that secondhand smoke can affect his or her health later or in other ways. Teens who have been exposed to secondhand smoke perform worse on lung function tests, for example. Exposure also increases the chance cancer or other diseases in adulthood. And studies also show the more time a child is exposed to a parent who is addicted to smoking, the more likely the child will take up cigarettes and become a heavy smoker themselves.
- **When both parents smoke.** In some cases, when both parents smoke, the judge has granted custody to a non-smoking relative or other caregiver.

## What Parents Can Do

Take steps that will show a judge you are working to protect your child from the dangers of secondhand smoke:

- **If you smoke, quit.** Judges often take into consideration whether the smoking parent is willing to stop smoking (</English/health-issues/conditions/tobacco/Pages/How-to-Quit-When-the-Smoker-is-You.aspx>). Because nicotine in cigarettes is addictive and quitting smoking can be difficult, however, judges may question whether you'll follow through. To increase the odds that smoking won't hurt your custody chances, take steps to break the habit well before the case begins.
- **Start a home and car smoking ban.** If you haven't yet been able to quit, or are unwilling to, make it a rule to never smoke around your child, and make sure their home and cars are completely smoke-free (</English/health-issues/conditions/tobacco/Pages/Why-Smoke-free-Environments-Big-Deal.aspx>). Chemicals from tobacco smoke and vapor settle on surfaces where children play, eat and sleep, exposing them even when cigarettes are not lit.
- **Friends and family.** Judges consider whether other people (</English/health-issues/conditions/tobacco/Pages/How-Parents-Can-Prevent-Exposure-Thirdhand-Smoke.aspx>) in child's life, such as grandparents and friends, will expose the child to secondhand smoke. Make sure anyone who you let spend time with your child doesn't smoke around them or in spaces they use.



## Remember

[Back to Top](#)

Custody cases, especially in divorce ([/English/healthy-living/emotional-wellness/Building-Resilience/Pages/How-to-Talk-to-Your-Children-about-Divorce.aspx](#)), are difficult times for both parents and children. Your ability to provide a safe and healthy environment in regards to smoking, when the other parent cannot, may be just the issue that sways your custody case with the Judge.

**Don't let your chance to win custody go up in smoke just because you smoke cigarettes!**

## Additional Information from HealthyChildren.org

- [Smoking Hurts Everyone \(/English/health-issues/conditions/tobacco/Pages/Smoking-Hurts-Everyone.aspx\)](#)
- [How to Quit: When the Smoker is You \(/English/health-issues/conditions/tobacco/Pages/How-to-Quit-When-the-Smoker-is-You.aspx\)](#)
- [Tobacco and Children with Asthma \(/English/health-issues/conditions/tobacco/Pages/Tobacco-and-Children-with-Asthma.aspx\)](#)
- [The Dangers of Secondhand Smoke \(/English/health-issues/conditions/tobacco/Pages/Dangers-of-Secondhand-Smoke.aspx\)](#)
- [How to Talk to Your Children about Divorce \(/English/healthy-living/emotional-wellness/Building-Resilience/Pages/How-to-Talk-to-Your-Children-about-Divorce.aspx\)](#)
- [Ask the Pediatrician: What are the possible effects of secondhand smoke on infants? \(/English/tips-tools/ask-the-pediatrician/Pages/What-are-the-possible-effects-of-secondhand-smoke-on-infants.aspx\)](#)

## About Dr. Urrego:

**Fernando Urrego, MD, FAAP**, is a pediatric pulmonologist in New Orleans, Louisiana and is affiliated with Ochsner Health System. Within the American Academy of Pediatrics, Dr. Urrego is a member of both the Section on Pediatric Pulmonology & Sleep Medicine and the Section on Tobacco Control.

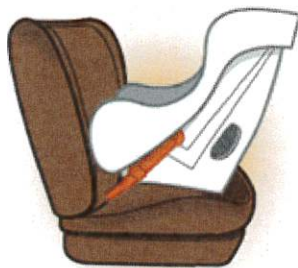
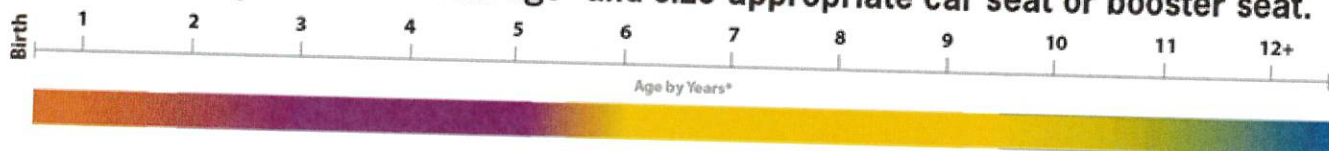
**Last Updated** 9/27/2017

**Source** Section on Tobacco Control (Copyright © 2017 American Academy of Pediatrics)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.



