Gateway to the World: A Toolkit and Curriculum

MODULE 5:
YOUNG PARENTS GUIDE

Developed and compiled through a partnership between:

Washington’s Mental Health Transformation Project
Partnerships for Recovery & Resiliency

And

THE WASHINGTON INSTITUTE
FOR MENTAL HEALTH RESEARCH & TRAINING
This module contains many tips and exercises you can do to improve your parenting skills. It was created by the Massachusetts Department of Social Services. Some of the information is directed toward Massachusetts instead of Washington State. Because the PAYA curriculum is proprietary information we are not able to customize it for Washington State. References and phone numbers specific to Washington State are presented in Module 7.

Module 5 specifically addresses:

- Sexuality and pregnancy;
- Preparing for parenthood;
- Parenting- care of self and partner, hygiene, doctor visits, medicine cabinet, safety, infancy, older babies, children ages 2-5;
- Creating a healthy environment,
- Education; and
- Housing.

Planned Parenthood is a valuable resource for a variety of topics. You may find information and services on the following: general health care, women’s and men’s health care, pregnancy prevention and testing, emergency contraception, sexually transmitted diseases testing and treatment, vaccinations, HIV Testing, abortion and abortion referrals, and services for gay, lesbian, bisexual and transgender individuals. For Washington State go to: http://www.plannedparenthood.org/ppgnw/patient-resources-23139.htm

A Washington State University website provides many parenting resources. Go to: http://parenting.wsu.edu/resources/index.htm

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1 Massachusetts, Department of Social Services, Independent Living Skills, Preparing Adolescents for Young Adulthood (PAYA) Money, Home and Food Management. Also available on website: http://www.caseylifeskills.org/pages/res/PAYA/Module1/Module%2020120Complete.pdf (9-08-09).
If you choose to give your baby up for adoption, the Adoption Network website provides help with unplanned pregnancy and adoption services.


For more information and exercises on local resources for housing and education please refer to Modules 1, 3 and 7 respectively.

Below is a more detailed index than is provided in the PAYA module.

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SEXUALITY, STD AND PREGNANCY PREVENTION

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th></th>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know the myths and facts about sex.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Know the risks and facts regarding STD’s, including HIV/AIDS.</td>
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<tr>
<td>3.</td>
<td>Know how to say “no” to a boyfriend/girlfriend who wants to get more sexually involved than I do.</td>
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<tr>
<td>4.</td>
<td>Know that one can love somebody without having sex.</td>
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<tr>
<td>5.</td>
<td>Am aware of consequences of teen pregnancy.</td>
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<tr>
<td>6.</td>
<td>Know that parenting is a lifelong responsibility.</td>
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<td></td>
</tr>
<tr>
<td>7.</td>
<td>Know how to prevent pregnancy and sexually transmitted diseases.</td>
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<td></td>
</tr>
<tr>
<td>8.</td>
<td>Know where to turn for help with questions or problems with STD’s.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Know where to turn for help with questions about pregnancy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Know what ovulation is.</td>
<td></td>
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<tr>
<td>11.</td>
<td>Know when during a woman’s menstrual cycle ovulation occurs and she can get pregnant.</td>
<td></td>
<td></td>
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<tr>
<td>12.</td>
<td>Know that there are a number of birth control methods for males and females and the advantages and disadvantages of each.</td>
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</tr>
<tr>
<td>13.</td>
<td>Understand that pregnancy occurs when a male sex cell (sperm) unites with a female sex cell (ovum/egg).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. Understand that a missed period following sexual intercourse may mean pregnancy.

15. Know why some condoms are more effective than others in preventing pregnancy.

16. Know what sexually transmitted diseases (STD’s) are, how to protect against them and which ones are curable.
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You have now completed the assessment section and identified those pregnancy and STD prevention skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE
GOAL: WORK ON PREGNANCY & STD PREVENTION

State Skill 1: Get better at saying and what I want.

Plan: Think of things I can say if my boyfriend/girlfriend pressures me to become more sexually involved than I want to.

When: This week.

Who: With my friend Diane.

Plan: Research facts about STD’s and HIV/AIDS.

When: This week in the library.

Who: Myself.

Plan: Understand the consequences of teen pregnancy.

When: This week.

Who: Talk to Jennifer who is a teen parent.
SEXUALITY

Adolescence is a time of sexual awakening. During your teen years, you will discover in yourself a whole new range of sexual interests, feelings, and urges due to the maturation of the sexual and reproductive systems in your body. You will become aware of your own sexual orientation which most psychologists agree has been set since the age of five or six, and you will experience sexual attraction based on that orientation. The issues of relationships and sexuality are very complex. They not only include your physical development, but your personal skills, cultural issues, and expectations as well. You will face important decisions about relationships and intimacy which will have a great impact on the rest of your life. You have to be prepared to make them!

Making the right decisions and choices may prevent you from getting hurt, engaging in unhealthy or destructive relationships, an unwanted pregnancy, and sexually transmitted diseases. Many of you probably struggle with your own identity and expectations in regard to relationships and sexuality. Some of you might have made some poor choices. However, many skills to make good decisions which promote healthy relationships can be learned and will be addressed in the following section.

Myths and Misconceptions

Knowledge about yourself and personal skills regarding relationships and love form the foundation to develop a healthy sexuality. Unfortunately, the term “sexuality” is often misunderstood as “sleeping with someone.” Like relationships in general, the issue of sexuality is not about having sex. Sexuality includes how we deal with our sexual feelings and the decisions and boundaries that we make. It involves respect, communication, and the many ways we can give and receive love. Sex is glorified through the media, through movies and television, and we encounter many messages about sex throughout the day whether we like it or not.

Why do you think that is?

There are many myths and misconceptions about sex. All too often people think that love and sex are interchangeable when they are really two vastly different notions.
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How do love and sex differ?

• Is it possible to have a healthy sexuality, love someone, and not sleep together? Absolutely!

• A second common misconception is that everyone is having sex and it really isn’t a big deal. A recent study shows that more and more teens decide to wait to have sex until they are older or get married. Sex is a complex and intimate step to take, one which requires not only physical maturity but emotional and mental maturity as well.

• A third misconception is that sex is always a wonderful and pleasurable experience. The truth is that often, particularly if you are not ready, it is not and you will end up getting hurt. Making the right decisions about sex is more important than ever, not only to protect you from negative experiences or unwanted pregnancy, but also from potentially deadly sexually transmitted diseases.

• Some people might think that having sex will help to keep someone in a relationship. The reality is that if a relationship is not working without sex, it won’t work anyway. Sex has so many complex implications that it can be disastrous for a relationship that isn’t on solid ground.

• Another misconception is that some people try to become closer and find love through sex. The act of sex itself will not provide anyone with the love they are looking for.

• People will often feel that they have to live up to their partner’s expectations. They might believe that if their boyfriend or girlfriend is ready to have sex, they should be ready as well. The only expectation you have to live up to is your own!

• The last of the common misconceptions is that many people think that kissing and fondling inevitably leads to sex when most often it is just a sign of affection. We all set our own boundaries as to how far we’re willing to go and what we can handle emotionally. It is important that both partners respect those boundaries.
ABSTINENCE

There are many different ways to show someone we like and love him or her. How would you show your affection for someone without having sex?

I would:

While it might not always be easy to say “no” and wait to have sex, it is the right decision for many of you! There are many health and personal reasons which make abstinence an important option.

Can you think of reasons to not engage in a sexual relationship at present?

Some of your reasons might include:

- Abstinence coincides with your personal values and beliefs.
- Abstinence is 100% effective in preventing pregnancy. (No other method of birth control is infallible.)
- Abstinence greatly reduces serious health risks like STD’s and cervical cancer.
- Abstinence can show that you are a strong and mature person by not giving in to peer pressure. It can also show that you have can exert control over your own impulses.
- Abstinence can help partners to develop a better friendship and evaluate their feelings for each other.
- Abstinence might help prevent you from getting hurt emotionally. You will have the satisfaction of knowing that you have not compromised your values, that you’ve done nothing that you did not want to do.
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Prevention of STD’s:

There is only one sure way to protect yourself against the risk of infection, and that is to have no sexual contact. Abstinence is the surest, safest, and most effective method of prevention. However, if you do have sex, you must protect yourself. Here are some recommendations. These are not guaranteed methods of preventing STD’s, but if you use them in combination, you will lower your risk of infection.

- A male should use a condom (a “rubber” or “skin”) during sex, including foreplay.
- A female should use a diaphragm and spermicidal jelly or cream.
- A male should urinate and wash his genitals with hot, soapy water immediately before and following sex.
- A dental dam should be used during oral sex.

Protect yourself! This is not the time to be shy. Talk about what protection you and your partner will use. If he or she refuses to use protection, then you refuse sex. **Do not allow yourself to be used. The risk is too great.**
At any point in your life, your choice of whether or not to have sex should be a conscious and informed decision. It is important that you evaluate whether or not you are ready and are aware of possible consequences. You should know how to reduce risks of pregnancy and STD’s.

**SEXUALLY TRANSMITTED DISEASES**

Sexually Transmitted Diseases (STD’s) are one of the risks you run when you have sex without the proper protection. There are a number of serious diseases that are spread by sexual contact - gonorrhea, syphilis, herpes, chlamydia, etc. Many of them can be quickly and efficiently cured by a doctor or clinician but become quite dangerous if they are not treated.

Here are some facts you should know about STD’s:

- In America, more than 12 million people get an STD every year.
- STD’s (including the HIV virus which causes AIDS) can be spread through all manners of sexual contact. In terms of sexually transmitted diseases, sexual contact is described as any kind of intimate contact involving these four areas of the body: penis, vagina, mouth, or anus.
- You can be infected with an STD more than once and can even have more than one STD at the same time. Treatment for an STD does not make you immune from getting it again.
- You cannot develop immunity to any of these diseases, and there is no vaccine to prevent them. In the case of Herpes, the disease is permanent and there is no cure.
- STD’s cannot be contracted by sitting on toilet seats or touching door knobs. Most STD’s need to occupy warm, moist places to survive, which is why they affect the areas they do.
- Statistically, the prime candidates for STD infection are between 15 and 24 years old and sexually active (often with more than one partner).
- STD’s can affect men, women, and children. A pregnant woman can infect her baby.
- STD’s can result in infertility or sterility if left untreated. It is important to get treatment even if the symptoms of the STD go away. The STD will remain transmissible and may continue to affect the body until it has been treated. **NO STD will go away by itself.**
- Your risk of getting an STD increases with the number of sexual partners you have.
- A person who has been diagnosed with an STD must contact all his or her sexual partners so that they, too, can get the necessary medical treatment. Symptoms of STD’s may not always be noticed.
- In Massachusetts, minors may be examined and treated for an STD without parental consent.
What can someone say when his/her partner is unwilling to use condoms?

Here are some examples of possible responses:

He Says:  
“You don’t trust me.”

You Can Say:  
“I trust you to use a condom.”

She Says:  
“But I love you, we don’t have to use condoms.”

You Can Say:  
“I love you enough to use a condom.”

He Says:  
“Condoms aren’t romantic.”

You Can Say:  
“Worrying about AIDS isn’t romantic.”

She Says:  
“But we’ve never used a condom before.”

You Can Say:  
“I want to start using condoms now so we’ll be safer.”

He Says:  
“We’re not using condoms, that’s it.”

You Can Say:  
“Okay, you know how to play cards?”


The following chart presents some basic information about the more common sexually transmitted diseases. If you discover any of the listed symptoms, call your doctor or clinic.
SEXUALLY TRANSMITTED DISEASES

<table>
<thead>
<tr>
<th>Disease:</th>
<th>How it is Spread</th>
<th>Symptoms in a Woman</th>
<th>Symptoms in a Man</th>
<th>Risks If Not Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gonorrhea</strong></td>
<td>Sexual contact.</td>
<td>Pus-like vaginal discharge, vaginal soreness, low abdominal pain, painful urination</td>
<td>Pus-like discharge from the penis.</td>
<td>Sterility, scar tissue. Women: Pelvic Inflammatory Disease (inflammation of the tubes), blindness in newborn.</td>
</tr>
<tr>
<td><strong>Cause</strong>: bacteria</td>
<td></td>
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<tr>
<td><strong>Syphilis</strong></td>
<td>Sexual contact, congenital.</td>
<td>Rashes appearing almost anywhere on the body, including palms of hands and soles of feet. Chancre (lesion) on or in vagina, anus, or mouth. Loss of facial or scalp hair in patches.</td>
<td>Rashes or hair loss in the same pattern as in women. Chancre on or around penis.</td>
<td>Brain damage, paralysis, heart disease. A pregnant woman can pass syphilis to her baby causing a variety of birth defects including damage to skin, bone, eyes, liver, and teeth</td>
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<tr>
<td><strong>Cause</strong>: spirochete</td>
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<tr>
<td><strong>Herpes Simplex II</strong></td>
<td>Direct contact with virus in blisters or with virus being shed and no blisters</td>
<td>Painful, fluid-filled blister (or cluster of blisters) on, in, or around vagina. Often accompanied by swollen glands in groin area. Painful urination and fever.</td>
<td>Same as in women, only on or around penis.</td>
<td>Genital herpes is caused by a virus and cannot be cured. Eventually, the blisters and infection will get better. The infection will return. Flare-ups may be caused by stress and fatigue. Genital herpes my be passed from an infected pregnant woman to her newborn during birth, causing infant death or neurological damage.</td>
</tr>
<tr>
<td><strong>Cause</strong>: virus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Causes</strong>: chlamydia, bacteria &amp; others</td>
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</tr>
<tr>
<td><strong>Trichomonas Vaginalis</strong> (called Trich)</td>
<td>Sexual contact.</td>
<td>Heavy, frothy, often yellow, foul-smelling vaginal itching, often severe and continuous.</td>
<td>Most often none, occasionally mild discharge from the penis.</td>
<td>Skin irritation and gland infection. Cervical tissue may be damaged.</td>
</tr>
<tr>
<td><strong>Causes</strong>: protozoan</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Monilial Vaginitis</strong> (yeast infection)</td>
<td>Sexual contacts and non-sexual conditions, i.e. antibiotics, diabetes, pregnancy, birth control pills.</td>
<td>Women: cheesy discharge, itching, scratching.</td>
<td>Usually no symptoms.</td>
<td>Secondary bacterial infection from scratching. Infection of newborn in untreated mother</td>
</tr>
<tr>
<td><strong>Cause</strong>: fungal</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Venereal Warts</strong></td>
<td>Sexual contact, hands to sex organs.</td>
<td>Wart-like growths. Sometimes with itching and irritation.</td>
<td>Same.</td>
<td>The openings of the vagina, penis, and rectum may be blocked.</td>
</tr>
<tr>
<td><strong>Cause</strong>: virus</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Pediculosis Pubic</strong> (crabs)</td>
<td>Sexual contact, occasionally from bedding and clothing.</td>
<td>Intense itching. Crabs and eggs attached to pubic hair.</td>
<td>Same.</td>
<td>Skin infection from scratching.</td>
</tr>
</tbody>
</table>
Pelvic Inflammatory Disease (PID)

PID is the most common serious infection involving a woman’s reproductive system (the fallopian tubes and/or ovaries). Some sexually transmitted diseases (STD’s) cause the development of PID. If it is not treated quickly, PID can damage the reproductive system, limiting or ending a woman’s ability to have children.

Any of the following can be symptoms of PID (the first three are especially important):
- Abdominal pain or tenderness
- Increased menstrual cramps
- Pain in lower back
- Change in menstrual cycle (period)
- Bleeding much greater than usual during menstruation
- Vaginal bleeding at times other than menstruation.
- Nausea, loss of appetite, and vomiting
- Vaginal discharge
- Burning during urination
- Chills
- Fever

If you think you might have PID, call your doctor, or got to a clinic or hospital emergency room. Don’t wait! Tell the doctor what your symptoms are and what you think you might have.

Basic Facts About HIV/AIDS

- AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus called HIV (Human Immunodeficiency Virus).
- This virus weakens the body’s immune system, destroying its ability to fight infection.
- The virus allows other infections (such as pneumonia or cancer) to attack the body.
- AIDS damages the brain and the nervous system.
- The HIV/AIDS virus is present in blood, semen, and vaginal secretions of anyone who has been infected.
- You cannot tell by anyone’s appearance whether or not s/he has HIV or AIDS. Many people who are infected look and feel fine.
- The disease incubation period (the span of time before it becomes an active disease) can take from several months to more than ten years.
- HIV/AIDS is not a gay disease. It affects people regardless of color, age, and sexual orientation. AIDS is a serious problem for all people of all ethnic groups. The disease affects more than 10,000,000 people worldwide, most of them heterosexual.

How Is HIV/AIDS Spread?

There are three ways the virus is spread:
- Having unprotected sex of any kind with a person who is infected with the virus. Any exchange of blood, semen, or vaginal discharge can spread the virus.
- Sharing needles, syringes, cookers, or cotton balls for drug injections.
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- HIV-infected mothers can pass the virus on to their babies during pregnancy or birth.

How To Protect Yourself Against HIV/AIDS

Use your communication skills, decision making skills, and values to say **NO** to sex and drugs. Abstinence is the only 100% effective way to protect yourself from getting HIV/AIDS.

If you should have sex, play it safe or **safer**. *There is no such thing as safe sex.* You should discuss the danger of AIDS with your partner. Talk about what you are feeling; get to know one another. You’ll feel less nervous and more in control. Talk about what protection you’ll use. Remember, the responsibility is not hers or his, it’s yours!

- Use latex condoms or rubbers. They will greatly lower your risk of becoming infected with the AIDS virus. (Sheepskin condoms won’t work. They cannot prevent the virus from spreading.)
- Use contraceptive foam, jelly, or cream with the ingredient Nonoxynol-9 along with a condom. (Nonoxynol-9 appears to kill the AIDS virus in laboratory tests.)

Drinking alcohol and using drugs can make you do things you’ll be sorry about later. They also weaken your immune system making you more vulnerable to HIV infection.

Don’t share drug needles or syringes. Any infected blood, even a drop left in the needle, could enter your bloodstream and, as a result, infect you with the virus.
## BIRTH CONTROL/STD PREVENTION

<table>
<thead>
<tr>
<th>METHOD</th>
<th>PROS</th>
<th>CONS</th>
<th>COST</th>
<th>EFFECTIVENESS</th>
<th>STD PROTECTION</th>
</tr>
</thead>
</table>
| **Continuous Abstinence** | Only 100% safe & effective method of birth control & STD protection  
No side effects. | May be affected by peer pressure | NONE   | 100%          | YES            |
<p>| <strong>Condoms</strong>          |                                                                       |                                               |        |               |                |
| Unlubricated         | Easy availability. Effective STD prevention.                         | Might tear. Ineffective if Used incorrectly or with oil-based lubricant (Vaseline). | $.50/ea | 90%           | YES            |
| Lubricated           | Easy availability. Effective STD prevention.                         | Might not stay in place. Ineffective if used incorrectly or with oil-based lubricant | $.50/ea | 90%           | YES            |
| Sheepskin            | Easy availability.                                                   | No STD prevention                             | $2.50/ea | 90%           | NO             |
| <strong>Female Condom</strong>    | STD protection. Easy Availability. Effective in STD prevention. Gives females more control | Possible difficulty with insertion. Might not stay in place | $2.50/ea | 72-97%        | YES            |
| Spermicidal Cream, Jelly, Foam | Easy availability.                  | Possible irritations. Ineffective STD Prevention. Should be used with a condom | $8.00 | 72-97%        | NO             |</p>
<table>
<thead>
<tr>
<th>METHOD</th>
<th>PROS</th>
<th>CONS</th>
<th>COST</th>
<th>EFFECTIVENESS</th>
<th>STD PROTECTION</th>
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<tbody>
<tr>
<td><strong>Norplant</strong></td>
<td>6 Capsules inserted in a female’s arm that protects against pregnancy for 5 years.</td>
<td>Does not protect against STDs. Medical procedure is needed for insertion. Possible hormonal side effects include headaches, depression, weight gain.</td>
<td>$500-$600</td>
<td>99.9%</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Depo Provera</strong></td>
<td>Hormone shot which protects against pregnancy for 12 weeks.</td>
<td>No STD prevention. Possible side effects include weight gain, headaches, and depression.</td>
<td>$30 - $75</td>
<td>99.7%</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Pill</strong></td>
<td>Can help protect against certain cancers, pelvic Inflammatory disease and ovarian cysts. Can help menstrual cramps &amp; acne.</td>
<td>No STD prevention. Must be taken daily to be effective. Rare health risks like heart attack &amp; stroke.</td>
<td>$8 - $25 per month</td>
<td>99.9 %</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Diaphragm or Cervical Cap</strong></td>
<td>Can last for several years. Needs to be fitted to a Women’s body. Needs to be used with spermicidal jelly or cream to be an effective form of birth control. Might cause irritations. Might be difficult to use.</td>
<td>No STD prevention.</td>
<td>$20 plus $8 for spermicidal jelly or cream</td>
<td>82 – 94%</td>
<td>NO</td>
</tr>
<tr>
<td>METHOD</td>
<td>PROS</td>
<td>CONS</td>
<td>COST</td>
<td>EFFECTIVENESS</td>
<td>STD PROTECTION</td>
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<tr>
<td><strong>IUD</strong> (Intrauterine Device)</td>
<td>Can protect against pregnancy for up to eight years after physician inserts device in the uterus.</td>
<td>No STD prevention. Chance of tubal infection and puncture of uterus wall. Might increase cramps. Medical procedure needed for insertion and removal</td>
<td>$150.00</td>
<td>98%</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Sterilization</strong> (Women)</td>
<td>Operation which blocks the tubes for permanent pregnancy prevention.</td>
<td>No STD prevention. Permanent procedure which should not be considered by anyone who might want to have children in the future. Chance of medical complications.</td>
<td>$1,200</td>
<td>99.7%</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Vasectomy</strong> (Men)</td>
<td>Operation which blocks the tubes which carry sperm for permanent pregnancy prevention</td>
<td>No STD prevention. Permanent procedure which should not be considered by anyone who might want to have children in the future. Chance of medical complications</td>
<td>$300</td>
<td>99.7%</td>
<td>NO</td>
</tr>
</tbody>
</table>
METHODS THAT DO NOT WORK

Occasional Abstinence
If abstinence is not practiced continually, it loses its effectiveness in preventing pregnancy and STD’s. Be realistic about yourself and your behaviors. If you think you are not able to abstain 100% for any reason, you should consider other birth control/STD prevention methods.

