

EMPOWER

Home Visiting

Guidebook





Table of Contents

Introduction	4
Empower Home Visiting Nutrition Pregnancy Standards	5
Standard 1: Healthy Eating	6
Standard 2: Healthy Weight.....	8
Standard 3: Food Safety.....	10
Standard 4: Common Nutrition Concerns.....	13
Standard 5: Prenatal Education	16
Empower Home Visiting Nutrition Infant/Toddler Standards	21
Empower Home Visiting Standard 1: Infant Feeding (0-6 months)	22
Empower Home Visiting Standard 2: Oral Health.....	25
Empower Home Visiting Standard 3: Infant Feeding (6-12 months)	27
Empower Home Visiting Standard 4: Toddler/Child Feeding	31
Empower Home Visiting Standard 5: Fruit Juice	34
Empower Home Visiting Standard 6: Physical Activity.....	36
Empower Home Visiting Standard 7: Screen Time	40
Empower Home Visiting Standard 8: Family Style Meals	42
Empower Home Visiting Standard 9: Cooking.....	45
Empower Home Visiting Standard 10: Food Safety.....	48
Resources	55
References	57

Introduction

As parents, caregivers, home visitors and community members, we want infants and young children to develop healthy habits with their families. We know that these habits begin to develop at home. The Arizona Department of Health Services (ADHS) Empower Home Visiting Program focuses on nutrition, physical activity and oral health to support the development of these healthy habits. Empower Home Visiting offers an avenue to reach home visitors and the families they work with across the state of Arizona.

Recognizing the value and importance of Home Visiting Programs in helping families and young children get a healthy start, ADHS has created the Empower Home Visiting Guidebook. This guide is designed to help Home Visiting Program Staff implement the 10 Standards of the Empower Home Visiting Program. Additionally, home visitation programs that work with pregnant women will find guidance to implement 5 Nutrition Pregnancy Standards.

The Empower Home Visiting Guidebook is based on current science, public health research and national recommendations.

The Guidebook can be used by professionals in a variety of settings, including:

- Home Visiting Programs that target young families, pregnant women, first-time mothers, infants, toddlers and young children, typically up to age five.
- Sponsoring agencies, community coalitions, government agencies and other groups interested in improving health and obesity prevention practices in home visiting settings.

Home Visiting Program staff will find resources, including strategies and activities, to engage with families. Home visitors will find specific recommendations for implementing the Empower Home Visiting Standards with the families they work with.

By implementing the Empower Home Visiting Standards, you are supporting healthy relationships with food, promoting physical activity, encouraging healthy oral hygiene practices and supporting healthy eating recommendations. These will help to develop a healthy foundation for optimal growth and development to build healthy and strong families.

Thank You for Helping Build Strong Families in Arizona!

Nutrition Pregnancy Standards

Nutrition Pregnancy Standards

1. **Healthy Eating**

Guide healthy eating habits for pregnant women and encourage families to utilize community resources that support nutrition education and healthy foods during pregnancy.

2. **Health Weight**

Identify opportunities for families to improve eating habits and/or safe levels of activity to promote healthy weight gain and improve maternal and child health outcomes.

3. **Food Safety During Pregnancy**

Share important food safety messages with families including foods to limit or avoid during pregnancy

4. **Common Nutrition Concerns**

Help families understand common nutrition concerns associated with pregnancy. Address symptoms with safe tips that support adequate nutrition during pregnancy.

5. **Prenatal Education**

Promote prenatal education that can empower parents and families, improve the birthing experience, and support optimal feeding while helping moms to meet their breastfeeding goals.

Standard 1

Healthy Eating

Promote healthy eating habits. Encourage women to utilize community resources that support nutrition education and healthy foods.

Why is this Standard important?

Healthy eating habits and good nutrition are key components of a healthy pregnancy. The pregnant woman's body provides the environment for the growth and development of her baby, and so it is important that she and her baby get the nutrients they need. Nutritional deficiencies are associated with certain birth defects, preterm birth, and low birth weight. Incorporating and choosing high quality, nutritious foods helps support positive health outcomes for women and their babies.

Help women adopt healthy eating habits that meet nutrient needs:

Nutrient Needs

Healthy eating is a broad term to describe desirable eating patterns that help people meet their nutritional needs through the foods they eat. These healthy foods provide the nutrients our bodies need to stay healthy. Pregnancy is a unique time period when a woman's nutrient needs change to support the growth and development of a healthy baby.

Our primary nutrient needs can be broken down into the following categories: energy (calories), macronutrients (carbohydrates, protein, and fat), micronutrients (vitamins and minerals), and fluid (water) needs.

Calories

Have you ever heard the expression that women are “eating for two” during pregnancy? It's true that women's calorie needs increase to support a healthy pregnancy, but most women can meet these additional needs just by choosing one or two extra servings of nutritious foods that are already part of their diet.

The phrase “eating for two” doesn't really mean that a woman needs twice the calories she normally does. Instead, remind women that the foods they are eating are also supplying all the nutrition for their growing baby.

Iron

Your body uses iron to help make red blood cells and carry oxygen throughout your body. Iron needs increase greatly during pregnancy due to an increase in the blood volume in a woman's body. Iron in foods like red meat is most readily absorbed by the body. Other good sources of iron are beans, leafy greens, and iron fortified cereals and grains. Eating vitamin C rich foods with sources of iron will help increase absorption.

Folic Acid

Folic acid is a B-vitamin that plays an important role in reducing the risk of certain birth defects. Non-pregnant adult women need about 400mcg /day. These needs increase up to 800 mcg/day during pregnancy. Good sources of folic acid include leafy greens, beans, whole grains, or fortified breakfast cereals and grains.

Many women have a hard time getting enough folic acid through food sources alone. Taking a regular multi-vitamin or prenatal vitamin during pregnancy can help non-pregnant and pregnant women meet these needs.

Fluid Needs

Women should be encouraged to drink to thirst, focusing on water. Eight to ten glasses per day is a common recommendation, but women may need to drink more in hot climates. Sugary drinks like soda, flavored teas, fruit drinks, or sports drinks should be limited. These drinks have little nutritional value and contribute extra sugar and calories to a woman's diet.

MyPlate

Women can choose healthy foods from each food group featured on MyPlate to ensure she and her baby are getting the nutrition they need. In addition to vitamins and minerals, good sources of whole grains, protein, fruits, vegetables, and low-fat dairy products provide the calories necessary for healthy growth. For detailed guidance, women can create a Daily Food Plan from ChooseMyPlate.gov that outlines the types and servings of foods to eat each day based on her individual needs.

Go to ChooseMyPlate.gov to:

- Help women create a Daily Food Plan just for them
- Find healthy choices in each food group
- Find more resources and healthy eating tips for pregnant and breastfeeding women, preschoolers, and families

Community Resources

WIC provides breastfeeding support, nutrition education, and healthy foods to eligible women, infants, and children in Arizona. Go to azwic.gov to learn more about WIC eligibility and resources.

Standard 2

Healthy Weight

Identify opportunities for families to improve eating habits and/or safe levels of activity to promote healthy weight gain and improve maternal and child health outcomes.

Why is this Standard important?

Women are encouraged to achieve and maintain a healthy weight before becoming pregnant. This may reduce a woman's risk of complications during pregnancy, increase chances of a healthy infant birth weight, and improve the long term health of both mother and infant.

Help women achieve healthy weight gain during pregnancy:

Weight Gain Guidelines

During pregnancy, pregnant women are encouraged to gain weight within the 2009 Institute of Medicine (IOM) gestational weight gain guidelines. These recommendations are based on a woman's pre-pregnancy weight.

Women that gain more than the recommended range may have a harder time returning to their pre-pregnancy weight and may be at increased risk of complications during their pregnancy. Women that do not gain enough weight during pregnancy have a greater risk of premature delivery and an infant with a low birth weight. Women should make regular visits to their health care provider to monitor their progress. If women are advised that they are gaining too quickly or too slowly, they can change the amount they are eating to get on track.

Gaining too quickly?

- The best way to eat fewer calories is to decrease the amount of "extras" being eaten.
- "Extras" are added sugars and solid fats in foods like soft drinks, desserts, fried foods, cheese, whole milk, and fatty meats. Look for choices that are low-fat, fat-free, unsweetened, or with no-added-sugars. They have fewer "extras."
- Alcohol is also considered an "extra," but women should not drink at all while pregnant.

Gaining too slowly?

- Women that are not gaining weight, or gaining too slowly, need to eat more calories. They can do this by eating a little more from each food group.
- "Extras" have little nutritional value and are not the best source to get more calories.

Physical Activity during Pregnancy

Regular physical activity is beneficial for a woman's overall health during pregnancy and should be encouraged. Being moderately active keeps women fit without increasing the risk of early pregnancy loss, preterm delivery, or low birth weight.

How much activity?

Unless a woman has medical reasons to avoid physical activity during pregnancy, she can begin or continue moderate-intensity aerobic physical activity during her pregnancy and after the baby is born.