Using the correct car seat or booster seat can be a lifesaver: make sure your child is always buckled in an age- and size-appropriate car seat or booster seat.



#### REAR-FACING CAR SEAT

##### Birth up to Age 2\*

Buckle children in a rear-facing seat until age 2 or when they reach the upper weight or height limit of that seat.



#### FORWARD-FACING CAR SEAT

##### Age 2 up to at least age 5\*

When children outgrow their rear-facing seat, they should be buckled in a forward-facing car seat until at least age 5 or when they reach the upper weight or height limit of that seat.



#### BOOSTER SEAT

##### Age 5 up until seat belts fit properly\*

Once children outgrow their forward-facing seat, they should be buckled in a booster seat until seat belts fit properly. The recommended height for proper seat belt fit is 57 inches tall.



#### SEAT BELT

##### Once seat belts fit properly without a booster seat

Children no longer need to use a booster seat once seat belts fit them properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck).

**Keep children ages 12 and under in the back seat. Never place a rear-facing car seat in front of an active air bag.**

\*Recommended age ranges for each seat type vary to account for differences in child growth and height/weight limits of car seats and booster seats. Use the car seat or booster seat owner's manual to check installation and the seat height/weight limits, and proper seat use.

Child safety seat recommendations: American Academy of Pediatrics.  
Graphic design: adapted from National Highway Traffic Safety Administration.  
[www.cdc.gov/motorvehiclesafety/cps](http://www.cdc.gov/motorvehiclesafety/cps)





# No Smoking

Babies should not be exposed to cigarettes or smoke in any way, shape, or form. Did you know that there are three different types of smoke and ways to inhale it?

1. **First-hand smoke:** This is when smoke is inhaled directly from smoking cigarettes.
2. **Second-hand smoke:** The smoke is inhaled by someone who is not smoking cigarettes (either from the cigarette itself or blown by the smoker).
3. **Third-hand smoke:** This is when residual gas particles from smoke fall on every surface where a cigarette was lit. This includes; clothing, hair, furniture, and more. It takes at least three washes to remove these particles.



Caregivers should never smoke around a baby. If you must smoke, be sure to do it outside and away from the baby. And remember change your clothing before handling him/her again to avoid exposing the baby to third hand smoke.

## Why must you smoke outside?

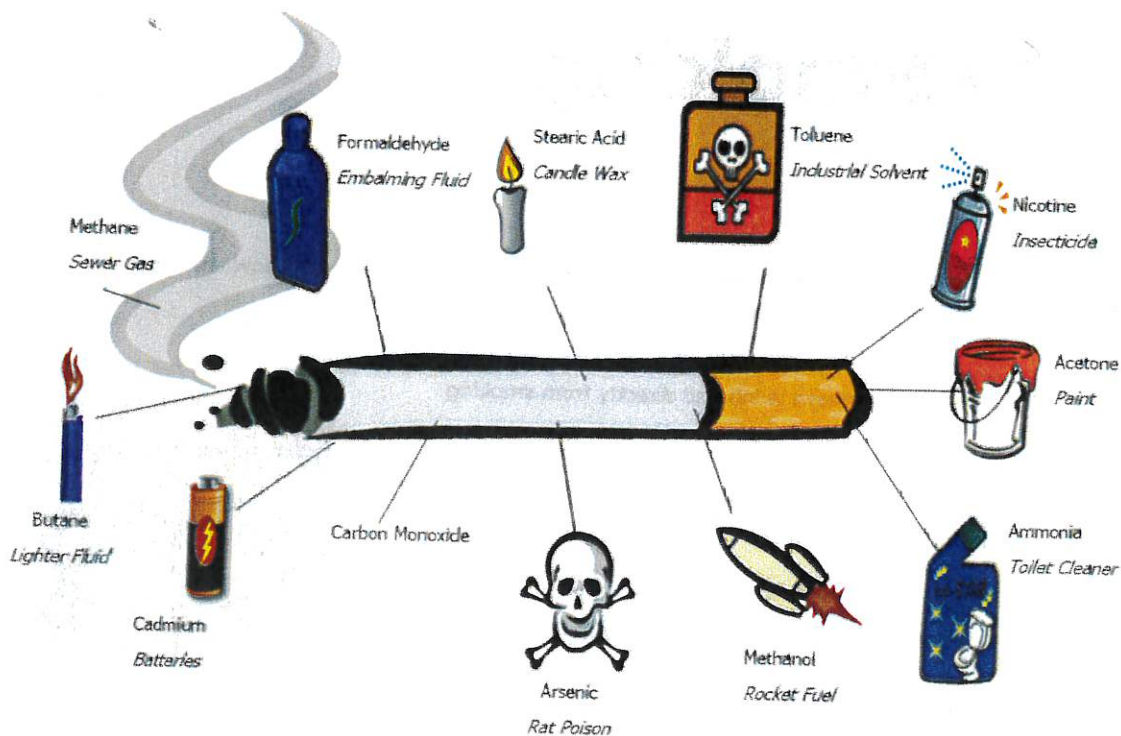
If you smoke inside, the baby will be exposed to both second hand and third hand smoke. When you smoke inside, the particles from the smoke will be on all the surfaces that your baby touches. It will be on your carpet, couch, bed, and their sleeping environment. For example, if you smoke inside and you practice tummy time, the baby will breathe in the smoke off your carpet or their tummy time mat.

