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and Family Life

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CHILD CARE*

By

LUCILE PEPOON

Extension Specialist in Child Development and Family Life

FHERE was a time when bearing a child was supposed to give the mother all of the necessary knowledge concerning its bringing up. That time is past. The modern mother knows that she carries a great responsibility, that she has much to learn, and that she must keep on learning all the time. The modern father, too, is not just an individual to provide finances and occasionally to have the honor of being used as an official "punisher" of an unruly child. He is now considered as having

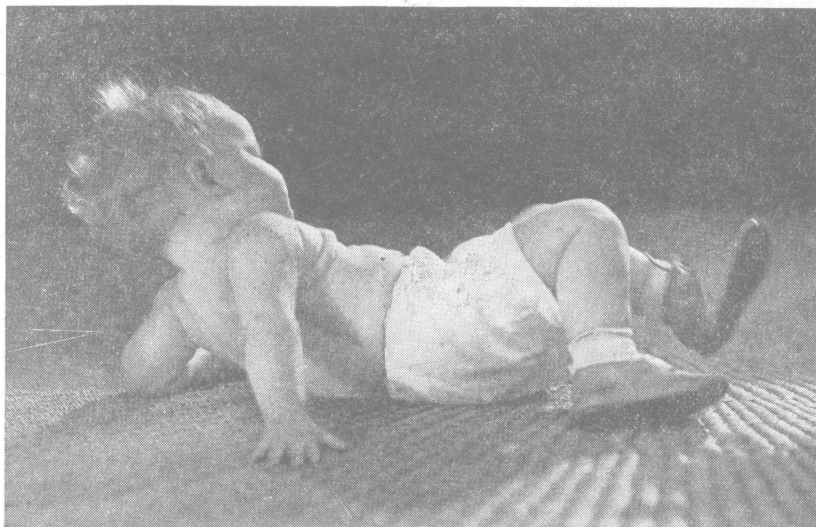


Fig. 1.—Good parentage and intelligent care are important factors in the producing of a healthy child.

a share in plans for bringing up the young individual. He and the mother have joint responsibilities. Knowledge as to the best methods to use in rearing children is being sought by thoughtful fathers as well as by mothers.

The responsibility of parents starts with the consideration of and choice of a life mate, because both parents contribute certain traits and characteristics to the new individual. Children of parents with good mental and physical health are likely to be physically healthy and mentally sound. The child cannot choose his parents. The parents should choose each other with consideration for the health and happiness of their children to come.

* The original copy for this bulletin was prepared by Wanda Przuluska, former health specialist of the Extension Service and revised by Mary Ann Graber, M.D., of the College of Medicine, The Ohio State University.

RESPONSIBILITIES OF PARENTS

Good Heritage.—The heritage of the child—physically and mentally—is determined very largely by the health, intelligence, and attitudes of the parents.

Physical Care of Children.—The physical care of children includes the provision of the right kind of home, proper food, suitable clothing; opportunities for needed rest; protection from disease and injury; and help which results in optimum growth.

Mental and Social Development.—The mental, moral, and social development of children is the responsibility of the home, the school, and the community. The child is influenced in these aspects at all times.



Fig. 2.—The baby taking its daily exercise.

Sympathy and Understanding.—There should be a cultivation of sympathy and understanding of the child's feelings, reactions, and viewpoint.

Environment.—The child's environment should provide:

1. Facilities for wholesome activities
2. Companionship with children of similar age
3. An atmosphere leading to the consideration of the rights of others
4. Stimulation for continuous mental and emotional growth and development.

It is impossible to discuss in this bulletin all of these varied responsibilities. Only the physical care of the child before and after birth will be considered.

CARE OF THE MOTHER BEFORE THE BABY'S BIRTH

The physical care of the baby should start at the very beginning of the pregnancy. The real foundation for physical health and development begins at conception. Out of the union of the father's and mother's tiny cells, the child grows and develops—muscles, nerves, skin, bones, etc. From the very first, therefore, the best of care must be given to the mother, and the right kind of foods supplied to her and by her to the new growing organism.

THE NEED OF MEDICAL CARE

The care of the mother should include the right kind of medical care and supervision all through pregnancy. A thorough physical examination at the very beginning may save the mother many complications and a great deal of discomfort.

The blood pressure is usually taken by a physician at regular intervals during pregnancy. The urine is examined at the same time, usually monthly in the beginning and more frequently after the sixth month. If a physician has opportunity to watch the mother during pregnancy he can help her to maintain good health. He will also know what to expect during confinement and will be prepared for any emergency which may arise.

THE NEED OF DENTAL CARE

The expectant mother should consult a competent dentist at the beginning of pregnancy even though she has been to him recently. Her teeth should be put in as good condition as possible. The old saying "a tooth for each child" is not true. The modern mother knows that this type of sacrifice is not required by her. Through dental supervision, proper diet, and daily care of the teeth, such as brushing them after each meal and rinsing the mouth with some alkaline solution, she can keep the mouth in good order. The alkaline solution can be made by adding a pinch of baking soda to the water.

GENERAL NEEDS

Diet, elimination of waste matter, exercise, rest, and the wearing of suitable clothing, play an important part in the mother's program. She does not require a complete change in her way of living, but she must select the kind of foods that will help her to build a strong, healthy baby; she must see that her bowels, bladder, and skin are active; that she is not overtired; and that she gets plenty of wholesome out-of-door exercise and direct sunlight.

Diet.—In selecting her diet the mother should remember that it is not the quantity but the quality which counts. There is no need to "eat for two" in the beginning of the pregnancy, as 90 per cent of the growth of the baby in the uterus occurs after the fifth month.

The foods the mother eats supply the materials from which nature builds a new person. A woman may live in fair health on a diet upon which she cannot nourish an unborn baby and keep her own health. If the baby cannot get what he needs from the mother's food, he will take it from her body.

The mother needs to select her foods carefully in order to be sure she is eating the right kinds in sufficient amounts. She needs to review carefully the diet she has been having, and to make the changes needed to insure health protection for herself and baby before birth, and to increase the chances of being able to nurse the baby after he is born.

A simple, nourishing diet is best. The food needs of the pregnant woman and her baby will be met if the following foods are used every day:

Milk and milk products: one quart

Vegetables and fruits: five or six servings

Potato

A green leafy or yellow vegetable

A raw vegetable or fruit

A fruit or vegetable rich in Vitamin C, such as oranges, tomatoes, grapefruit, raw cabbage or greens

Another fruit or vegetable

Whole or enriched grain products: two servings

Eggs: one egg

Meat: one serving. Liver should be eaten at least once a week. Fish, cheese or dried beans may be eaten occasionally as a substitute for meat

A good source of vitamin D: cod-liver oil or some other source directed by the doctor

Additional foods: as needed to meet the demand of the individual woman

Water: in liberal amounts

The mother may find four or five small meals better than three large ones. Eating too much, eating in a hurry, or eating at irregular hours may cause discomfort.

Fried and highly seasoned foods are apt to cause digestive disturbance. There is not any reason why a craving for certain foods should not be satisfied, if the food causes no discomfort and does not take the place of more important foods.

Milk, green leafy vegetables, whole wheat bread, and whole grain cereals help to conserve the mother's teeth and develop the baby's teeth and bones. The mother should realize that the baby's teeth form very early during prenatal life. At the sixteenth week of prenatal life, all of the temporary teeth are in their sockets, and the enamel for permanent teeth begins its development. The first molar is completely developed at birth, and all the permanent teeth are like buds, with the material for growth in them.

Elimination.—The elimination of waste matter is of great importance, because the mother has to take care not only of her own waste matter, but also of that of the developing baby. The bowels should move daily. Following the diet suggested above, and observing regular toilet habits will help a

great deal. If constipation occurs in spite of diet and regularity of habit, a physician should be consulted. He is the one to prescribe the needed treatment or medicine.

The elimination through kidneys and bladder should be frequent. At least $1\frac{1}{2}$ quarts of urine should be passed daily. Drinking plenty of water and liquids will help to maintain this elimination. The pores of the skin should be kept open through frequent bathing with soap and warm water. A sponge bath is just as helpful for this as a tub bath.

Fresh air is very important. The windows should always be open at night. The house should be aired during the day to keep the air fresh, even in cold weather.

Exercise and Rest.—Regular daily exercise out of doors is important for health. This must not be strenuous nor be continued to the point of tiring the mother. Walking, easy gardening, or other activity that the doctor permits will help keep the body in good condition. Strenuous exercise and over-fatigue should be avoided, as well as stretching, lifting, or jolting.

Short rest periods of 10 to 15 minutes, taken when there is a feeling of slight fatigue, will help more than a long rest after complete exhaustion.

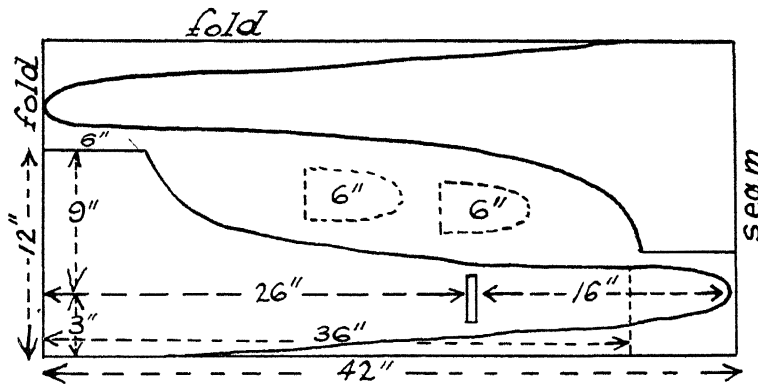


Fig. 3.—How to cut the abdominal binder. If the little ends are pieced $\frac{1}{3}$ yard material can be saved.