Points to remember:

- Healthy women who are not already highly active or doing vigorous-intensity activity should get at least 150 minutes of moderate-intensity aerobic activity during the week and during the postpartum period.
- Women who already engage in vigorous-intensity activities or who are highly active can continue physical activity during pregnancy and the postpartum period.
- When beginning physical activity during pregnancy, women should increase the amount gradually over time.
- The effects of vigorous-intensity aerobic activity during pregnancy have not been studied carefully. There is no basis for recommending that women should begin vigorous-intensity activity during pregnancy.
- Women who are pregnant should be under the care of a health care provider with whom they can discuss how to adjust amounts of physical activity during pregnancy and the postpartum period.

Activities to Limit

During pregnancy women should avoid:

- Doing activities that involve lying on their back after the first trimester
- Doing activities with high risk of falling or abdominal trauma, including contact or collision sports such as horseback riding, soccer, basketball, and downhill skiing

Standard 3

Food Safety during Pregnancy

Share important food safety messages with families including foods to limit or avoid during pregnancy.

Why is this Standard important?

During pregnancy, there are changes that make it harder for a woman to fight off infections. The unborn baby's immune system is not fully ready to fight infections either, and this makes both mom and baby more vulnerable to getting sick when mom eats unsafe foods (also known as foodborne illness).

Pregnant women are more likely to get sicker than they would if they were not pregnant. Some foodborne illnesses can cause a miscarriage, can cause the baby to be born early, or can cause health problems and even death for the child once they are born.

Help moms to be food safe:

There are many bacteria such as *E. coli* O157:H7 and *Salmonella* that can make us sick, especially during pregnancy. Like the rest of the family, moms should follow the guidelines that are good for everyone to follow:

CLEAN:	Wash hands and surfaces often.
SEPARATE:	Don't cross-contaminate. For example, after cutting meat, wash the knife before using it to cut vegetables.
COOK:	Cook to proper temperature using a food thermometer.
CHILL:	Refrigerate promptly.

More detailed information about these four topics is available in the Standard 10 – Food Safety section. In addition to these general guidelines, there are specific recommendations for pregnant women to protect themselves and their unborn babies:

Foodborne Risks for Pregnant Women

As a mom-to-be, there are a few specific foodborne risks that she needs to be aware of. These risks can cause serious illness or death to her or her unborn child. She can follow these steps to help ensure a healthy pregnancy:

1. *Listeria monocytogenes*

What it is: A harmful bacterium that can grow at refrigerator temperatures where most other foodborne bacteria do not. It causes an illness called listeriosis.

Where it's found: Refrigerated, ready-to-eat foods and unpasteurized milk and milk products.

How to prevent illness:

- Follow the 4 Simple Steps above – clean, separate, cook, and chill.
- Do not eat hot dogs and luncheon meats - unless they're reheated until steaming hot.
- Do not eat soft cheese, such as Feta, Brie, Camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela - unless it's labeled as made with pasteurized milk. Check the label.
- Do not eat refrigerated pâtés or meat spreads.
- Do not eat refrigerated smoked seafood - unless it's in a cooked dish, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)
- Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.

2. Methylmercury

What it is: A metal that can be found in certain fish. At high levels, it can be harmful to an unborn baby's developing nervous system.

Where it's found: Large, long-lived fish, such as shark, tilefish, king mackerel, and swordfish.

How to prevent illness:

- Don't eat shark, tilefish, king mackerel, and swordfish. These fish can contain high levels of methylmercury.
- It's okay to eat other cooked fish/seafood as long as a variety of other kinds are selected during pregnancy or while a woman is trying to become pregnant. She can eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury. Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish. Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.

3. *Toxoplasma gondii*

What it is: A harmful parasite. It causes an illness called toxoplasmosis that can be difficult to detect.

Where it's found: Raw and undercooked meat; unwashed fruits and vegetables; contaminated water, soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.

How to prevent illness:

- Follow the 4 Simple Steps above – clean, separate, cook, and chill.
- If possible, have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterwards.
- Wear gloves when gardening or handling sand from a sandbox.
- Don't get a new cat while pregnant.
- Cook meat thoroughly: see the chart for the proper temperatures.

4. Lead

What it is: Lead is a metal that can be toxic if consumed by humans, especially young kids and babies before they are born. Too much lead can cause a mom to miscarry, can cause the baby to be born too early, can hurt the baby's brain, kidneys, and nervous system, and can cause learning or behavior problems.

Where it's found: Lead exposure can occur from multiple sources, but some foods and food containers are possible sources.

How to prevent lead exposure from foods:

- Eat foods with calcium, iron, and vitamin C. These foods may help protect the mom and her unborn baby.
- Use caution when eating candies, spices, and other foods that have been brought into the country by travelers, especially if they appear to be noncommercial products.
- Store food properly. Some dishes may contain lead. It is important to store and serve your food properly (see next four points).
- Avoid using imported lead-glazed ceramic pottery produced in cottage industries (like small, family businesses).
- Avoid using pewter or brass containers or utensils to cook, serve, or store food.
- Avoid using leaded crystal to serve or store beverages.
- Do not use dishes that are chipped or cracked.

Standard 4

Common Nutrition Concerns

Help families understand common nutrition concerns associated with pregnancy. Address symptoms with safe tips that support adequate nutrition during pregnancy.

Why is this Standard important?

It is normal for women to experience some uncomfortable symptoms during pregnancy. Depending on the severity, some symptoms can have a negative impact on a woman's food and nutrient intake. These tips may help alleviate some discomfort and help women get the nourishment they need to support a healthy pregnancy and healthy baby.

Help women address common nutrition concerns:

Nausea and vomiting

Many women experience nausea and vomiting during their pregnancy. This is commonly referred to as "morning sickness", although it can occur at any time of day. Women experiencing nausea and vomiting can try the following tips:

- Try to eat 6 small meals/snacks during the day. Small meals may be easier to tolerate than large meals.
- Keep easy to digest foods, such as crackers and pretzels, with you during the day and at your bedside. You may even try eating a few crackers before getting out of bed in the morning.
- Drink water or other beverages (caffeine-free) between meals.
- Eating ginger or drinking ginger ale may improve nausea.
- Lower-fat foods are easier to digest. High-fat foods can make nausea worse.

Women should follow up with their health care provider if their nausea or vomiting is severe or if they have concerns they are not gaining weight appropriately.

Constipation

Increased hormones during pregnancy can cause the digestive system to slow down and can result in constipation. Constipation occurs if a woman has less than three bowel movements per week with stools that may be hard, dry, and difficult to pass.

Eating high fiber foods and drinking plenty of fluids can help prevent constipation. Women should slowly increase the amount of fiber (up to 25-35 g per day) they eat over a few weeks and remember to drink water. Adding too much fiber without water could make symptoms worse.

High fiber foods to encourage include whole grains cereals and breads, vegetables and fruits with the skin on, beans of all varieties, and brown or wild rice.

Heartburn

Acid reflux (heartburn) occurs when the muscles at the bottom of your esophagus don't open and close properly. This allows food and stomach acid to back up into your esophagus, and can cause a burning sensation in the chest and throat.

To help prevent and manage reflux, women can try the following:

- Eat small, frequent meals
- Avoid foods that make symptoms worse. Common irritants include: caffeine, chocolate, high fat foods (e.g., fried meats, nuts and nut butters), peppermint and spearmint, pepper
- Avoid lying down after eating
- Elevate the head of your bed (this can also be done with pillows)

If women continue to have heartburn, they should talk to their health care provider. They can determine if over the counter or prescription medications might help alleviate symptoms.

Alcohol

Women should avoid drinking any alcohol (e.g., beer, wine, mixed drinks, liquor) while pregnant. There is no established safe level of alcohol use during pregnancy, and even moderate drinking can have harmful effects on a baby.

Caffeine

Most experts agree that consuming less than 200 mg of caffeine per day (about one 12 ounce cup of coffee) is safe during pregnancy. Keep in mind some drinks will have more caffeine than others. Check the labels of sodas, teas, and energy drinks for their respective caffeine content.

Vegetarian/Vegan Diet

Vegetarian eating patterns are recognized as a healthy dietary choice. Vegetarian diets vary widely so it is important to ask women which foods they avoid. Women that follow a vegan eating pattern (no animal products) may need to take a vitamin B12 supplement. Creating a Daily Food Plan on MyPlate can help women identify which foods they need to eat more of for a healthy diet.

Taking vitamins

Along with a healthy diet, prenatal vitamin and mineral supplements help ensure women are getting all the nutrients they need. Some women, especially those already experiencing nausea or vomiting, find that supplements upset their stomach.

To avoid this, women can try taking the supplement with a small meal or snack (not on an empty stomach) or before bed.

Over the Counter Medications

Some over the counter medications and dietary or herbal supplements can be harmful during pregnancy and should not be taken. Women should not take any medications or supplements that have not been prescribed by their health care provider.