Withdrawal
Withdrawal is not an effective method of birth control or STD protection.

Douching
Douching immediately after sex is not a method which prevents STD’s or pregnancy.

Natural Family Planning
This highly complex system of monthly calendars and body temperature has a very high likelihood of failure and does not protect against STD’s.

Chances, Wishing, and Hope
Relying on chances, wished, or hopes will not prevent pregnancy or STD’s. If you are sexually active and use no means of birth control or STD prevention, you must be prepared for pregnancy and disease. It can happen to you!
SEXUALITY, STD AND PREGNANCY PREVENTION

ACTIVITY: Answer True or False to each of the statements below. (Answers follow the questions.)

1. A woman cannot get pregnant if she has sex during her period.  
2. If a woman has sex while she is nursing her baby, she cannot get pregnant. 
3. Using Vaseline with a condom (skin, prophylactic, safe, rubber, sheath) is as effective as using contraceptive foam.
4. The only way to not get pregnant or get some pregnant is to not have sex.
5. Withdrawal is a safe method of birth control.
6. A woman should always leave her diaphragm in 8 hours after sexual intercourse to ensure protection against sexually transmitted diseases.
7. A woman cannot get pregnant the first time she has sex.
8. Using spermicidal jelly/cream with a condom is the best protection against sexually transmitted diseases.
9. Every year, 2.5 million teenagers (about one teenager in every six) contract an STD.
10. Nine out of ten people having sex without using birth control will get pregnant within 1 year.
11. Douching and/or jumping up and down after sex is an effective method of birth control for a woman.
12. The use of birth control pills is the most effective protection against pregnancy and sexually transmitted diseases.

ANSWERS

1. FALSE. Another myth. Since the male’s sperm can live up to 3-5 days in a warm, dark place (within a woman’s body), pregnancy is a possibility at just about any time sexual intercourse occurs.
2. FALSE. Another myth. Nursing provides no protection against pregnancy.
3. FALSE. Vaseline should not be used with a condom. It does not give any protection against pregnancy or STD’s and is likely to weaken the condom, possibly causing rip or tear.
4. TRUE
5. FALSE. Enough semen may escape before ejaculation to cause pregnancy.
6. TRUE. Some sperm can live for a period of time after intercourse and can travel up the vagina.
7. FALSE. Yet another myth. During intercourse, a male can ejaculate semen containing anywhere from 200 to 500 million sperm cells. If only one sperm succeeds in fertilizing the woman’s egg, pregnancy can result.
8. TRUE
9. TRUE
10. TRUE
11. FALSE
12. FALSE. Birth control pills protect against pregnancy in most instances, but they offer no protection against sexually transmitted diseases.
PREGNANCY PREVENTION

Before engaging in any kind of sexual relationship, it is important to be aware of the risk of becoming a teen parent. Parenthood is a choice that must be very carefully evaluated, as it is the biggest responsibility one can assume. Since babies and children depend completely on their parents, mothers and fathers have to be mature, hard working, and willing to sacrifice many of their desires to meet the needs of their children. Parenthood is a life long commitment and all aspects involved need to be very carefully considered. So let’s evaluate some of the facts related to being a teen parent.

**FACT**

Many teenage mothers will drop out of high school.

A Day In The Life Of A Teen Mom

5:30 a.m. Jess is hungry and cries so I have to get up again to feed her. I am so tired, but I might as well stay up now because it doesn’t make any sense to go back to bed. I have to leave at 6:45 a.m. to bring her to day care.

6:00 I am dressing her. She is fussy so it takes me awhile. Just when I am done, she spits up all over. Now I have to clean up and change her outfit.

6:30 I just finished getting ready myself. I’ll have to take a shower later. I just don’t have time and my hair looks a mess. Who cares?

7:00 Jess and I are sitting on the bus going to day care. I’ve got her diaper bag, bottles and everything. She’s sitting next to me in her “car” seat. She looks like she’s smiling. She is so cute.

7:30 I dropped Jess off at day care. It is kind of hard to leave her, but is the only way I’ll be able to finish school.

8:00-8:50 I am in school. I couldn’t finish my homework yesterday because I had to take Jess to the doctor for her immunizations. The other kids are kind of rude as always. The girls talk about me and think that I slept around because I got pregnant and none of the guys even talk to me.

I got a “D” in my math test. It is hard to find time to study. I am just too busy.

8:55-9:45 English class

9:50-10:40 We have health and talk about pregnancy prevention. Everybody looks at me. They giggle and say, “Well, it is too late for her!”

10:40-10:45 Break. I call day care to see how Jess is doing. They say she is doing fine.
Independent Living Skills Module V

10:45-11:35  **History class**

11:35-12:05  **Lunch**


12:45  Only ten more minutes, then Phys. Ed. will be over.

1:00-1:50  **Home Room.** I am trying to do some work but I can’t concentrate. I am almost falling asleep.

1:50-1:55  Waiting in the hall for my science teacher. The other kids are talking about going out to the movies after cheerleading and football practice.

1:55-2:45  **Science class**

3:00  **School is over.** I am back on the bus to day care.

3:30  I pick Jess up from day care. They said she had a good day.

4:00  Home again. I am calling my friend, Kendall. She tells me about this great guy she just started dating. Jess starts crying so I have to hang up.

4:15  My parent aide is here. We work on parenting skills and things I need to know to be a good parent.

4:30  I am still working with my parent aide. We’re talking about safety issues.

5:00  I am feeding Jess.

5:30  I am bathing Jess.

6:00  I am changing Jess.

6:30  I am having dinner and keeping an eye on Jess at the same time.

7:00  I am playing with Jess.

7:30  I am singing to Jess.

8:00  I am taking Jess to bed.

8:30  I am doing homework.

9:00  I am still doing homework.

9:30  I am studying for the next math test.
10:00  I fell asleep in front of the TV.

10:30  I am in bed.

Midnight  Jess is crying. She needs to be changed and fed.

2:30  Jess is crying. I have to comfort her until she goes back to sleep.

Do you think Kendra will finish high school? Why? Why not?

Most babies born to teenage mothers will grow up in poverty. Teen mothers will earn much less money than women who wait until their twenties to have children.

What do you think the average monthly cost of maintaining a child is at:

age 1 $ , age 3 $ , age 7 $ , age 12 $?
Loving a child is crucial, undoubtedly one of the most essential aspects of parenting. But having enough money to feed and clothe a child, pay rent for an apartment, pay for essentials, such as medical care is indeed a very basic need.

Many fathers of children born to teenage mothers will not be involved in their upbringing.

_A Day In The Life Of A Teen Dad_

4:30 a.m. The alarm goes off I am so tired. I just want to turn over and go back to sleep, but I have to get up.

5:00 I am out on my bike. It is freezing cold. My nose hurts from the icy wind. But they pay me pretty well for delivering the newspaper.

5:30 I am still delivering papers and my hands and feet are completely numb.

6:00 I am almost done.

6:30 I am having breakfast while trying to finish my homework.

7:00 I almost missed the bus to school.

7:30-8:15 In school. Assembly.

8:20-9:10 First class – English. Most of my classes are College Prep. It has been really hard lately to keep up with all the work – with the baby and all. Even though he doesn’t live with me (He lives with his mother, Lisa.), he is a huge responsibility and lots of work. Sometimes I wonder if I will ever make it to college.

8:45 Still English. The teacher asks about my homework. When I tell him that I didn’t get it all done, he makes a comment about the consequences and changing diapers. I didn’t hear it all, but everybody, of course, grins.

9:15-10:05 Math. I enjoy math and for awhile I even forget how tired I am.

10:10-11:00 Social Studies. We talk about the importance of good environments for kids. I am feeling kind of guilty and am wondering if I can ever give my son what he needs so he can have a chance in life.

10:40 Still Social Studies….and I’m still wondering.
Independent Living Skills Module V

11:00-11:05  Break. There she is – right at the lockers, Diane. I want to go over and just ask her out. Kenny’s mom and I broke up before he was born. I still care about her and stuff, but the whole baby thing was too much for us. We started arguing a lot. Now we are getting along - sometimes. But I have to do what she says or she won’t let me see Kenny as much as I would like to. If she found out that I asked someone out, she probably wouldn’t let me see the baby at all. She still always wants to know what I am doing and whom I am with. Well, Diane probably wouldn’t even talk to me anyway. Who wants a boyfriend with a baby and the responsibility and costs that go along with being a parent?

11:05-11:55  Chemistry

12:00-12:30  Lunch. Everybody is talking about tonight’s hockey game. I played varsity – before Kenny. Practice is at 5:00 a.m. because that’s when the ice time is the cheapest. I feel totally left out.

12:35-1:25  Physical Education. We are playing basketball. It’s fun!

1:30-2:20  Homeroom. I am trying to get as much homework done as I can. Then I still have to study for Chemistry.

2:25-3:15  History. My guidance counselor took me out of class to talk about “my situation”. He tells me how disappointed he is in my making poor choices. I tune out. I heard it all before. I am just trying to do the best I can.

3:30  Finally, on my way home, where I’ll grab a snack and then run out.

4:00  I arrive at Lisa’s house. Her mother is there. She does not like me. Lisa gives me Kenny and says she will be back in an hour.

4:30  I feed and change Kenny.

5:00  Lisa is back from the store. She tells me to make sure to give her the money on Friday because Kenny needs new clothes and a winter jacket. There goes my paycheck again.

5:30  On my way to work.

6:00  Start work at Pizza Store

6:30  Work

7:00  Work

7:30  Work

8:00  Work. Some of the guys from the hockey team come in. They are all happy because they won. I have to wait on them. They are making fun of my uniform. Diane is with them.
I am finally out of here. I get on my bike and the same kids pass by in their cars and honk. Before Kenny was born I almost had enough money to buy a car. Then I had to use the money for baby stuff. It is so expensive. Just the crib cost $150.00.

At home doing homework.

Homework

Watch the game on TV.

I have to go to bed because I have to get up at 4:30 again.

Compare your daily routine to the one of the teen mom or dad. What is different?

Many teenage parents are isolated from their peers.

Do you think that Bob will be able to go to college, work for child support and be actively involved in parenting his child? Why? Why not?

What are some common misconceptions guys may have in relation to fatherhood?
What do you think a father’s responsibility towards his child should be?

Fathers are crucial in the upbringing of a child. Not only in sharing financial and parenting responsibilities, but also for the developmental well being of a child. The absence of a father figure in a child’s life can contribute to developmental and emotional problems, a sense of loss, etc. Fathers and mothers bear equal amounts of responsibility in child rearing. Guys who think that they don’t have to think about responsibilities related to parenthood because they are guys are wrong and totally irresponsible.

FACT

The stress of being a teen parent is enormous and many are not able to cope with it.
To My Mom

WHAT WILL HAPPEN TO ME?

What will happen to me when the newness wears off
When I’m not quite so cute or cuddly and soft
What will happen to me at the end of the day
When you’re tired and lonely and I want to play
What will happen to me when the money’s all gone
And the food and the milk won’t last that long
What will happen to me when your friends call
To go out on a date or just off to the mall
You can’t go along, you’ll have to stay home
You’re a mother now, home is where you belong

Your friends have grown tired of just stopping by
To watch you change diapers and to hear me cry
They have things to do and places to go
They have dreams to fulfill, you have nowhere to go
You have responsibilities now, my needs must come first
Even though you are angry and ready to burst
What will happen to me when you have to explode
It just isn’t fair – And I’m becoming a load
Will you hit me and yell and then toss me aside
Like that guy did to you when he said that you’d lied
That the baby’s not his and he has someone new
Other plans to fulfill that don’t include you
Would it have been better had you given more thought
To have been more responsible while “playing adult”
What will you do – What can you be???
Instead of having to worry – “What will happen to me?”

Author Unknown

Many teenage parents do not have the parenting skills necessary to raise a child in a nurturing, loving and consistent environment.
UNPLANNED PREGNANCY

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
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</thead>
<tbody>
<tr>
<td>1. Understand that a missed period following sexual intercourse may mean pregnancy.</td>
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<tr>
<td>2. Understand that as soon as two weeks after a woman has missed her period, a simple urine or blood test performed in the doctor’s office can tell her if she is pregnant.</td>
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<tr>
<td>3. Know that it is important to go to the doctor as soon as possible if I think I may be pregnant.</td>
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<tr>
<td>4. Know what morning sickness is.</td>
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<tr>
<td>5. Know that both male and female are responsible if pregnancy occurs.</td>
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<tr>
<td>6. Know what my options are in case of unplanned pregnancy.</td>
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<tr>
<td>7. Know how to evaluate the pros and cons related to options of unplanned pregnancy.</td>
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<tr>
<td>8. Know what issues and factors to evaluate in case of unplanned pregnancy.</td>
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<tr>
<td>9. Know that it is important to talk with my partner about options related to pregnancy.</td>
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<tr>
<td>10. Know that it is important to talk to someone I trust about options and questions I might have related to pregnancy.</td>
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<tr>
<td>11. Understand the realities of teen parenthood.</td>
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<tr>
<td>13. Understand the impact of pregnancy and parenthood on my life and future.</td>
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</table>
14. Know about support options for teen parents, such as WIC, TLP programs and Department of Transitional Assistance.

15. Know that throughout pregnancy STD’s, alcohol, drugs, cigarettes and chemicals may result in harm to a baby.

Independent Living Skills Module V

You have now completed the assessment section and identified those pregnancy and parenthood skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

EXAMPLE
GOAL: IMPROVE DECISION MAKING SKILLS RELATED TO TEEN PREGNANCY AND PARENTHOOD

State Skill 1: To make an informed and thoughtful decision related to teen pregnancy and parenthood.

Plan: Evaluate the possible impact teen parenthood may have on my future.

When: Everyday for the next two weeks.

Who: Talk to my foster parents, social worker & other people I trust.

Plan: Research options related to teen pregnancy and parenthood.

When: Two hours this week and next.

Who: My social worker.

Plan: Understand the financial reality of teen parenthood.

When: One hour each week for the next four weeks.

Who: My friend Geraldine, who is a teen parent, and my foster mother.
Independent Living Skills Module V

**GOAL:** IMPROVE DECISION MAKING SKILLS RELATED TO TEEN PREGNANCY AND PARENTHOOD

<table>
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<tr>
<th>State Skill 1:</th>
<th>Plan:</th>
<th>When:</th>
<th>Who:</th>
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<tbody>
<tr>
<td>To be develop</td>
<td>How do you plan to learn, develop and improve this skill?</td>
<td>When, where, and how often will you work on this skill and by when will you have mastered this?</td>
<td>Who will assist you?</td>
</tr>
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<table>
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<tr>
<th>State Skill 2:</th>
<th>Plan:</th>
<th>When:</th>
<th>Who:</th>
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Pregnancy

FACT

If you had sex without using sufficient birth control/STD prevention or any kind of sexual relationship that allowed semen to enter the vagina and you are experiencing one or more of the following symptoms, you may be pregnant:

- Missed your period or having a very short, light period
- Feel nauseous or have to vomit
- Have to go to the bathroom frequently
- Experience tenderness and swollen breasts
- Have changes in mood and appetite

Symptoms of pregnancy are different for each woman. If you think you may be pregnant, you should take a pregnancy test as soon as pregnancy can be determined. There are several types of pregnancy tests available. You may buy a home pregnancy test in the drug store or pharmacy. While these tests can be conducted privately in your home, they are expensive (between $10 and $20) and are often difficult to read. So, if you decide to do a home pregnancy test and the results are negative, you may still be pregnant, especially if one or more of the symptoms has continued. If your results are positive, you need to follow with a medical appointment immediately. The most accurate way to detect pregnancy is through a blood test administered by a clinic or your physician. These tests are usually free of charge or covered by your health insurance.

UNPLANNED PREGNANCY – What now?

Parenthood is one of the biggest responsibilities one can ever assume. Becoming a parent is a choice, a decision based on desire and resources. Many factors need to be carefully evaluated and require a lot of thought and discussion. The decision to have a child should be a mutual one, made by both the mother and father-to-be. A father has a very important role, beginning with participation in the decision making. A father has a very important role, beginning with participation in the decision making. However, no one (mother- or father-to-be) should try to make a decisions regarding potential parenthood without understanding all the options. Some of the options and issues regarding unplanned pregnancy that you may or may not have considered are summarized below.
Do you think you have a choice about whether or not to become a parent? If so, which issues would you consider?

Think about the realities of parenthood as a life time commitment. You owe it to yourself and your baby to make a wise and informed decision.

**Options**

If you feel that pregnancy may not be the choice for you, be certain to discuss your concerns and alternatives with someone you trust: your foster parent, social worker, etc. for further counseling on this issue.

**Adoption** – Many pregnant teenagers and fathers-to-be do not realize that adoption is an option. Surrendering a child for adoption requires a lot of careful thought and discussion… “Am I ready to care for a baby? What does adoption really mean? Will I be able to say goodbye to my child and know that a good family will raise him/her? Can I choose the type of family I want to raise my child? Can I ever change my mind?

If you are pregnant or a father-to-be and think that you may not be ready to become a parent, adoption is an alternative to consider. Discuss your feelings with your partner, social worker, foster parent, someone you trust. Your social worker will be able to give you more detail about the adoption process. Don’t be afraid to explore all the options. Talking about the possibilities is the best way to understand your choices. Remember, you will need time to consider your options and ask questions, etc. You are the one who will make the decision.
As you know, decision making is not a simple process. It requires a lot of thought, planning and discussion. You will most likely find that you change your mind again and again before you arrive at a final decision. Don’t worry! This is the process. Although it is sometimes difficult, it’s essential that you thoroughly examine all your options until you are satisfied with your decision.

As you move to different stages in your decision-making process, you may want to go back to previous exercises in this section to help you think through your choices.

Remember, you are the one who is making the decisions about your life and your baby’s future. When you need someone to talk to, to discuss your choices, don’t hesitate to ask for help. No one is expected to have all the answers.

Be a best friend to yourself!

**Evaluate**

Did you evaluate all options and issues related to your and your partner’s pregnancy carefully?

---

Do you think you have obtained all the information you need, and have received input from people you trust in order to make a good decisions about potential parenthood?
Have you talked to your partner about the pregnancy? Does he/she feel and think the same way as you do or differently?

Have you and your partner made a decision about your options?

How does each of you feel about the decision?
What kind of help and resources do you need to support your decision?

REPEATED PREGNANCY/PARENTHOOD

If you are already a parent and want to evaluate whether or not you should have additional children or if you are experiencing an unplanned pregnancy, much of the precious decision making and evaluation processes apply to you as well. However, it is particularly important to know that –

- You will not get additional benefits for additional children while on TAFDC
- The time limits regarding TAFDC benefits still apply to parents regardless of the number of children they have.
- Second and third children, double and triple the work involved in parenting.
- Furthering your education and holding down a good paying job is much more difficult with two or more children than with one (sick time, workload, study time, etc.).
- Repeated pregnancies in close proximity can put tremendous strain on your physical and mental health.
- Affordable housing is difficult to find for foster parents with one child. Imagine what it is like for parents with two or more children!

Consider the following:

Josie, 17, resides in a Teen Living Program with her 9-month-old daughter, Briana. Josie is unemployed and is in the eleventh grade at high school. Dennis, 17, is the father of Briana, attends a GED program and sometimes stops by, but hasn’t participated in parenting classes or family outings. Two days ago, Dennis came by the program and told Josie that he would like to have a baby boy with her.

What advice would you give Josie? Why?
What advice would you give Dennis? Why?

What has to be in place (resources, relationship, support system, job, money, etc) before people should consider having additional children.

What can people do to prevent additional unplanned pregnancies?
Do you think you are ready and prepared to have an additional child? Why? Why not?
Pregnancy—If a woman’s choice is to carry the baby through the nine months of pregnancy, she must realize that during this time the fetus (baby) will be totally dependent upon her for good care. Pregnancy is the beginning of the mother/child relationship. How well everything goes throughout the pregnancy, birth and afterwards depends upon the mother’s actions during pregnancy. She must eat nourishing foods and have lots of rest.

Using cigarettes, alcohol or drugs can seriously harm the baby by increasing his/her risk of physical or mental handicaps. It is important that she get medical attention as soon as she suspects pregnancy and keep all follow-up doctor appointments. Teenagers must take special care during pregnancy because babies of young mothers are more likely to be born prematurely and at a low birth weight.

It is important to take folic acid before and during pregnancy. Lack of folic acid can cause birth defects. You can get folic acid in orange juice and one-a-day vitamins. Ask your doctor for more information.

Since a variety of health problems can occur as a result of poor nutrition, lack of prenatal care or simply due to the physical immaturity of the young mother, it is essential that she take special care of herself and her baby during pregnancy.

A father-to-be can fulfill a very important role during his partner’s pregnancy—beginning with participation in the decision making. Parenthood is a lifetime responsibility—one that must be taken seriously.
For Females

Evaluate Your Habits. Do you think that your lifestyle supports a healthy pregnancy and therefore, a better chance for a healthy baby? Why? Why not?

It is important to eat right during pregnancy. Do you think you eat healthy foods?

Pregnancy can put much physical and emotional strain on you. Do you think you can deal with the possible stress factors accompanying pregnancy?
STD’s and HIV/AIDS can put a child at significant risk for birth defects and serious disease. If you think you may have contracted an STD, it is vital to get tested. If you think you may be HIV positive, you should find out as soon as possible. If an HIV+ pregnant woman takes certain medications (AZT) during pregnancy, she will greatly reduce the risk of her baby becoming infected during pregnancy and birth! Evaluate your risks for STD’s and HIV.

**For Males**

Although females carry a child, pregnancy is a shared responsibility. Guys who think they can just walk away or ignore issues related to pregnancy are irresponsible and wrong. Just like birth control and STD prevention, pregnancy is NOT just a female issue but the responsibility of both partners. So, if you have had unprotected sex, you have to deal with the consequences and think about the following questions:

Have you talked to your partner about expectations and decisions regarding pregnancy?

- Yes ☐
- No ☐

What are or would be your expectations? And, what kind of decisions would you have to consider?
Do you think you can support your partner in maintaining and developing a healthy lifestyle? Why or why not?

STD’s and HIV/AIDS can put a baby at serious risk for birth defects and disease. If you think you have contracted an STD and/or HIV, you need to get tested as soon as possible. If you test positive, you need to let your partner know as soon as possible so that she can obtain the appropriate medical care. Also, if you test positive for an STD, do not continue sexual activity as you will be putting your partner and child at risk.
Do you have the financial and emotional resources to support your partner and meet her needs while preparing for the birth of your child? Why or why not?