Clothing.—The clothing in pregnancy should be loose, light, warm, comfortable, attractive, and simple. Constrictions of any kind such as waistbands, round garters, etc., should be avoided and the weight of clothing suspended from the shoulders.

Shoes should be comfortable and have low, broad heels. Such shoes help to retain good posture and keep the internal organs in normal position. They also make walking easier and prevent accidents, as tripping.

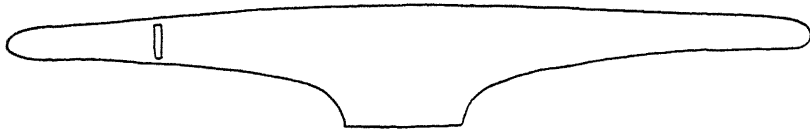


Fig. 4.—An abdominal binder open. Note the slit on one side through which the other end of binder is passed. Fig. 3 shows diagram for cutting this binder.

PREPARATION FOR CONFINEMENT

If the confinement is to take place at home, the mother should get ready all the things she will need for herself and for the baby. The supplies for the confinement are few and very simple. They must be absolutely clean and as nearly sterile as possible. It is best to get most of these supplies ready early in pregnancy, when the expectant mother feels more comfortable.

Supplies for the Mother

- | | |
|--|---|
| 3 nightgowns | 4 ounces tincture green soap |
| 1 pair large white stockings | 4 ounces boric acid crystals |
| 4 sheets and pillow cases | Tube plain white peroleum jelly |
| 6 or more large bed pads | 2 pails with covers |
| 3 or 4 dozen vaginal pads (sanitary napkins) | 1 stew pan with handle—2 quart |
| 1 ½ yards rubber sheeting or new oilcloth | 1 pair scissors |
| 2 washcloths | 1 skein or bobbin of strong cotton string to tie cord |
| 1 dozen hand towels | 3 hand basins |
| 2 one-pound packages of absorbent cotton | 1 stiff new nailbrush |
| 1 four-ounce bottle of lysol | A supply of clean newspapers |
| 1 bedpan | Unopened cake of mild soap |

Sterile Delivery Sheets and Sterile Vaginal Pads.—These may be purchased at the drug store. Care must be taken that they are manufactured by reliable companies.

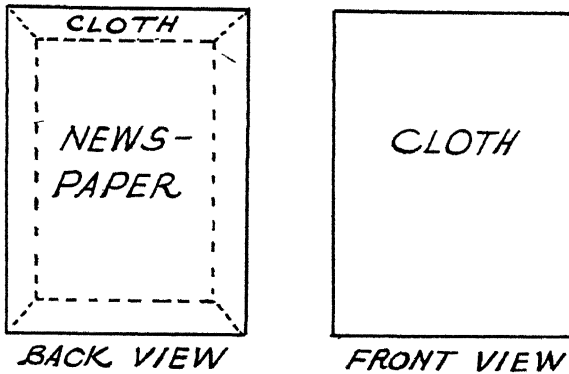


Fig. 5.—Bed pads made of newspapers. Muslin covers one side of the pad and the edges are turned over and sewn down, as in back view.

(see Fig. 5). The pads should be ironed on the cloth side to sterilize them, folded cloth side in and wrapped in clean ironed paper until needed.

Bed Pads.—The bed pads may be made from twelve thicknesses of newspaper, opened to full size and sewed together. These pads should be covered on one side with freshly laundered muslin cut large enough so that the edges may be turned over and sewed on other side of pad

Other Supplies.—All washable supplies for the mother should be freshly laundered, ironed, placed in clean pillow cases or in clean, ironed wrapping paper. Store in a dry place protected from dust.

Supplies for Baby

The following list of baby clothes and toilet articles may be modified as to material, quantity, and quality to suit the individual taste and pocketbook. It is advisable, though, to have clothes constructed simply for the baby's comfort and ease in laundering.

- 3 or 4 dozen diapers, 27 x 27 inches, or 20 x 40 inches (birdseye or cotton flannel)
- 3 shirts, size 2, silk and wool, cotton and wool, or cotton
- 3 or more slips
- 3 squares of flannel to be used at first instead of coat and bonnet
- 4 quilted pads, 11 by 16 inches
- 1 dozen medium size safety pins
- 1 dozen small safety pins
- 1 basket or box for bed 15 by 30 inches
- 1 folded blanket, felt pad, or several thicknesses of quilted cotton padding for mattress
- 1 rubber sheet for mattress
- 2 muslin pillow cases or 2 crib sheets for mattress
- 2 crib blankets, small size
- 4 old soft towels
- 4 washcloths, old soft linen, or cheesecloth
- 1 piece of mild unscented soap
- 1 package sterilized absorbent cotton
- ½ pint olive oil, or albolene
- 1 covered pail for soiled diapers
- 2 yards mosquito netting and two hoops
- Bath thermometer
- Toilet tray to be fitted with articles shown in Fig 6
- Covered jar for boiled water
- Covered jar for cotton swabs

(List continued on next page)



Fig. 6.—Toilet tray with toilet articles for baby; also basket, pail, and other equipment.
(Courtesy Maternity Center Assn., N. Y.)

Supplies for Baby (Continued)

- Covered jar for sterile nipples
- Flat dish for soap
- Flat dish for soap to be used as pincushion
- Flat dish for oil
- A nursing bottle for boiled water
- A dish for used nipples
- Paper bag for waste

A white enameled tray is attractive and easily cleaned, but any tray could be used. Small jars such as come with salad dressing make satisfactory jars for this tray. A soap pincushion is more sanitary than other types because it can be washed daily, and for this same reason a tray is more desirable than a basket.

COMPLICATIONS OF PREGNANCY

Miscarriage.—One of the serious complications, especially of early pregnancy, is a miscarriage. In some instances the expectant mother may prevent it by refraining from long rides over rough roads during the first 16 weeks of pregnancy, especially at times when she would be menstruating if not pregnant. She should avoid heavy lifting, strenuous pulling, and stretching, as any such exertion might tend to cause bleeding.

In case an expectant mother develops cramp-like pain and there is a slight bloody discharge, she could call her doctor at once, then go to bed and remain there as quietly as possible until he comes.

Other Complications.—The discomfort of morning sickness, heartburn, cramps in the leg, varicose veins, hemorrhoids, etc., can be lessened if the mother is under the care of a competent physician. She should always consult him instead of following the advice of relatives and neighbors. No matter how good their intentions, their experience and knowledge are limited, and often based on superstitions. They may do more harm than good.

Symptoms to Report at Once to the Doctor—

- Profuse vaginal discharge
- Vaginal bleeding, no matter how slight
- Continuous vomiting
- Continuous headache
- Severe, cramplike pain in the abdomen
- Dizziness
- Black spots before the eyes
- Puffiness around the eyes
- Swelling of ankles and wrists

Any of these might be symptoms of complications. The sooner the physician is called, the more able will he be to prevent further trouble.

Can the Child be "Marked?"—One very old and deeply rooted superstition is the idea of "marking of the child." This belief is without scientific basis. There is no nerve connection between the mother and the baby, consequently her mental impressions can not mark him. If marking were possible, all of the children born would be marked in some way.

CARE DURING CONFINEMENT

PREPARATION OF THE ROOM

The best place to go for confinement is a hospital, where one can get trained help and constant medical supervision. Sometimes money spent for hospital care is money saved. There are times, however, when confinement has to take place at home, and if so, it is wise to remember a few of the important points.

1. Have the room for confinement thoroughly clean.

2. Have a high bed, or raise it so that it is about 30 inches from the floor to the top of the mattress.

3. Place the bed away from the wall, and have the light at the foot of the bed.

4. Call the doctor in plenty of time.

5. Make the bed by covering the mattress with rubber sheeting or oil-cloth; then add the clean sheet, over which the bed pads are placed in the manner shown in Fig. 7. In using three pads in this way the bed is protected, even if the doctor should want the patient across the bed; also, when confinement is over, the two upper pads (Pads 2 and 3) may be removed, leaving the patient on a clean pad (Pad 1). Place a clean sheet and a blanket over the pads, but do not tuck them under the mattress.

6. Arrange the room so that no furniture is in the doctor's way.

7. Place a small table near the bed and cover it with a clean towel.

8. Place on this table two sterilized basins, one turned over the other (see Fig. 8); a piece of soap which has not been used; a new freshly boiled nail brush in a sterilized dish; a bottle of lysol; a pair of scissors in a dish of rubbing alco-

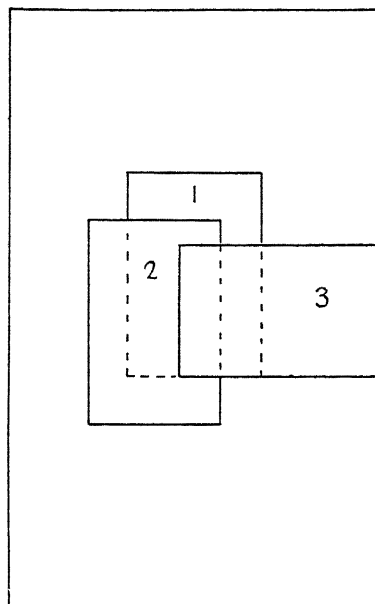


Fig. 7.—Arrangement of bed pads.