Pica

Pica involves the consumption of non-food items. During pregnancy, these items are commonly clay, starches (like laundry detergent) or ice. Although it has been thought that certain nutrient deficiencies could cause cravings for nonfood items, the causes of pica are not well understood. Some women may ingest these items as part of a cultural tradition or socially accepted practice, or to relieve pregnancy associated symptoms like an upset stomach.

Women ingesting non-food items may be at risk of not getting enough calories or vitamins and minerals they need. They may also inadvertently ingest a chemical or substance, like lead, that could pose a risk to mom or baby. Some women may feel embarrassed or ashamed to talk about pica. Reassure women that this is not uncommon during pregnancy and encourage them to be open with their health care provider who may offer individualized guidance or follow-up.

Standard 5 Prenatal Education

Promote prenatal education that can empower parents and families, improve the birthing experience, and support optimal feeding while helping moms to meet their breastfeeding goals.

Why is this Standard important?

Breastfeeding allows the mother to provide immune system help to the child during the early years when the child's immune system is still developing. As well, breastmilk is ideally suited for the brain development that is so crucial in the first years of life. Breastfeeding also impacts long-term health, reducing the risk of obesity, diabetes, high cholesterol and many other health outcomes for both baby and mom. Exclusive breastfeeding is recommended for the first six months and then continuing with complementary foods thereafter for at least a year or as long as baby and mom wish to continue.

Many moms want to breastfeed, but the majority do not meet their own breastfeeding goals. The most common reason moms give for weaning earlier than planned is that they do not think their babies are satisfied with breastmilk alone. Prenatal education can make the difference in helping moms to advocate for practices that help get things off to a good start, and help them to understand newborn behaviors, recognize signs that their babies are getting enough, and where to get help when needed.

Helping Moms to Advocate for Themselves and Make Informed Decisions

Exploring the Topic

Initiate Breastfeeding Conversation and Addressing Concerns

Asking moms about what they've heard about breastfeeding and learning more about their family's beliefs about infant feeding is important. Addressing potential concerns and barriers is a critical part of breastfeeding promotion.

Benefits of Breastfeeding

A mother and her family may not realize that she can provide immune protection and many other benefits to her child through breastfeeding. She also may not realize that she can reduce her risk for breast cancer, diabetes, and other health conditions by breastfeeding. Providing information to mothers about the benefits for herself and her baby helps her to be able to make an informed decision.

Maternity Care Practices That Support Breastfeeding Success

Skin-to-Skin contact immediately after birth and frequently in the first few days

Babies who get frequent skin-to-skin do better in lots of ways, regardless of feeding choice. Skin-to-skin means placing naked baby on the skin of mom's abdomen right after being born. Baby can be dried and assessed while baby and mom begin to get to know each other. This is an amazing time when babies are often very alert and ready to engage.

Continued skin-to-skin can be done with just a diaper on baby. A sheet or light blanket can be placed over baby and mom, if desired. Moms report more satisfaction with their birth experience and show greater bonding behaviors when they experience skin-to-skin. Dads also enjoy skin-to-skin time with their babies!

Breastfeeding in the first hour for vaginal birth and within two hours for Cesarean birth

Early and frequent feeding has been shown to bring in mom's milk faster and in greater quantities. Bath, weighing and other nonessential tasks can wait until baby has had this chance to feed and bond. Even moms who have delivered by C-section can often have baby placed skin-to-skin and have the first feed right after the birth. Baby's dad or mom's birth helper can support this early time by watching the newborn for the nine instinctive stages that babies follow in that first hour after birth (see Appendix).

Promoting 24-hour rooming-in, encouraging the family to recognize and respond to infant's cues

Rooming in allows parents to become more comfortable caring for their baby before they take baby home. They can learn to recognize their baby's early feeding cues and mom can bring baby to the breast before baby becomes too hungry, which can make feedings more difficult. It may help if parents know that research has shown that moms do not sleep longer or better if their babies go to the nursery at night.

No food or drink given to baby except breastmilk unless medically necessary

Supplements can lead to infrequent breastfeeding, low milk supply and to early weaning. If supplementation is recommended by the doctor, expressed breastmilk can often be provided to the infant as the supplement. Expressing breastmilk can help a mother to protect and build her milk supply if her baby is not breastfeeding well or has some other reason for supplementation.

Encourage breastfeeding on demand and teach hand expression in case of separation

Newborns need to feed often in the early days of breastfeeding. More frequent feedings help build the baby's feeding skills and also bring a good milk supply in faster. Learning the early feeding cues can help moms to recognize when their babies are hungry. If baby is not feeding well or is separated from mom, hand expression (see Appendix) can be used to remove milk, provide milk for baby, build the supply, and has been shown to improve mom's comfort with breastfeeding around others, a common barrier.

No artificial nipples or pacifiers given to baby until breastfeeding is well established

Artificial nipples and pacifiers may create breastfeeding issues for some babies and may cause babies to feed less frequently than they need to. Sometimes pacifier use may mask breastfeeding difficulties or a parent's lack of knowledge about normal newborn behavior. Providing lactation help and filling in gaps in knowledge about newborns may be more helpful. Some other soothing techniques that families might use are swaddling, rocking, and skin-to-skin contact.

Helping clients talk to their healthcare providers

Helping moms to talk with their provider about practices that will support their breastfeeding goals is important. Exploring topics, providing information and asking about their goals is the first step to helping your client advocate for themselves. Providing opportunities for discussion, role-playing, and finding additional support can lead to empowerment, both individually and as a parent.

Prenatal Anticipatory Guidance: Preparing for the Early Weeks

Help Mothers to Understand Normal Newborn Behaviors and Breastfeeding Norms

Research has shown that many mothers believe their babies are not getting enough because they do not understand normal newborn behaviors. Crying and sleeping are two that are most misunderstood and most often lead to early weaning and overfeeding. Knowing what to expect can also be invaluable. Key topics to cover:

- Hunger and fullness cues
- Sleep patterns and crying
- How to Tell Their Babies are Getting Enough
- Making Enough Milk
- Latch and Position
- Common Issues and Solutions
- Cluster Feeding and Growth Spurts
- Coping with sleep deprivation and fussy baby

Provide Mothers Resources for Breastfeeding Support

Providing mothers with resources for additional help is key. The following are places where moms can receive additional breastfeeding support:

- ADHS Breastfeeding Hotline: 1-800-833-4642
- WIC Services (Breastfeeding help, pumps and supplemental foods for those who qualify)
- Mother-to-mother support groups
 - i. La Leche League: llofaz.org
 - ii. Hospital or clinic breastfeeding and mother support groups
 - iii. Community groups and places of worship

Prenatal Anticipatory Guidance: Other Key Topics

Medications

Most medications are compatible with breastfeeding, but some providers may not be aware of several resources that can be used when deciding whether a medication can be combined with breastfeeding:

- LactMed: <http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm> (updated monthly)
- Medications and Mother's Milk by Thomas Hale
- ADHS Breastfeeding Hotline (Hale text is reference) 1-800-833-4642 (24 hours/7 days)
- The InfantRisk Center: Infantrisk.org or 1-806-352-2519 (business hours only)

Contraception

Some contraception methods may interfere with the mother's milk supply if they are started too early. It is helpful to talk with moms about what their plans are for their family prior to giving birth, and how they can meet those goals in a way that also supports their breastfeeding goals.

Growth Charts

The Centers for Disease Control (CDC) recommends that all providers use the World Health Organization's (WHO's) growth charts. When the old CDC charts are used, sometimes healthy, normally developing breastfed babies are told that they are not gaining enough weight in the first year. The growth charts and information about them are located here: http://www.cdc.gov/growthcharts/who_charts.htm

Vitamin D

Due in part to lifestyle changes, concerns about vitamin D deficiency has risen and the American Academy of Pediatrics (AAP) now recommends that babies receive vitamin D supplementation of 400 IU/day. Some infants may be receiving enough vitamin D supplement in their infant formula, but others, including breastfed infants need additional vitamin D to meet the recommendation.

Extended Breastfeeding

The AAP recommends breastfeeding “for as long as is mutually desired by the mother and baby.” The milk of mothers of older children shows many similar components as that produced in the first year, including continued presence of maternal immune components. Recommending to wean without evidence for doing so may remove an important ongoing source of immune support and nutritional components that have evolved over human history to provide for the needs of the growing human brain. Moms who wish to continue breastfeeding beyond a year should be encouraged to do so.