Are you prepared to accompany your partner to prenatal appointments and participate in birthing classes?

Yes ☐ No ☐

Are you prepared for the changes pregnancy will bring to your relationship and your life? Why or why not?

Yes ☐ No ☐
PARENTHOOD

Parenting a child can be both a very rewarding and a challenging experience. It is certainly possible for a young mother/father to do a fine job of parenting. Many young people are successful parents. They give their children the love they need, sometimes at great sacrifice to themselves. They love their children deeply. But it is difficult to know who will be a good parent. Age, in and of itself, is not the determining factor of being a good parent. Some thirty-year-old parents neglect their children while some 18-year-old mothers and fathers do a fine job of parenting. However, teen parents are often not prepared for the extent of responsibility involved in childcare. New parents must learn how to feed, bathe, diaper and nurture and keep their new baby healthy.

While loving a baby is essential, having enough money to feed and clothe him or her, pay the rent for an apartment, pay for medical care, etc. are also very basic needs. Along with parental responsibilities come home management duties: meal planning, grocery shopping, cooking, paying the bills, balancing the budget, etc. A new parent must also learn about the social service system and the available resources, e.g. WIC, food stamps, TLP programs, support groups.

However, the most important of all, parents must know that the baby is totally dependent upon them for love, care and sustenance. The child’s needs must come first, before all else. For many young parents that involves a complete change of life style that they have to be prepared to make. Most often, young parents’ time is completely consumed by school, childcare and work. Recreational activities like movies, dances or simply hanging out with friends are rarely possible due to the demands of parenthood. Parenting is also quite stressful at times and many young parents may not have the coping skills necessary to deal with difficult situations. The choice of parenthood, nevertheless, is a personal one and the following questions will help you to evaluate whether or not it may be right for you.
What are your thoughts about becoming a mother/father at this time?

Do you believe you are ready at this time in your life to parent a child? Why or why not?

What do you see as the rewards of parenthood?
How do you think having a baby to care for every day would impact your life? What things would be different?

Do you think having a baby would interfere with your education and future plans? Why or why not?

Pretend for a moment that you are a baby about to be born. Would you choose yourself as a parent?
If you were to become a parent at this time in your life, would you need the support of your family and friends? Who would help you? How?

Have you thought about the long-term responsibilities of becoming a parent? What do you think your and your child’s lives would be like in 3, 5, 10 years from now?

Where will my baby and I live? How will I support us both?

If you are pregnant or already a parent and need financial assistance to support yourself and your child, you may apply for Transitional Assistance (TAFDC) benefits through the Department of Transitional Assistance (DTA). In order to receive TAFDC benefits for yourself and your child(ren), you must follow these DTA eligibility guidelines:
• If you don’t have a high school diploma or GED, you must attend a high school or a GED program full-time. If the GED program is less than 20 hours per week, you must also be involved in job training or employment-related activities for a total of 20 hours each week.

• Until your 18th birthday, you must live with your parents, your guardians, or an adult relative over 20 years old.

• If you are under 18 and unable to live with your parents, a relative, or guardian due to issues of abuse, neglect, addiction, or other extraordinary circumstances, you and your child(ren) can live in a Teen Living Program (TLP). An assessment will be made to see if you meet these conditions.

• If you are 18 or 19 years old, you may ask to live in a TLP. An assessment must still be completed.

What is a TLP?

A TLP is a Teen Living Program. A TLP is a safe place for you and your child(ren) to live. A TLP will also:

• Give you the opportunity to complete your high school education or GED.

• Arrange for licensed childcare while you are in school.

• Give you the opportunity to gain the skills you will need to live on your own.

• Allow the father of your baby to visit and participate in groups and classes if appropriate.

• Encourage you and your family to visit and maintain contact with you if you wish.

Teen Living Programs are located throughout the state. Some are group homes for 4 to 15 teen parents, like you, and their children. Some programs are supervised, shared apartments. If you are eligible for a TLP, you will be referred to the program which best meets your needs and skill level. Every effort will be made to place you in the program closest to your current home, if you so desire and if a slot is available. All Teen Living Programs have staff available 24 hours a day to help you. You will have your own room for yourself and your child(ren). All TLP’s offer case management and parenting and life skills classes. One TLP is designed specifically for residents facing issues of domestic violence.
How do I get into a TLP? And, why am I being referred to DSS?

First, to get into a TLP, you must be eligible for TAFDC benefits, under age 20, and be unable to live at home with your parents. You may be unable to live with your parents because of any of the following reasons:

- There is abuse or neglect towards the child(ren) by any member of the household;
- There is drug or alcohol abuse in the home; and/or
- There is a special reason that you cannot live at home.

To decide if you should live in a Teen Living Program, your DTA worker will refer your name to the Department of Social Services (DSS) so that they may arrange for an assessment of your individual needs. (Please remember that you are referred to DSS for an assessment only to see if you should live in a Teen Living Program.)

DSS works with people around the state who are trained to do these kinds of assessments. The assessor will contact you within 10 days at the telephone number and address you give to your DTA worker. The assessor will plan a time to meet with you and talk about what DTA can give you. The assessor will also meet with your parent or guardian. The assessor will then report to the Teen Living Program Coordinator at DSS. The TLP Coordinator will decide if you need a TLP and, if so, recommend which one is the best for you and your child(ren). Your DTA worker will let you know the final outcome in two to three weeks.

How long can I stay in the TLP?

As soon as you move into the TLP, the program will begin to help you prepare to live on your own. According to the TAFDC rules, you must stay at the TLP until your 18th birthday unless you are able to live with an adult relative. You are allowed to stay in a TLP until the day of your 20th birthday. Together you and the TLP will decide when you are ready to leave.

Can the father of my baby participate?

Fathers of children are encouraged to visit, if appropriate, and to participate in program activities, such as Parent Education and Life Skills sessions. Each program has rules on visitation and father involvement. The staff of the Teen Living Programs understands the importance of children maintaining contact with a supportive father and will help to foster that relationship.
What are the rules?

Although not all TLP’s are alike, all of them have similar rules that you must follow in order to stay in the program. If you do not follow all of the TLP’s rules, you can be terminated from the program and you may lose your TAFDC benefits.

TEEN LIVING PROGRAM RULES

1. Residents must participate for at least 20 hours a week in an educational program that will lead to a high school diploma or a GED certificate.

2. If your educational program is not a 20-hour a week program, then you must make up the time either in a training or employment-related activity in addition to attending the parent education and life skills classes provided by the program.

3. Residents must pay a program fee equal to 30% of their TAFDC check.

4. Residents must give their food stamps to the program. Programs are responsible for deciding how food will be purchased and distributed to the residents.

5. Residents must participate in 24 hours of life skills training and parenting education each month.

6. Residents may have visitors or overnight guests only with the permission of the TLP. Under no circumstances may residents have boyfriends or other male guests overnight. Males may visit during daytime visiting hours only.

7. Residents must agree to share in the household chores of the program. These chores may include shopping, cooking, and cleaning.

8. Residents must abide by the program curfews and specific rules regarding when, where, and how long a resident may be away from a program.

9. Residents are responsible for paying the TLP back for any damages and for any extra money the program spends on their behalf.

10. In accordance with Massachusetts Law, residents may not possess, serve, or consume alcohol at any time. Residents may not use or distribute illegal drugs. At no time may a resident possess a weapon.

11. Residents are responsible for the care of their child(ren) at all times. At no time may a resident ask a staff member to be responsible for the care of her child(ren).
12. Residents receiving TAFCD benefits may live in Teen Living Programs until their 20th birthday. All residents must be prepared to leave the program when they become twenty years old.

13. Residents must agree to abide by all rules of the Teen Living Program. If a resident does not follow the rules, she will be terminated from the program and she may not be able to receive TAFDC benefits. Residents will receive a complete list of rules when they enter the program.

14. Residents have the right to appeal any of the above rules by contacting the TLP Network Coordinator.

15. Residents must follow all other rules of the TLP to which they are referred.

Who can I call if I have more questions?

If you have any questions about the Teen Living Programs or the assessment process, you can ask your DTA teen specialist.

What do you think about the TLP programs?
Managing Your Budget

If you depend on TAFDC benefits to support yourself and your child, you must have excellent money management and budgeting skills in order to meet all your financial responsibilities. If eligible and have one child, you will secure a monthly TAFDC payment of $486.00 in addition to food stamps. Because all your expenses as well as your child’s (with the exception of day care) have to come out of the $486, it is crucial for you to be aware of financial limitations. Let’s take a closer look at a personal budget.

ACTIVITY
Establish a budget for yourself and your child using a monthly income of $486.00 Note: If you need additional information on individual budget items, please refer to PAYA Module I.

Personal Budget

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
</tr>
<tr>
<td>Utilities</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Childcare</td>
<td>$</td>
</tr>
<tr>
<td>Home Care</td>
<td>$</td>
</tr>
<tr>
<td>Personal Care/Diapers</td>
<td>$</td>
</tr>
<tr>
<td>Medical</td>
<td>$</td>
</tr>
<tr>
<td>Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Clothing for self and child</td>
<td>$</td>
</tr>
<tr>
<td>Recreation/Toys</td>
<td>$</td>
</tr>
<tr>
<td>Savings</td>
<td>$</td>
</tr>
</tbody>
</table>

*The total must be equal or less than $486.00

What do you think about your budget?
As you can see from your own personal budget, while it is possible to cover all expenses with $486.00, it is very tight and doesn’t allow any room for luxuries.

If parents are not married and the mother receives TAFDC benefits, the father will be held responsible for paying child support payments to DTA.

Parents are responsible for paying for child support regardless of whether or not they are living with the child(ren). Paying child support is a moral and legal obligation. Unless a child is adopted, child support must be paid until the child turns at least 18 years of age. If a parent fails to pay child support, he/she may have to go to court, his/her wages may be taken, or he/she may be arrested. If a man questions whether he is the father of a child, he can determine paternity through a test.

Do you agree that fathers should help pay for their children’s support? Why or why not?
You must also be aware of the fact that according to welfare reform:

- A parent cannot receive TAFDC benefits for more than two consecutive years or more than a lifetime of 5 years. (While you are living in a TLP, these time frames do not apply.)

- A parent will not receive additional money for any child(ren) born while he/she is receiving TAFDC benefits.

- Parents are responsible for paying for child support regardless of whether or not they are living with the child(ren). Paying child support is a moral and legal obligation. Unless a child is adopted, child support must be paid until the child turns at least 18 years of age. If a parent fails to pay child support, he/she may have to go to court, his, her wages may be confiscated, or he/she may be arrested. Men who are asked to pay child support and question whether they are the father of a child can determine paternity through a test.

- Even if you choose not to live with the father/mother of your child, you can play a vital role in his/her upbringing.

- If you decide to become a parent, you will have to support yourself and your child or contribute to the support of your child. It is important to plan for this obligation thoroughly, particularly because of time limitations and restrictions associated with TAFDC payments. Remember, when TAFDC benefits end, you must meet the financial responsibilities associated with parenthood. Therefore, it is vital to establish solid educational/career plans and to work diligently to obtain a good job.

- Some people think that by becoming parents, they will automatically be eligible for Section 8 housing and get an apartment. That, however, is often not true. Section 8 apartments are often not available and waiting lists, even for emergency housing, are long.

In making the decision about whether or not to become a parent, it is important to consider all these factors. While some issues may be discouraging, it is important to acknowledge the reality and responsibility of parenthood.
**PREGNANCY AND HEALTH SKILLS**

**SKILL ASSESSMENT**

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th></th>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Understand why early and regular pre-natal care (going to the doctor is important for a healthy normal baby.</td>
<td></td>
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<tr>
<td>2.</td>
<td>Understand that on the first visit to the obstetrician, he/she will ask for the mother’s complete medical history and father’s history, if known.</td>
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<tr>
<td>3.</td>
<td>Understand why the doctor will ask the patient questions about herself and father, if they smoke, drink, take any medications/drugs, etc.</td>
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<tr>
<td>4.</td>
<td>Understand why the obstetrician will monitor a woman’s weight during pregnancy.</td>
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<tr>
<td>5.</td>
<td>Understand how the doctor can estimate when the baby will be born.</td>
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<td></td>
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<tr>
<td>6.</td>
<td>Understand why it is so important for the mother-to-be to go to the doctor/clinic for regularly scheduled check-ups.</td>
<td></td>
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<tr>
<td>7.</td>
<td>Understand why a woman must immediately report to the doctor any unusual pain, bleeding, or swelling.</td>
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<tr>
<td>8.</td>
<td>Understand what physical changes will occur in a woman’s body during pregnancy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Understand why it is normal for a woman to experience many different emotions (joy, fear, pride, sadness, guilt, etc.) during pregnancy.</td>
<td></td>
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<tr>
<td>10.</td>
<td>Understand why it’s important for a woman to talk about these feelings with someone she trusts.</td>
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<td></td>
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<tr>
<td>11.</td>
<td>Understand why some exercise is good for a mother-to-be and her baby.</td>
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</tr>
<tr>
<td>12.</td>
<td>Know that schools have special programs for pregnant teens.</td>
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<td></td>
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<tr>
<td>13.</td>
<td>Know where to go to get free or low-cost pregnancy testing and pre-natal care.</td>
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</tbody>
</table>
You have now completed the assessment section and identified those pregnancy and health skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop and, with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build your new skills.

**EXAMPLE GOAL:**

**IMPROVE PRE-NATAL CARE SKILLS**

**State Skill 1:**

To promote a healthy pregnancy.

**Plan:**

- Improve my eating habits by replacing junk food with fruits and vegetables to eat a well balanced and nutritious diet.
- Stop myself from smoking during my pregnancy by obtaining appropriate help from others (support line, smoking cessation classes, arts, crafts and learning to knit).
- Make sure that I attend all my scheduled prenatal appointments.

**When:**

- Daily for the next month.
- Daily for the next month.
- Daily for the next month.

**Who:**

- Myself
- Myself and my foster mother will teach me
- Myself
**GOAL: WORK ON PRE-NATAL CARE SKILL**

<table>
<thead>
<tr>
<th>State Skill 1:</th>
<th>Plan:</th>
<th>When:</th>
<th>Who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be developed and/or improved.</td>
<td>How do you plan to learn, develop and improve this skill?</td>
<td>When, where, and how often will you work on this skill and by when will you have mastered this?</td>
<td>Who will assist you?</td>
</tr>
<tr>
<td><strong>State Skill 2:</strong></td>
<td><strong>Plan:</strong></td>
<td><strong>When:</strong></td>
<td><strong>Who:</strong></td>
</tr>
<tr>
<td><strong>To be developed and/or improved.</strong></td>
<td><strong>How do you plan to learn, develop and improve this skill?</strong></td>
<td><strong>When, where, and how often will you work on this skill and by when will you have mastered this?</strong></td>
<td><strong>Who will assist you?</strong></td>
</tr>
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</table>
TAKING CARE OF YOURSELF AND YOUR PARTNER DURING PREGNANCY

Taking care of yourself and/or your partner is vital in promoting a healthy pregnancy and reducing the risks of complications and birth defects. Mothers-and fathers-to-be must learn about healthy diets, regular prenatal appointments, rest, and all other factors that contribute to physically taking care of oneself. In addition, it is important for both parents to know what to expect and how to deal with thoughts, feelings and challenges that may come up during this time. Finally, it is important to prepare for the birth of your child by making all necessary arrangements, which include skills that range from caretaking to obtaining furniture and baby items. This is also a time to think about what kind of changes you will have to make (i.e. day care, living situation) to accommodate a child’s needs. There is much work ahead of you. But don’t get discouraged! If you organize yourself, use supports offered, and take one step at a time, you will get a lot accomplished. In addition to each of the individual sections on pregnancy and birth, you also must begin to work on skills targeted in the caretaking, parenting and safety sections of this module to obtain skills and knowledge needed to care for your baby.

Let’s look at tasks, expected changes and necessary accomplishments for both mother and father, a trimester (3 months of pregnancy) at a time.
FIRST TRIMESTER (1-3 months)

PHYSICAL CHANGES/SYMPTOMS THE MOTHER-TO-BE SHOULD EXPECT

- Breasts will grow (until about the fifth month of pregnancy) and as they get larger, they may feel tender. Expect the brownish circle around each nipple (areola) to get darker also. Make sure you wear a bra that gives you good support because you don’t want your breasts to sag later.

ACTIVITY
If necessary, you will need to buy a new, larger size bra that fits you properly and offers sufficient support.

**Father:** Remember, it is your responsibility to financially assist your partner in purchasing maternity clothes. You may want to accompany your partner to the store or mall and assist her financially in obtaining bras.

- You may notice that you have to go to the bathroom more often. During the first few months, the growing fetus and the uterus press on the bladder where the urine is stored. Even if you are bothered by frequent urination, it is important to drink 6-8 glasses of fluid every day.

- You may feel nauseous or have to vomit. That is called morning sickness, although it does not only occur in the morning.

ACTIVITY
If you have morning sickness, try eating a few crackers before getting up in the morning, or when you feel sick. For breakfast, try eating dry toast. Eating 4-6 small meals a day, or light snacks between meals, may also help you. If certain smells bother you, get some fresh air.

**Father:** Morning sickness is no fun! You may want to help out by being supportive and carrying crackers with you and eating small meals with your partner.

- You may feel tired and more sleepy than usual.
ACTIVITY

During pregnancy, you will need 8 to 10 hours of sleep each night. It is also a good idea to rest during the day. The amount of sleep and rest you need will depend, in part, on how active you are. So, look at your schedule and make sure to adjust all your activities in order to get plenty of rest.

Father: You may want to run errands, help with chores and task, etc. to assure that the mother-to-be is getting enough rest.

• While doctors agree that there is no medical reason to stop having sexual intercourse when pregnant (except if you have pain, bleeding, or cramping during or after making love—and in such cases, you should see a doctor), it is possible that your feelings about sex may change while you are pregnant. You may be more or less interested in it.

ACTIVITY

Whatever your feelings or changes in your sexual desires, talk them over with your partner.

Father: You must be understanding and supportive of any changes in her sexual desires.

• It is common for pregnant women to feel faint or dizzy after they have been standing for long periods of time or when they stand up too quickly.
**ACTIVITY**

Try and remember to stand up slowly. If you feel dizzy, sit down and put your head between your knees. This should make you feel better. If you feel faint or dizzy frequently, consult your doctor.

*Father:* Remind your partner to stand up slowly and not to stay on her feet too long. Offer her a hand to support her when she gets up. Ask her frequently how she feels.

- Having a heavy discharge (white stuff) in your underpants is normal.

**ACTIVITY**

Take frequent baths or showers to help you feel clean. If the discharge gives you a burning sensation, itchy feeling, or has a bad smell, call your doctor.

*Father:* You may feel uncomfortable about some physical changes that come along with pregnancy, but remember—so may she. Talking about it and becoming educated will make it easier for both of you.
PREGNANCY

ACTIVITIES

1. Answer True or False to each of the statements below. (Answers follow the questions.

1. The developing baby is protected and can move freely within the fluid-filled amniotic sac inside the mother’s body.
2. The placenta is a sponge-like sac, which transmits nourishment and oxygen from the mother to the baby and gets rid of waste.
3. Sugar or albumin (protein) in the urine is normal during pregnancy.
4. A simple blood test can give the doctor necessary information about a patient’s blood type and Rh factor. It can also determine whether or not the patient is anemic or has a sexually transmitted disease (STD).
5. Colostrum is a clear or yellowish liquid which may drip from a woman’s breasts during pregnancy.
6. Constipation and heartburn never occur during pregnancy.
7. Most pregnant teenagers gain more than 30 lbs. during pregnancy.
8. A woman may feel more tired than usual during pregnancy.
9. Eating foods with lots of calcium is very important for mothers-to-be.

ANSWERS:

1. TRUE. Between the wall of the uterus and the baby is a bag of water (the amniotic sac). The water is called the amniotic fluid. This fluid protects the baby from bumps and falls. The fluid in the bag is cleaned about eight times a day. No one knows for sure how this happens. A mucus plug blocks the opening in the cervix to protect the baby.
2. TRUE. The placenta forms during the first 3 months of pregnancy. In the early stages of pregnancy, it is small and flat and looks like a pancake. It is attached to the wall of the uterus. The umbilical cord grows out of the placenta and connects to the baby at his or her navel (belly button). 
3. FALSE. If a urine test reveals sugar or albumin in the urine, this may be a sign of a problem.
4. TRUE. The doctor needs to know if the mother’s blood type is O, A, B or AB and whether she has a positive (+) or negative (-) RH factor. The doctor will also test her blood for anemia. All this information will help the doctor to better plan for both mother and the baby during pregnancy. An STD (Sexually Transmitted Disease) can be harmful to mother and her baby. It is important to treat or take the necessary precautions with such diseases immediately.
5. TRUE. This liquid is a sign that a woman’s body is getting ready to produce milk for the baby. It is normal.
6. FALSE. Constipation and heartburn are common during pregnancy. Eating and exercising properly can help alleviate these problems.
7. FALSE. A normal weight gain for most pregnant teens is approximately 24 to 30 pounds.
8. TRUE. As the uterus gets larger, a mother-to-be has more weight to carry around. However, she may feel more tired during some months of pregnancy than others.
9. TRUE. Find out why calcium is so important to pregnant teens and the developing baby in the food and nutrition section.

II. How many of the following questions can you answer correctly? Select the correct term from the choices below.

1. When a woman is 2 weeks pregnant, the developing baby is called a/an _____________________.
2. Twelve weeks into pregnancy, the developing baby is called a/an _____________________.
3. A baby’s growth within the mother’s body is separated into time periods called _____________________.

Choices:
A. Circumcision
B. Fetus
C. Crowning
D. Hemoglobin
E. Embryo
F. Trimester

Answers
1. E  2. B  3. F
III. Circle the letter that corresponds to the correct answer in the multiple-choice questions below (answers follow).

1. Doctors can tell what the sex of the developing baby is at
   a. 4 weeks.
   b. 8 weeks.
   c. 12 weeks.
   d. 16 weeks.
   e. 20 weeks.

2. A pregnant woman will feel the baby move for the first time during the
   a. 1st month.
   b. 3rd month.
   c. 5th month.
   d. 6th month.
   e. 8th month.