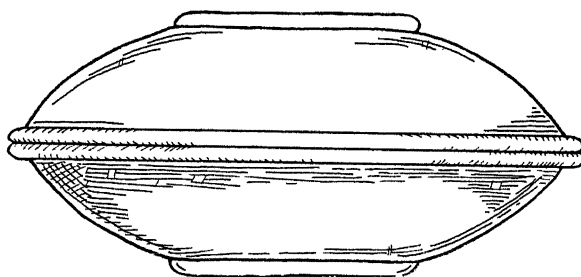


Fig. 8.—Two basins, sterilized ready for use.

hol; a small covered pan containing a piece of clean twine or narrow linen tape which has been boiled. (The scissors and tape are for an emergency; the attendant will have to tie the cord if the doctor does not arrive in due time.) To sterilize the basins, place them in a wash boiler or other such container with water covering them; boil rapidly for 20 minutes or more.

9. Place under the table a tub or pail for waste water, also a covered pan with boiled cooled water, and a covered pan with boiled hot water.

10. Have the baby's bed arranged and a warm blanket ready to receive and wrap around him.

THE LABOR

The separation of the child from the mother's body is called labor. It is divided into three stages. The first stage usually lasts several hours, and is characterized by cramping pains. During this stage a sponge bath should be given to the mother, her hair combed, and if long, braided into two braids. She should make an effort to empty the bladder and bowel. The doctor should be notified during this stage. The mother should be encouraged to stay up and about between pains.

The second stage starts with a flow of fluid as the bag of water breaks. The pains now come every few minutes and are more severe. The patient should stay in bed now and be encouraged to maintain self-control. If the doctor has not arrived he should be called again even though the pains are not intense.

The birth of the baby follows this stage, and begins the third stage of labor, which continues until the afterbirth is expelled.

If the baby is born before the arrival of the doctor, the attendant should scrub her hands and nails thoroughly with soap, water, and brush for 10 minutes, and receive the baby in a clean soft blanket. Care should be taken not to pull or press on the cord.

The baby should cry as soon as he is born. If he does not, he should be placed carefully, without pulling on the cord, over the mother's abdomen, with face down, and head low, then the baby's back should be rubbed briskly in circular motion. This also helps to expel mucus from the baby's throat. Spanking of the soles of the baby's feet will also help to start him crying.

Unless the baby is blue or the afterbirth is appearing, the attendant should wait a short while for the doctor before cutting cord. If the doctor is not present and the cord must be cut, the attendant should tie the cord with the sterile string or tape about 2 inches from the baby's abdomen, then tie again 2 inches above the first tie and cut between the ties, using sterilized scissors. The doctor may need to retie it when he comes. An improper tie may result in a hemorrhage.

Usually 15 to 20 minutes after the baby has come, the pains return, and the placenta, usually called "afterbirth," is expelled. Then the uterus begins to contract. Felt through the abdominal wall, it is like a hard ball just below the navel. The afterbirth should be saved in a bed pan, a dish, or a cloth

for the doctor's examination, if he was not with the mother at the time of the birth. The attendant should also watch the uterus for symptoms of severe bleeding or hemorrhage for 30 minutes after the placenta has been delivered. If hemorrhage occurs, the foot of the bed should be raised at once and the doctor called. If a nervous chill follows labor, a hot water bag should be placed between blankets at the mother's feet, and hot milk or broth given to drink.

CARE OF THE MOTHER AFTER LABOR

The mother should be allowed to rest quietly after the delivery. When the mother is rested (9 to 12 hours after labor) the baby may be put to the breast. The nipples should be washed before and after each nursing with a piece of clean gauze or cotton and boiled water. The baby should not be allowed to remain at the breast longer than from 15 to 20 minutes. The first milk has a slight cathartic action on the baby, and the process of nursing helps to contract the mother's uterus.

Attention should be given to the passing of urine during the first 12 hours after labor. The attendant can help the mother by placing under her a bedpan with a little warm water in it, or by pouring water from one vessel to another, using the sound as suggestion.

The vaginal pads should be applied carefully without allowing the hands to touch the inner side. Douches should not be given after confinement unless ordered and supervised by the doctor. "Childbirth fever" may be caused by infection carried into the vagina by dirty hands or materials, therefore every effort must be made to maintain absolute cleanliness.

The diet of the mother should be mostly liquid for the first day, but after that a general diet is used. Refrain from serving foods difficult to digest as baked beans, for instance, while the mother remains in bed. A quart of milk a day should be included in the diet.

The bowels should be watched and the doctor consulted if constipation occurs.

The doctor will determine the length of time the mother should remain in bed. At the present time, there is considerable agreement among doctors that the mother should begin to be up, at least for short periods of time, after the first two or three days.

Sometimes the breasts get very sore and swollen. The physician should be notified of this condition, so that the needed treatment may be prescribed.

THE NEWBORN BABY



THE FIRST CARE

As soon as the baby is born, even before tying the cord, the attending physician puts into the baby's eyes two drops of 1 per cent silver nitrate, or some similar solution. If the doctor is not present the attendant should put the silver nitrate solution in the baby's eyes as a preventive of eye infection.

After the cord is tied the baby is wrapped in a warm blanket and placed in his basket on his right side until the attendant is free to attend to him. She must be watchful to see that the baby is comfortable and not smothered. About 12 hours after birth, the attendant should give the baby its first toilet.

THE FIRST TOILET

The room should be warm (about 75°-80° F.). A soft, warm blanket is placed on the table and covered with a clean piece of some old, soft cloth. The baby is laid on this cloth and covered up. A piece of cotton is dipped in clean, warm oil or salt-free lard, and the baby's skin patted all over with this, leaving extra grease in the creases of the body. The surplus grease is then wiped off with a soft, clean cloth.

The baby's nose and ears are cleaned with twisted pieces of cotton dipped in boiled, cooled water. Applicators may be made for this purpose by wrapping cotton on toothpicks, and then slipping the cotton off the toothpick to use. The mouth should not be cleaned, as there is danger of breaking the delicate mucous membrane lining.

The cord dressing is held in place with a 3-inch roller bandage which is carried around the baby's body several times and the end tucked under, or by a band which has been made at home. Care should be taken that the band is not too tight. It is not necessary to use these bands after the cord stump has dropped off and the umbilicus is well healed.

The baby is then dressed in a shirt, diaper, and slip, or wrapped in a blanket, and placed in his basket.

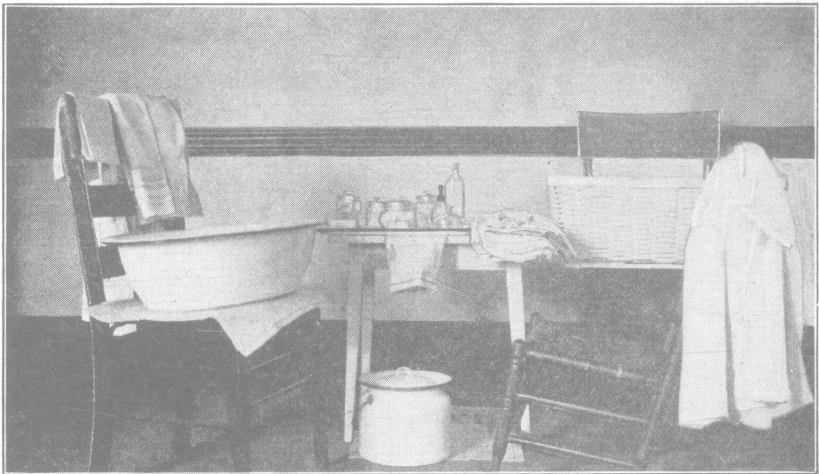


Fig. 9.—Articles assembled ready for the baby's bath. (Courtesy Maternity Center Assn., N. Y.)

THE DAILY CARE OF BABY

THE DAILY TOILET

Before the stump of the cord has dropped off, the baby should have only a sponge bath, or if puny an oil bath. After the cord is healed, usually at end of second week, a tub bath may be given.