## What are the benefits of quitting before or during pregnancy?

Quitting smoking before or during your pregnancy will

- decrease your chances of a miscarriage,
- reduce health risks in the last three months of pregnancy,
- lower chance of an early birth,
- increase the birth weight of your baby,
- and lower the risk of Sudden Infant Death Syndrome.

There is nothing healthy about a cigarette. You may be surprised to hear what cigarettes are made of. What exactly is in cigarettes, you ask?



## E-Cigarettes

If after hearing the facts about cigarettes you are considering switching to E-cigarettes, you should think about the harm those can have on your baby too. E-cigarettes and vapor pens do still contain nicotine which can harm your baby if you are pregnant. Nicotine will constrict your blood vessels and restrict the blood flow to the baby. This will limit the nutrients your baby receives through the placenta.

## Ways to substitute your smoking habits

*If you smoke when you:*

- Drink coffee
- Finish a meal
- Watch TV

*Try to:*

- Switch to tea or hot chocolate.
- Move around and take a walk after.
- Find another hobby or distraction such as; doodling, drawing, playing cards, and meditating.

\*Activities that involve the use of your hands are the best substitution to smoking.

If your mouth needs a substitute, there are several healthier alternatives to the cigarettes. You could try:

- chewing gum,
- biting on a straw or toothpick,
- eating fresh fruit, or even sugar free candy.

If your hands need a distraction, there are many tricks for that too. You could try:

- carrying a straw,
- playing with a rubber band or paper clip,
- squeezing a rubber ball,
- or doing a crossword puzzle.



# Need Help Getting to a Doctor's Visit?



## Illinois Medicaid Managed Care Consumer Benefits Transportation Toolkit

This is a quick guide on:

- How to set up a ride
- What additional rides are covered by your plan
- What to think about when planning ahead

To start, click on your plan from the list below:

- Aetna
- BCBSIL
- CountyCare
- Humana
- Meridian
- Molina



V1-08/2022

For additional details, please look up



**Don't know your plan?** If you do not know which Medicaid Health Plan you have, please contact the Illinois Department of Healthcare and Family Services (HFS) at this number: **(800) 226-0768**.





# Illinois Medicaid Managed Care Consumer Benefits Transportation Toolkit

On Behalf of Aetna Better Health of Illinois

1

## Health Plan Numbers to Set Up Non-Emergency Rides to Healthcare in Advance



**Medicaid and DCFS Youth** - (866) 913-1265

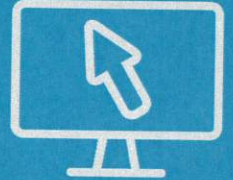
**Special Needs Children** - (866) 913-5796

**Managed Long Term Services and Supports (MLTSS)** - (866) 913-1441

**Medicare-Medicaid Alignment Initiative (MMAI)**: (866) 600-2139

2

## Website to Schedule Rides



Member login link to schedule and manage trips: <https://member.modivcare.com/en/login>

Aetna also has a Member App to schedule / manage trips. It is available on the **App Store** and **Google Play**. Just search "**ModivCare**"

3

## Additional Rides That May be Covered

Rides to the grocery store



Rides to get diabetes supplies and education

Rides to Aetna-Sponsored Events



4

## Scheduling Policies



Please call these numbers **48 hours before** your appointment to set up a ride or a **standing order**.