3. In utero, the developing baby is able to do the following during the 4th month:
   a. Kick
   b. Roll over
   c. Turn from side to side
   d. Wave arms and legs, wake and sleep
   e. All of the above

4. The developing baby (in utero) is able to do the following during the 7th month:
   a. Hear the sound of loud voices and other loud noises
   b. Recognize mother by the sound of her voice
   c. Suck on his/her thumb
   d. Cry and hiccup
   e. All of the above

5. Bleeding from the vagina during pregnancy, especially if it happens in the first 12 weeks, is a possible indication of
   a. chalesium
   b. Pressure from the developing baby
   c. A big baby
   d. Miscarriage

6. Drugs can hurt a developing baby by
   a. Causing serious birth defects
   b. Retarding the developing baby’s growth
   c. Impairing the baby’s brain development
   d. A and B
   e. All of the above
7. If a mother-to-be smokes during pregnancy, the developing baby may be
   a. Born with cancer
   b. Smaller to the point that his health and life can be endangered
   c. Less smart
   d. All of the above
   e. B and C

8. A pregnant woman who drinks alcohol can damage her baby’s
   a. Looks
   b. Brain
   c. Growth
   d. All of the above

9. Which of the following can be very dangerous to the unborn baby if the mother
   gets it during the first 3 months of her pregnancy?
   a. The flu
   b. Sinusitis
   c. German Measles
   d. All of the above

Answers:

1. a
2. c
3. e
4. e
5. d (refer to note)
6. e
7. e
8. d
9. c

NOTE: Bleeding from the vagina may not be anything to worry about, but it is a
danger sign during pregnancy which should be immediately reported to the doctor.
What do we need to do to promote a healthy pregnancy during this trimester?

1. HAVE A REGULAR PREGNATAL CARE

To assure a healthy start for the mother as well as the baby, it is very important that you set up an appointment with your gynecologist or clinic as soon as you find out that you are pregnant. The doctor will perform tests to rule out any early complications. He/she will most likely prescribe vitamins and talk to you about all issues related to pregnancy.

It is also very important to have your doctor’s name, address, and telephone number with you at all times in case of complication or later on, when labor begins. You may also want to give his/her name to the father-to-be.

Note to fathers: While the mother carries the baby, fathers assume responsibility during pregnancy as well. Every doctor will be happy to answer any questions you may have. Most mothers-to-be welcome fathers to accompany them to prenatal appointments and to be part of the decision-making process regarding labor and birth. Fathers can also assist mothers by reminding them to take their vitamins and helping with transportation to appointments, etc.

Doctor’s/Clinic’s Name
Street
City/Town
Telephone #
Emergency

ACTIVITY
If you haven’t already done so, set up an appointment with your doctor or clinic.

My appointment is on:

Date________________________
Time________________________

Your doctor will schedule regular appointments. It is important that you post them and keep track of them.
2. EAT WELL DURING PREGNANCY

The food you eat supplies your growing baby with all the things s/he needs to build the whole body. Bones, organs, muscles, and the brain are formed from the food you eat while you are pregnant. It’s also good for you to remember that you, too, as a teenager are still growing. When you become pregnant, you are eating for your own health as well as the baby’s. So it is especially important for you to eat well.

How do you eat a well-balanced diet? The best way to make sure you are getting the right nutrients is to eat a variety of foods every day. To help you choose the foods you and your baby need, we have provided two charts which give you information about the different food categories and examples of foods in each of these groups, including their nutrients and recommended daily portions. We have also provided a fact sheet, which explains nutrients.

Before you turn to the charts and fact sheet, consider the following:

Mother Who Eat Well
- Are stronger for delivery
- Have a normal weight gain
- Have a better chance of being able to nurse their babies
- Are better able to deal with their emotions
- Get their figures back more easily

Babies With Mothers Who Eat Well Have a Better Chance of
- Developing needed brain cells
- Having a well-formed and healthy body
- Attaining normal weight
In order to be sure to eat right, mothers- and fathers-to-be have to be familiar with basic nutritional information. So to learn about a healthy diet, let’s start with a closer look at the four food groups.

**THE FOUR FOOD GROUPS**

**Milk and Milk Products:** Whole, skim, powdered, buttermilk, cottage cheese, ice cream, ice milk, yogurt, and other foods made with milk.

Benefits for you and your baby:
- **Calcium:** Needed to build strong bones and teeth; helps nerves and muscles work well.
- **Protein:** The building block of the body, brain, and blood; needed to build a strong body and mind and keep them healthy;
- **Vitamin D:** Helps the body use calcium; prevents rickets
- **Vitamin A:** “Good Looks Vitamin” needed for eyes, skin, hair, and normal body growth.

**Meat and Other Protein Foods:** Meat, fish, chicken, eggs, menudo, liver, pinto beans (all beans), dried peas, nuts, soybeans, chitlins, and peanut butter.

Benefits for you and your baby:
- **Protein:** The building block of the body, brain, and blood; needed to build a strong body and mind and keep them healthy;
- **Folic acid:** B Vitamin needed to help the body use iron.
- **Iron:** Needed for red blood cells, which carry oxygen through the body; prevents anemia. The baby’s body stores iron during pregnancy for use after birth.
- **B Vitamins:** Needed for healthy nerves, good appetite; helps body use other nutrients.
**Fruits and Vegetables**

**Vitamin C:**
- Oranges, lemons, grapefruit, strawberries, green chilies, tomatoes, brussel sprouts, broccoli.

*Choose at least one serving of Vitamin C each day.

**Vitamin A:**
- Green or red chilies, carrots, spinach, greens, cantaloupe, pumpkin, any dark yellow or green fruits or vegetables.

*Choose at least one serving of Vitamin A each day.

**Benefits for you and your baby:**

**Vitamin C:**
- Helps keep body healthy; needed for teeth, gums, bones, body cells, and blood vessels.

**Vitamin A:**
- “Good Looks Vitamin” needed for eyes, skin, hair, and normal body growth.

**Breads and Cereals:**

Whole grain or “enriched” bread, cereal, muffins, tortillas, rye bread, buns, rice, pasta.

**Benefits for you and your baby:**

**B Vitamins:**
- Needed for healthy nerves, good appetite; helps body use other nutrients

**Iron:**
- Needed for red blood cells, which carry oxygen through the body; prevents anemia. The baby’s body stores iron during pregnancy for use after birth.

**Water:**
- Alone or in other fluids

**Benefits for you and your baby:**
- Helps the body use the food you eat and carries wastes out of the body.
Note to fathers: This section is also important for you. While it is true that mothers carry the children, it is a father’s responsibility to help mothers eat healthy! Fathers should adjust their diets and habits, too, to support their partners.

In addition, it is important to know the following basic facts about nutrients:

Facts About Nutrients

Protein

Protein is needed for growth of new tissues of mother and baby and for repair of body cells. Extra amounts are needed during pregnancy. Proteins come from animal sources, such as meat, fish, chicken, turkey, eggs, milk, and cheese, or vegetable sources, such as cooked dried beans, peas, nuts, and peanut butter.

Fats

Foods that contain fats are high in calories. Fats supply energy and make food taste good. In addition, some fats provide Vitamins A, B, E, and K and other essentials for good health.

Fats from vegetable sources include cooking and salad oils, margarine, and vegetable shortenings, butter, bacon and lard are major sources of animal fats. Meats, poultry, fish, whole milk, and cheese contain smaller amounts of fat.

Carbohydrates

Carbohydrates include both sugars and starches, which the body changes into energy. Some starches contain minerals, vitamins, and small amounts of protein. Carbohydrates are found in breads and cereals, dried beans and peas, rice, flour, sugars and fruits and vegetables.

Minerals

Many minerals are needed to maintain good health. Here are some of them:

- **Iron** is used for building blood. Foods that are good sources of iron and other minerals include lean meat, liver, dried peas, dried beans, dark green leafy vegetables, enriched bread and cereals, dried fruits such as prunes and raisins.

- **Calcium** and **Phosphorus** are needed for the development of bones and teeth. Milk and milk products such as cheese are major sources of calcium and phosphorus and some other minerals.
**Vitamins**

Vitamins are nutrients that are needed by the body in very small amounts to help the body cells work. Each vitamin plays a different role. When daily meals do not contain enough vitamins, body cells do not develop and work properly.

**Vitamin A** must be present in the foods you eat for normal growth and normal vision. It is mainly found in dark green leafy and yellow vegetables.

**Vitamin C** is needed for healthy gums, bones, and teeth. It is found in oranges, tangerines, grapefruit, tomatoes, and dark green leafy vegetables.

**Vitamin D** works with calcium and phosphorus to develop bones and teeth and keep them healthy.

**Thiamin, riboflavin, and niacin** are B complex vitamins needed for healthy cells. Thiamin is found in whole-grain and enriched breads and cereals, meat, poultry, and eggs. Milk and cheese are particularly rich sources of riboflavin. Meat, poultry and cooked dried beans are good sources of niacin.

**Folic acid, which helps protect the body against anemia, is especially important before and during pregnancy. It is found in dark green leafy vegetables, liver, and many other foods.**

For good health your body needs small amounts of other vitamins and minerals. These are supplied by the foods that make up balanced meals.

**Food Products/Ingredients to Avoid**

You should avoid chocolate, coffee and all foods and beverages containing caffeine. It is strongly recommended that you not ingest any artificial sweeteners. That means no diet sodas! MSG (Monosodium Glutamate), which is often used in Chinese cooking, should also be avoided during pregnancy.

**ACTIVITY**

Find someone to quiz you on the information about the food groups and nutrition. How did you do?
Now that you know about general information related to nutrition, let’s take a closer look at daily requirements.

**DAILY FOOD GUIDE***

### FOOD GROUP

<table>
<thead>
<tr>
<th>Milk and milk products:</th>
<th>Size of Serving</th>
<th>Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>(4-5 servings per day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 cup</td>
<td>Milk</td>
<td></td>
</tr>
<tr>
<td>2 slices</td>
<td>Cheese</td>
<td></td>
</tr>
<tr>
<td>2 cups</td>
<td>Cottage Cheese</td>
<td></td>
</tr>
<tr>
<td>1 ½ cups</td>
<td>Ice cream</td>
<td></td>
</tr>
<tr>
<td>1 cup</td>
<td>Yogurt</td>
<td></td>
</tr>
<tr>
<td>1 cup</td>
<td>Pudding</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meat and other protein foods:</th>
<th>Size of Serving</th>
<th>Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3 or more servings per day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Eggs</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Patty</td>
<td></td>
</tr>
<tr>
<td>2 thin slices</td>
<td>Beef, pork, or lamb</td>
<td></td>
</tr>
<tr>
<td>1 leg or ½ breast</td>
<td>Chicken</td>
<td></td>
</tr>
<tr>
<td>½ cup</td>
<td>Tuna salad</td>
<td></td>
</tr>
<tr>
<td>1 cup</td>
<td>Cooked beans</td>
<td></td>
</tr>
<tr>
<td>¼ cup</td>
<td>Peanut butter</td>
<td></td>
</tr>
<tr>
<td>½ cup</td>
<td>Nuts or seeds</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fruits and vegetables:</th>
<th>Size of Serving</th>
<th>Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>(4 or more servings per day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 cup</td>
<td>Raw vegetables</td>
<td></td>
</tr>
<tr>
<td>¼ cup</td>
<td>Cooked vegetables</td>
<td></td>
</tr>
<tr>
<td>½ cup</td>
<td>Fruit juice</td>
<td></td>
</tr>
<tr>
<td>1 medium</td>
<td>Fruit</td>
<td></td>
</tr>
</tbody>
</table>
Breads and Cereals

<table>
<thead>
<tr>
<th>Size of Serving</th>
<th>Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5-6 servings per day)</td>
<td></td>
</tr>
<tr>
<td>1 slice</td>
<td>Bread</td>
</tr>
<tr>
<td>½</td>
<td>Hotdog or hamburger bun</td>
</tr>
<tr>
<td>1</td>
<td>Dinner roll or biscuit</td>
</tr>
<tr>
<td>1</td>
<td>Tortilla or taco shell</td>
</tr>
<tr>
<td>½ cup</td>
<td>Hot, cooked cereal</td>
</tr>
<tr>
<td>¾ cup</td>
<td>Ready-to-eat cereal</td>
</tr>
<tr>
<td>½ cup</td>
<td>Cooked rice, noodles, or spaghetti</td>
</tr>
<tr>
<td>1 cup</td>
<td>Popped popcorn</td>
</tr>
</tbody>
</table>

Other Foods: Vary amount eaten based on caloric (energy) needs. Margarine, butter, cooking oil, salad dressing, mayonnaise, jams/jellies

Water: 8 oz. glasses Alone or in other fluids

(6-8 glasses per day)

ACTIVITY
Evaluate your present eating habits. Do you eat food from all food groups? Do you get enough nutrients, vitamins and minerals? Why? Why not?
The following sample menus may help you in establishing a healthy daily diet.

MENU 1

Breakfast  Orange juice, read-to-eat cereal with sliced banana, milk, and toast with margarine or butter.

Snack  Glass of milk, peanuts

Lunch  Cheeseburger with bun, coleslaw, milk

Snack  Vegetable sticks with cottage cheese dip

Dinner  Tuna-noodle casserole, lettuce and tomato salad, roll with margarine, apple pie, milk

Snack  Orange

MENU 2

Breakfast  Grapefruit juice, two scrambled eggs, muffin with margarine, milk

Snack  Yogurt

Lunch  Pizza with cheese and meat, vegetable salad, milk

Dinner  Baked fish, rice spinach, milk, biscuit with margarine

Snack  Apple
YOUR DAILY MENU

ACTIVITY
Plan your own menu.

If you are pregnant, remember that you will need 300 more calories a day than women who are not pregnant.

BREAKFAST

SNACK

LUNCH

SNACK

DINNER

SNACK
THE FATHER’S DAILY MENU

ACTIVITY
Fathers, plan your menu.

BREAKFAST

SNACK

LUNCH

SNACK

DINNER

SNACK
If you need additional practice in establishing daily menus, plan meals for a week.

Test your knowledge of food and nutrition by matching the following statements with the foods listed in the right-hand column.

1. A food product which has Vitamin C          Spinach*
2. A food product which has protein           Yogurt*
3. A food product which has calcium           Beans*
4. A food product which has iron              Macaroni*
5. A food product which has Vitamin A         Whole grain enriched bread
6. A food product which has Vitamins C and A  Cheese
7. A food product which has B Vitamins and iron Eggs
8. A food product which has fats and calcium  Lean meat
9. A food product which has protein and B Vitamins Milk
10. A food product which has protein and B Vitamins Oranges
11. A food product which has protein, calcium, Vitamins A & D Peanut butter
12. A food product which has protein, iron, B Vitamins, and folic acid Juice
13. A food product which has water            Fish
14. A food product which has protein and fats  Butter
15. A food product which has fats              Broccoli

Note: Food products with (*) may contain more than the single nutrient listed.

Answers
1. orange
2. beans
3. yogurt
4. macaroni
5. spinach
6. broccoli
7. whole grain/enriched bread
8. cheese
9. eggs
10. lean meat
11. milk
12. peanut butter
13. juice
14. fish
15. butter
ACTIVITY
From the groupings provided below, select the more healthful food.
1. A pear     Bag of potato chips
2. Non-fat frozen yogurt Ice cream cone
3. Glass of milk Chocolate chip cookies
4. Cheese and crackers Strawberry milkshake
5. An apple Chocolate pudding
6. Canned fruit cocktail Fresh peaches
7. Non-fat yogurt Bagel and cream cheese
8. Carrot sticks Granola bar
9. Cream Of Wheat™ Sugared Frosted Flakes™
10. Peanut butter sandwich Hot dog
11. Canned green beans Fresh garden salad
12. French fries Baked potato
13. Hot chocolate Cottage cheese with fresh fruit
14. An orange Bag of cheese curls
15. Pizza Fluffer nutter sandwich

Answers
1. A pear     A pear has fewer calories and more nutritional value that a bag of chips
2. Non-fat frozen yogurt This is your best choice for nutrition and weight-watching
3. Glass of milk Milk has more nutritional value
4. Cheese and crackers You get calcium and protein without the sugar!
5. An apple Fruits are a necessary staple of your diet
6. Fresh peaches Always choose fresh fruits and vegetables when you can. They have no preservatives or artificial ingredients
7. Non-fat yogurt It’s a healthy way to get part of your requirements of calcium
8. Carrot sticks An alternative health food to junk food
9. Cream of Wheat™ Cream of Wheat™ has less sugar and more vitamins
10. Peanut butter sandwich A peanut butter sandwich has more protein, less salt, and if you use a multi-grain bread, more fiber
11. Fresh garden salad A fresh garden salad (with oil and vinegar, perhaps) is lower in sodium, has fewer calories and more nutritional value. Canned foods are generally high in sodium
12. Baked potato Better to get your carbohydrates without extra fat
13. Cottage cheese with fresh fruit Cottage cheese with fresh fruit has a better variety of nutrients
14. An orange An orange is a good source of Vitamin C as opposed to cheese curls which have “empty calories”
15. Pizza If you selected pizza, you’re right! Pizza gives you selections from 3 of the 5 food groups.
It is also helpful to read labels on all groceries to make sure that they are healthful and provide the nutrients you need. For example, not all cereals are healthful. Some contain a lot of sugar, artificial (chemical) ingredients or food coloring. Some fruit drinks may not contain any fruit.

Let’s look at the following two cereals. Read the information on the labels carefully and decide which one is more healthful.

**Brand A: Quaker Flavor Crunchy Rice Bran**

Ingredients: Brown rice flour with rice bran, rice bran, sugar, salt, sodium bicarbonate, and natural flavor. Vitamins and minerals: reduced iron, niacin amide B vitamin, zinc oxide, calcium pantothenate B vitamin, pyridoxine hydrochloride B Vitamin, riboflavin, folic acid, thiamine mononitrate, vitamin B 12.

<table>
<thead>
<tr>
<th>Cereal</th>
<th>With ½ cup Vitamins A &amp; D fortified skim milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>100</td>
</tr>
<tr>
<td>Protein</td>
<td>2</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>22</td>
</tr>
<tr>
<td>Fat</td>
<td>1</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>0</td>
</tr>
<tr>
<td>Sodium</td>
<td>250</td>
</tr>
<tr>
<td>Potassium</td>
<td>120</td>
</tr>
</tbody>
</table>

**Brand B: Kellogg’s Corn Flakes**

Ingredients: Corn, sugar, salt, malt flavoring, corn syrup, vitamins and minerals: vitamin C (sodium ascorbate and ascorbic acid) niacin amide, iron vitamin B6 (pyridoxine hydrochloride), vitamin B2 (riboflavin), vitamin A (Palmate), vitamin B1 (thiamine hydrochloride), folic acid, vitamin D.

<table>
<thead>
<tr>
<th>Cereal</th>
<th>With ½ cup vitamin fortified skim milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>100</td>
</tr>
<tr>
<td>Protein</td>
<td>2</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>24</td>
</tr>
</tbody>
</table>

My choice is: ____________________________________.
ACTIVITY
Go to the grocery store and practice label reading. Compare brands of food items you regularly buy.

WIC

WIC is a special food supplement program which offers pregnant women and children less than 5 years of age nutritious foods such as eggs, milk, peanut butter, cereal, etc. If you are WIC eligible, you will be given 4 vouchers per months, one for each week. It’s like going grocery shopping. Every week, you go to the grocery store and using the WIC food vouchers, pick up the food you need.

ACTIVITY
To find out more about the WIC program, call the Office of Transitional Assistance nearest you or ask your obstetrician or baby’s doctor.

3. AVOID SMOKING AND USING ANY SUBSTANCES

Pregnant women must refrain from smoking, using alcohol and drugs. Smoking and use of alcohol and drugs, (including prescription pills, inhalants, etc.) can cause serious birth defects (i.e. blindness, deformation, mental retardation) and other complications like premature delivery, low birth weight, etc. In some cases, use of substances can lead to miscarriage, still born babies, or death of an infant. It is, therefore, vital to refrain from use of any harmful substances throughout pregnancy.

During the first month as a baby develops, the use of alcohol or drugs can be devastating. It therefore, is crucial that you refrain from use of substance as soon as you think you might be pregnant.

Smoking
Smoking can cause birth defects, low birth weight and premature birth. If you are pregnant, you owe it to your child and yourself to give up smoking as soon as possible. Quitting smoking takes a lot of commitment and you have to believe you can do it for the sake of yourself and your child. The physical symptoms of withdrawal disappear relatively quickly (3 days to 2 weeks) and then you will have to work on habits and coping skills. Smoking, like most other addictions, has to be tackled one day at a time. Fathers/partners of pregnant women must be supportive of their effort to quit. If fathers smoke, they should quit as well—to help encourage mothers-to-be and because second-hand smoke is harmful to babies and children.
If you do want to stop smoking, the following organizations provide information and assistance:

Smoking Hotline 800-952-7644
American Lung Association of Boston, 1015 Commonwealth Avenue, Brighton, MA (617) 787-4501

Department of Public Health, 150 Tremont Street, Boston, MA 727-2700

**ACTIVITY**
If you do smoke, develop reasons and strategies to quit smoking.

My reasons and strategies to quit smoking are:

People who will support me:
ALL DRUGS ARE HARMFUL TO YOU AND YOUR CHILD!

Alcohol and all drugs are harmful and can often have devastating or even deadly consequences for you and your child. Children born to drug addicted mothers most often have serious birth defects and delays. Some babies are very premature and thus subject to serious complications and others may die from complications of their mother’s drug use. Mothers who abuse alcohol often give birth to children who have fetal alcohol syndrome and other problems. Unfortunately, alcohol and drugs are available in too many places. Some people may try persuading you to take drugs, or circumstances in your own life might make you more vulnerable to the temptation of alcohol and drugs. Therefore, it is essential for you to think about how you can resist and avoid drugs.

Note to fathers: Avoiding and resisting drugs is vital for fathers as well. Besides supporting the mother, fathers will be role models to their children and will have to provide for their needs. Alcohol and drugs will very much interfere with those responsibilities.

ACTIVITY
Fill out the chart below:

I will say no to drugs by:

My strategies to avoid drugs are:

If you need more information or if you think you may have an alcohol or drug problem, call:

Alcoholics Anonymous
617-426-9444
Call to find the nearest youth group

Cocaine Hotline: 800-262-2463

Narcotics Anonymous: 800-884-7709

Alateen and Alanon Family Groups: 800-356-9996
For referral to groups for partners and teenagers in families of substance abusers.
AVOID POTENTIALLY HARMFUL SUBSTANCES AND CHEMICALS

- Pregnant women should avoid handling cat litter, which may contain infectious parasites.