The room should be warm and free from drafts. Everything needed in bathing and dressing the baby should be within easy reach of the mother. It is much easier to give a bath on the table than on the mother's lap. Place on the table a blanket covered with a piece of rubber sheeting and a bath towel, and have ready another towel to cover the baby. Next to it place a tub two-thirds full of lukewarm water at a temperature of about 98° to 100°

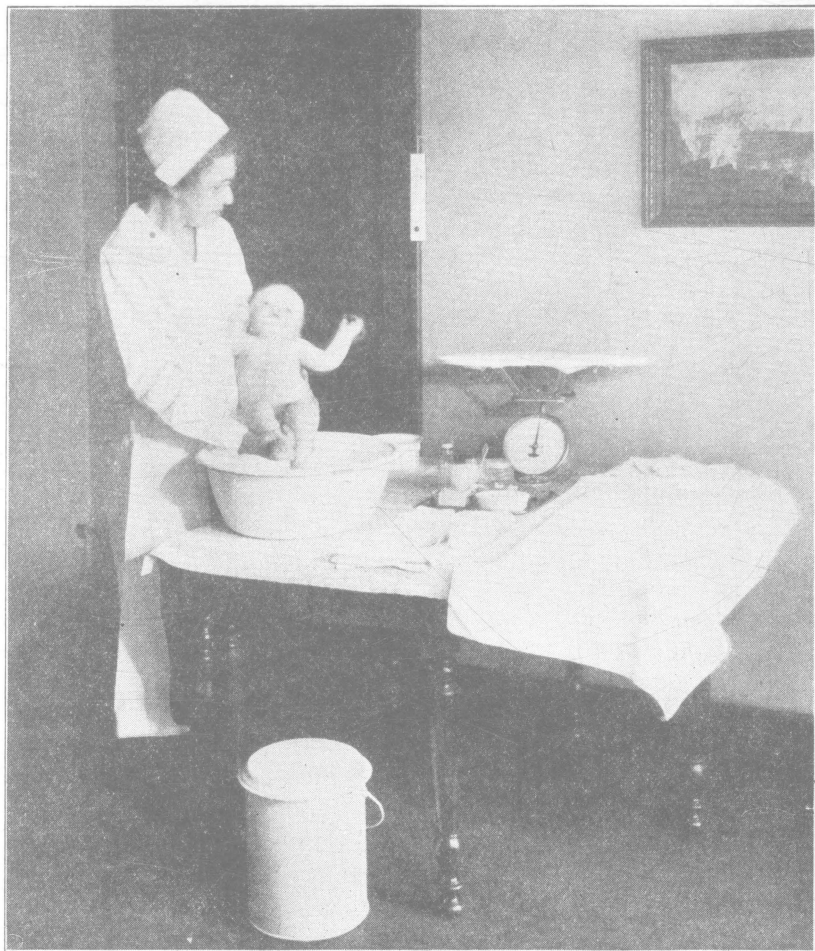


Fig. 10.—Placing the baby in the bath.

Fahrenheit. If there is no bath thermometer test the water with you elbow; the water should feel warm, neither hot or cold.

Have the baby's tray with toilet articles near the tub. Place clean clothes ready to put on the baby on the table near the blanket. Place a pail for the soiled diapers near the table.

Lay the baby on the blanket and cover with a towel or blanket. Wash the face using clear water and a soft wash cloth and pat dry. Take a small piece of cotton, twist and dip in clean water and wash the baby's nostrils, using a separate piece of cotton for each nostril. Take a clean piece of cotton, dip in boiled, cooled water and wash the eyes, using a separate piece of cotton for each eye.

Soap the head and wash it by holding the baby over the tub, face up, with feet under the mother's arm and with mother's left hand under the baby's neck. Place the baby on the blanket again and if a sponge bath is given wash the baby's body little by little under the blanket, patting the skin dry with a soft towel. If a tub bath is given soap the baby's skin on the table, then lift the baby with your left arm under the baby's head and neck, with a firm grasp with the left hand on the baby's upper left arm. Support the baby's feet with your right hand and lower him gently into the tub (see Fig 10). Support the baby with your left hand, and wash off the soap with the right. Lift the baby, place him on the towel, cover, and pat dry. Clean the genitals of a baby girl daily with a piece of clean cotton. Push back the foreskin of a baby boy, clean the part quickly with oil, and push the foreskin back into place. It is often necessary for the physician to loosen the foreskin the first time. It is best to ask him to show how the foreskin can be handled by the mother.

When the baby is dry, dress him quickly.

The best time for the baby's bath is usually in the morning, before his 10:00 o'clock feeding, but the time might be changed to suit the routine of the mother, provided regularity is maintained.

If the scalp is scaly, oil or vaseline should be applied after the scalp has been washed with soap and water. When the baby is soiled the buttocks should be washed with cool water and patted dry. If the skin is red and irritated, a little oil should be rubbed into the skin. Mineral oil may be used for this purpose, as it does not get rancid. The baby's finger nails should be trimmed often with small scissors to prevent scratching, and toe nails should be cut straight across whenever necessary.

FEEDING THE BABY*

The Little Baby's Food.—Breast milk is an ideal food for the little baby. A normal, healthy mother should make effort to nurse her child, because mother's milk contains almost everything a young baby needs for nourishment in a form the baby is able to digest easily.

Your doctor will prescribe the baby's feeding schedule on the basis of his

* For fuller information see Ohio Agricultural Extension Bulletin No. 156, "The Young Child and His Food."

needs. Most babies become hungry at fairly regular intervals, usually about 3 or 4 hours apart. Some babies are not quite as regular and you may need

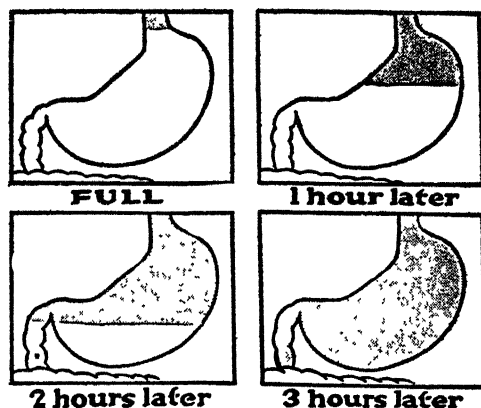


Fig. 11.—Baby's stomach, showing rate of digestion. (Courtesy Maternity Center Assn., N. Y.)

to work out a slightly different plan. You will not spoil him if you vary a schedule somewhat to meet his needs. Nothing is gained for yourself or your hungry, crying baby if you grimly watch the clock until the appointed minute arrives.

The mother's breast should be washed with a clean piece of cotton and boiled water before and after each nursing. The baby should remain at the breast about 20 minutes for the first 2 weeks, and as long as he will nurse after 2 weeks.

Usually the baby is nursed at one breast at a time, and should empty the breast thoroughly. If the mother's milk is so abundant that the baby cannot empty the breast, the mother should extract the milk by hand.

During nursing the baby should be removed from the breast two or three times, held upright against the mother's shoulders and patted gently to expel air. This should be done again after nursing.

The recurrence of menstruation is not an indication that the mother should discontinue nursing the baby. A tuberculous mother should never nurse her baby. If the mother thinks that her milk is not sufficient for the baby she should consult her doctor as to supplementary feedings. Weighing the baby before and after nursing without changing his clothes or diapers if soiled will tell how much the baby takes at a feeding.

Supplementary Foods.—The baby should be placed under the supervision of a physician well trained in infant feeding. Cod liver oil should be started the second week, whether the baby is breast fed or bottle fed, and continued through the first year. After the first year all children up to the age of 10 or 12 years should receive cod liver oil. With some children, depending upon the advice of the physician, this may be omitted during the summer months. Haliver oil with viosterol is often preferred for infants because the proper amount of vitamins A and D may be given without the addition of so much fat. The drops may be given from the dropper right into the baby's mouth, or floating on $\frac{1}{2}$ teaspoon of orange juice.

Orange juice may be started the second or third week of life. One teaspoon of orange juice diluted with an equal amount of boiled water is given at first. The amount is gradually increased so that the baby is taking 1 ounce by the time he is 1 month old. Tomato juice may be used instead of orange juice, but twice as much must be given.

Babies need water. They should be given cool boiled water several times a day, either with a spoon or from a bottle. Some babies will not take plain water. It may be flavored with orange juice, a few grains of sugar, or a few grains of salt. They will then take it readily.

If the breast milk is not sufficient, a formula is used as a supplementary feeding. This should be started as soon as it is known that there is not enough breast milk.

A physician should be consulted as to what to feed the baby and how the milk formula should be prepared. Cow's milk is the best substitute for mother's milk, but it must be modified to answer the baby's needs. Everything used in the process of modifying the milk—hands, utensils, and table—must be scrupulously clean. The bottles should be rinsed with cold water after using, then washed in hot soap suds and thoroughly rinsed in clean water. They should be boiled for 5 minutes just before the milk is put into them again. The nipples should be turned inside out and scrubbed with a brush right after using. They should be boiled for 5 minutes and kept dry in a sterilized covered jar. All the things used in mixing the milk, such as spoon, pitcher, funnel, and pan, should be boiled before using and used only for the baby.

In preparing the formula the milk and water are boiled together 5 minutes, then the sugar is added. The quantity for the whole day is usually prepared at one time; however, it might be necessary to prepare only half of the feedings if ice is not available. The mixture is then poured into the sterilized bottles, pouring in each only the amount needed for one feeding. The bottles are corked with corks, or special rubber stoppers may be used. Stoppers or corks should be boiled daily.

The prepared milk should be kept on ice and when needed for feeding should be warmed in the bottle. To test the temperature of the baby's bottle the mother should drop a few drops of the milk on her wrist to see that it is not too hot. The feeding should never be warmed over; if the baby can not finish the bottle the leftover milk should be thrown away. One should be sure that the milk used does not come from tuberculous cows and that it has been handled carefully.

Beginning with the fifth month additional foods are given. At first the baby may be given 1 or 2 tablespoons of well-cooked and strained cereal with a little milk before one nursing each day. This amount may be gradually increased. At 5 months vegetables are added. Begin with 1 teaspoon of strained vegetable and gradually increase to 2 tablespoons. The vegetables may be a green leafy vegetable such as spinach, chard, beet or turnip greens two or three times a week, with carrots, green peas, green lima beans, string beans or broccoli for alternate days. As the baby grows older and gains in weight he will need cereal twice a day and vegetables twice a day. At about 4 months of age egg yolk may be used in the diet, if the child can take it without disturbance. Begin with $\frac{1}{4}$ teaspoon and gradually increase until one egg yolk per day is being taken.