### **Remember to Plan Ahead**

When you book your ride, make sure to talk to your health plan about any needs for the ride. This could include bringing extra people.

V1-08/2022

### How do I find out if a health care service or benefit is covered?

To find out if a health service or benefit is covered, call Aetna Member Services at (866) 329-4701 or view the **Aetna Member Handbook here**.

To find a Dentist call 1-888-286-2447  
LINK Helpline: 1-800-678-5465

If you are having an emergency, call 911.



# Illinois Medicaid Managed Care Consumer Benefits Transportation Toolkit

On Behalf of Blue Cross and Blue Shield of Illinois

1

## Health Plan Numbers to Set Up Non-Emergency Rides to Healthcare in Advance



**Reservation Line** - (877) 831-3148

Call (877) 831-3148 or download the ModivCare App to get real-time driver location

2

## Website to Schedule Rides



BCBSIL has a ModivCare App to schedule / manage trips. It is available on the **App Store** and **Google Play**. Just search "**ModivCare**"

3

## Additional Rides That May be Covered

Rides to the pharmacy to pick up medication



Free bus passes to doctors' visits

Rides to Blue Door Neighborhood Center



4

## Scheduling Policies



**For routine trips**, please contact at least 3 business days in advance. You can book a ride up to **60 days** in advance.

**Urgent Trips / Hospital Discharges:** If you need a ride right away and can't give a 3-day notice, please call the **Reservation Line**.

### **Remember to Plan Ahead**

When you book your ride, make sure to talk to your health plan about any needs for the ride. This could include bringing extra people.

VI-08/2022

\*If you live within **two blocks** of a bus stop, you can get free bus passes for your doctors' appointments. Bus passes can be provided to get you to and from your doctor's visit.

#### **How do I find out if a health care service or benefit is covered?**

To find out if a health service or benefit is covered, call BCBSIL Member Services at **(877) 860-2837** or view the **BCBSIL Member Handbook** [here](#).

To find a Dentist call 1888-286-2447  
LINK Helpline: 1-800-678-5465

**If you are having an emergency, call 911.**



# Illinois Medicaid Managed Care Consumer Benefits Transportation Toolkit

On Behalf of CountyCare Health Plan

1

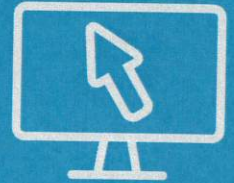
## Health Plan Numbers to Set Up Non-Emergency Rides to Healthcare in Advance



Phone Number: (312) 864-8200

2

## Website to Schedule Rides



CountyCare does not have a website to schedule rides.

3

## Additional Rides That May be Covered

Rides to the eye doctor and dentist



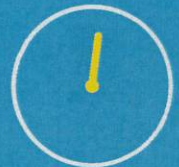
Rides to Woman, Infant, and Children (WIC) clinics

Rides to get COVID vaccinations



4

## Scheduling Policies



Trips must be scheduled at least **72 hours** in advance.

### Remember to Plan Ahead

When you book your ride, make sure to talk to your health plan about any needs for the ride. This could include bringing extra people.

VI-08/2022

### How do I find out if a health care service or benefit is covered?

To find out if a health service or benefit is covered, call CountyCare Member Services at **(312) 864-8200** or view the **CountyCare Member Handbook** here.

\* CountyCare covers the **Cook County** area only.

To find a Dentist call 1888-286-2447  
LINK Helpline: 1-800-678-5465  
If you are having an emergency, call 911.



# Illinois Medicaid Managed Care Consumer Benefits Transportation Toolkit

On Behalf of Humana

1

## Health Plan Numbers to Set Up Non-Emergency Rides to Healthcare in Advance

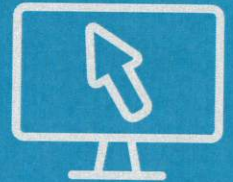


**Phone Number:** (855) 253-6867

You may call to schedule a ride Monday-Friday from 8 a.m. to 8 p.m. CST.