- Doctors also warn pregnant women to avoid touching the mucous membranes of their mouth and eyes after handling raw meat or vegetables. They should wash their hands thoroughly after touching raw meat and vegetables.

- Some chemicals in household cleaners, bug sprays and other products like hair dye may be harmful. Always read the labels for special warnings.

- Some over-the-counter medications should be avoided during pregnancy. Again always read the labels and let all medical personnel know that you are pregnant, particularly when you need x-rays or medication of any kind (including psychotropic medications for depression, bipolar disorder, anxiety, hyperactivity, etc.)

- Don’t take any medication without first asking your obstetrician.

Fathers: Help you partner in finding out which substances may be dangerous for the baby.

ACTIVITY
Establish a list with medications and household cleaners you use that may be harmful.
KEEP FIT

**Exercising** is good for your mind and body, and your baby. Exercise helps you sleep well, keeps your appetite under control and tones your muscles. Walking and swimming can be good for you during pregnancy. It is better, however, for pregnant women to stop playing rough sports like football or skiing. Ask your doctor for recommendations for exercise during pregnancy.

Fathers: Exercising together or simply taking a daily walk will be fun and healthy for both of you.

**ACTIVITY**

Establish an exercise plan according to your doctor’s advice and your preferences.

<table>
<thead>
<tr>
<th>DATE</th>
<th>EXERCISE</th>
</tr>
</thead>
</table>

TAKE CARE OF YOUR MENTAL HEALTH

Pregnancy can cause a lot of pressure on the mother- and father-to-be. Becoming a parent is a huge responsibility. You may feel overwhelmed and uncertain about your new responsibilities. You will have many questions, doubts and hopes that you will need to address. One of the best ways to reduce stress and worries is to prepare you for the upcoming challenge. You will need thorough information on childbirth, parenting, etc. to feel confident to successfully meet the needs of your child. You will also need a support system comprised of friends, family, professionals and medical personnel to assist you in preparing for parenthood. So let’s think for a minute about the people in your life who could assist you.
ACTIVITY
Establish a list of people, organizations and professionals who can help you prepare for the birth of your child.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PEOPLE/PROFESSIONALS CAN HELP WITH</th>
</tr>
</thead>
</table>

In addition, it is also important for you to work on decision-making skills so that you won’t become overwhelmed.

PLANNING FOR LABOR AND BIRTH

Mothers and fathers-to-be have to acquire information and make decisions about labor and birth.

You will have to decide whether or not you want to participate in child birth classes that will teach breathing and relaxation techniques to help you through labor. These classes are usually offered in clinics, hospitals, and doctors’ offices. If you cannot pay for them, you may receive a voucher or be able to pay a minimal fee. Mothers also have to decide who (if anybody) they would like to have stay with them while they are in labor.

Note to fathers: Many fathers decide to participate in classes and to be present during their child’s birth. If you decide that you do not want to participate, you can still help with transportation or assist in practicing breathing techniques, etc.
ACTIVITY
Research child birth classes in your area; find out the cost, dates/times, and registration deadlines.

Have you decided to enroll or participate in classes? Why? Why not?

HOSPITAL

Another issue to be thinking about is the hospital the mother will give birth in. Most doctors have privileges (are able to practice and deliver) in one or two hospitals. Therefore, you may not have a choice as to where you will deliver. Doctors strongly recommend delivery in a hospital equipped with emergency facilities rather than home delivery with a mid-wife, as the risk for you and your baby may be too high. (This is particularly true in the case of teens that are giving birth for the first time.)

ACTIVITY
Talk to your doctor about which hospital you will deliver in. Arrange for a hospital tour so you will be familiar with the facility. Establish a transportation plan for both day and night time.

Based on your research and experience, fill out the chart below:

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Transportation Plan for a.m.</th>
<th>Transportation Plan for p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Birthing Coach</td>
<td>Maternity Ward Location (name of building, floor)</td>
<td>Other Information: (important telephone numbers, medical information)</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>

Some hospitals and health insurance plans require that you register before giving birth.

**ACTIVITY**
Find out at your hospital and with your health insurance plan whether or not you have to pre-register.
PLANNING FOR OBTAINING NECESSARY BABY FURNITURE ITEMS AND CLOTHES

ACTIVITY
Establish a list of all necessary baby items including clothes and furniture you will need for the first six months.

<table>
<thead>
<tr>
<th>FURNITURE COST</th>
<th>CLOTHES COST</th>
<th>OTHER COST</th>
<th>TOTAL:</th>
</tr>
</thead>
</table>

TOTAL:  TOTAL:  TOTAL:

ACTIVITY
Research the costs of each item you listed and record each one on the chart. Take into consideration which items may be given to you or which ones you can buy cheaper at a second hand store. (Many baby items and clothes are available at a third of the original price at second hand stores. Most of them look and feel brand new!) After completing your list, estimate how much money you will need to obtain all necessary baby items.

The estimate is: $___________________.

(Total)

ACTIVITY
Based on your estimate, develop a budget/purchase plan as to how you will save for and obtain all items on your list. You may want to save for the most expensive items (e.g. crib) first. Smaller items are obtained much more easily!

Note to fathers: Whether or not you plan to be involved with your child, your financial obligations begin right here! You will have to provide financial assistance to the mother to ensure that the baby’s basic needs for food, clothing and shelter are met.
Great job! You’ve done a lot of work! Don’t forget, however, to work on skills in the caretaking, parenting and safety sections of this module.
What can we expect during the second trimester?

SECOND TRIMESTER

Let’s look at tasks, expected changes and necessary accomplishments for both the mother and father in the second trimester (3-6 months).

WHAT ARE SOME OF THE PHYSICAL CHANGES AND SYMPTOMS THE MOTHER-TO-BE SHOULD EXPECT?

The good news for those pregnant women who have morning sickness is that nausea and vomiting usually end by the third month of pregnancy. By that time your body is generally used to all the changes pregnancy brings. Also, if you have been feeling very tired, you may begin to re-coup some of your energy in the second trimester.

While your belly won’t grow significantly until the third month, your abdomen will grow larger during the fourth month and your regular clothes may not fit any longer.

ACTIVITY

You need to wear loose fitting, comfortable clothes. If you don’t have any (e.g. jogging pants, etc), you may want to go shopping for some loose fitting or maternity clothes. Keep in mind that you will grow larger and may want to buy clothes that will accommodate you in the third trimester as well. Use the following chart and take an inventory of the clothes you already have and those you’ll need to get.

<table>
<thead>
<tr>
<th>HAVE</th>
<th>Size</th>
<th>NEED TO OBTAIN</th>
<th>How Many</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pants</td>
<td></td>
<td>Pants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blouses,</td>
<td></td>
<td>Blouses,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shirts</td>
<td></td>
<td>Shirts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweatshirts,</td>
<td></td>
<td>Sweatshirts,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweaters</td>
<td></td>
<td>Sweaters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underwear</td>
<td></td>
<td>Underwear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dresses</td>
<td></td>
<td>Dresses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jacket/Coat</td>
<td></td>
<td>Jacket/Coat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Maternity clothes can be very expensive. You, therefore, may want to buy them secondhand or buy regular items in larger sizes.

Father: You can accompany the mother-to-be shopping and assist her financially in obtaining the necessary clothing.

- As you grow larger and your weight increases, you may become a little unsteady on your feet. Therefore, you should not wear high heel shoes. Instead, you need to wear flats or low-heeled shoes that give your feet more support and are less dangerous that high heels.

ACTIVITY
Take a look at your shoes and make sure that you have flat, supportive shoes. If not, you must obtain a pair.

Father: Help her in this process by accompanying her to the shoe store and assisting her financially.

- You may develop heartburn, which is a form of indigestion that causes a burning sensation in the stomach and esophagus (the portion of the digestive tract that lies between the throat and stomach).

ACTIVITY
If you have developed heartburn, eat smaller amounts of food more often. Don’t lie down after eating and stay away from fried foods and desserts. Drinking milk may also be helpful. Do not take any medicine for heartburn without consulting your doctor first.

Father: You may want to adjust your diet and eat frequent small meals with her.

- The position of the uterus puts a strain on your back, particularly later in your pregnancy, and may lead to back pain.

ACTIVITY
Try to develop the habit of standing up straight and doing pre-natal exercises. If you are not already familiar with them, ask your medical provider to show you the exercises most helpful to you.
Father: You may want to help the mother-to-be by reminding her of the importance of good posture and assisting her with exercises.

- Some women develop hemorrhoids (swollen veins around the rectum) during pregnancy. Hemorrhoids can be quite uncomfortable and painful. After you deliver the baby, hemorrhoids often go away.

**ACTIVITY**
If you have hemorrhoids, sitting in a tub of warm water will make them feel better. Tell your doctor. He/she may give you medicine to use. Remember; don’t use any medication without consulting your obstetrician first!

Father: Again remember that she will be very uncomfortable with some changes that come along with pregnancy. Talking about them and becoming educated will make it easier for both of you.

- It is common for pregnant women to be constipated (not having a bowel movement as often as you did before pregnancy).

**ACTIVITY**
If you are constipated, eat plenty of fresh fruits and vegetables. Whole grain breads, cereal, and prunes help as well. Drinking lots of water also helps you become more regular. Do not take laxatives, medicines or enemas without consulting your doctor!

Father: You can help by buying her fruit and vegetables.

- You may feel bumps and movement in your uterus during this trimester. That is the baby kicking and moving. As the baby gets larger, you will feel or even see kicks.

**ACTIVITY**
Put your hand over your belly and try to feel the baby’s movements. Don’t be alarmed if you don’t feel anything until the fifth month. That is quite normal. However, some expectant mothers feel movements earlier than that.

Father: Put your hand on her belly and find out if you can feel you child move.
WHAT CAN WE DO TO PROMOTE A HEALTHY PREGNANCY DURING THIS TRIMESTER?

• You need to continue to eat well, not use any alcohol or harmful substances, including cigarettes, and take your pre-natal vitamins. You need to continue to get plenty of rest and drink a minimum of 6-8 glasses of water a day. You also must avoid cat litter and potentially harmful cleaners, household items, paints, medications, caffeine, etc.

• You must wear loose fitting clothing and may continue with certain exercises, but stay away from dangerous sports and activities.

Evaluate your habits:

Are you continuing to eat well, rest and avoid substances, etc.?

For Fathers: Do you support the mother-to-be in maintaining healthy habits? In what way(s)?

For Fathers and Mothers: Do you need to change and/or improve some of your habits? Describe which ones and establish strategies as to how you will change.
• You must also continue to attend your pre-natal appointments regularly. Remember, it’s a good idea to write down any questions you may have and bring your list of questions to your appointments. There will be several tests and appointments scheduled for this trimester. You need to attend all of them. If you have to miss one (due to an emergency), you need to reschedule as soon as possible.

Most mothers and fathers will hear their baby’s heartbeat for the first time during their 12th or 13th week check up. It is very fast and faint; some people think it sounds like a train.

• In about the 18th week of pregnancy, many women will have an ultrasound. Prior to that, mothers- and fathers-to-be have to make the decision about whether or not they want to know the sex of the child prior to birth, because in many cases you and the ultrasound technician can see the sex of the baby on the screen.

Let’s evaluate the pros and cons of each option.

**KNOWING THE SEX OF YOUR CHILD BEFORE BIRTH**

**PROS**

**CONS**
Have you made a decision? Have you discussed your decision/preference with the father-/mother-to-be?
The decision is

During the ultrasound, the technician takes several pictures of the baby and may give you one or two. These are the first photos of your child. Also, during this trimester, doctors will perform a blood test to exclude fetal anomalies, such as Downs Syndrome or spina bifida (birth defects).

Fathers: It is important that you come along to these appointments, as they are vital to your child’s health. You can also help with transportation and establish a list of questions you may have prior to each visit. In addition, you may research additional information on the computer or in the library they may be helpful to you and the mother-to-be.

- Sometimes pregnant women may experience certain complications during pregnancy. Therefore, you will have to learn the warning signs of such complications so you can get medical attention as soon as possible.

ACTIVITY
Memorize the warning signs listed below:
Fathers: You, too should memorize these warning signs so you can be of assistance in case of possible complications.

WARNING SIGNS DURING PREGNANCY

IF YOU HAVE ANY OF THESE SYMPTOMS, CALL YOUR DOCTOR IMMEDIATELY:

SWELLING IN YOUR FACE, HANDS OR FEET
BLURRING OF VISION OR SPOTS BEFORE YOU EYES
ANY BLEEDING FROM THE VAGINA
SEVERE OR CONSTANT VOMITING
FEVER OR CHILLS
BURNING AND PAIN WHEN YOU URINATE
SHARP OR CONSTANT PAIN IN YOUR ABDOMEN
SUDDEN GUSH OR STEADY TRICKLE OF WATER FROM THE VAGINA
The more parents are prepared for labor and the caretaking of their infants, the more confident and relaxed they will be. It is important, therefore, to learn the skills necessary to help you prepare for the birth of your child. Also, look at the skills listed in the caretaking, parenting and safety sections to prepare for parenting responsibilities.

For the first trimester, we talked a lot about labor/birth and all the preparations and decisions that go along with that process. So, let’s review how you feel about giving birth before we move on.

Do you feel comfortable and prepared for labor and the birth process? Why? Why not?

If you do not feel ready, develop strategies as to how you will continue to prepare for labor and birth.
Good! Now we can move on to learning how to take care of a newborn baby. The first and very important issue we must discuss is that:

**A newborn human being is very helpless and depends completely on his parents and other caregivers for survival.**

It is, therefore, extremely important that you learn how to take care of your child and meet all of his/her needs. Your desires, wishes and needs will always have to come after those of your child. For example, if you are tired and do not feel well, you will still have to feed, change, and tend to your baby. In consequence, your life style will change a lot. In order to prepare for these changes, complete the following exercise.

**For Mothers:**

**What you might do before becoming a parent and what you do after the baby’s birth may be very different.**

**What a non-parent might do:**
Lily enjoys talking to her best friend on the telephone for hours. She does not like to be interrupted.

Her friend asks her to go to a dance with him/her on Friday evening. She accepts right away.

She enjoys listening to very loud music and cranks up the stereo often.

She likes to sleep in on Saturdays and Sundays.

She likes to buy nice clothes and often spends all her money for new outfits.

**What I will have to do as a parent:**
Can you think of 3 additional situations where your life style will change as a parent? Write them in the chart below.

<table>
<thead>
<tr>
<th>Not a parent</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation 1:</td>
<td></td>
</tr>
</tbody>
</table>

Situation 2: 

Situation 3: 

For Fathers:

What you might do before becoming a parent and what you do after the baby’s birth may be very different.

<table>
<thead>
<tr>
<th>Situation of a non-parent</th>
<th>What will I have to do as a parent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derek is putting all his money towards the expenses of his car. He enjoys riding around with his friends</td>
<td>He is trying to make the varsity football team and spends every available minute training.</td>
</tr>
</tbody>
</table>

He is offered a full scholarship to a good college out of state.
Can you think of 3 things that you do now that will have to change when you become a parent?

**Not a Parent**

Situation 1:

Situation 2:

Situation 3:

How do you feel about these changes? What are you feeling about the responsibility of taking care of a child and the fact that a baby will completely depend on you at all times?

**ACTIVITY**

It is very normal to feel excited and yet somewhat afraid and overwhelmed. Talk with people you trust about your feelings. Also, you may want to talk to other teen parents about their experiences.
COPING

As we established, parenthood can be both a wonderful and challenging experience. It is very normal for all parents to feel frustrated and overwhelmed at times. However, it is very important to deal with frustration in an appropriate way. Coping with difficult situations in a positive and productive way is essential to becoming a good parent. However, some people cope with stress negatively. For example, a smoker may smoke a cigarette, some people will eat a bag of potato chips, and others may start yelling.

Mothers- and fathers-to-be:

ACTIVITY
Examine your coping skills. Are some of the negative? Describe. What do you do when you’re stressed/frustrated?

Think about how you can replace negative coping skills with positive ones.

<table>
<thead>
<tr>
<th>Negative Coping Skill</th>
<th>Positive Coping Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your way of handling stress will greatly impact the well being of your child.

Let’s look at the following example:

Dina has a two-month-old baby. He is colicky and crises often. Dina has tried to sooth him, but nothing has worked. She has not slept well for the past three days and is very tired and frustrated.

What do you think Dina could do to handle her frustration and stress?

ACTIVITY
Can you think of situations that may be stressful to you as a parent and how you would cope with them in a positive way?

| Situation | coping |

We will continue to work on additional exercises on coping skills throughout this module to address the ongoing needs to deal with various parental and life stressors successfully.
HEALTH INSURANCE

During this trimester, you should also find out how to obtain health insurance for your child. If the mother or the father is working and has health insurance, the baby can usually go on either parent’s health insurance plan for an additional fee (even if the father is not married to the mother) or they can apply for MASS Health or the Medical Security Plan if the father and mother do not have insurance and meet the income guidelines. For information, you can call MASS Health at 1-800-841-2900.

ACTIVITY

Research how you can obtain health insurance for your child. Identify time frames and steps necessary to assure that your child will be insured once he/she is born. Fill out the chart below:

<table>
<thead>
<tr>
<th>HEALTH INSURANCE TO BE OBTAINED</th>
<th>STEPS INVOLVED (E.G., APPLICATIONS, INCOME VERIFICATION, ETC.)</th>
<th>TIME FRAME</th>
<th>COSTS (IF ANY)</th>
</tr>
</thead>
</table>

FINDING THE RIGHT PEDIATRICIAN

Next you will have to find a pediatrician. Make a list of pediatricians in your area who will accept your health insurance. You may want to call them and ask if they accept new patients. You also may want to ask people you know if they can recommend a pediatrician. Finally, if you narrowed your choice to 3, you can try to set up a meeting with a potential pediatrician to see if you like him/her. You may want to establish a list of questions to ask the doctor prior to your appointment.
Sample Questions:

Does your practice have 24-hour, 7-day-a-week coverage?

Will I always see a doctor when I schedule an appointment?

Do you have a separate waiting room for children who are sick to keep them separate from the children who are well and have check-up appointments?

ACTIVITY
What other questions would you want to ask the doctor? List them below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ACTIVITY
Choose a pediatrician based on the criteria above and write his/her name, address and telephone number below:

NAME: _______________________________
ADDRESS: __________________________________________________
TELEPHONE #:________________________
HOURS: __________________________________

Note to Fathers: You should definitely participate in the process of choosing a doctor for your child, as health care is one of the very important needs of a child.
Remember, you should choose a pediatrician **before** your baby is born. The pediatrician usually examines the baby shortly after he/she is born. Once you and your baby leave the hospital, you should schedule regular visits according to your doctor’s advice.

**EDUCATIONAL PLANNING**

Being pregnant or becoming a parent is **not** a reason to disrupt your education or drop out of high school. Actually, to continue your education becomes vital in order for you to be able to support your child. Only a good education will provide you with the skills necessary to obtain a good job. As we established earlier, you can only receive DTA benefits for a limited time before you are required to work. You should use this time carefully to continue your education. So, let’s evaluate different options that will support you in your efforts to continue your education with minimal absences.

**High School**

If you are enrolled in high school, you can continue to attend until close to your due date. As your pregnancy will begin to show this trimester, you may want to anticipate questions your peers and teachers might ask.

How do you feel about possible questions and comments by peers and teachers?
How do you think you will respond?

You may want to talk to your guidance counselor about your credits and how you will be able to make up for missed time during maternity leave. You may even consider the possibility of being home tutored during the last few weeks of your pregnancy. You may also want to talk to your gym teacher about physical education. While you may be able to exercise until close to your due date, you may not want to participate in all activities because of the risk of injury.

**ACTIVITY**

Talk to your guidance counselor and teachers about these issues and describe the results below.
You should be able to return to school 6-8 weeks after the baby is born. You may still feel tired. Try to rest as much as you can. Eat healthy foods and make use of your supports. If you feel overwhelmed or cannot finish your work on time, talk to your teachers and/or guidance counselor.

We certainly have worked on a lot of skills during this trimester. However, there is still a lot of work ahead of you! Also, don’t forget to learn skills targeted in the care-taking section!
How can we prepare for the third trimester?

THIRD TRIMESTER
PHYSICAL CHANGES A MOTHER CAN EXPECT DURING THIS TRIMESTER.

• Leg cramps are common during the last months of pregnancy because the pressure of your uterus slows down the flow of blood in your legs.

  *Suggestion:* Some things that may help are rubbing your legs, applying a heating pad or a warm water bottle and bending your foot forward with your hands. Drinking more milk can help, too.

• Lines may appear on your breasts or abdomen. These are called stretch marks. They are caused by hormonal changes and stretching of your skin. Stretch marks will turn a light color after your baby is born.

  *Suggestion:* If your skin is dry and itchy, try using body cream. Don’t scratch!

• The farther you get along in your pregnancy, the harder it might be for you to breathe. During the last two weeks of pregnancy, you might notice that it will become easier to breathe again. When the baby drops back down into the pelvis, the uterus moves away from your lungs and you get more air once again.

  *Suggestion:* If you feel shortness of breath, you can try sleeping on your left side or propped up with extra pillows. This will help the baby get more oxygen, too!

• Late during the pregnancy, you will have to go to the bathroom more often. During the ninth month, the baby drops within your pelvis. This pressure will make you feel like you need to urinate frequently.

  *Suggestion:* If you are away from your home, you may want to be aware of the location of the closest bathroom.

• While you are pregnant, the enlarged uterus puts pressure on the blood vessels and slows the flow of blood in the legs. This results in stretched blood vessels or varicose veins.

  *Suggestion:* If you have varicose veins, you can help the flow of blood in your legs by not wearing tight clothing or socks/stockings. Also, try not to sit with your legs crossed and try to move around a lot. You may find it helpful to elevate your feet and legs.

• You may feel very tired and have difficulty moving around.

  *Suggestion:* Try and get plenty of rest and at least 8-10 hours of sleep every night.
Note to Fathers: The last three months of pregnancy can put great physical strain on a mother-to-be. Make sure that you ask her how you can help.
NAMING YOUR CHILD

If you haven’t already done so, it is time to think about what you would like to name your child. If you do not know the sex of your baby, you will have to think about names for boys and girls. When picking out names, you may want to consider the following:

- A name will always be part of a child’s identity.
- Names can reflect your cultural heritage.
- Long and/or very unusual names may result in difficulty with pronunciation and may cause other children to make fun of your child.
- Naming a child is both the mother’s and father’s responsibility. Therefore, both parents should be involved in the process and agree on a name.
- Family traditions and/or religious beliefs are often reflected in names and may be of importance to extended family members.
- If you are not sure about possible names, you may want to obtain a book of names from your local library or bookstore.