Usually when the baby is 1 year old he may be fed each day the follow-

ing foods in addition to the quantities of orange juice and cod liver oil previously suggested:

- One quart of milk.
- One-half cup or more of cooked cereal at each of one or two feedings.
- Two different vegetables, feeding about $\frac{1}{8}$ cup or more of each.
- Cooked fruits as apples, prunes, peaches.
- One poached or soft cooked egg.
- Potatoes (baked or mashed).

Before the baby is 1 year old he has learned to bite upon crusts of bread and toast. This helps to establish the chewing habit.

Weaning the Baby.—The baby usually is weaned by the end of the ninth month, but sometimes the weaning is delayed because of illness of the baby. Weaning is not a difficult process when the baby has had supplementary foods for the preceding 3 or 4 months. The mother may need to reduce her fluid intake when the baby is weaned, and should keep her bowels open. She should leave her breasts alone until the congestion of the breasts is gone, but if the congestion is severe she should consult the doctor.

SUITABLE CLOTHES FOR THE BABY

The infant needs very few clothes. His time is spent in bed, and in bed one needs covers and not dresses. The shirt should be loose and may be part wool, or all cotton if the temperature of the house is even. All wool is too irritating to the baby's skin, and shrinks badly in washing. A band is a poor article to keep the stomach warm; if applied loosely it wanders up under the baby's arms, and if applied tightly it causes too much pressure on the abdomen and colic may result. A knitted band with shoulder straps may be used for warmth in winter and as a shirt substitute in summer.

A slip should be of soft washable material and may be opened in the front or in the back (Fig. 12 shows diagram of a slip). All seams should be flat. There should

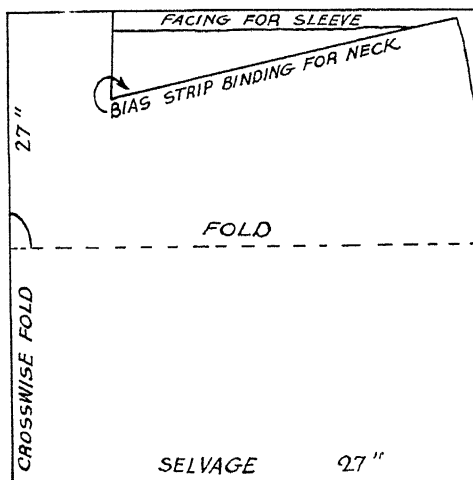


Fig. 12.—Diagram showing how to cut out a baby's slip. (Courtesy Maternity Center Assn., N. Y.)

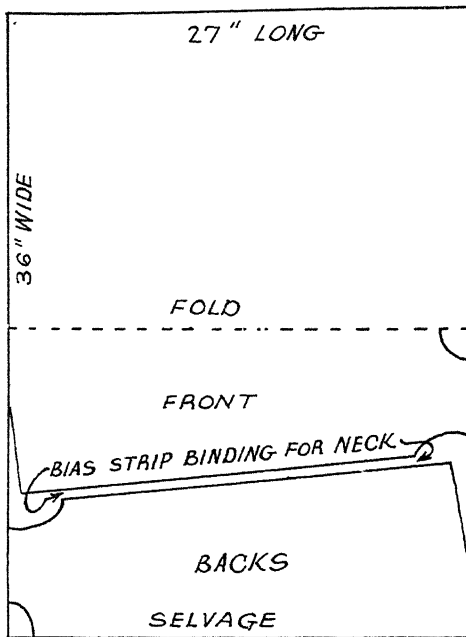


Fig. 13.—Diagram showing the method of cutting out a Gertrude. (Courtesy Maternity Center Assn., N. Y.)

be drawstrings at wrists and neck, to adjust easily.

A Gertrude petticoat may be used when the baby is 2 or 3 months old (see diagram, Fig. 13).

The diaper is a very important article of clothing for the baby, and there should be a generous supply of them. Either birdseye, medium weight cotton flannel, or surgical gauze may be used. The disposable diapers and the diaper liners may be used part of the time.

If stockings are used they should be roomy. A short stocking is very injurious to a baby's feet. When the baby starts wearing shoes, care must be taken that they are long and wide enough, with a straight inner line and a flexible shank.

Dressing the Baby.—In dressing the baby, handle him as little as possible. If the clothes open in front the shirt sleeves should be inserted into those of the slip; both are then laid on the table, open, with the folded diaper placed inside, and the baby laid in them. If the clothes open in the back the shirt is put on first, then the diaper and slip. Clothes which are not open all the way should be slipped over his feet, not over his head.

For the tiny baby, garments which open all the way down the back are practical. They can be spread open when laying the baby down, which makes it easier to keep them dry.

In applying the square diaper (No. 2 in Fig. 14), it is folded straight through the center (2), and if too long, part of it is folded under (3). The diaper is then placed lengthwise under the baby (4), the lower half is drawn between the thighs and pinned on each side at the waist line, having the back fold of the diaper overlapping the front. If the baby outgrows the diaper, two diapers may be used with a plait in the center (5) instead of folding in two. A diaper applied too tight or one that places too much bulk between the baby's legs is injurious to the baby.

In picking the baby up, a square or flannel or a small blanket may be wrapped around him. When the baby is two or three months old, a coat and a bonnet may be used.

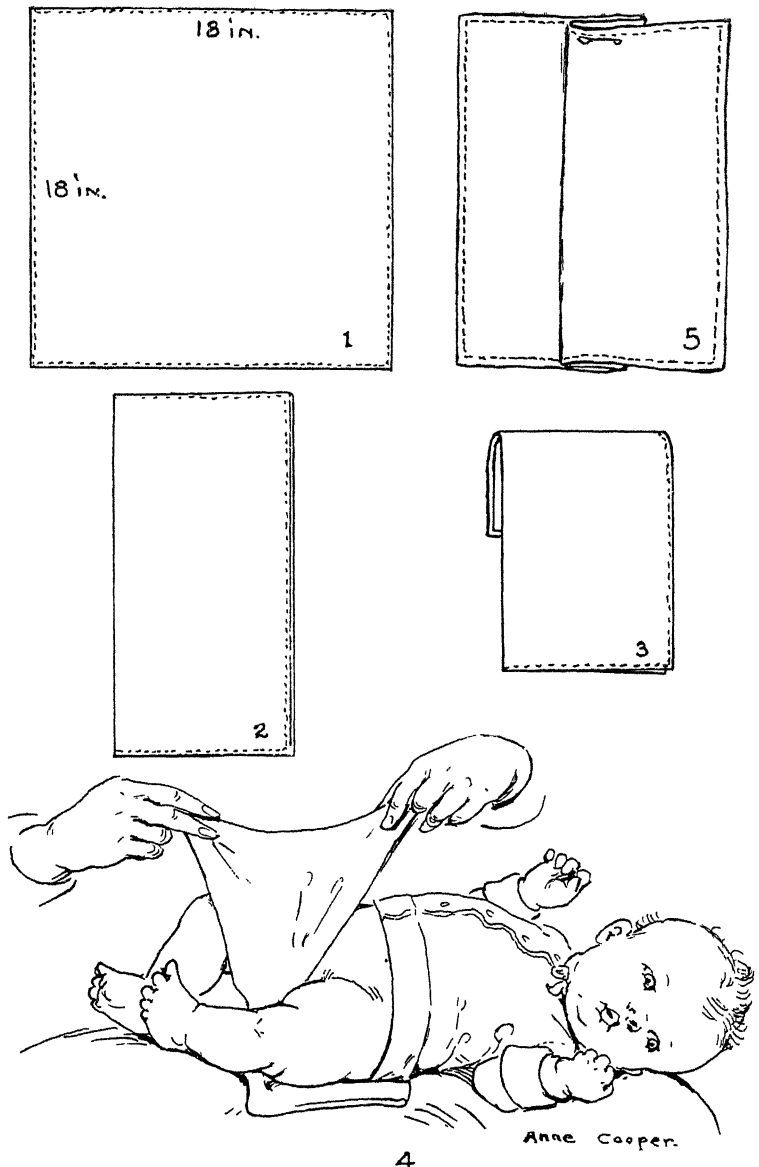


Fig. 14.—Method of folding and applying a square diaper (see text, page 20).
 (Courtesy Maternity Center Assn., N. Y.)

Overbundling is very bad for babies, because they catch cold much more easily when overheated. The baby should be dressed according to the weather and temperature. In the summer time a knitted band with shoulder straps (instead of a shirt), and a diaper is all the baby needs unless the weather is

cool, then extra wraps should be added. The eyes and head of the baby should be protected from strong sun rays. The little rubber diapers or pants, although a great convenience, are irritating to the baby's skin. If used, care must be taken to leave them on the baby only for short periods of time and to change the diaper as soon as it is wet.

The Baby's Laundry.—The baby constantly needs clean clothes, therefore there is almost a continuous wash day when there is a baby in the house. Diapers should never be used without washing as the solids in the urine remain in the texture of the diaper and often cause severe breaking out and irritation of the skin. When diapers are soiled they should be rinsed in cold water first. With modern plumbing one may use a brush with a handle and rinse the diaper in the toilet. The diaper should then be washed with hot water and soap and boiled. All diapers should be boiled every few days.