Nutrition Infant/ Toddler Standards

Nutrition Infant/Toddler Standards

- 1. Infant Feeding (0-6 months)**
Support and encourage breastfeeding efforts. Help parents recognize and respond to baby's hunger and fullness cues.
- 2. Oral Health**
Encourage parents and caregivers to introduce a tooth brushing routine appropriate for every member of the family (parents, infants and children).
- 3. Infant Feeding (6-12 months)**
Guide parents and caregivers to introduce first foods at a developmentally appropriate time and in appropriate quantities.
- 4. Toddler/Child Feeding**
Work with families to incorporate healthy eating habits. Highlight opportunities for families to make small changes over time.
- 5. Fruit Juice**
Recommend parents and caregivers to limit servings of fruit juice to 4-6 ounces per day for children 12 months and older.
- 6. Physical Activity**
Promote physical activity to all members of the family. Offer ways to include physical activity for a variety of settings and abilities.
- 7. Screen Time**
Encourage families to modify screen time to include developmentally appropriate content that engages family members in physical activity.
- 8. Family-Style Meals**
Advise parents and caregivers to serve meals family-style. Provide suggestions with ways to introduce family-style meals over time.
- 9. Cooking**
Provide resources and tips to help families prepare healthy and affordable meals at home.
- 10. Food Safety**
Share basic recommendations to help families be food safe.

Standard 1

Infant Feeding (0-6 Months)

Support and encourage breastfeeding efforts. Help parents recognize and respond to baby's hunger and fullness cues.

Why is this Standard important?

As a home visitor, an important thing you can do for babies is support their parents' decisions about infant feeding, especially in the mother's breastfeeding (nursing) efforts. Breast milk is the ideal food for infants to both nourish them and protect them from obesity and illness, including ear infections, upper and lower respiratory infections, diarrhea and others. Exclusive breastfeeding is ideal nutrition and enough to support optimal growth and development in the first six months of life.

Helping parents recognize their baby's hunger and fullness cues promotes a positive feeding relationship that will be part of the foundation of healthy eating throughout life. Responding to baby's cues can also decrease crying, decrease stress and lets baby know that his needs will be met.

Understanding Baby's Cues

Welcoming a new baby into a family is an exciting and special time. Understanding baby's cues can help parents and caregivers lessen stress, confusion and exhaustion in meeting their baby's needs. Although newborn babies are still learning to control their bodies, they give cues (noises and movements) to communicate when they need to eat, play, learn or rest.

There are two types of cues that are especially important when feeding babies: hunger and fullness (satiety) cues. Encourage parents and caregivers to recognize and respond to these cues by feeding when baby shows signs of hunger and ending a feeding when baby shows signs of fullness. Following baby's lead will help set the stage for healthy eating habits through life.

Share the following with parents and caregivers to help recognize when baby is hungry or full:

Hunger Cues	Fullness Cues
When baby is hungry, he may: <ul style="list-style-type: none">• Keep his hands near his mouth• Bend his arms and legs• Make sucking noises• Pucker his lips• Search for the nipple (root)	When baby is full, he may: <ul style="list-style-type: none">• Suck slower or stop sucking• Relax his hands and arms• Turn away from the nipple• Push away• Fall asleep

Positive Feeding Relationship

Parents and caregivers can also help babies have positive feeding experiences by making the feeding environment relaxed and calm in these ways:

- Designate a comfortable place in the home for feeding and act calm and relaxed during the feeding.
- Have patience and take time to communicate with and learn about their baby during feeding.
- Show their baby lots of love, attention and cuddling while feeding.

Help Support and Encourage Breastfeeding Efforts:

Discuss Concerns and Ask Questions

New mothers can have many different questions, concerns and fears about breastfeeding. She may not know anyone who has had long-term success with breastfeeding, or where to go for support. As a home visitor, you have a unique opportunity to offer support and guidance during this time.

Embarrassment

Women may feel embarrassed about the idea of breastfeeding in front of family, friends or in public. She may also be worried that breastfeeding means she won't be able to leave the house for months.

Validate her concerns and reassure her that breastfeeding can be done discreetly at home or in public.

Milk Production/Perceived Low Milk Supply

Milk production is a common concern for new mothers. Unlike a baby bottle, women are unable to visually see how much milk their baby is getting from the breast. She may feel like her baby is eating too frequently and worry that he isn't getting enough milk. Explain to her:

- Babies feed frequently—this is normal and healthy
- The more baby feeds, the more milk mom will make

If mothers have questions about breastfeeding, refer them to the
Arizona Department of Health Services Breastfeeding Hotline
(available 24/7): 1-800-833-4642

Someone is always available to answer questions.
English and Spanish languages are spoken.

Formula Feeding Basics

The decision to breastfeed is a personal choice and some mothers may need or choose to formula feed their baby for a variety of reasons. Families that formula feed may have questions about preparing infant formula and how much to expect their baby to eat. Share the following information to support building healthy feeding practices:

Formula Preparation:

Type of Infant Formula	Basic Preparation	Example: preparing 4 ounces of infant formula
Ready-to-Feed	Pour the amount of formula for one feeding into a clean bottle. Do not add any other liquids or water.	Pour 4 ounces of ready-to-feed formula into a clean bottle.
Standard Liquid Concentrate	Pour the needed amount of formula into a clean bottle using ounce markings to measure formula and add an equal amount of water.	Pour 2 ounces of liquid concentrate formula into a clean bottle and add 2 ounces of water.
Powdered	For each 2 ounces of water added to a clean bottle, add 1 level scoop of powdered formula.	Pour 4 ounces of water into a clean bottle and carefully add 2 level scoops of powdered formula.

Note: Be aware that powdered infant formula is not commercially sterile. Due to concerns about possible *Enterobacter sakazakii* infections, powdered infant formula is not recommended for infants born prematurely or those with underlying medical conditions.

Quantities of Formula:

Remember to encourage parents and caregivers to feed infants on demand and to watch for hunger and fullness cues when feeding. Share the information below to help parents and caregivers learn to expect about how much infant formula they may need for their baby.

Age	Portion Size/Feeding	Feedings Per Day
Birth to 3 months	2-3 ounces	8-12
4 to 6 months	4-6 ounces	6-8

Remind parents that infant formula left over in a bottle will need to be discarded after a feeding. To avoid this, parents and caregivers can prepare smaller bottles (2-4 ounces) until they learn about how much their baby needs.

Standard 2

Oral Health

Encourage parents and caregivers to introduce a tooth brushing routine appropriate for every member of the family (parents, infants and children).

Why is this Standard important?

Tooth decay is an infectious disease and a serious problem among young children, especially in Arizona. One in every three children has had tooth decay by his or her third birthday. Tooth decay, if left untreated, can cause health problems and can affect learning, speech and eating. Children are often unable to communicate their dental pain. A child experiencing dental pain may demonstrate its effects through anxiety, fatigue, irritability and withdrawal from normal activities.

Help Families Implement a Tooth Brushing Routine:

Remind parents of the important role oral health plays in overall health. Explain that by taking care of their own teeth, parents and caregivers are modeling behaviors that have a positive impact on the health of infants and children in the family as well.

Share the following recommendations with parents and caregivers to help them take the best care of their child's teeth.

Infants

Wipe baby's gums with a clean, soft cloth after each feeding. Start brushing with a soft bristle toothbrush after the first tooth comes in. Take baby for his first dental visit by his first birthday.

Young Children

Around age two, start brushing twice a day with a small amount (pea-sized) of fluoridated toothpaste. Brush once in the morning and once at night, right before bed. Be sure to have children spit out the toothpaste after brushing. Before the age of two, consult a dentist about toothpaste.

All Parents and Caregivers

Brush twice a day with a soft toothbrush and fluoridated toothpaste. Remember to implement good oral health practices with infants and help toddlers and preschoolers with their daily tooth brushing routine. Remind parents that they will need to supervise tooth brushing until children reach around seven years old.

Tips to Help Families Promote Good Oral Health in Their Home

Hold Infants During Feeding

Encourage parents and caregivers to hold their baby during feedings. When bottles are propped, the continuous drip can cause pooling in the mouth and bacterial growth. Propping a bottle with pillows, blankets or anything while feeding also poses a choking risk since the baby may not be able to control the flow of breast milk or formula into his mouth.

Keep Bottles and Cups Out of Bed

Do not allow infants or children to fall asleep with a bottle or cup that contains milk, formula, juice or any other sweetened liquid.

If children are accustomed to sleeping with a cup or bottle, share the following tips with parents and caregivers to help break the habit:

- Fill bottles or cups with water instead of milk, formula, juice or other sweetened liquids.
- Remove the bottle or cup once the child has fallen asleep.
- Offer an extra snuggle, stuffed animal or blanket instead of a cup or bottle for comfort around naps and bedtime.

Do Not Share Food or Utensils

Sharing food or utensils can transfer harmful bacteria from the caregiver's mouth to the child's.

Do not lick a pacifier to clean it.

Avoid Continuous Access to Bottles or Sippy Cups

Do not allow children or infants to carry bottles or sippy cups continuously throughout the day. Children should have access to a source of clean water for thirst and to stay hydrated.



Standard 3

Infant Feeding (6-12 Months)

Guide parents and caregivers to introduce first foods at a developmentally appropriate time and in appropriate quantities.

Why is this Standard important?

Complementary foods are foods (liquids, semi-solids, or solids) other than breast milk or infant formula introduced to an infant both to encourage development of eating skills as well as to provide some nutrients. These foods should be introduced when the infant is developmentally ready. This is usually around **six months** of age, but all infants develop differently.