ACTIVITY
For fathers- and mothers-to-be:

Make a list of your favorite names. Discuss your choices of names and narrow them down to a few possibilities.

Describe your choices below.

<table>
<thead>
<tr>
<th>MOTHER</th>
<th>FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would like to name child:</td>
<td>I would like to name child:</td>
</tr>
<tr>
<td><strong>BOY</strong></td>
<td><strong>GIRL</strong></td>
</tr>
</tbody>
</table>
If you haven’t agreed on a name, continue your discussion for the next few weeks. If you cannot agree on one name, a compromise might be for one parent to choose the child’s first name and the other parent, the child’s middle name.

**OUR CHOICE IS:**

- For a girl.
- For a boy.

If the mother and father of a child are not married, they will also have to think about whose last name the baby will have. You will be asked to provide that information for the baby’s birth certificate while you are at the hospital.

**ACTIVITY**

If you are not married, discuss whose last name the baby will have and describe the result below.

The baby’s last name will be____________________ because____________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
As you get closer to your due date, you need to make sure that you have the financial resources to obtain all the items you will need. Therefore, let’s review the budget and purchase plan you established during the first trimester.

Have you obtained any of the baby clothes, items and furniture you listed? If so, describe below.

I have obtained:

Which items do you still need to purchase/obtain?

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Amount to Save Each Week</th>
<th>Purchase Date</th>
</tr>
</thead>
</table>

Note to fathers:

Again, a reminder that the budget and purchase plan must include financial contributions from fathers.

Also, don’t forget to plan carefully for large and expensive items!
GETTING READY FOR DELIVERY

You must also learn how to recognize the signs of labor in order to know when to get to the hospital.

Fathers: You, too, should learn about the signs of labor so you can help the mother-to-be get medical assistance on time.

SIGNS OF LABOR

1. A pink or light red discharge from the vagina is a sign that labor is beginning or soon approaching. The pink or light red discharge is the plug of mucus blocking the cervix during pregnancy.

2. If you have a sudden gush or a trickle of water from the vagina (birth canal), it is a sign of the beginning of labor and you need to call your doctor immediately.

3. The start of contractions is a sign that labor is beginning. There are three parts to labor. The first part is the longest. The uterus contracts (cramps). The labor pains usually begin in the back and move to the front. Labor may last from 8 to 15 hours after the pains come regularly, about four to five minutes apart. But the birth experience will be different for each mother. Ask your doctor how to time your contractions and when you should call him/her. The contractions cause the mouth of the uterus to open and the baby’s journey from the birth canal out to the delivery room begins. The third part of labor is the shortest. It is the passage of the placenta (afterbirth) out of the mother’s body through the birth canal.

WHAT TO EXPECT DURING LABOR AND BIRTH

As stated before, labor and birth are different for every woman. Many women report the process is very painful, while others don’t think it is all that bad. Many women request pain medication or an epidural (which takes away feeling from the waist to the thighs and is given during the hardest part of labor). Others make the decision to not receive any medication. Fathers and mothers should talk to their doctor about what option may be the best for them.

In some instances, the doctor may need to perform an episiotomy, which is an incision to make the vaginal opening larger so that the baby can fit through without tearing the mother’s skin. Usually, the mother will receive a local anesthetic if she hasn’t had an epidural. An episiotomy is much less painful and heals better than a tear.

Although labor and birth are inevitably painful, giving birth is also an amazing experience. Trust yourself and your body to do what comes naturally. Rely on medical personnel and your support system to help you through.
Fathers: You may want to help the mother-to-be preparing for labor and reducing pain and anxiety by:

- Talking to the doctor about pain medication together
- Helping her in assessing her pain threshold
- Bringing/preparing relaxing music, etc.
- If you are the birthing coach and decide to be in the deliver room, you can also help her by:
  - Talking/reading
  - Holding her hand
  - Helping her with breathing and relaxation exercises

Also, be prepared yourself! Seeing somebody in pain is not easy. Plan in advance what may help you both through the delivery.

Caesarean Section

Sometimes, however, a regular (vaginal) birth is not possible and the doctor has to perform a C-section. Babies are delivered by C-section if they cannot pass through the mother’s birth canal. This happens, for example, if a baby is breech (legs down instead of head), if the baby’s umbilical cord is wrapped his/her neck and contractions restrict blood and/or oxygen flow (which can be checked by monitor), or if the mother has vaginal herpes outbreak that could cause the child to become infected and subsequently experience developmental delays or die. The doctor performs a C-section (after the mother has received an epidural) by making an incision (cut) in the mother’s abdomen/uterus and then lifting the baby out.

Apgar Score

When babies are born, medical professionals will perform a test called the Apgar Score immediately after delivery and again five minutes later. The test determines whether the baby is okay or if he/she needs medical attention. They test for color of the skin, respiration and heart rate, reflex and temperature. Many babies, when they are born, may look blue. It is also normal for both boy and girl babies to have swollen genitals for a few days after birth. All babies have a soft spot on top of their heads. So, if you notice any of these things, don’t be alarmed. They are all normal. Also, the baby’s umbilical cord will be attached when he/she is born. The father or doctor will cut it. But don’t worry! The baby won’t feel a thing.

Women who deliver vaginally usually stay in the hospital for 48 hours and recover quickly. Most women are able to take a shower 1-2 hours after birth. If an episiotomie was performed, it takes about 1-2 weeks to heal. Some who have a C-section stay in the hospital for 4-5 days. Recovery often takes several weeks, as the incision needs to heal. Women who have had a C-section also may be restricted for a certain time from climbing stairs, lifting, etc., after being released from the hospital.

Fathers: Plan to take time off from work if you can to help the mother after the delivery and to bond with your child. Many employers offer paternity leave and/or will let you
take personal/vacation days. Inform your supervisor as soon as possible about the due date.

**BREAST FEEDING**

Another decision mothers and fathers have to make is whether or not they want to have their child be breast or bottle fed. Doctors agree that unless women are infected with HIV/AIDS or take substances, including some prescription medication that can be passed on to the baby, breast-feeding is beneficial for the infant. Mothers pass their antibodies to their children and protect them from diseases while strengthening their immune system. However, breast-feeding is not for everyone. Many people think that breast-feeding is time consuming and complicated. They also feel uncomfortable and, therefore, prefer to bottle-feed. You have to decide which is best for you.

**ACTIVITY**

Evaluate advantages and disadvantages of breast/bottle feeding and establish a preference for either. Discuss the issue with the father-/mother-to-be.

Did you decide? Will your baby be breast- or bottle-fed? Why?

**CIRCUMCISION**

Circumcision is the removal of the loose fold of skin that covers the end of the penis. Although most baby boys are circumcised at birth, the parents must decide if they want circumcision for the baby or not. If you are uncertain about this decision, your doctor can help you decide.

If you have a boy will you have him circumcised? Why? Why not?
PREPARING FOR LABOR AND BIRTH
(How will you get to the hospital?)

ACTIVITIES

I. Answer True or False to the statements below. (Answers follow the questions).

1. If you have a sudden gush or a trickle of water from the vagina (birth canal), it is a sign of the beginning of labor.
2. There are more than three stages of labor.
3. Pink or light red discharge from the vagina is not a sign of labor beginning.
4. The third part of labor is the passage of the placenta (afterbirth) out of the mother’s body through the birth canal.
5. The small cut the doctor makes at the mouth of the vagina to help the baby’s birth is called an episiotomy.
6. A Caesarian birth occurs through the mother’s birth canal.
7. The length of labor is the same for everyone.
8. A common form of anesthesia given to pregnant women for delivery is the epidural.
9. All baby boys are circumcised at birth.

ANSWERS:

1. TRUE. If the bag of water breaks, go to the hospital or call your doctor!
2. FALSE. There are three parts to labor. The first part is the longest. The uterus contracts (cramps), the mouth of the uterus opens, and the baby’s journey from birth canal out into the delivery room begins. The third part of labor is the shortest. It is the passage of the placenta (afterbirth) through the birth canal.
3. FALSE. It is a sign that labor is beginning or is soon approaching. The pink or light red discharge from the vagina is the plug of mucus blocking the cervix during pregnancy.
4. TRUE.
5. TRUE.
6. FALSE. A doctor performs a Caesarian section when the baby cannot be born through the mother’s birth canal. The doctors will operate and remove the baby. S/he makes an incision (cut) in the mother’s abdomen and uterus and then lifts the baby out.
7. FALSE. Labor may last from 8 to 15 hours after the pains come regularly 4 to 5 minutes apart. But the birth experience will be different for each mother.
8. TRUE. It is given in the lower back during the hardest part of labor. The epidural takes away the feeling from the waist to the thighs.
9. FALSE. Circumcision is the removal of the loose folds of skin that cover the end of the penis. Although most baby boys are circumcised at birth, the parent(s) must decide if they want circumcision for the baby or not. If you are uncertain about this decision, your doctor can help you decide.

II. Test your knowledge of the following information. Select either “a” or “b” to match each of the statements below. (Answers to follow.)

a. True Labor Pains
b. False Labor Pains

1. You will usually feel these labor pains strongest in the front. ______

2. These usually begin in the back and move to the front. ______

3. If you walk around, these contractions (cramps) may let up. ______

4. You may find that there is a regular pattern with these contractions getting closer and lasting longer. ______

5. If you walk around, these contractions get stronger. ______

6. You may find that there is no regular pattern over a long period of time and these pains may just stop. ______

ANSWERS:

1. b
2. a
3. b
4. a
5. a
6. b

III. What Was It You Expected?

Now that you have delivered your baby, think back to your pregnancy and delivery. How would you describe the experience? Were there any surprises?
Do you have any questions now that you would like some help in answering? If so, write them here.

What advice would you give to another teen awaiting the birth of her baby?
PHYSICAL AND HEALTH CARE

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th></th>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know why babies may look blue for the first few days of live.</td>
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<td>2.</td>
<td>Know why a baby will have a soft spot on top of his/her head.</td>
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<tr>
<td>3.</td>
<td>Know that newborn babies have an inch or more of umbilical cord still attached after birth and that it will turn black and fall off by itself in the first 2 weeks of life.</td>
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<tr>
<td>4.</td>
<td>Know that it is normal for both boy &amp; girl babies to have swollen breasts &amp; genitals for a few days after birth.</td>
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<tr>
<td>5.</td>
<td>Know why a newborn human being is very helpless and depends completely on his/her parents or other caregivers for survival.</td>
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<tr>
<td>6.</td>
<td>Know what happens to a baby’s weight during the first 2 or 3 days after birth.</td>
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<tr>
<td>7.</td>
<td>Know why newborn babies, even when not crying will hiccup, shake and startle.</td>
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<tr>
<td>8.</td>
<td>Know why parents should keep track of their babies’ bowel movements.</td>
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<tr>
<td>9.</td>
<td>Know what babies are able to do at birth.</td>
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<td>10.</td>
<td>Know when babies can see clearly.</td>
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<tr>
<td>11.</td>
<td>Know what foods newborn babies can digest.</td>
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<tr>
<td>12.</td>
<td>Know how to dress babies.</td>
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<tr>
<td>13.</td>
<td>Know when parents can put their babies in bath water.</td>
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<tr>
<td>14. Know what colic is.</td>
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<tr>
<td>15. Know which sounds are comforting to babies and which are disturbing.</td>
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<tr>
<td>16. Know approximately how many times each day a baby’s diaper should be changed.</td>
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<tr>
<td>17. Know the difference between a baby spitting up and vomiting.</td>
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<td>18. Know how to take a baby’s temperature.</td>
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<tr>
<td>19. Know that infants should drink only breast milk or infant formula for the first 12 months of life.</td>
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<tr>
<td>20. Know why babies need to be on a feeding schedule and why it’s important for parents to follow it.</td>
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<tr>
<td>22. Know why cow’s milk is not recommended for infants during the first 12 months.</td>
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<tr>
<td>23. Know what baby formula is and that a variety of formulas are available.</td>
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<tr>
<td>24. Know why breast milk is the natural food for infants.</td>
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<tr>
<td>25. Know why nutrition is so essential during the first year of life.</td>
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<tr>
<td>26. Know how to hold the baby’s bottle</td>
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<tr>
<td>27. Know at what age babies should begin eating solid foods.</td>
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<tr>
<td>28. Know why babies need solid foods at this age.</td>
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<tr>
<td>29. Know which solid food is the best one to offer baby first.</td>
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<tr>
<td>30. Know why babies who are just beginning to eat solid foods should be given only one new food each week.</td>
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<td>31. Know why babies might enjoy their food better if parents mix their fruit and vegetables.</td>
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<tr>
<td>32. Know why parents should provide their babies with a varied and nutritious diet.</td>
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<tr>
<td>33. Know why it is so important for parents to follow the immunization schedule for their babies.</td>
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<tr>
<td>34. Know the names and schedule of vaccinations given to babies.</td>
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<tr>
<td>35. Know how to determine if a baby is sick and when a call or visit to the doctor is necessary.</td>
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<tr>
<td>36. Know how and when to burp a baby.</td>
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</table>
You have now completed the assessment section and identified those physical and health care skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop and, with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

**EXAMPLE**

**GOAL:** IMPROVE

**PHYSICAL AND HEALTH CARE SKILLS**

State Skill 1:  
Plan:  
When:  
Who:

To make sure my baby eats the proper foods and gets the necessary nutrients

Get information from the doctor regarding my baby’s feeding schedule – what and how often s/he should be fed.

Each time I go to an appointment

Myself

I will buy the necessary quantity and variety of food for my baby using the prepared menu.

Once a week when I get groceries

Myself and my foster mother.

Plan a menu for my baby which includes healthy snacks.

Twice a week - Sunday and Wednesday

Myself with some help from my foster mother.
GOAL: WORK ON PRE-NATAL CARE SKILL

State Skill 1: To be developed and/or improved.

Plan: How do you plan to learn, develop and improve this skill?

When: When, where, and how often will you work on this skill and by when will you have mastered this?

Who: Who will assist you?

State Skill 2: To be developed and/or improved.

Plan: How do you plan to learn, develop and improve this skill?

When: When, where, and how often will you work on this skill and by when will you have mastered this?

Who: Who will assist you?
Now that we have established that a baby will depend completely on his/her parents at all times, let’s learn about what is involved in caring for a newborn.

CARING FOR YOUR NEWBORN

In this section we will focus on skills necessary to care for your newborn, such as feeding and burping. The “Responding to Your Child’s Needs” section in this module focuses on parenting and child development of infants, toddlers and children.

Section I: Feeding

Breast-Feeding

As we discussed previously, while bottle-feeding will be fine, breast-feeding has certain advantages.

- Breast milk is the most natural food for babies
- It is easier for babies to digest.
- It has all the nutrients needed by an infant.
- It may protect against the development of allergies.
- It provides temporary protection against many diseases an infant might contract.

If you have made the decision to breast-feed, take a look at the following information.

- Talk to your doctor or nurse about how to best prepare yourself for nursing.
- Once the baby is born, you should wear nursing bras that provide you with sufficient support as nursing mothers have large and engorged breasts. Nursing bras make breast-feeding easier because of the design of the bra.
- It will take an average of three to six days after the baby is born until the milk comes in. During this time babies will feed on Cholestum liquid that is released from the breasts prior to the mother’s beginning to produce milk. Cholestum has wonderful nutrients for the baby.
- Mothers who breast-feed should try to relax and find a position they are comfortable with. Most choose a sitting up position while supporting the baby.
- Don’t get discouraged if it doesn’t work on the first, second or third try. Ask the nurses in the hospital to help you and try again.
- Women who are breast-feeding have to eat healthy food and make sure that they include calcium rich foods (milk, cheese, yogurt, etc.) in their diets. Nursing
mothers also have to eat more calories than women who are not breast-feeding and drink plenty of fluids.

- Remember that if you are breast-feeding, you will pass on whatever is in your body to your baby. Therefore, you must stay away from harmful substances such as alcohol, cigarettes, drugs, certain medications, etc. You cannot breast feed if you are infected with HIV.

- Every baby (and mother) is different. Some babies nurse every four hours for a big feeding. Other babies nurse every two hours for a smaller meal.

- Mothers should breast-feed as often as their baby is hungry. If you feel overwhelmed by your baby’s demand, your nipples are sore, or you wish to implement a feeding schedule, talk to your doctor or nurse for advice.

- Breast-feeding will not necessarily interfere with your work/school schedule. Breast milk can be pumped and stored in the refrigerator or freezer and fed by bottle later on. Also, if mothers need a good night’s sleep, dads can feed breast milk from a bottle during regular feeding times.

- Remember, your baby should be drinking only breast milk or formula until the pediatrician tells you to begin feeding his/her first food, usually rice cereal.

- It is difficult to know whether or not the baby is getting enough breast milk. Therefore, it is important to check the baby’s weight regularly. However, during the first 2-3 days of a baby’s life, he/she will lose weight.

Note to fathers: You can be very much involved in feeding your baby, even if the baby is breast-fed. You can be present while the mother is nursing.

Help her and the baby to feel comfortable.

Bottle-feed with breast milk.

Burp the baby after nursing.

Hold the baby while the mother is switching from one breast to the other.

**Activity**

Ask your doctor for additional information and a brochure on breast-feeding. Or, contact La Leche League at (617) 469-9423.
BOTTLE-FEEDING/FORMULA

You will find different kinds and styles of bottles and will have to evaluate which best meets your needs, budget and your baby’s needs.

1. Disposable bottles (with disposable nipples) containing prepared formula.

**Advantages:** Easy to use; great for travel; don’t have to be cleaned.

**Disadvantage:** They are very expensive.

2. Bottles with thin plastic liners that can be purchased in rolls.

**Advantage:** You only have to clean the nipple and bottle ring (the part that holds the nipple and liner in place).

**Disadvantage:** You have to purchase the liners to use in the bottles.

3. Plastic bottles that come in all different shapes and colors.

**Advantage:** They’re cost effective as you can reuse the bottle, nipples, and bottle rings.

**Disadvantage:** They have to be thoroughly cleaned each time they’re used.

**ACTIVITY**

Go to a supermarket and/or drug store and evaluate and compare the different kinds of bottles.

Which kind of bottle do you think will best meet your needs?

Unless you chose disposable bottles (which most people do not because they are too expensive), you have to thoroughly clean the bottles, nipples and rings before and after each feeding. You do not have to boil the bottles any more because almost all towns have clean water, free of dangerous bacteria. So, unless you have well water, you can wash bottles, rings and nipples thoroughly with hot tap water, dishwasher detergent and a brush. Use a bottle brush for the inside of the bottle, nipple brush for inside of the nipple. You also can put the bottles in the dishwasher, but use only dishwasher detergent, not any of the special rinses.
**Baby’s Choice**

*Be prepared to change your choice of nipple or bottle if your baby seems to be getting a lot of gas. Some nipples and bottles are designed to reduce gas build up for infants.*

**FORMULA**

Formula is a liquid food especially made for babies. It has about the same nutritional value as breast milk, but it does not provide protection against infant diseases. There are basically two different kinds of formula. Regular formula made of cow’s milk and protein formula made from soybeans. If babies are sensitive to regular formula and develop colic, eczema, etc., doctors often advise mothers to try soybean formula. Most babies, however, usually start with regular formula first and pediatricians usually recommend a brand. There are many different brands of formula and it is offered in various forms.

Let’s evaluate which is best.

1. Already prepared formula comes in cans or bottles.

**Advantage:** You do not have to dilute it or prepare it in any way. It is great for when you travel.

**Disadvantages:** It is the most expensive kind of formula. Also, after you open it, you have to use it within a certain period of time.

2. Concentrated formula that comes in cans. You have to add water.

**Advantage:** It is easy to prepare by just adding water.

**Disadvantage:** It is in the middle price range for formula. Once you have opened a can, you can only use it for a certain period of time.

3. Powdered formula

**Advantage:** It is the cheapest of all options. You can prepare as little or as much as you like. You can store the powder for long periods of time.

**Disadvantage:** You have to prepare it by adding water. It is not very practical for travel.

**ACTIVITY**

After evaluating this information, go to the supermarket and compare the different brands, prices and types of formula. Decide which one will be the best for your needs.
My choice is _____________________________________________________________
because _________________________________________________________________
_______________________________________________________________________.

**ACTIVITY**

Obtain a bottle and formula of your choice and practice preparing a bottle. Follow all directions carefully.

**UNUSED FORMULA**

You can store unused formula in the refrigerator. You have to cover it with wrap to keep bacteria, mold, etc. out. You should not use formula that is more than 24 hours old (even if it has been stored appropriately).

- If a bottle has been at room temperature more than one hour, you should not use it.
- Do not reuse formula left over from a feeding.

**FEEDING**

**ACTIVITY**

Talk to your doctor/nurse about how much formula you should give to your child and how often. Also, ask for advice regarding a feeding schedule. (Feed the baby at the same time each day.)

Before feeding the baby, make sure the formula is not too hot for him/her. It should be warm or room temperature for young babies. Always test the temperature before feeding and **NEVER heat bottles in the microwave**. Even though a test drop of formula feels okay to you, there may be a “hot spot” in the middle of the bottle so that when your baby sucks the formula, he/she could burn his/her mouth or esophagus.

When feeding you baby, you should always hold him/her. Holding is a way of bonding with your baby and makes her/him feel secure and loved. When you feed your baby, make sure you tilt the bottle so that the nipple is filled with formula. Also make sure that the hole in the nipple is not too big/small. Do not prop up bottles as that leads to ear infections, tooth decay, and difficulty weaning from the bottle at age one. Offer the baby the bottle only until he/she stops sucking. Do not force a baby to finish a bottle.
Note to fathers: You can and should be equally involved in preparing formula and bottles and feeding your child. It is very important, particularly during the first few months when the baby does not sleep through the night, that you take over some feedings to allow the mother to rest. It also will be an enjoyable experience that will make you feel close to your child.

BURPING

When a baby feeds, he/she will swallow air along with formula/breast milk. The air will become uncomfortable for the baby and, therefore, it is important to burp him/her. You burp a baby by placing him/her over your shoulder and gently patting or rubbing his/her back. It is also a good idea to have a cloth on hand just in case the baby spits up.

Note: Remember that infants should not eat/drink anything other than breast milk or formula. They are too sensitive and their digestive systems are not developed enough to handle anything else! Cows’ milk is not recommended during the first 12 months. Pediatricians usually inform parents when they can begin feeding their babies milk.