A covered pail should be used to hold the soiled diapers; they should never be allowed to lie around the floor. About a quart of cold water with a tablespoon of borax can be kept in the pail. This soaking of the soiled diapers facilitates washing. The solution should be changed whenever diapers are taken out.

The soap used for washing the baby's things should be mild. Make sure that soap is thoroughly rinsed from the garments, as it may cause irritation of the skin. Three or four rinsings will be necessary.

Woolen garments should never be boiled. They should be washed in warm water with mild soap, rinsed in water of the same temperature, and dried slowly in the shade. Cold water, boiling, drying in the sun, or drying too close to the hot stove shrinks woolen garments. Forms over which the baby's woolen garments may be stretched and dried can be purchased for a small sum.

THE BABY'S BED AND SLEEP

The little baby sleeps most of the time. He should have his own bed, and sleep in a well ventilated room. The windows should be open unless the weather is extremely cold. He should never be awakened from his sleep to show him to relatives or neighbors. The only reason for waking the baby in the daytime is to feed him.

Day naps may be taken out of doors, but the baby must be protected from mosquitoes and flies, and shielded from strong sunshine.

If one can not afford a real crib for the baby, a large clothes basket can serve as a bed for the first few months (see Fig. 15). If a basket with folding legs is not available, a common clothes basket may be used. It should be placed on a bench, or on two chairs facing each other and tied together.

A hair mattress is best, but a folded mattress pad or cotton blanket may be used in place of a mattress, or a mattress may be made at home, using cotton batting covered with denim. A feather pillow should never be used for a mattress, as feathers overheat the body and are not firm enough to give the needed support to the baby's spine. The mattress or mattress substitute is placed

in a pillow case and then in the basket. This mattress is covered with rubber sheeting, then with a large diaper or a small sheet, over which is placed a quilted pad. The baby is placed on this pad and covered. Covers should be light in weight and warm enough for comfort.

In cold weather a hot water bottle with water of moderate temperature may be placed in the baby's bed. Place the bottle between the basket



Fig. 15.—Clothes basket with folding legs, which may be used for baby's crib.

and the mattress, with the stopper part down, so that in case of leaking, the water would not come near the baby. An electric pad is not safe to use.

In summer time a large piece of mosquito netting should be placed over the basket, and supported on hoops inserted in the sides of the basket. A piece of elastic can be tied over the lower end of the mosquito netting, holding it firmly to the sides of the basket. Bassinets decorated with ruffles are pretty, but they are great dust collectors and therefore should not be used for the baby.

THE WEIGHT AND LENGTH OF BABY

The weight and length of a baby at birth varies in different families. The average weight is about $7\frac{1}{2}$ pounds, and the average length is about 20-21 inches.

It is a good plan to keep the weight and length record of the baby. The baby should be weighed daily until food habits are established and the gain is permanent; after that he can be weighed weekly until the end of the tenth or twelfth month; after that time once a month is sufficient. The weighing should always be done at about the same time and in about the same clothes. The weight should be recorded on a weigh chart (see Fig. 16).

The measuring of the length of the baby should be done weekly for the first few weeks, after that monthly.

There is always a loss of weight during the first few days, but at the end of ten days the weight should be the same as at birth. From that time the

baby should gain on an average of 4 to 8 ounces a week for the first six months, then on an average of 4 ounces a week for the rest of the first year.

At the normal rate of gain the baby's weight should be doubled at the end of the fifth or sixth month and tripled at the end of the first year. At

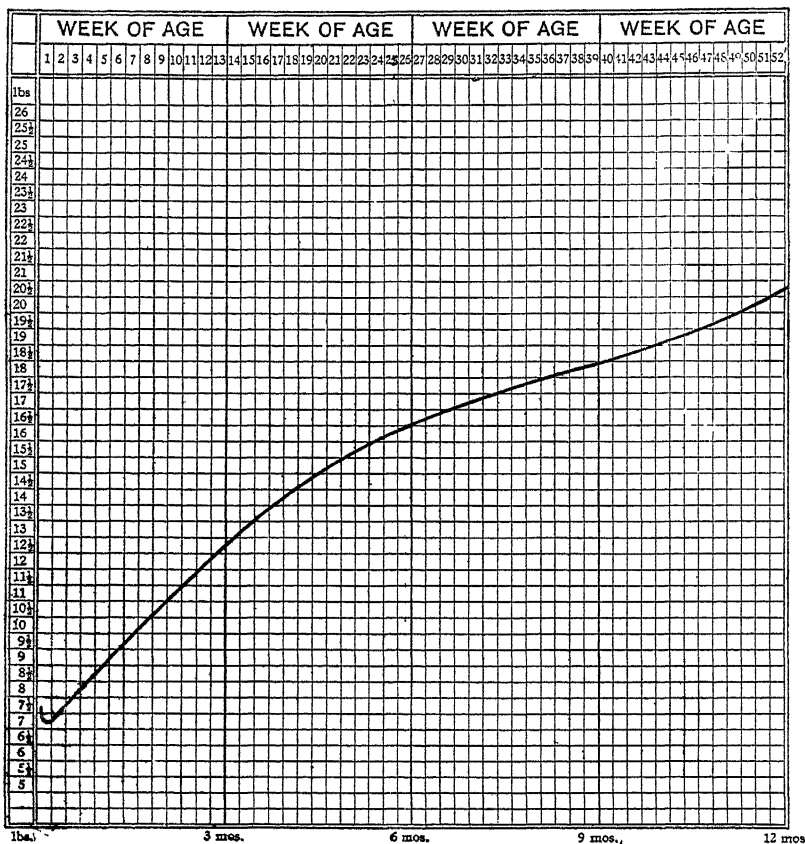


Fig. 16.—Weight chart for baby's first year. The curved line represents the average weight curve of a healthy infant during first year. (Each numeral in pound column refers to the line immediately above it.)

six months the average baby should be about 27 inches tall, and at one year about 30 inches tall.

This record is an indicator of the physical development of the child. If he does not gain in weight the doctor should be consulted. The rate of gain in summer is usually less than in winter.

GENERAL CARE OF THE BABY

The proper care of the baby during his first few years of life is as necessary as his care before birth. The principal items in this daily care are regularity and cleanliness. Reasonable regularity for the baby affects not only his health, but also his disposition. A clock may be of great help to a mother if she uses it properly, as a guide and not a master.

A healthy baby is happy, lively, and has a good color. The mother should observe the baby carefully to notice any changes which might occur, and to see that he is happy and comfortable. Kissing the baby on the mouth or on his hands should never be allowed; kiss on forehead or back of the neck. Visitors should be few, as they often excite the baby, and contagious diseases are sometimes carried to a baby by children.

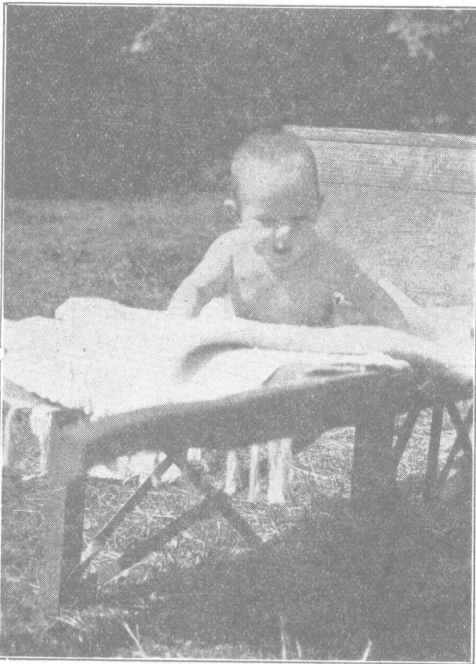


Fig. 17.—Sun baths are a necessary part of baby's life.

The baby needs plenty of exercise, and should be allowed to kick and play in bed daily and before his bath. Tossing and bouncing the baby should not be allowed.

The baby's room should be light but not glaring. The temperature of the room for a small baby should be 70 degrees Fahrenheit, but older children do not need the room warmer than 68 to 70 degrees.

SUN BATHS

Sun baths should be started even in the first month of the baby's life, if the weather is warm. The baby should be undressed and exposed to the direct sun for a minute or two in the beginning. The time of exposure should be lengthened daily until the sun bath can last for an hour or two.

The head of the baby may be protected from the sun, and the light not allowed to shine directly into the eyes. An older baby might not need a cap if the sun is not exceedingly hot (see Fig. 17).

HABIT FORMATION*

Bowel Training.—When a baby can sit up by himself, when he begins to pay attention to what is said to him—usually at 8 to 10 months—is a good time to start training him to have a bowel movement when he is on a chamber or a toilet seat. It is possible to start training much earlier, but, regardless of when training is started, babies as a rule do not learn to control their bowel movements much before they are 10 to 12 months of age.

Some babies have a bowel movement at almost exactly the same time every day, so that it is possible for the mother to put the baby on the toilet when she sees he is about to have a bowel movement. This is a good thing to do if you can do it easily, as it saves having a soiled diaper to wash, but it should not be confused with real training. One mother who did this was asked whether her 5-month-old baby was trained. “No,” she said, “he is not trained, but I am.”

In real training the baby learns to take part in the effort and to try to wait until he is on the toilet before he has the movement. A baby cannot do this until he can control the muscles of his bowels. Usually by the time the baby is 8 to 10 months old he will begin to be able to do this. At this age, however, he will not be able to delay the bowel movement for more than a short time, nor to make a stool come ahead of the time it would come of itself.