When complementary foods are introduced too early, they are of little nutritional benefit to the infant and could be harmful due to the possibility of choking, developing food allergies or causing an infant to consume too little breast milk or infant formula.

When complementary foods are introduced too late, they may cause an infant to develop nutritional deficiencies or the infant may have a difficult time accepting complementary foods because they weren't introduced sooner.

When an infant is showing signs of developmental readiness, introducing complementary foods supports healthy development of feeding skills and meets some of the nutritional needs of the infant.

Help parents identify these signs to know when their baby is developmentally ready for complementary foods:

- Sits up alone or with support;
- Holds his head steady and straight;
- Opens his mouth when he sees food coming;
- Keeps his tongue low and flat to receive the spoon;
- Closes his lips over a spoon and scrapes food off as a spoon is removed from his mouth;
- Keeps food in his mouth and swallows it rather than pushing it back out.

Note: By four to six months of age, the infant's tongue thrust reflex, which causes the tongue to push most solid objects out of the mouth, usually disappears.

Before 12 months of age, remind parents to feed breast milk or formula first, and then solid foods. This will help prevent complementary foods from displacing breast milk or formula as the primary source of nutrition.

Baby's First Bites

Infants should be introduced to a variety of textures and foods. It is important that infants have mastered one texture before moving on to the next. As infants get older, ask parents and caregivers what types of foods they are trying.

Anticipate Appropriate Amounts

Start small with 1-2 teaspoons of individual foods per day and gradually increase to 2-4 tablespoons or more per feeding.

Note: use these serving amounts as a guide only. When babies are first introduced to solids, expect that they may just taste them and will likely just consume a small amount (1-2 teaspoons). With continued practice, babies will get better at eating from a spoon and will eat more per feeding (2-4 tablespoons). Remind parents to watch for both hunger and fullness cues. Stop the feeding when the baby shows disinterest by closing his lips, turning away or throwing food on the floor.

Introduce Foods with New Textures

Babies should be allowed to explore and learn about textures:

Smooth (strained or pureed) → Mashed (smooth with a few small lumps) → Chopped (more lumps) → Tiny pieces of food

Be sure that baby can chew and swallow foods from one stage before moving on to the next.

Introduce New Foods Individually

Introduce foods one at a time in case an allergic reaction occurs. Wait 2-3 days before introducing a new food. Tell parents to watch for possible signs of an allergic reaction, like development of a rash, eczema, diarrhea or vomiting. If an allergic reaction is suspected, parents and caregivers should follow up with their health care provider. Urge parents to seek immediate medical attention if they feel their infant is having trouble breathing.



Choking Hazards

A food's potential to cause choking is usually related to one or more of the following characteristics:

- Size
- Shape
- Consistency

Generally, foods to avoid include large and small pieces of hard food that can get stuck in an infant's airway; round or cylindrical-shaped foods that are likely to obstruct a large portion of the airway; and firm, smooth or slick foods that can slip down the throat. Below is a list of foods that pose a choking hazard and should be avoided:

- Tough and/or large chunks of meat
- Hot dogs, meat sticks and sausages unless cut into very small pieces
- Fish with bones
- Large chunks of cheese, especially string cheese
- Peanuts and other nuts and seeds
- Whole beans
- Cooked and raw whole kernel corn
- Whole uncut cherry and grape tomatoes
- Raw vegetable pieces (e.g., carrots, green peas, string beans, celery, etc.) and hard pieces of partially cooked vegetables
- Melted cheese
- Peanut butter
- Whole (uncut) grapes, berries, cherries melon balls, and hard pieces of raw fruit
- Whole pieces of canned fruit (cut them up instead)
- Fruit pieces with pits or seeds
- Uncooked raisins and other dried fruit
- Plain wheat germ
- Whole grain kernels
- Popcorn
- Potato/corn chips and similar snack foods
- Pretzels
- Hard candy, jelly beans, caramels and gum drops/gummy candies
- Chewing gum
- Marshmallows

Finger Foods

Babies develop the fine motor skills for self-feeding finger foods at about nine months old. Infants should be encouraged to experiment with feeding themselves using their hands. Introduce finger foods when the baby can pick up small objects between their thumb and index finger. First finger foods should be:

- Small enough for them to pick up
- Soft enough for them to chew on

Remind parents that this is a messy but fun stage! Placing a mat under the feeding seat and using a removable, easily cleaned tray (like that of a high chair) can help make clean-up easier. Tell parents and caregivers that they are doing something good for their baby when they allow them to explore and develop these self-feeding skills in a safe, positive environment.

Weaning From A Bottle

Helping children transition from drinking from a bottle to a cup is a common challenge for many families. The American Academy of Pediatrics recommends parents and caregivers make a plan to wean from a bottle at around 12-14 months of age. Prolonged use of bottles puts toddlers and young children at increased risk of dental caries (cavities), and may cause them to drink more breast milk or infant formula than they need. Remember, any beverages other than breast milk or formula should not be offered in a bottle, unless there is a medical need. Share the following strategies and tips with families to help successfully wean from a bottle:

- Introduce a cup with water, breast milk or formula when parents or caregivers begin offering complementary foods.
- Start by substituting the mid-day bottle with a cup at 12 months.
- Be patient—it may take a few weeks for the child to learn how to use the cup properly.
- Next, eliminate morning and afternoon bottles.
- Eliminate nighttime bottle last—it is usually most difficult to give up.

Remind parents that by this age, children should be receiving most of their nutrition from family foods and whole milk or breast milk from a cup. They do not need to rely on milk or formula from a bottle.

Special Considerations

All babies develop differently and may be introduced to complementary foods on a timeline all their own. Parents and caregivers of babies with certain medical conditions may need individualized instructions for feeding and work with a team of specialists, including a pediatrician, lactation consultant or registered dietitian specializing in this area.



Standard 4

Toddler/Child Feeding

Work with families to incorporate healthy eating habits. Highlight opportunities to make small changes over time.

Why is this Standard important?

Healthy habits start early and young children learn from their parents and caregivers around them. It is much easier to build healthy eating habits from the beginning, rather than change unhealthy eating habits later. Families can encourage young children to develop positive eating habits by being a good role model and having realistic expectations for their children. As a home visitor, you can help parents set the stage for healthy eating by sharing strategies and tips for children to learn about different foods in a healthy, positive environment that will nourish their bodies and help them grow.

Help Families Incorporate Healthy Eating Habits:

Support Development of Self-Feeding Skills

Learning to Use a Cup

Infants as young as six months old can start to learn to drink from a cup (with the help of a parent or caregiver.) At age one, toddlers can continue practicing to drink from an open cup at meals and snack times, although spills will likely still happen. Encourage parents to offer plenty of opportunities for little ones to practice with the following tips:

- Use a small, child-sized cup that the child can hold with two hands.
- Pour a small amount of milk or water in the cup to minimize large spills.
- Have paper towels ready for cleaning up and remember that accidents happen.

Practice with Utensils

Infants begin exploring self-feeding with finger feeding. Let parents know this is a normal stage in development and toddlers will begin using utensils like a fork and spoon more consistently as their hand-eye coordination improves.

Parents can invite older children to participate in meal preparation and practice more advanced skills, like using a child-sized dull knife to spread peanut butter on a cracker or to cut a sandwich in half.

*Remind parents to cut food into pieces no larger than ½-inch to avoid choking risk and to continue to supervise children of all ages when they are eating.

Allow Children to Serve Themselves

Family meals are the perfect time to let children practice serving themselves. Parents can minimize food waste by using smaller bowls for children to serve from and teaching them to take small amounts at first.

Try New Foods Together

Parents and caregivers can set a good example by eating and trying new foods with children. Engaging children in multiple steps of meal planning and preparation will help children have a more open and willing attitude to trying new foods. Share the following tips with parents and caregivers:

- Shop together - parents can ask children questions about different foods and see what they might like to try. Encourage curiosity about colors, textures and tastes of various fruits, vegetables and other nutritious foods.
- Eat together - children are more likely to try new foods when they see others trying them as well.
- Be positive - don't force children to try new foods. Everyone has likes and dislikes. Encourage trying new foods without the expectation that children will always like it. It may take several times of introducing a new food before a toddler will try it. Praise them for trying something new.
- Familiar foods are important - when introducing a new food at mealtime, make sure there is at least one menu item your toddler likes. This will help you to know your child will likely eat something and minimize the urge to make something different for them to eat.

Make It Fun

Exploring food should be an enriching experience for children. By making mealtime fun, parents and caregivers allow children to learn about colors, smells, tastes and textures of food in a no-pressure environment. Parents and caregivers can try these ideas to make new foods exciting:

- Use cookie cutters to cut soft foods into fun shapes.
- Arrange fruit and vegetable slices into silly faces or stick people.
- Create a menu using with fun and goofy names.
- Sit together as a family at mealtime.