Sometimes food can go the wrong way and the baby will choke. This is often very frightening for parents, but it is important that you stay calm and follow the procedure described on the next page.

HELPFUL HINTS FOR FEEDING FORMULA TO BABIES

ALWAYS:

• Hold the baby in an upright position to prevent choking.

• Make sure that the nipple is full of formula. If the baby sucks in too much air, s/he is likely to spit up.

• Offer baby the bottle only until baby stops sucking. Do not force a baby to finish a bottle.

• Burp baby by placing him or her over your shoulder or lap and gently patting or rubbing the back. It is a good idea to have a cloth on hand—just in case!

• Father or other family member can also share in the feeding, thereby encouraging a child’s additional attachments.
Emergency Choking Aid for Infants

The following emergency procedures, as recommended by the American Red Cross and the American Heart Association, should be implemented if an infant suddenly cannot breathe, cough or make any sounds. Rapid transport to a medical facility is urgent if these emergency procedures fail.

1. Lay baby face down, straddling your arm, with the head lower than the chest. Support baby’s head with your hand around the jaw and under the chest. Rest your arm on your thigh. Give 4 back blows rapidly between the shoulder blades with the heel of your hand.

2. (A) If the foreign object is not relieved, carefully turn baby over. Place your free hand on the baby’s back and sandwich the baby between your hands and arms. One hand supports the chest, neck, and jaw, and the other hand supports the back, neck, and head. (B) Holding the baby between your hands and arms, turn it face up. Rest your arm on your thigh, so the head is lower than the chest.

3. Push on the chest 4 times with your fingertips—one finger width—below an imaginary line between the nipples. Your hand should come in from the side so that your fingertips run up and down the sternum, not across it.

4. If the baby is conscious, keep repeating 4 back blows and 4 chest thrusts until the object is expelled or the baby becomes unconscious.

5. If the infant loses consciousness, immediately call for emergency medical assistance (ambulance, paramedics, etc.). Place the infant back down, straddling your arm. Tilt the infant’s head back gently, open your mouth wide and make a tight seal around the infant’s mouth and nose, then give two slow breaths (1-1 ½ seconds each). The proper amount of air to give is just enough to make the infant’s chest rise. A puff of air held in the cheeks should be sufficient. If the infant’s chest does not rise, try repositioning the head to attempt to rescue breathing a second time. If the infant’s chest still does not rise, maneuvers outlined above to remove any obstruction should be repeated until an open airway is achieved or emergency assistance arrives. Check after each series of back blows and chest thrusts for an expelled object in the infant’s mouth. If you see an object, remove it with a finger. Don’t poke straight in—sweep in from the side. Do not sweep unless you see an object. Repeat until you obtain an open airway.

6. If an open airway is obtained, put your ear close to the infant’s mouth and nose. “Look” at the chest and abdomen for movement, “listen” for exhaled air, and “feel” for exhaled air flow. If there is no sign of breathing, open your mouth wide and make a tight seal around the mouth and nose of the infant. Give 1 slow breath every 3 seconds. Continue giving breaths until the baby begins breathing on his/her own, or emergency medical assistance arrives.
WHAT TO DO IF SOMEONE IS CHOKING

Heimlich Maneuver (to be used for adults and older children—approximately age 9 and up).

Method 1: Victim standing or sitting, rescuer standing.

I. The rescuer stands directly behind the victim and wraps his arms around the victim’s waist.

II. The rescuer makes a fist with one hand and places his fist thumb side against the victim’s navel and rib cage.

III. With one hand on top of the other, the rescuer places the heel of the bottom hand on the victim’s abdomen, slightly above the navel and below the rib cage.

IV. With a sharp upward thrust, the rescuer presses his hand into the victim’s abdomen.

V. The rescuer should repeat the maneuver several times until the victim stops choking.

Method 2: Victim lying face-up, rescuer kneeling.

1. The rescuer should position the victim on his back.

2. The rescuer kneels, facing the victim and straddling him with one knee on either side of the victim’s hips.

3. With one hand on top of the other, the rescuer places the heel of the bottom hand on the victim’s abdomen, slightly above the navel and below the rib cage.

4. With a sharp upward thrust, the rescuer presses his hand into the victim’s abdomen.

5. The rescuer should repeat the maneuver several times until the victim stops choking.
PHYSICAL CARE

In addition to addressing medical needs, you also have to learn how to take care of your baby’s physical needs.

Changing Diapers

It is important to change a baby regularly for his/her comfort, health, and to avoid diaper rash. A baby’s skin is very delicate and needs to be clean and dry. Therefore, you should change your baby as soon as he/she wets or soils the diaper. A newborn baby needs to be changed approximately 10 to 12 times a day. After the baby is born, his/her first bowel movement will consist of a black-green substance called Meconium. After that it will change to regular bowel movements that are yellow/brown. Most caregivers use wipes to clean the baby and ointment, such as Desitin or Balmex, to prevent diaper rash.

Note to fathers: Changing a baby’s diaper is as much your responsibility as it is the mother’s. By helping to change the baby, you contribute to your child’s health and well being. It is a misconception that changing a baby is a woman’s task. Most fathers these days share that responsibility.

Choosing the Right Kind of Diaper

There are two kinds of diapers available: cloth and disposable. Let’s look at the pros and cons of both so you can decide which kind best meets your preferences and needs.

<table>
<thead>
<tr>
<th>Cloth</th>
<th>Disposable</th>
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<tbody>
<tr>
<td>+ They are reusable, therefore, cheaper and good for the environment.</td>
<td>They are easy to use, practical, and great for travel.</td>
</tr>
<tr>
<td>- They need to be washed and are not as practical, particularly when you travel.</td>
<td>They are expensive and not good for the environment.</td>
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</table>

ACTIVITY

Evaluate the information above and choose which kind of diaper will best meet your needs.

My choice is ____________________ diapers because ____________________
______________________________________________________________.
Independent Living Skills Module V

**ACTIVITY**
Visit your local drug/department store and research the prices and brands for wipes, ointment, and diapers. Then fill out the chart below:

<table>
<thead>
<tr>
<th>MY CHOICE</th>
<th>BRAND</th>
<th>PRICE PER UNIT</th>
<th>PRICE PER MONTH</th>
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<tbody>
<tr>
<td>DIAPERS</td>
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<tr>
<td>OINTMENT</td>
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<tr>
<td>WIPES</td>
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<tr>
<td>TOTAL</td>
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Include the total expense in your budget.

**BATHING YOUR BABY**

Most parents bathe their babies daily by either giving them a sponge bath or a bath in a small baby tub. It is important for the baby to be clean, particularly in the diaper area, to avoid health problems and rashes.

**THE SPONGE BATH**

Most parents bathe their newborn babies by giving them a sponge bath because the umbilical cord is still healing. It will take about 2-3 weeks after your baby is born for it to fall off and the navel to heal. To avoid infection it is best to give the baby a sponge bath and keep the navel dry. (You may clean the navel with rubbing alcohol and/or put antiseptic on it. If the navel gets infected, you must call your doctor right away.)
Independent Living Skills Module V

You give a baby a sponge bath by placing him/her on a padded surface. Make sure that it is safe and that the baby cannot slip, roll, or fall. Then use a soft wash cloth to wipe the baby with clean, warm water before adding gentle baby soap (also called “baby bath”) to the water. Rinse the baby by using clean, warm water and a wash cloth. You usually have to wipe the soap off at least twice to make sure there are no residues.

Many people do not wash the baby’s scalp more than 2-3 times a week. When you wash the baby’s head, it is important to wash thoroughly to prevent cradle cap. Cradle cap is similar to heavy dandruff. Shampoo your baby’s head by massaging it gently with your fingertips. Just be careful of the soft spot!

*Remember, never leave your baby alone. Be sure you have all the items you’ll need for the bath before you begin!

ACTIVITY
Practice giving a sponge bath to a doll. Also, make sure to ask the nurses in the hospital to show you how to wash your baby.

THE TUB BATH

You can give your older baby a bath in a regular tub, a baby tub or the kitchen sink. Parents usually prefer a smaller tub because it is easier. Whatever type of bath, remember to be prepared ahead of time.

You will need:

• Towel
• Washcloth
• Soap
• Shampoo
• Pajamas
• Diaper
• Ointment

Never leave your baby unattended in any kind of tub, not even for a few seconds!
TIPS ON PHYSICAL CARE

Never leave your baby unattended. If you leave him or her alone even for just one minute, you may put your baby at risk for getting hurt.

Anticipate any danger or risky situations your baby may get into, such as rolling over and falling off a bed.

Make sure that your baby does not put any items in his/her mouth that are dangerous and will cause him/her to choke.

Never leave your child with inappropriate or unknown caretakers.

Remember; put your baby on his or her back to sleep.

Always place your child in an age appropriate car seat when riding in a car.

Always pick up your baby gently and put him/her down gently.

Make sure that you support the baby’s head when picking him or her up and putting him/her down.

Keep the baby’s skin and scalp clean. Use gentle baby soap and shampoo.

Use gentle baby laundry detergent to wash baby’s clothes in order to avoid rashes and allergies.

Never put cereal in your baby’s bottle.

Do not overfeed. Listen to your doctor.

If you feel tired, take a nap when the baby does.

Make sure to always dress the baby comfortably. Remember, clothing that is too tight can constrict the blood flow. Also, just as we do, babies like to be warm or cool depending on the season.

INTRODUCING SOLID FOODS

When babies are about six months old, parents can begin to introduce solid foods, usually by giving their child rice cereal. This in addition to breast milk or formula the baby is taking. Solid foods cannot replace breast milk or formula as a major source of nutrition until the baby is at least one year old. At one year of age children can begin to drink whole milk. Skim milk will not provide the nutrients and calories a child needs.
Independent Living Skills Module V

It may take your baby a little while to get used to spoon-feeding. Sometimes it is helpful to use a small spoon with rubber coating to make it easier and more comfortable for the baby to eat.

When introducing solid foods, make sure that you give your baby just one new food at a time. By giving babies just one new food, for a period of one week, you can detect any food allergies your child may have that could have uncomfortable and potentially dangerous side effects. Food allergies can cause a variety of symptoms ranging from stomachaches to severe allergic reactions, such as hives and shortness of breath.

Parents may want their babies to try different kinds of vegetables so that babies learn to appreciate those before beginning to eat fruit. Babies often prefer fruit because it is sweeter than vegetables. Subsequently, babies who are introduced to fruit first may reject vegetables.

You can buy individual vegetable and fruit jars that just need to be heated up. You also can prepare these foods yourself by cleaning, cutting, and cooking vegetables prior to pureeing them. The healthiest foods are the ones that do not have any preservatives or additives.

After giving your child fruits and vegetables, you can introduce chicken, fish and meat if you like. You also can begin to mix foods.

Please describe when, how and in which order you plan to introduce solid foods to your baby.

Do you plan to buy your baby food prepared or do you want to cook it yourself? Explain your choice.
Can you develop a sample menu for your child at age 6 months, 12 months, and 18 months, including the feeding times and average amounts?

<table>
<thead>
<tr>
<th>6 months</th>
<th>12 months</th>
<th>18 months</th>
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<tbody>
<tr>
<td></td>
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</table>
CARETAKING

ACTIVITIES

1. Myth or Fact? Test your knowledge of Physical Care Skills by answering True or False to the following statements.

1. Almost all babies, regardless of ethnic/racial origin, are not born with their permanent coloring.
2. Even if your baby develops cradle cap, you should not shampoo his head because you’ll injure the soft spot.
3. Much of the activity (sucking, yawning, fist clenching) your newborn baby exhibits is reflex action.
4. Your baby’s skull will close over the soft spot when s/he is about 18 months old.
5. You should always provide head support for a young baby when you are lifting or holding him/her.
6. You and your pediatrician shouldn’t worry if your baby doesn’t gain weight during the first 4 weeks of life.
7. When you need to take your baby’s temperature, you should place the thermometer under his/her arm.
8. You should always put your baby to sleep on his or her back.

ANSWERS:

1. TRUE. Most babies, regardless of ethnic origin, are born with smoky-blue eyes and light-colored skin because of lack of pigment (coloring matter). Gradually, eyes and skin will turn to their permanent color. (Of course, if the baby genetically inherited blue eyes, the color will remain the same.)
2. FALSE. It is very important to wash the baby’s head thoroughly to prevent cradle cap. Cradle cap is similar to heavy dandruff. Shampoo your baby’s head by massaging it with your fingertips and don’t be afraid to touch the soft spot. Touching it will not hurt.
3. TRUE. Your baby’s clenched fists, blinking, sneezing, yawning, grasping, sucking and jumping are all examples of reflex action. This means that babies are born with these abilities; they don’t need to learn them. They’re automatic.
4. TRUE. All babies have six soft spots but most people only think of the one found in the front of the head. This main spot is covered with a tough membrane, which protects it until about 18 months of age, when the bone structure grows and closes it.
5. TRUE. Since the newborn’s neck muscles are weak and the head is relatively heavy, the newborn will need a little bit of support from you for at least the first few months.
6. FALSE. After the initial weight loss period (2 or 3 days after birth), the baby’s weight gain and increase in length will be rapid during the 1st 4 weeks. The average weight gain is about one ounce each day.
Independent Living Skills Module V

7. TRUE. It is less disturbing to a baby than putting a thermometer into his/her rectum.
8. TRUE. Placing a baby on his or her back to sleep or rest will reduce the risk of SIDS (Sudden Infant Death Syndrome).

II. Babies need comfort. To a baby, comfort means having his/her needs met. When babies cry, they need something and parents, by answering their cries, can teach them a basic sense of trust. A sense of trust is the most important thing babies can learn.

How many of the following questions can you answer correctly?

A. True or False.

1. Research shows that babies who are held and cuddled often during their first months don’t cry as much at age one as children who weren’t held and cuddled when they cried as infants.
2. You should give your baby a sponge bath rather than a full bath until his/her cord falls off.
3. You cannot spoil a baby by picking her/him up when s/he cries in the early months.

B. Multiple Choice.

1. A baby cries because she may be
   a. Hungry
   b. Cold
   c. Hot
   d. Wet
   e. Uncomfortable for some other reason
   f. Lonely

2. Which is the best way to hold a baby when you’re trying to comfort her?
   a. Holding the baby upright with his head near your shoulder
   b. Bouncing her
   c. Holding the baby under your arm

3. Propping bottles is bad for your baby because
   a. Baby does not make eye contact with you while he’s eating
   b. Baby can choke
   c. Baby doesn’t get the emotional support and love he feels from being in your arms
   d. Baby can develop an ear infection
   e. Baby doesn’t get enough to eat
A. True or False

1. True.
2. True. A baby’s skin needs to be kept fresh and clean. However you have to make sure to keep the cord dry so that it will heal better. Put isopropyl alcohol around the baby’s belly button to help it dry and heal.
3. True. Experts agree that babies don’t develop a memory until late in the 1st year, so they’re not crying because they’re spoiled.

B. Multiple Choice

1. All of the answers given
2. a
3. All of the answers except e
**ACTIVITY**
Please list below all the skills you have obtained while working on the *Care Taking* section (feeding and bathing your baby).

I have learned about:

<table>
<thead>
<tr>
<th>Additional Information</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
HEALTH CARE

HYGIENE

Cleanliness is important! It helps fight disease-causing germs. It’s never too early to practice good hygiene—keeping the body and teeth clean. It is recommended that parents teach children to:

- Take daily baths and shampoo frequently
- Wash hands before eating meals, before bedtime and after using the toilet
- Brush teeth after every meal and snack

When a child is still an infant, it is a good idea to start wiping his or her gums after feedings. Children should start regular visits to the dentist between the ages of 2 and 4. If you have questions about what your child’s dental care should be, ask your dentist.

Keeping your living environment clean will help fight disease-causing germs, too. Keep in mind that the bathroom and kitchen are the places that germs are most often found and where they multiply. Make sure always to wash dishes, glassware, utensils and pots in warm sudsy water and rinse them well after each use.

Pests such as cockroaches, houseflies and bedbugs can carry disease and should be eliminated. There are a variety of products available in department stores and food stores to combat these pests. Be sure to read the labels carefully. Keep all pest control products (ant cups, bug spray, cockroach traps, mouse traps, etc.) away from children. Remember, these are poisonous materials! Protect children from accidental poisoning.

IMMUNIZATIONS

Children should be immunized to protect them against these very serious diseases:

- POLIO
- MEASLES
- RUBELLA
- DIPHTHERIA
- PERTUSSIS
- TETANUS
- MUMPS
- HIB DISEASE
- HEPATITIS B
- VARICELLA-ZOSTER VIRUS

See following chart—“Child’s Immunization History” for ages at which immunizations must take place. (MMR=Measles, Mumps, Rubella)
### SYMPTOMS

<table>
<thead>
<tr>
<th>Disease</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POLIO</strong></td>
<td>Fever, headache, upset stomach, sore throat, muscle pain and stiffness</td>
</tr>
<tr>
<td><strong>HIB</strong></td>
<td>Fever, headache, stiff neck, convulsions, and severe sore throat.</td>
</tr>
<tr>
<td><strong>MEASLES</strong></td>
<td>Fever, red spots, chills; can lead to pneumonia and brain damage.</td>
</tr>
<tr>
<td><strong>RUBELLA</strong></td>
<td>Slight fever and rash.</td>
</tr>
<tr>
<td><strong>PERTUSSIS</strong></td>
<td>Coughing fits; can lead to pneumonia.</td>
</tr>
<tr>
<td><strong>TETANUS</strong></td>
<td>Muscle aches, headaches, breathing and heart problems.</td>
</tr>
<tr>
<td><strong>DIPHTHERIA</strong></td>
<td>Sore throat, fever, chills and blocked windpipe.</td>
</tr>
<tr>
<td><strong>HEPATITIS B</strong></td>
<td>Acute fever, loss of appetite, nausea, and malaise (feeling awful), muscle aches, sometimes a rash in young children.</td>
</tr>
<tr>
<td><strong>VARICELLA</strong></td>
<td>Generalized rash and mild fever.</td>
</tr>
</tbody>
</table>

*Ask your doctor for advice regarding the need for immunizations for flu, typhoid, yellow fever and other diseases.*

### HEALTH CARE SCHEDULE

Regular medical appointments are very important to a child’s health. Most doctors follow the Project Good Health Medical Protocol and Periodicity Schedule for regular check-ups.
## (C) EPSDT – Medical Protocol and Periodicity Schedule.

<table>
<thead>
<tr>
<th>SCREENING PROCEDURE</th>
<th>Infancy</th>
<th>Early Childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Newborn</td>
<td>1 Mo</td>
</tr>
<tr>
<td>PHYSICAL EXAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial/Interval History</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Physical Exam</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSICAL ASSESSMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional Assessment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Developmental Assessment: Physical</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cognitive</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Language</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hearing Screening/Testing</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Vision Screening/Testing</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dental Assessment/Referral</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cancer Screening</td>
<td>AR</td>
<td>AR</td>
</tr>
<tr>
<td>Health Education/Anticipatory Guidance</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>PUBLIC HEALTH SCREENS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization Assessment/ Administration</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lead Toxicity Screening: Verbal Risk Assessment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Blood Lead Testing</td>
<td>AR</td>
<td>O&gt;</td>
</tr>
<tr>
<td>Tuberculosis Screening</td>
<td>AR</td>
<td>AR</td>
</tr>
</tbody>
</table>

| LAB TESTING   |         |         |        |        |        |        |        |        |        |        |        |       |
| Hct/Hgb       | O>   | --    | --    | --    | --    | --    | <O   | X    |        |        |        |       |
| STD-Related Labs | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   |
| Other Labs    | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   | AR   |

- **X** = required at this age
- **O>** -- **<O** = required once during indicated interval
- **AR** = required for patients at risk
### SCREENING PROCEDURE

<table>
<thead>
<tr>
<th></th>
<th>Infancy</th>
<th>Early Childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHYSICAL EXAM</strong></td>
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<td></td>
</tr>
<tr>
<td>Initial/Interval History</td>
<td>X</td>
<td>X X X X X X X X</td>
</tr>
<tr>
<td>Comprehensive Physical Exam</td>
<td>X</td>
<td>X X X X X X X X</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>X</td>
<td>X X X X X X X X</td>
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<tr>
<td><strong>PHYSICAL ASSESSMENTS</strong></td>
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<tr>
<td>Nutritional Assessment</td>
<td>X</td>
<td>X X X X X X X X</td>
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<tr>
<td>Developmental Assessment:</td>
<td></td>
<td></td>
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<tr>
<td>Physical</td>
<td>X</td>
<td>X X X X X X X X</td>
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<td>X</td>
<td>X X X X X X X X</td>
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<td>Language</td>
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<td>X</td>
<td>X X X X X X X X</td>
</tr>
<tr>
<td>Hearing Screening/Testing</td>
<td>AR</td>
<td>AR X AR X AR X AR X AR X AR</td>
</tr>
<tr>
<td>Vision Screening/Testing</td>
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<td>Dental Assessment/Referral</td>
<td>AR</td>
<td>AR X AR X AR X AR X AR X AR</td>
</tr>
<tr>
<td>Cancer Screening</td>
<td>AR</td>
<td>AR AR AR AR AR AR AR AR AR AR AR AR AR</td>
</tr>
<tr>
<td>Health Education/Anticipatory Guidance</td>
<td>X</td>
<td>X X X X X X X X</td>
</tr>
<tr>
<td><strong>PUBLIC HEALTH SCREENS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization Assessment/</td>
<td>X</td>
<td>X X X X X X X X</td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Toxicity Screening:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Risk Assessment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Blood Lead Testing</td>
<td>AR</td>
<td>AR</td>
</tr>
<tr>
<td>Tuberculosis Screening</td>
<td>AR</td>
<td>AR AR AR AR AR AR AR AR AR AR</td>
</tr>
<tr>
<td><strong>LAB TESTING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hct/Hgb</td>
<td></td>
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</tr>
<tr>
<td>STD-Related Labs</td>
<td>AR</td>
<td>AR AR AR AR AR AR AR AR AR AR AR</td>
</tr>
<tr>
<td>Other Labs</td>
<td>AR</td>
<td>AR AR AR AR AR AR AR AR AR AR AR</td>
</tr>
</tbody>
</table>

- **X** = required at this age
- **O> ----<O** = required once during indicated interval
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DOCTOR’S VISITS

Preparing yourself and your child for a visit to the doctor can make the appointment more pleasant and productive. Consider the following preparations for regularly scheduled medical appointments.