To start training, notice at what time the baby usually has a bowel movement. (This is usually 10 to 20 minutes after a feeding—most often after breakfast.) At the time when the baby usually has a bowel movement watch him closely, and if possible put him on the toilet when he is just about to have the movement.

At first the baby will not understand what is expected of him, and you may have to put him on the toilet daily for several days before he has a movement there. When he does so, show your approval so he will understand this is what you want him to do. If, each time you put him on the toilet, you make certain sounds and gestures, he will learn to associate them with having a bowel movement and to understand what is expected of him. The baby should not be allowed to remain on the toilet for more than about 10 minutes.

Most babies will have at least one movement every day, but for some babies it is normal to have a movement only every second day. Many breast-fed babies have two to four bowel movements a day.

The training should be continued by placing the baby on the toilet at about the same time every day.

If the training is started at a time when the baby is old enough to cooperate, he is likely to learn soon to have his bowel movement at the toilet, and probably training will be more or less complete in 4 to 6 weeks. Accidents will occur, however, from time to time for several years.

It is not necessary to use suppositories, soap sticks, or enemas to train the baby; in fact, these may actually do harm by making him expect them.

Do not start bowel training and weaning at the same time. One of these or both may be hard for the baby. Let him learn only one hard thing at a time.

Bladder Training.—Control of the bladder is more difficult to establish

* From “Infant Care,” U. S. Children’s Publications No. 8, 1945.

than control of the bowels and is, therefore, begun a little later. Soon after bowel-movement control is fairly well established, the baby may be placed on the toilet after each feeding and often he will pass urine. Approval may be shown by the mother whenever the baby urinates into the toilet. Even after a baby has become accustomed to passing urine into the toilet after meals and after waking up from a nap, it will be some time before he learns not to wet his diaper between times.

Most babies will develop daytime control of the bladder and will learn to tell when they want to go to the toilet between the second and third birthdays, although some learn more quickly than others.

When the baby begins to walk, diapers should be discarded for pants. Many children seem to grasp more easily the idea of going to the toilet for emptying the bladder when they wear pants instead of diapers.

Children usually learn night control of the bladder between the second and third birthdays, after control during the day is well established. The mother must remember that as she is trying to establish the "dry" habit it will not help to leave the wet clothing on. If the child wets himself by accident the pants or diaper should be changed at once. He should be praised when he keeps dry. He should not be scolded when he has an accident.

Thumb Sucking.—Thumb sucking or finger sucking develops in a great many babies during the first year, most frequently between the fourth and tenth months of life. A baby explores everything within his reach. He looks at a new object, feels it, squeezes it, and almost always puts it into his mouth. He knows how to suck because he has learned to get his food in that way, and naturally he sucks on whatever he puts in his mouth.

Babies enjoy sucking. Usually they get all the sucking they want while they are taking their food, but if the milk flows very freely they may have their hunger satisfied before they have had enough sucking. Frequently the baby discovers he can suck his fingers, and so the habit of thumb or finger sucking develops. Usually the child will outgrow the habit unless too much fuss is made over it.

If a baby sucks his fingers it is sometimes helpful, in the very beginning, to see that he is allowed to suck longer during his meals than he has been doing. The breast-fed baby may be allowed to stay at the breast an extra few minutes; the bottle-fed baby may be fed by means of a nipple with somewhat smaller holes, so that it takes a little longer to get the milk.

As the baby gets older it sometimes happens that he persists in sucking his fingers or his thumb because the sucking gives him comfort and satisfaction. Giving him comfort and satisfaction in other ways, such as little more attention, a little "mothering," will help.

Keeping the hands occupied with some toy is an excellent way of diverting his attention from sucking. Punishment or restraint is never helpful.

SUITABLE TOYS FOR THE BABY

As soon as the baby begins to grasp at anything he enjoys a rattle or a ring. Toys should be simple and the kind which can be easily held by the baby. They should have a smooth surface, should be washable, and if colored

the dye used should be fast and non-poisonous, as the baby puts everything into his mouth. Devices which make noises intrigue the baby and often an empty baking powder can with tight fitting lid and a few stones inside will give the baby just as much pleasure as a very expensive rattle.

Care must be taken not to give th baby sharp objects or things small enough to swallow. Toys should not be suspended from the hood of the crib and allowed to dangle constantly before the baby's eyes. When the baby is sitting in a high chair a few toys could be tied on strings to the side, so they will not drop on the floor. The baby will soon learn to pull the string and the mother will not have to pick up toys for him all the time.

A baby needs only a few toys at a time, and does not need them all the time. A tin cup, a spoon, clothespins, and a spool strung on a string are as good toys for the baby as the expensive ones offered in the shops.

A pen for play is fine when the baby begins to crawl around. A covering should be spread on the floor to protect the baby from cold and draft.

PHYSICAL DEVELOPMENT OF 'THE BABY

A baby should be able to hold up his head at 3 months, to sit erect at 6 months, and to stand alone at 1 year. This varies, however, with different babies. Some develop more rapidly than others. They should never be urged to sit, stand or walk. If development is retarded, a doctor should be consulted.

Some babies are not as well and robust as they should be. Competent and regular medical supervision for both mother and baby are of utmost importance.

TEETHING

There are 20 teeth in the temporary set. They appear from the fourth month to the end of the second year in the following order:

Age at Which They Erupt

Central Incisors	4 to 9	months of age
Lateral Incisors	7 to 10	" " "
First Molars	12 to 18	" " "
Canines or Cuspids	18 to 24	" " "
Second Molars	2 to 2½	years of age

When teething, the baby usually has an increased flow of saliva, his gums are swollen, and he is eager for something to bite on. A hard crust of bread may be given him to bite on to relieve the irritation and itching of the gums. A bone ring is good also because it can be washed frequently. The baby may be fretful and irritable, but that is about all the trouble caused by teething. Digestive disturbances at that time are usually the result of faulty diet (see below).

EFFECTS OF FAULTY DIET*

Some babies seem to suffer with constipation, some with colic, and some with diarrhea. All three may be the result of a faulty diet. Too frequent

* For fuller information see Ohio Agricultural Extension Bulletin No. 156, "The Young Child and His Food."

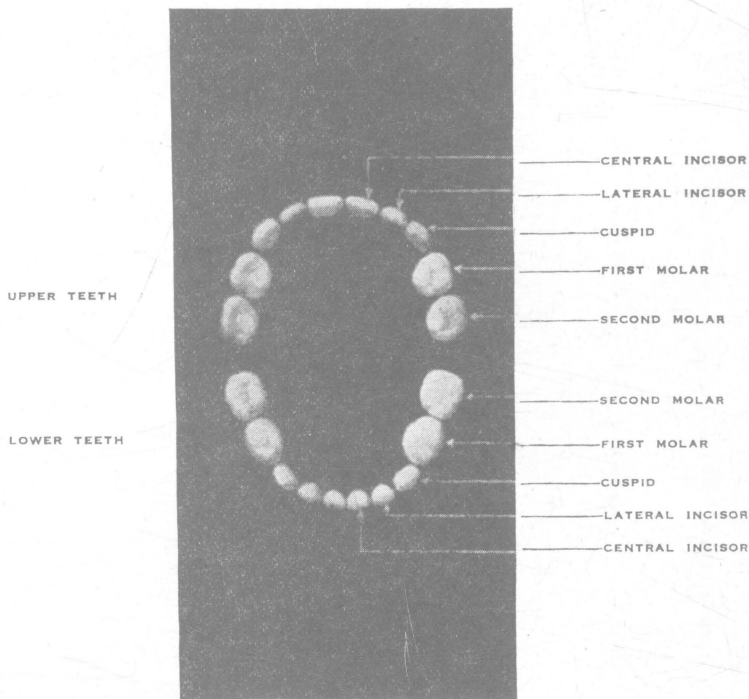


Fig. 18.—Baby's first teeth. The order in which they appear is shown in table above.
 Courtesy of *Ohio Dental Association*.

or unsuitable feedings, too much given at one time, spoiled food, or a poor combination of foods will result in any one of these troubles. The diet should be watched and corrected. If drugs are needed they should be prescribed by a physician.

In colic the application of heat to the abdomen, and placing the baby over one's shoulder and rubbing the baby's back, will often release gas and relieve colic.

Give no food to a baby troubled with diarrhea. Boiled water should be given until the doctor states what treatment the baby ought to have.

FACTORS RETARDING DEVELOPMENT

Two of the most serious handicaps of babies are malnutrition and rickets. Regular examination of the baby helps to safeguard him from these as well as other diseases. Both malnutrition and rickets affect the whole body, but may not be recognized in their early stages. Good health routines such as sunshine, rest, fresh air, cleanliness, exercise and the right kinds of foods, help build a strong active, vigorous child.

Symptoms of Malnutrition.—The outstanding symptoms of malnutrition are: underweight, lack of color, flabby muscles, wrinkled skin, weak voice, and retarded physical development.

Symptoms of Rickets.—The outstanding symptoms of rickets are: excessive perspiration, especially about the head; constipation, restlessness, faulty teeth, poorly developed nails and hair, large square forehead, bowlegs, curvature of the spine, protruding abdomen.

CARE OF THE EYES, EARS, AND TEETH

Care of the Eyes.—The eyes should be protected from strong light. If there is any abnormality of the eyes, a physician should be consulted. A squint after the sixth month of life might mean defective vision and should have medical attention. Crossed eyes are also one of the correctable defects. Any severe redness, irritation, or discharge of the eye should be reported to the doctor at once, as early attention may prevent blindness.