2

## Website to Schedule Rides



Member login link to schedule and manage trips: <https://www.mtm-inc.net>

Humana also has a Member App to schedule / manage trips. It is available on the **App Store** and **Google Play**. Just search "**MTM Link Member**"

3

## Additional Rides That May be Covered

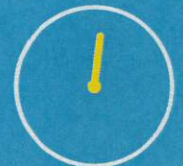
Rides to the pharmacy to pick up medication



Rides to and from a nursing home

4

## Scheduling Policies



Rides should be scheduled no later than **2 business days** before an appointment.

### **Remember to Plan Ahead**

When you book your ride, make sure to talk to your health plan about any needs for the ride. This could include bringing extra people.

V1-08/2022

### **How do I find out if a health care service or benefit is covered?**

To find out if a health service or benefit is covered, call Humana Member Services at **(800) 787-3311** or view the **Humana Member Handbook here**.

To find a Dentist call 1888-286-2447  
LINK Helpline: 1-800-678-5465

**If you are having an emergency, call 911.**



# Illinois Medicaid Managed Care Consumer Benefits Transportation Toolkit

On Behalf of Meridian

1

## Health Plan Numbers to Set Up Non-Emergency Rides to Healthcare in Advance



**Phone Number:** (866) 796-1165

MTM Vendor Call Center is open **8 a.m. to 6 p.m.** CST. An answering service is available 24/7 after call center hours.

2

## Website to Schedule Rides



Meridian does not have a website to schedule rides.

3

## Additional Rides That May be Covered

Rides to the pharmacy to pick up medication



Rides to Woman, Infant, and Children (WIC) clinics

Rides to get treatment for substance use disorder



4

## Scheduling Policies



**Routine Sedan Ride or Bus Ticket:** 72-hour notice required.

**Get Money Back for Gas:** Can be requested up to the date of the trip.

**Get Money Back for Gas to the ER:** Can be requested up to 7 days after the date of the service.

**Urgent Trips:** Can be scheduled the same day

### **Remember to Plan Ahead**

When you book your ride, make sure to talk to your health plan about any needs for the ride. This could include bringing extra people.

VI-08/2022

### How do I find out if a health care service or benefit is covered?

To find out if a health service or benefit is covered, call Meridian Health Member Services at **(866) 606-3700** or view the **Meridian Member Handbook here.**

To find a Dentist call 1888-286-2447  
LINK Helpline: 1-800-678-5465

If you are having an emergency, call 911.



# Illinois Medicaid Managed Care Consumer Benefits Transportation Toolkit

On Behalf of Molina Healthcare

1

## Health Plan Numbers to Set Up Non-Emergency Rides to Healthcare in Advance

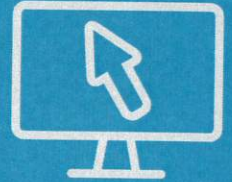


**HealthChoice Illinois:** (844) 644-6354

**Medicare-Medicaid Alignment Initiative (MMAI):** (844) 644-6353

2

## Website to Schedule Rides



Member login link to schedule and manage trips:  
<https://idp-ua.mtmlink.net/Account/Login>

Molina also has a Member App to schedule / manage trips. It is available on the **App Store** and **Google Play**. Just search "**MTM Link Member**"

3

## Additional Rides That May be Covered

Rides to the pharmacy to pick up medication



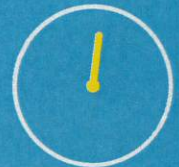
Rides to Molina Community Events

Rides for parents to visit babies that are still in the hospital (NICU)



4

## Scheduling Policies



Trips must be scheduled at least **72 hours** in advance.

If you choose to drive yourself, you may be able to get money back for your gas. For more information, visit [www.mtm-inc.net/mileage-reimbursement/](http://www.mtm-inc.net/mileage-reimbursement/)

### **Remember to Plan Ahead**

When you book your ride, make sure to talk to your health plan about any needs for the ride. This could include bringing extra people.

V1-08/2022

### How do I find out if a health care service or benefit is covered?

To find out if a health service or benefit is covered, call Molina Member Services at **(855) 687-7861** or view the **Molina Member Handbook** [here](#).

To find a Dentist call 1888-286-2447  
LINK Helpline: 1-800-678-5465

If you are having an emergency, call 911.