Have Patience with Picky Eating

Picky eating is a common struggle for many families with young children. Let parents know that this is a normal phase that children go through. Parents and caregivers may see picky eating behaviors in a few different ways, including:

- Disinterest in unfamiliar foods, like fruits and vegetables;
- Food jags—when children may only want to eat the same food over and over for a period of time;
- Avoiding foods with a certain color or texture.

While it can be unsettling for parents to experience picky eating, children typically outgrow these behaviors with time and a supportive environment, as long as a variety of foods continue to be offered. Children are more likely to remain picky eaters if they are never exposed to different foods. Share the following with parents and caregivers to help cope with picky eating.

- Offer Choices
 - Let children decide which fruit to have with lunch, for example.
 - Include familiar, well-liked foods with new foods.
 - Involve picky eaters in food shopping. Allow them to choose a new food to try and prepare it together at home.
- Be Consistent
 - Prepare the same meals and snacks for the entire family. Avoid preparing special meals for just one child or separate meals for children and parents.
 - Try to have regularly scheduled meals and snacks. Children will feel reassured that if they don't like some foods at lunch time, there will be another opportunity to eat soon.
- Food is Not a Reward
 - Using food as a reward can lead to unhealthy eating habits. The practice of rewarding a clean plate with dessert, or rewarding good behavior with a sweet treat can set a child up for valuing food differently.
 - Reward children with time, love, hugs, stories or any other thing that means extra time spent with parents or caregivers.

Note: If parents are concerned that they are experiencing behaviors beyond the scope of typical picky eating, encourage them to follow up with their health care provider.



Standard 5 Fruit Juice

Recommend parents and caregivers limit servings of fruit juice to 4-6 ounces per day for children 12 months and older.

Why is this Standard important?

Whole fruits and vegetables are preferred to juice because they provide fiber and nutrients that may be lost in the processing of juice. Even 100% pure juice offers no nutritional advantage over whole fruits or vegetables. Drinking too much juice may be linked to children being overweight or obese and can result in decreased appetite for other nutritious foods, leading to poor nutrition. In addition, excessive juice consumption is associated with tooth decay, a significant health concern for young children in Arizona.

Help Families Limit Fruit Juice Consumption:

Some families may see introducing juice into the diet as a milestone. Fruit juice is readily accepted by most infants and children because it is sweet and tastes good and parents view it as something their child enjoys. For these reasons, excessive juice consumption is a challenge for many families. Encourage families to limit fruit juice and share the following:

Fruit Juice and Tooth Decay

We all have germs in our mouths. Sweet liquids like fruit juice feed the germs that cause tooth decay. When fruit juice is given in a bottle, and especially at bedtime, the fruit juice coats and bathes the teeth and continues to feed the bacteria that cause tooth decay.

Filling Up on Fruit Juice

Continuous access to juice in a cup with a spout (like a sippy cup) or bottle allows infants and children to drink large amounts of juice throughout the day. This provides calories and sugar, but is missing other important nutrients that keep infants and children healthy. Drinking juice throughout the day can also mean that children will be less hungry for healthier meals and snacks.

When to Introduce a Cup

Parents can introduce a cup around six months of age, when baby begins to sit unsupported and can transfer an object from one hand to another. This is usually the same time that complementary foods are introduced. Encourage parents and caregivers to introduce a cup with water, breast milk or formula to infants younger than 12 months old. There is no nutritional benefit to offering juice instead of water.

Offer Families Suggestions to Limit Fruit Juice

- Do not offer fruit juice in a bottle or continuously throughout the day.
- Offer fruit juice only in a cup at meals and snacks.
- Use water to dilute juice and decrease the amount of juice given over time.
- Offer water in a colorful cup with a fun straw to make it more appealing.
- Allow infants to practice using an open cup with water instead of fruit juice.

Below are the recommendations for introducing 100% fruit or vegetable juice:

Age	Amount	Reasoning
0 - 5 months	None	Fruit juice or any liquid other than breast milk or infant formula offers no nutritional benefits to infants.
6 - 11 months	None/minimal amounts	Fruit juice offers no nutritional benefit at this age, but may be given in minimal amounts in a cup. Fruit juice or other sweetened liquids should not be given in a bottle.
12 months - 6 years	No more than 4 - 6 ounces per day	Fruit juice should be limited to 4-6 ounces per day. Fruit juice should only be given in a cup at meal or snack times.



Standard 6

Physical Activity

Promote physical activity to all members of the family. Offer ways to include physical activity for a variety of settings and abilities.

Why is this Standard important?

Parents, caregivers and all members of the family receive health benefits from participating in regular physical activity and avoiding sedentary time.

Additionally, physical activity and movement are an important part of development, learning and growth in infants and young children. During the first six years of life, infants, toddlers and preschoolers will develop gross motor skills (like kicking and throwing) and learn healthy habits by participating in physical activity.

Help Families Include Physical Activity in Their Lives:

For Infants

Families can encourage an infant's motor development and movement by providing opportunities for activities that are dedicated to exploring movement and the environment. Parents and caregivers can use the following ideas to engage in play time with their baby:

- Place baby on his tummy to play several times a day.
- Interacting physically with baby—this helps to facilitate motor skills.
- Hold baby under the arms and “dance” together.
- Sing and clap along with songs and help gently guide baby's movements.

Make the Most of Tummy Time

Tummy time is a great chance for parents and caregivers to interact and bond with their baby. Some families may not know that tummy time can begin as soon as a baby comes home! Share the following tips with families to help make tummy time an enjoyable experience for everyone:

- Try tummy time when baby is awake and alert.
- Start with short bursts—just 3-5 minutes a few times a day is good for baby.
- Get down on the floor with baby. Talk softly or hold a toy for baby to look at.
- Be patient—babies will play for longer periods of time as they get older.

Remind parents that very young infants will need frequent breaks. End the tummy time session when baby:

- Turns his head away from the activity;
- Arches his back;
- Closes his eyes or falls asleep;
- Starts crying.

For Toddlers and Young Children

Parents and caregivers should offer periods of adult-led and free play throughout the day. Toddlers and young children can determine their own intensity of the activity, but play should be intense enough to raise toddlers' heart and breathing rates for short periods of time. Examples of activities for toddlers and young children include:

- Pushing and pulling toys
- Running and chasing bubbles
- Tossing small objects into a basket or hoop
- Building an obstacle course
- Dancing to music of varying tempos

For All Parents and Caregivers

Encourage parents and caregivers to engage in physical activity with their children every day to help establish healthy habits early. When families are active together, children feel supported and competent to participate in physical activities. Families can be active together in the following ways:

- Walk around the block after a meal.
- Dance together during TV commercial breaks.
- Visit a local park or play an indoor game of Simon Says.

Additionally, parents and caregivers should be encouraged to take physical activity breaks for themselves, when possible. Friends, family members and other adults can support each other and offer to stay with the children while another adult takes a break. This is a great time to go on a short walk, ride a bike or spend some time gardening.



Simple Games You Can Play Using Common Household Items

Freeze Dance: Try playing music; when you stop the music, everyone has to freeze. Dancing can start again when the music starts.

Animal Parade: Take turns pretending to be different animals. Walk around the room as the animal and then switch to a different animal. You can even try to make the animal sounds.

Shoot Hoops: Put a laundry basket, bucket or paper bag out and let children try to toss items in (like a ball, stuffed animal or rolled-up sock).

Bowling: Set up empty cans/bottles or cereal boxes at one end of the room. Stand at the other end and take turns rolling a soft ball into the cans or bottles.

Obstacle Course: Make a mini obstacle course in your house. Children can crawl under a table, hop over a pillow and climb over a chair.

Get Creative with Families!

Below are some ideas for games and activities using common household items:

Activities and Things You'll Need	What to Do
<p>"Clean Your Room"</p> <ul style="list-style-type: none"> Newspaper squished into ball shapes and taped into shape Rope or yarn to divide the room in half 	<ul style="list-style-type: none"> Divide play area in half by placing rope or yarn on floor. Scatter balls on each side. Divide children into two teams. Have children toss balls from their side to the other side.
<p>"Scoop Up the Ball"</p> <ul style="list-style-type: none"> Plastic gallon jugs with bottoms cut off and cut edges covered with tape Socks rolled up into balls (or use any light weight balls) 	<ul style="list-style-type: none"> Pair up with children. Toss balls between partners using scoops and balls.
<p>"The Rabbit Hole"</p> <ul style="list-style-type: none"> Pieces of rope or yarn—one for each child 	<ul style="list-style-type: none"> Lay the rope or the yarn on the ground, making small circles (these are rabbit holes). When you say, "Rabbits, where are you?" have children hop in or out of the circles.
<p>"Popcorn Street"</p> <ul style="list-style-type: none"> Socks rolled up into balls (or use any lightweight balls) 	<ul style="list-style-type: none"> Lay sheet on the ground and place balls in the middle. Have children grab sides of sheet and move it up and down in waves to "pop" the balls off the sheet.