Care of the Ears.—Ears are just as important as the child's eyes. Neglected earache and ear discharge may result in permanent deafness or an infection of the middle ear. The ears should be cleaned daily with a twisted corner of a wet wash cloth. Wax should not be removed by the mother. The best way to protect ears from trouble is to keep the child's nose and throat passages free from obstruction. The doctor should be consulted if the baby has infected or "running" ears. If he screams and puts hands to his ear, rolls his head from side to side or pulls at his ear, he may have earache. Warm (not hot) compresses or a well wrapped hot water bottle may help relieve the pain. Nothing should be put into the ear without the doctor's advice.

*Care of the Teeth.**—The permanent teeth develop during the last months before birth and during the first year of life, though they do not come through the gums until the sixth to the tenth year. Whether they will be strong and firm depends largely upon the food the baby gets while they are forming. If the child is to have good permanent teeth—straight, strong, and regular, with upper and lower sets meeting to form a good chewing machine—his baby teeth must be kept in good condition. He needs his baby teeth to chew his food and hold the jaws in shape so the permanent teeth will have plenty of room. Exercise in biting and chewing helps to develop strong, healthy teeth and jaws. When the baby is about 8 months old begin giving him some dry, hard bread or toast at the end of a feeding but watch him carefully until he learns how to eat hard food.

The child's gums should be smooth, firm, and a light pink color.

INOCULATION*

Protection Against Diphtheria.—Every baby should be protected against diphtheria, which is a very serious disease in babies. The inoculation is simple and almost painless, and gives almost complete protection.

Immunization should be started when the baby is 9 months old. It is done by the injection of three doses of toxoid, 3 to 4 weeks apart.

Six months after the last dose the baby should be given a special test, called the Schick test, which will show whether the treatment has protected

* From "Infant Care," U. S. Children's Publications No. 8, 1945.

him against the disease. In the majority of cases the baby will have been protected, but in a few the test will show that he needs to have one or two more injections. A second Schick test should be made a year later to make sure the child is protected, and again when he is 6 years old, or sooner, if an epidemic of diphtheria occurs.

If it is known that a child who has not been inoculated against diphtheria and who has not had this disease comes near a person who has diphtheria, the mother should have a doctor see the child immediately.

Protection Against Smallpox.—Every baby should be vaccinated against smallpox during his first year. Even though there is no smallpox in the community, exposure may occur at any time. Vaccination against smallpox is simple and usually does not cause enough reaction in a baby to bother him.

Vaccination should be repeated when the child is 6 years old, or sooner if any epidemic of smallpox occurs.

Prevention of Whooping Cough.—Many doctors advise giving a vaccine to prevent whooping cough, a serious disease in a baby under 1 year. This vaccination does not give such sure protection against the disease as do the inoculations used to prevent diphtheria and smallpox, but many physicians believe the vaccine makes the whooping cough less severe, even if it is not prevented. The vaccination can best be done between the ages of 6 and 9 months. It is given in three injections, usually a week apart.

WHERE PARENTS CAN GET HELP AND ADVICE REGARDING THEIR CHILDREN'S HEALTH

The family physician and the family dentist should be consulted frequently, not only when there is something wrong with the child, but also as a preventive measure.

Parents should become acquainted with their local public health authorities and become familiar with their plans and learn how they can help. The county and state health organizations are for the protection of health, but no protection can be given unless parents cooperate with their health agencies.

A READING LIST FOR INTERESTED MOTHERS

BULLETINS OF THE OHIO EXTENSION SERVICE

- No. 184. Guiding Behavior of Children—Amalie K. Nelson
No. 181. Helping Children to Learn—Amalie K. Nelson
No. 228. Milk as Food—John F. Lyman
No. 156. The Young Child and His Food—Osee Hughes
No. 212. Learning to Live Through Play

The above are bulletins of the Ohio Agricultural Extension Service, and may be secured from local county extension offices.

BULLETINS OF THE OHIO DEPARTMENT OF HEALTH

PRENATAL CARE

Care During Confinement
Dental Care of the Expectant Mother
Infant Mortality in Ohio

CHILD HEALTH

Care of the Baby (for school use only)
This Baby (Diphtheria immunization)
Adenoids
Your Baby's Eyes

NUTRITION

What Shall We Eat (a discussion of the family food problem)
Forming Good Food Habits and Correcting Poor Ones
Infant Feeding Schedule
1. From Birth to Nine Months
2. From Nine to Eighteen Months
3. From Eighteen Months to 2 Years
Food for the Preschool Child

TEETH

Why Care?
The Baby Teeth
The Permanent Teeth
Dental Do's and Don't
Dental Care of the Expectant Mother

SOCIAL HYGIENE

How Any Boy Can Keep Fit
Some Things A Young Man Should Know
Instructing Your Child in Facts and Sex
The Problem of Sex Education in the Schools
How a Girl Can Guard Her Health

COMMUNICABLE DISEASES

Smallpox
Vaccination
Responsibility for Smallpox
Measles
Rabies
Poliomyelitis
Diphtheria
Scarlet Fever
Typhoid Fever
Tuberculosis
Whooping Cough
Smallpox in History

VENEREAL DISEASES

The Facts About Venereal Diseases
A Few Facts About Syphilis
Gonorrhea
Chancroids

Bulletins of the Ohio Department of Health may be secured from the department, State Office Building, South Front Street, Columbus, Ohio, or from your County Health Office.

UNITED STATES GOVERNMENT BULLETINS

Bulletins of the Children's Bureau, U. S. Department of Labor

- Are You Training Your Child to be Happy?—Publication No. 202
Child Management—Publication No. 143
Good Posture in the Little Child—Publication No. 219

Home Play and Play Equipment for the Preschool Child—Publication No. 238
Infant Care—Publication No. 8
Prenatal Care—Publication No. 4
Your Child from One to Six—Publication No. 30
Sunlight for Babies—Folder No. 5
Why Sleep?—Folder No. 11

Bulletins of the Bureau of Home Economics, U. S. Dept. of Agriculture

Food for Children—Farmers' Bulletin 1674
Good Food Habits for Children—Leaflet No. 42
Menus and Recipes for Lunches at School—Miscellaneous Publication No. 246
Dresses for Little Girls—Leaflet No. 80
Ensembles for Sunny Days—Leaflet No. 63
Play Suits for Winter—Leaflet No. 54
Rompers—Leaflet No. 79
Suits for the Small Boy—Leaflet No. 53

Bulletin of the Office of Education, U. S. Department of the Interior

Some Education Activities of the Young Child in the Home—Pamphlet No. 51

A list of publications of the *Public Health Service* of the *United States Department of the Treasury*, Washington, D. C., may be obtained on request.

The above bulletins are obtainable at a small charge from the Superintendent of Documents, Government Printing Office, Washington, D. C.

OTHER PUBLICATIONS

A list of the publications offered by the following associations may be obtained on request.

Association for Childhood Education, 1201 Sixteenth S., N.W., Washington, D. C.
Child Study Association of America, 221 West 57th St., New York City, N. Y.
The American Social Hygiene Association and the National Committee for Mental Hygiene, 50 West 50th St., New York City, N. Y.
National Congress of Parents and Teachers, 1201 Sixteenth St., N.W., Washington, D. C.
The American Medical Association, 535 N. Dearborn St., Chicago, Ill.

BOOKS

Feeding Our Old Fashioned Children—Aldrich, C. H. and Aldrich, M. M. Macmillan Company, New York
Babies Are Human Beings—Aldrich, C. H. and Aldrich, M. M. Macmillan Company, New York
Baby, A Mother's Manual—Applebaum, Stella B. Ziff Davis Publishing Company, New York
Learning to Care for Children—Bradbury, D. E. and Amidon, E. D. D. Appleton Century Company, Inc., New York
When Children Ask—Bro, Marguerite H. Willett Clark & Company, New York
Living With Children—Chittenden, G. E. The Macmillan Company, New York
Getting Ready to be a Father—Corbin, Hazel. Macmillan Company, New York

- Growing Up (2nd revised edition)—DeSchweintz, Karl. D. Appleton Century Company, Inc., New York.
- Child Care and Training—Faegre, M. L. & Anderson, J. E. University of Minnesota Press
- The First Five Years of Life—Gesell, A. and others. Harper Bros., New York.
- Modern Ways With Babies—Hurlock, E. B. McGraw-Hill Book Co., Inc., N. Y.
- Healthy Babies are Happy Babies—Kenyon, J. H. Little Brown and Co., Boston, Mass.
- The Wonder of Life: How We Are Born and How We Grow Up—Levine, M. I. and Seligmann. Simon & Schuster, New York.
- Your Child's Food—Lewenberg, Mirian. McGraw-Hill Book Co., New York.
- Feeding Babies and Their Families—Monsch, H. and Harper, M. K. John Wiley & Sons, Inc., New York.
- Understanding Your Baby—Schutz and Smart. Sun Dial Press
- Commonsense Book of Baby and Child Care—Spock, B. Duell, Sloan and Pearce, New York
- Helping Children to Learn—Waring, E. and Johnson, M. W. Cornell University Press, Ithica, N. Y.
- The Parents Manual—Wolf, A. W. M. Simon & Schuster, Inc., New York.