Safety First!

Remember that families need a safe environment to engage in physical activities:

- Infants and children need constant supervision.
- Floor and play surfaces should be clean and free from any small items that could be swallowed.
- Be mindful of heavy equipment or furniture, like televisions, that could accidentally fall onto a child.



Standard 7 Screen Time

Encourage families to modify screen time to include developmentally appropriate content that engages family members in physical activity.

Why is this Standard important?

Screen time refers to the time spent in front of a television, computer and other electronic devices. While several studies have linked excessive screen time to childhood obesity and lower literacy rates, we know that media use in children and adults is prevalent in our culture. For years, health care professionals have expressed concerns about not only the amount of time spent in front of a screen, but also the content that is being viewed.

As a home visitor, you can play an important role in helping families manage screen time use for infants, children and adults in the home and guide choices that encourage families to be more selective and active with screen time.

Help Families Modify Screen Time Choices:

Avoid Screen Time for Infants and Children Under 2 Years Old

The American Academy of Pediatrics recommends that infants and children under two years old receive no screen time at all. Babies, toddlers and children learn best from interacting with their parents and caregivers and exploring their environment. Encourage parents and caregivers to avoid screen time for little ones.

Make Mealtimes Screen-Free

Children and adults are more likely to eat mindlessly while watching television. Turning off televisions and other electronics during mealtimes will allow children and adults to be more aware of hunger and fullness cues.

- Turn off televisions and put phones, tablets and other media away during mealtimes.
- If family meals are new, start by introducing one screen-free family meal per week.
- Praise families for small successes and encourage setting new goals.

Keep Televisions in Living Rooms Only

When televisions are in the living room, parents and caregivers are able to monitor content and watch television as a family. This is a great time for adults in the home to model physical activity during commercial breaks.

Make Screen Time More Active

Encourage families to incorporate activity into screen time whenever possible. Watching television or playing video games that involve movement are better options than screen time with no activity.

- Move your body during commercial breaks—dance, march in place or any other activity that gets family members moving.
- Select video games that have activity built in, like dancing.
- Do yoga poses or stretching during a television show.
- Get on your feet! Even standing has health benefits over sitting and helps reduce sedentary time.

Be Selective About Content

Remind parents to be aware of the content infants and children are exposed to inadvertently. Even background exposure to television shows, movies or video games can have an impact on the social, emotional and physical development of children. Tell parents and caregivers to review the following when selecting content to which children will be exposed.

- Is this considered developmentally appropriate for my child's age?
- Has it been reviewed by others or won awards from credible sources?
- Is it free from bias, violence and sexually explicit content? For example, are there scary images? Characters fighting? Sexual themes or content?

*For help deciding if content is appropriate for children, visit:

<http://www.commonsensemedia.org/>

Commercial Break Activity Idea:

Stuffed Animal Relay!

Collect 10 stuffed animals and put them in a line on one side of the room. See how fast you can move them, one at a time, from one side of the room to the other.



Standard 8

Family-Style Meals

Advise parents and caregivers to serve meals family-style. Provide suggestions with ways to introduce family-style meals over time.

Family-style meal service: serving foods in bowls or dishes (of any kind) on the table. Children are encouraged to serve themselves or with help from a parent or caregiver. Parents and caregivers eat the same food, promote healthy eating habits and create a positive mealtime environment.

Why is this Standard important?

A family-style meal encourages and supports social, emotional, gross and fine motor skill development. Parents and caregivers sitting and eating with children is a chance for families to interact with each other and for positive role modeling by the parent/caregiver. Conversations at the table add to a fun mealtime environment and provide opportunities for informal modeling of good eating behaviors, communication about eating and teaching about nutrition. Family-style meals also encourage children to serve themselves, which develops hand-eye coordination.

Family-style meals allow parents and caregivers to set the stage for meal and snack times that are more productive and pleasant.

What does a family-style meal look like?

- Adults and children sit together at a table and eat the same meal.
- Mealtime conversation is pleasant and allows children and adults to interact together. Television should be off and phones put away.
- Children serve themselves from food that is passed in serving bowls with utensils.
- Parents and caregivers use encouraging words and avoid negative facial expressions, body language or verbal cues in regards to food being served.



Help Families Introduce Family-Style Meals:

Emphasize the simple act of families sitting together at a table. If families are used to eating in front of the television or grazing on snacks throughout the day, families can start slowly with just one family-style meal per day or even one meal per week.

Meals don't have to be elaborate. Reassure families that they are doing something positive for their family when they sit down and eat a meal together, regardless of what the meal is.

Encourage families to involve their children in mealtime preparation. Even young ones can help the family by putting napkins on the table or cleaning the table with some warm, soapy water and paper towels before the meal.

Once family-style meals are established, families may be open to introducing new foods in their meals. Fruits, vegetables and other foods that may be unfamiliar to the children can be introduced slowly. Remember that long-term change is achieved by making small changes over time. Praise small successes!

Tips to Share with Families:

Be Ready for Spills

- Have paper towels and soapy water handy to make cleaning up quick and fun for children.
- Dry the floor to prevent slipping.
- Spills are accidents. Avoid using negative remarks.

Plan Ahead of Time

- Model how to pass a bowl using two hands, holding a bowl on the outside so fingers do not touch the food.
- Model how to pour and scoop using appropriate utensils. Young children get better at these skills with practice.
- Model how to use table manners, such as waiting for turns, sharing and saying "please" and "thank you."

Keep the Conversation Going

Some families describe family-style meals as feeling awkward at first, especially if it is new to the family routine. Parents and caregivers can use open-ended conversation starters to talk with their children and make the meal pleasant.

- What was your favorite activity this morning? Why?
- What would you like to do later today? Why?
- If you could be an animal, what would you be? Why?
- What clothes do you think we will need to wear when we go outside?
- What was your favorite part of that book we read?
- To me, this food tastes like _____. What do you think?
- I like the taste of _____ more than _____. What about you?



Special Considerations

Families of children with special health care needs may face additional challenges around mealtime. Some children may struggle with feeding difficulties, food aversions or may use a feeding tube for nutrition. Encourage families to include all family members during mealtimes, even if the meal itself is not eaten. Children with special health care needs will receive the same additional benefits to family-style meals, including exposure to a positive mealtime environment, interaction with parents and caregivers as well as inclusion in typical family activities.

Standard 9

Cooking

Provide resources and tips to help families prepare healthy and affordable meals at home.

Why is this Standard important?

Healthy eating can be a challenge for many families, and can be especially challenging for families that are on a tight budget. Meals prepared at home are often healthier and less expensive than eating out. Cooking together is also a great way for families to spend time together, for children to practice basic cooking skills and encourage healthy eating from a young age.

As a home visitor, you can help parents feel empowered to make healthy choices about the food they offer their families.

Help Families Learn Strategies to Prepare Healthy Meals at Home:

Some families may be unfamiliar with meal planning and cooking at home, while others may be looking for ways to add new, healthy foods into family meals. Share the following ideas with families for ways to maximize resources and add variety to mealtime.

Determine a Food Budget

- Include all income, WIC and SNAP benefits available for food purchases during the month.
- Families can divide the total by four for an estimate of available resources per week.

Make the Recipe Work for You

- Use food and leftovers on hand to plan meals.
- Include foods that are well-liked in addition to new foods.
- Look for sale items and what is in season.

Parents and caregivers can make substitutions based on what they have available. Swapping ingredients is a simple way to make a recipe when one of the suggested items is unavailable.

Soups/Stews: Try using different vegetables or meats. Add beans to the soup and make it meatless.

Casseroles: Different cheeses or shapes of pasta are an easy swap. Chopped vegetables add texture and important nutrients to a meal.

Salads: Almost anything can go in a salad. Mix up different kinds of beans, vegetables, chopped nuts or fruit for more variety.

Create a Food Experience

Home visitors can use fun activities to show parents and caregivers how to explore food with children.

Fruit and Vegetable Mystery Bag

Preparation: Place a whole fruit or vegetable in a brown paper bag (or a clean sock).

Activity: Have children feel the fruit in the bag (no peeking!) and describe what they perceive through touch. You can help facilitate the activity by asking questions:

- Does this food feel hard or soft?
- Does this food feel smooth or bumpy (or rough, scratchy, etc.)?
- Does this food feel warm or cool?
- Does this food feel wet or dry?
- Does this food feel bigger or smaller (than some other food)?

Bring the Kids into the Kitchen

Children enjoy helping and are more likely to try new foods when they have been involved in selecting and preparing them. Even little ones can participate in the fun!

Age	Tasks
2 and Under	<ul style="list-style-type: none">• Play with measuring spoons, cups, plastic containers or a whisk with a bowl of water
3-Year-Olds	<ul style="list-style-type: none">• Rinse/scrub fruits and vegetables• Tear, snap or break foods• Pull grapes off the vine• Arrange food on a plate• Stir ingredients in a bowl
4-Year-Olds	<ul style="list-style-type: none">• Measure ingredients• Cut with a plastic or dull butter knife• Squeeze juice from fruits• Shake small containers to mix ingredients
5-Year-Olds	<ul style="list-style-type: none">• Help grate cheese and vegetables• Crack and beat eggs• Peel oranges
Children can also help: <ul style="list-style-type: none">• Set and clear the table• Clean up• Get ingredients and put supplies away	

Standard 10

Food Safety

Share basic recommendations to help families be food safe.

Why is this Standard important?

Food safety is a term that describes the handling, preparation and storage of food in ways that prevent foodborne illness. While there is potential risk for anyone to get sick from eating unsafe food, there are certain groups of people that are at a greater risk. Older adults, pregnant women, young children and people with weak immune systems are at a greater risk of getting sick from foodborne illness. Understanding proper food safety practices is even more important in these instances to help them stay healthy.

As a home visitor, you can play an important role in teaching families simple and basic food safety practices to help families avoid foodborne illness.

Help Families Be Food Safe:

The Basics: Clean, Separate, Cook, Chill

Learning about food safety can be summarized through four basic steps: clean, separate, cook and chill food. Following these steps will help limit the growth of bacteria that can make families sick and spoil food.

Clean: Wash Hands, Surfaces and Produce

Wash Your Hands

Parents, caregivers and children should wash their hands after any of the following:

- Before eating or preparing food
- After handling raw eggs, meat, poultry, seafood or their juices
- After using the bathroom
- After coughing or sneezing
- After changing a diaper

Parents and caregivers can teach children to wash their hands through song. Follow these steps with children while singing the “Happy Birthday” song:

- 1) Wet your hands under running water and add soap.
- 2) Rub your hands together until bubbles appear. Scrub hands well. Don't forget the backs, between fingers and under the nails.
- 3) Rub your hands together for 20 seconds—two rounds of “Happy Birthday.”
- 4) Rinse under running water. Dry hands with a clean towel or air dry.

Wash Surfaces

Clean countertops, cutting boards and utensils to stop the spread of harmful bacteria. Clean each surface with hot, soapy water after preparing each item and before moving to the next.

Wash Produce

Clean fruits and vegetables under running water, even if they will be peeled. Cut away any bruised or damaged areas. Use a produce brush to scrub firm items like potatoes or cantaloupe. Bagged produce labeled "prewashed" is ready to eat and does not need to be washed again.

Meat, poultry, seafood and eggs do not need to be washed before use.

Separate: Limit Risk of Cross-Contamination

Use Separate Surfaces

Cross-contamination can occur when bacteria from one item is transferred to another. This can cause foodborne illness. To avoid cross-contamination, share the following with families:

- Use separate cutting boards, plates and utensils for raw, uncooked food and cooked food.
- Use one cutting board for fresh produce and one for raw meat, poultry or seafood.
- Clean all plates, cutting boards and utensils thoroughly before using them again.
- Consider replacing cutting boards when they become heavily marked with deep, hard-to-clean grooves.

Keep Raw Food Separate from Cooked Food and Fresh Produce

- Keep raw meat, poultry, seafood and eggs separate from other items in the grocery cart.
- Store raw meat, poultry, seafood and eggs separately from ready-to-eat foods in the refrigerator.
- Freeze meat, poultry and seafood that isn't going to be cooked within a few days.

Cook: Keep Hot Foods Hot

Use a Thermometer When Cooking

- Cook food to the proper minimum internal temperature.
- Keep hot foods hot after preparation (140°F or above).

**Refer to Minimum Cooking Temperature Chart for more detailed guidance.*

Chill: Keep Cold Foods Cold

Refrigerate Promptly and Properly

- Refrigerators should be cooled to between 32° and 40°F. Freezers should be 0°F or below.
- Don't overfill a refrigerator or freezer—air needs to circulate to keep food cool.
- Chill and store perishable foods within 2 hours of cooking.

Thaw Foods Safely

- Do not thaw meat on the countertop.
- Place frozen meat in the refrigerator to thaw before cooking.

Breast Milk and Infant Formula

Families with infants may have additional questions about how to properly handle, store and prepare breast milk and infant formula. The following guidelines and recommendations can help families feed their baby safely.

Breast Milk Storage

- Milk can be stored in the refrigerator for up to five days.
- Frozen milk can be stored for at least six months in the freezer.

Breast Milk Storage Containers

- Expressed breast milk can be safely stored in glass, hard plastic bottles, plastic freezer bags or storage bags specifically designed for storing human milk. Choose containers that do not have Bisphenol A (BPA).
- When storing milk in bottles, wash in hot water and air dry. The bottles do not need to be sterilized.
- Milk will expand when it is frozen, so leave room at the top if you plan to freeze.
- Only put 2-4 ounces into each container or the amount your baby eats at a single feeding.

**For detailed breast milk storage guidelines, see ADHS Breast Milk Storage Guidelines on page 35.*

Infant Formula Preparation

- Take care to prepare infant formula according to manufacturer instructions—do not add more or less water than is recommended. This alters the nutritional value and can be harmful to the baby's digestive system.
- Bottles, nipples and bottle rings can be washed in the dishwasher. Some experts still recommend boiling for five minutes to sanitize.
- If water safety is a concern, use bottled water or boiled tap water to prepare infant formula.

Storing Prepared Infant Formula

- Leftover prepared formula must be discarded within one hour after feeding a baby.
- Prepared formula that has not been given to a baby may be stored in the refrigerator for 24 hours in a covered container.
- An open container of ready-to-feed formula, concentrate formula or formula prepared from concentrate formula should be covered, refrigerated and discarded after 48 hours if not used.



Arizona Department of Health Services Breastmilk Storage Guidelines

Location	Temperature	Duration	Comments
Countertop, table	Room Temperature (up to 77°F or 25°C)	6-8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5-39°F or -15-4°C	24 hours	Keep ice packs in contact with milk containers at all times; limit opening the cooler bag.
Refrigerator	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
Freezer			Store milk towards the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some lipids in the milk undergo degradation, resulting in lower quality.
Freezer compartment of refrigerator	5°F or -15°C	2 weeks	
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3-6 months	
Chest or upright deep freezer	-4°F or -20°C	6-12 months	

Source: American Academy of Pediatrics



Safe Minimum Cooking Temperatures

Category	Food	Temperature (°F)	Rest Time
Ground Meat & Meat Mixtures	Beef, pork, veal, lamb	160	None
	Turkey, chicken	165	None
Fresh Beef, Veal, Lamb	Steaks, roasts, chops	145	3 minutes
Poultry	Chicken & turkey, whole	165	None
	Poultry breasts, roasts	165	None
	Poultry thighs, legs, wings	165	None
	Duck & goose	165	None
	Stuffing (cooked alone or in bird)	165	None
Pork & Ham	Fresh pork	145	3 minutes
	Fresh ham (raw)	145	3 minutes
	Precooked ham (to reheat)	140	None
Eggs & Egg Dishes	Eggs	Cook until yolk and white are firm.	None
	Egg dishes	160	None
Leftovers & Casseroles	Leftovers	165	None
	Casseroles	165	None
Seafood	Fin Fish	145 or cook until flesh is opaque and separates easily with a fork.	None
	Shrimp, lobster, and crab	Cook until flesh is pearly and opaque.	None
	Clams, oysters, and mussels	Cook until shells open during cooking.	None
	Scallops	Cook until flesh is milky white or opaque and firm.	None

Source: www.FoodSafety.gov

Notes

Resources/ References

Resources

Strong Families AZ: www.strongfamiliesaz.com/

ADHS 24-Hour Pregnancy and Breastfeeding Hotline: 1-800-833-4642

Arizona Department of Health Services (ADHS): www.azdhs.gov

ADHS Bureau of Nutrition and Physical Activity: www.azdhs.gov/phs/bnp/index.htm

ADHS Bureau of Women's and Children's Health: www.azdhs.gov/phs/owch/

ADHS/Arizona Nutrition Network: www.eatwellbewell.org

ADHS/Breastfeeding Program: www.azdhs.gov/phs/bnp/gobreastmilk

American Academy of Pediatrics: www.aap.org

American Academy of Pediatrics, Arizona Chapter:
[www.azaap.org/5210 AZ Way To Go](http://www.azaap.org/5210_AZ_Way_To_Go)

American Dental Association: www.ada.org

Empower Program: www.azdhs.gov/empower-program/

Food Safety: www.foodsafety.gov/keep/index.html

Healthy Children from the American Academy of Pediatrics:
www.healthychildren.org/English/Pages/default.aspx

My Plate for Preschoolers: www.choosemyplate.gov/preschoolers.html

National Association for Sport and Education:
www.aahperd.org/naspe/standards/nationalguidelines/activestart.cfm

Share Our Strength: Cooking Matters: www.cookingmatters.org

Special Supplemental Nutrition Program for Women, Infants and Children (WIC):
www.azwic.gov or 1-800-252-5842.

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