- Explain to your child what the visit is for and what will happen so the child won’t be frightened.
- Prepare questions for the doctor ahead of time.
- Provide information on the child’s past illnesses, family history and behavior.
- Request or ask about tests for lead, cholesterol or other potential health problems.
- Never use the threat of a visit to the doctor as a punishment.

When to call the doctor.

ACTIVITY
Do you know when parents should call the doctor?
Alexis’ four-month-old son, Cameron, has a rash on his arms and legs and has a temperature of 101°. What would you do?

Jim’s 2-½ year old daughter, Allison, has had diarrhea since yesterday. She does not have a fever and feels okay otherwise. What should Jim do?

Rene’s one-year-old son wakes up at midnight screaming. He feels very hot and sweaty. When Rene takes his temperature, he has a fever of 104.5°. What would you do?
Samuel’s son, Jeremy, age 3, seems to have difficulty running. It almost looks like he is limping with his left leg. When Sam asks him if his leg hurts, he says “no”. However, he continues to run funny. What should Sam do?

Wennel’s daughter, 7-month-old Augusta, is teething. She is cranky and irritable. She is running a slight temperature and seems to be in pain. Her gums look slightly inflamed. What would you do?

What symptoms or conditions would prompt you to call the doctor?

You and your doctor will have a better relationship if you can talk things over and understand each other’s concerns.

When you notice any of the following symptoms, you must call your doctor:

- Any severe fall
- Head injury
- Prolonged vomiting and/or diarrhea
- Rash in or around diaper area that doesn’t clear up
- Blood in urine or stool
- Cold or flu symptoms (cough, runny nose, fever, rash)
- Fever
- Unexplained swelling of joints, glands, or in any other body areas
- Noticeable changes in eating or sleeping habits, skin color, body temperature or bowel/bladder routines
- Continual pulling on ears or rubbing eyes
- Rashes
- Sores in mouth or white coating on tongue
- Sudden or repeated episodes of crying, crankiness or moodiness.

Remember to be extra alert for these symptoms until a child is able to talk and tell you where it hurts!
YOUR MEDICINE CABINET

You must also have certain medical supplies in a safe place (a place that is out of reach by a child) to respond to first aid needs or to take care of a minor illness.

FEVER THERMOMETER

You need a thermometer to take your child’s temperature. The normal temperature of a child should be around 98.6 degrees. If a child has a higher temperature, he/she has a fever which is always a sign of illness. There are different kinds of thermometers. The most common and cheapest is a mercury/glass thermometer that can be difficult to read. It is numbered in degrees and many are marked to differentiate between the normal and elevated temperatures.

ACTIVITY

Practice reading a glass/mercury thermometer by placing it in a glass with warm, lukewarm and cold water. Record each temperature:

<table>
<thead>
<tr>
<th>Warm</th>
<th>Luke Warm</th>
<th>Cold</th>
</tr>
</thead>
</table>

Now take your own temperature. What is the reading? ______________

Note: When using this type of thermometer, always make sure that you shake it down before taking the baby’s temperature.

Place the tip of the thermometer under the baby’s armpit. Make sure that there are no clothes between the thermometer and baby’s armpit. Hold the baby’s arm against his/her chest. It will take up to 4 minutes to get the most accurate reading, but you can get an idea as to whether or not the baby has a low, moderate or high fever after approximately 2 minutes.

You can also buy digital thermometers that are used in the same way. They are, however, more expensive and often not very reliable.

Note: Taking the baby’s temperature in the rectum is disturbing to the baby and often uncomfortable for the parent. Taking a baby’s temperature in the mouth is not an option because the baby is too young and not able to cooperate.

The newest kind of thermometer available is a digital ear thermometer that is used by placing it into the baby’s ear for a very brief period of time. While this kind of thermometer is probably the most practical, it is also the most expensive.
ACTIVITY
Go to the pharmacy and research the various kinds of thermometers available and get the one that best meets your needs.

INFANTS/CHILDREN’S FEVER MEDICATION

If your child has a temperature, you should always contact your doctor as it is an indication of illness and/or infection. Doctors often recommend that you give the child medication to lower the child’s temperature. If you cannot reach your doctor, you still may want to give your child medication, carefully following the directions on the label to bring down his/her temperature. For babies under age two, your pediatrician will have to decide how much medication is appropriate.

Particularly high fevers can be very dangerous to babies and children as they can cause convulsions. If your child has a high fever, over 104 degrees, you must contact your doctor or hospital immediately. Also don’t over dress your baby if he/she has a high temperature. Since the goal is to reduce his/her body temperature to normal, too many clothes will do the opposite and add warmth.

**DO NOT PUT A BABY/CHILD WITH A FEVER IN A COLD/LUKE WARM BATHTUB AS HE/SHE MAY GO INTO SHOCK!**

ACTIVITY
Visit your drugstore and obtain children’s fever medication. Read the directions carefully and fill out the chart below.

<table>
<thead>
<tr>
<th>AGE</th>
<th>Dosage</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
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<td></td>
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<tr>
<td>6 months-12 months</td>
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<td></td>
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<tr>
<td>12 months-24 months</td>
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<tr>
<td>2-3 years</td>
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<tr>
<td>3-4 years</td>
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</table>

SYRUP OF IPECAC

Syrup of Ipecac is used incase of poisoning or accidental indigestion of harmful substances. It causes the child to vomit. (For more information refer to the poisoning/safety section). But, do not use Syrup of Ipecac unless you have contacted your pediatrician or the Poison Information Center and they instructed you to do so!
Independent Living Skills Module V

ACTIVITY
Visit your drugstore and obtain Syrup of Ipecac. Read the label and directions carefully and record your findings in the box below:

BANDAIDS – TWEEZERS – GAUZE PADS – TAPE - ANTISEPTIC LOTION OR CREAM

Minor cuts and scratches must be washed with soap and water. You may want to use an antiseptic cream prior to covering the cut/scratch with a Band-Aid. You must contact your doctor for larger cuts and wounds, or cuts on the face or close to the eyes.

In case of a burn, put cold water on the affected area as quickly as possible. Do not use Vaseline on a burn. Contact the doctor if the burn blisters.

ACTIVITY
Visit the drugstore and obtain all items listed above.

TWEEZERS

You will need tweezers to remove splinters from the surface of your baby’s skin. For impacted splinters, it will be necessary to contact your doctor.

VASELINE/Q-TIPS

You will need Vaseline and Q-Tips for skin care purposes.
Independent Living Skills Module V

ACTIVITY
Obtain Vaseline and Q-Tips

Can you think of additional items you may need for your medicine cabinet? If so, list them below:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
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</tbody>
</table>

ACTIVITY
It is important to know what kind of over-the-counter medication parents may use to treat certain symptoms. Go to your local drugstore and obtain information necessary to fill out the chart below:

*Read the labels and warnings carefully!*

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Medication</th>
<th>6 mo.</th>
<th>12 mo.</th>
<th>2 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea/Stomach cramps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
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<tr>
<td>Cold</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Teething</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Rash</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
SAFETY

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th></th>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know why a baby’s crib should not be placed next to a window.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Know why the mattress should fit snugly next to the crib.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Know why plastic materials should not be used as mattress covers.</td>
<td></td>
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<tr>
<td>4.</td>
<td>Know why a baby needs a crib with safety latches and locks.</td>
<td></td>
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<tr>
<td>5.</td>
<td>Know why the slats in a baby’s crib should be no wider than 2-3/8 inches apart.</td>
<td></td>
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</tr>
<tr>
<td>6.</td>
<td>Know when to place and remove bumper pads.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Know when to remove mobiles and crib toys.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Know why a baby’s crib shouldn’t be left near an open window.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Know why a baby should not be left alone on a bed or changing table.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Know why young parents must baby-proof their home and how to do it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Know why baby bottles should not be heated in a microwave.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Know how to protect a baby from burns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Know which toys are safe for babies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Know why some foods are not safe for babies to eat.</td>
<td></td>
<td></td>
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<tr>
<td>15.</td>
<td>Know why tying a pacifier on a string around a baby’s neck is very dangerous.</td>
<td></td>
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<tr>
<td>16.</td>
<td>Know why it is dangerous as well as illegal for babies to ride on someone’s lap in the car.</td>
<td></td>
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<tr>
<td></td>
<td>17. Know what to do in case there’s a fire in your home.</td>
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<tr>
<td>---</td>
<td>-------------------------------------------------</td>
<td>---</td>
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</tr>
<tr>
<td></td>
<td>18. Know what to do if your child has swallowed a poison.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You have now completed the assessment section and identified those safety skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop and, with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

**EXAMPLE**

**GOAL:** IMPROVE SAFETY SKILLS

State Skill 1:  

<table>
<thead>
<tr>
<th>Plan:</th>
<th>When:</th>
<th>Who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To child-proof my living space</td>
<td>To child-proof all electrical outlets by purchasing and installing outlet plugs.</td>
<td>1 hour a day for the next 2 weeks</td>
</tr>
<tr>
<td></td>
<td>To secure all household cleaners and other potentially harmful substances out of reach in locked places.</td>
<td>1.5 hours a day for the next 2 weeks</td>
</tr>
<tr>
<td></td>
<td>To child-proof all cabinet doors by purchasing and installing appropriate devices.</td>
<td>1.5 hours a day for the next 2 weeks</td>
</tr>
</tbody>
</table>
GOAL: WORK ON PRE-NATAL CARE SKILL

State Skill 1:
To be developed and/or improved.

Plan:
How do you plan to learn, develop and improve this skill?

When:
When, where, and how often will you work on this skill and by when will you have mastered this?

Who:
Who will assist you?

State Skill 2:
To be developed and/or improved.

Plan:
How do you plan to learn, develop and improve this skill?

When:
When, where, and how often will you work on this skill and by when will you have mastered this?

Who:
Who will assist you?
SAFETY

CAR SAFETY

Children under the age of five and up to 50 pounds must always be strapped into a car seat. Infant seats usually face the rear and are only designed to protect small babies. Older babies, toddlers, and young children ride in car seats that face the front. NEVER hold your child on your lap while the car is in motion, not even for one second! It can cost your child his/her life.

All car seats should be placed in the back seat of the car. Older children must use seat belts and sit in the back seat of the car.

HOME SAFETY

ACTIVITY

It is important to make your home as safe as possible for your child. Below is a list of questions which will help you determine just how childproof your home is. Circle the word that best describes your home.

<table>
<thead>
<tr>
<th>Kitchen safety</th>
<th>Yes</th>
<th>No</th>
<th>Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are coffee, hot liquids and hot foods placed out of your child’s reach -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not at the edge of a counter or table, not on a tablecloth which could</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>be pulled down?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are cleaning supplies stored beyond your child’s reach?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are cleaning supplies stored separately from food?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are food treats and other eye-catching items stored away from the stove?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are vitamins and medicine stored beyond your child’s reach?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Children like to imitate adults taking medicine.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you use extra care when heating foods for and around your child?</td>
<td></td>
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</tr>
<tr>
<td>Do you turn pot handles toward the back of the stove, test temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of heated/microwave foods before feeding them to your child, or keep your</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>child in a safe place while you are cooking?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are knives and other sharp objects kept out of your child’s reach?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bathroom Safety</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Are electrical appliances (radio, hair dryer, and space heater) used in</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>your bathroom? (These can cause serious electrical shock or death if</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>they are plugged in and fall into a tub of water while your child is in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the water. They should be out of the bathroom or unplugged, away</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from water, and beyond your child’s reach.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Does an adult always watch your child while in the tub? (Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>can drown in a few inches of water within seconds. They can be</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>burned by turning on the hot water by themselves.) *Never leave your</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>child alone in the tub to answer the phone or doorbell!</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. Is your home’s hot water adjusted to a safe temperature? Make sure to prevent tap water scalds.

**Child Area Safety**

11. Are accesses to windows blocked so your child can’t fall out?

12. Are toddler gates used at the top and bottom of stairs? (Do not use accordion-type gates; they can cause strangulation and death.)

13. Does the crib mattress fit snugly? (A loose-fitting mattress can cause strangulation or limb injuries. There should be no more than 2 fingers’ distance between the mattress and the crib railing.)

14. Are crib slats 2 3/8 inches or less apart? (Your child could be caught or strangled between bars that are greater than 2 3/8 inches apart.)

15. Does the toy chest have a lightweight lid, no lid or a safe closing mechanism? (A dropping lid can cause suffocation or head/back injuries.)

16. Do windows have screens that are secure?

**General Safety**

17. Does your house or apartment have 2 unobstructed exits (in case of a fire or other emergency)?

18. Are electrical, extension and appliance cords in safe condition, not frayed or overloaded?

19. Are electrical cords beyond your child’s reach?

20. Are plants placed out of your child’s reach? (Some plants are poisonous.)

21. Are all space heaters approved, in safe condition and inaccessible to your child? (Heaters should be stable, have a protective covering, and be placed at least 36 inches away from curtains, papers and furniture.)

22. Is your wood-burning stove in safe condition and inaccessible to your child?

23. Are stairs, protective walls, railings, porches and balconies sturdy and in good condition?

24. Is hall and stairway lighting adequate to prevent falls?

25. Does your house or apartment have any loose, chipping or peeling paint? (Children can be poisoned by lead paint.)

26. Can your child get into the basement?

27. Can your child get into the garage?

28. Are pools on your property or in your neighborhood protected from use by unsupervised children?

**Safety Supplies**

29. Do you have a working smoke detector properly placed?

30. Do you have a Massachusetts Poison Center phone number or sticker on your telephone?

31. Do you have safety latches or locks on cabinets and drawers that are within your child’s reach and contain any potentially dangerous items?

32. Do you have shock stops in all unused electrical outlets? (These can keep your child from sticking an object into an exposed outlet or sucking on an exposed extension cord outlet.)

33. Do you have a working fire extinguisher?
### Safety Practices

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. Have you developed and practiced a fire escape plan in your home?</td>
<td></td>
</tr>
<tr>
<td>35. Are matches and lighters kept out of your child’s reach?</td>
<td></td>
</tr>
<tr>
<td>36. If you smoke, do you safely dispose of cigarette butts and matches?</td>
<td></td>
</tr>
<tr>
<td>(Careless smoking is the leading cause of fire deaths in Massachusetts.)</td>
<td></td>
</tr>
<tr>
<td>You should put cigarettes out in a large, deep ashtray and then dump</td>
<td></td>
</tr>
<tr>
<td>the contents in the toilet. No smoking in bed or when under the influence</td>
<td></td>
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<tr>
<td>of alcohol or medication! Check stuffed furniture for cigarette butts</td>
<td></td>
</tr>
<tr>
<td>before going to bed.</td>
<td></td>
</tr>
<tr>
<td>37. Are pocketbooks with vitamins, birth control pills, cigarettes,</td>
<td></td>
</tr>
<tr>
<td>matches, jewelry and calculators (which have easy-to-swallow button</td>
<td></td>
</tr>
<tr>
<td>batteries) kept out of your child’s reach?</td>
<td></td>
</tr>
<tr>
<td>38. Have you secured area rugs? (On wood, ceramic tile or linoleum floors,</td>
<td></td>
</tr>
<tr>
<td>area rugs can cause any one to slip and fall. Secure rugs with a piece</td>
<td></td>
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<tr>
<td>of foam carpet backing, double-sided tape or rubber pad. You can buy</td>
<td></td>
</tr>
<tr>
<td>these items at many carpet and department stores.)</td>
<td></td>
</tr>
<tr>
<td>39. Do you keep stairs clean?</td>
<td></td>
</tr>
<tr>
<td>40. Do you use rubber mats or no-skid stickers in the bathtub?</td>
<td></td>
</tr>
</tbody>
</table>

### HOUSEHOLD PLANTS

Many plants in the United States are poisonous and, for preschoolers, plants are a common cause of poisoning. If some plant parts are eaten, they can cause a skin rash, stomach upset or even death.

Knowing that household plants can pose a real danger to children; test your knowledge of poisonous versus non-poisonous plants by completing the exercise below.

**Directions:**
Classify each plant listed as either SAFE or POISONOUS by placing a check mark in the appropriate column.

<table>
<thead>
<tr>
<th>Plant</th>
<th>SAFE</th>
<th>POISONOUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Begonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Azalea</td>
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<td></td>
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<tr>
<td>3. English Ivy</td>
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<td></td>
</tr>
<tr>
<td>4. Mistletoe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Holly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Spider plant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Daffodil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Buttercup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Choke cherry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Jade plant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Boston fern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. African violet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Autumn cross</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. Laurel
15. Lily-of-the-valley
16. Tobacco
17. Rubber plant
18. Hyacinth
19. Hydrangea
20. Rhododendron
21. Rhubarb leaves

Remember, even a plant that is not poisonous can make your child sick if s/he eats too much of it. Keep young children away from all plants and teach them not to put plants, fruits and berries in their mouths.

Answers
1s,2p,3p,4p,5p.6s,7p,8p,9p,10s,11s,12s,13p,14p,15p,16p,17s,18p,19p,20p,21p.

For complete information on poisonous and safe plants, check library books, garden and florist shops, or the Arnold Arboretum in Boston at (617) 524-1718.

**LEAD POISONING**

What is lead poisoning?
- Lead poisoning is caused by eating, chewing, or sucking on lead-painted objects such as window sills, railings, toys, furniture, jewelry or printed material. Other sources include contaminated soil or dust and fumes created by home renovation and sandblasting. The risk of lead poisoning is increased by normal hand-to-mouth activity in young children.
- Too much lead in the body can cause serious damage to the brain, kidneys, nervous system, and red blood cells. High levels can cause retardation, convulsions, coma and sometimes death. Low levels can slow a child’s normal development and cause learning and behavioral problems.
- Children living in older urban areas where housing is often poorly maintained are most commonly affected. However, children of people who work with lead on the job and children living in older homes under renovation can be affected, too. Children whose diets do not provide enough calcium or iron can also be at increased risk.
- Most children have no symptoms, and when symptoms appear, they are often similar to common childhood complaints such as headaches, irritability, and tiredness, lack of appetite and stomach aches. Because these symptoms are not specific, parents and physicians may not suspect lead poisoning. A blood screening test is the only sure way to detect lead poisoning.
Check out the painted surfaces in your home:
- Window wells and sills
- Door frames and sills
- Walls
- Woodwork
- Floors and stairs
- Porches, outbuildings
- Railings and banisters
- Toys and play equipment
- Pipes and fixtures
- Furniture

Tips to prevent lead poisoning
- Have your child screened regularly
- Permanently cover lead-based paint on chewable surfaces
- Wet-mop dusty surfaces with tri-sodium phosphate (TSP), available in hardware stores
- Wash your own child’s hands frequently
- Wash infant teething toys frequently
- If you work with lead on the job, shower and change clothes before you go home
- Provide well-balanced meals, low in fat and high in iron and calcium
- Get your soil tested
- Plant gardens away from painted structures and busy roads
- Learn the risk factors and sources of lead poisoning
- Inform relatives and friends about lead poisoning

For more information about lead poisoning, call the Massachusetts Department of Public Health Childhood Lead Poisoning Prevention Program at 800-532-9571

POISONING

Making your home child safe—avoiding accidental poisoning
- Be sure that all the medicine you buy (aspirin, cough syrup, prescription medication, etc.) is packaged in childproof containers.
- Keep all medicine, even vitamins, stored in a medicine cabinet that is locked or latched and placed above a child’s reach.
- Store all cleaners and other potentially dangerous poisonous substances in their original containers in a locked cabinet.

Keep these substances away from food. Place them on a high shelf—above a child’s reach.

EMERGENCY CARE
Massachusetts Poison Information Center
Greater Boston Area—232-2120  Other MA areas—800-682-9211
Keep a bottle of ipecac syrup in your medicine cabinet. The Poison Information Center may advise you to give the syrup to a poisoned child. This causes the child to vomit. **Do not give the syrup to a child unless the Center or a doctor tell you to do so; it can be dangerous to use this substance with some poisons.** Vomiting is not always the best treatment for poisons! You can buy syrup of ipecac without a prescription, for about two dollars at drug stores.

**What to do if you think a child may have been poisoned**

1. Open the child’s mouth and remove any remaining pills, pieces of paint, etc.
2. Take the child and the poison or container to the telephone. **Do not give the child anything to eat or drink (not even water, milk, or syrup of ipecac) until you call your doctor or the Poison Information Center.**
3. Call the Poison Information Center. Trained medical staff are available 24 hours each day to give you free treatment advice.

You will be asked the following information:

- Age of the child
- Weight of the child
- Name of substance swallowed
- Amount swallowed

*Remember, call for medical advice before giving the child anything to drink.*

**TIPS FOR TOY SAFETY**

- Most toys are labeled for ages of children. Before buying a toy, check to see if it is age appropriate.
- Do not allow your child to play with electrical toys that have frayed or loose wires. These toys should be thrown away if repairs would cost too much. Check to make sure that all electrical wiring states **UL Approved**.
- Toys with sharp points, jagged edges and rough surfaces are extremely dangerous. Don’t buy them!
- If your child is on a riding toy, keep him or her away from stairs, porches, cars and pools.
- Check all toys to make certain that they do not have small detachable parts that could be swallowed or get stuck in your child’s throat, nose or ears.

**Check All Toys for These Hazards**

- Sharp spikes or pins that have become exposed if your child has pulled the toy apart.
- Long cords or strings on toys. If the cord is longer than 12 inches, cut it shorter.
- Squeakers or other noise makers that are not attached to the toy and that could be removed and swallowed.
• Caps, guns and other toys that produce a very loud noise and could damage your child’s hearing.
• Buttons, nuts, bolts and clamps that are loose.

FIRE SAFETY AND PREVENTION

Did you know that most fatal fires occur when people are sleeping, usually between midnight and 6 am?
It’s true! This is one reason why it’s so important to have smoke detectors/alarms in your home/apartment. They will wake you when there’s a fire, giving you time to escape. People who don’t have smoke detectors may not wake up in time to escape the killing heat, smoke and flames of a house fire.

Most fire deaths occur from smoke inhalation not burns. As a house fire burns, it gives off toxic gasses, usually carbon monoxide, which can kill.

Smoke detectors are one of the most important life-saving devices you can own. Every home/apartment should have at least one smoke detector. Under Massachusetts law, landlords must provide smoke detectors in a building with three or more apartments. In some cities, such as Boston, all homes/apartments must have smoke detectors.

Fire extinguishers can be used to put out small fires and can help clear an escape route. Don’t waste time trying to put out a house fire; that’s the firemen’s job. Your job is to escape.

Multi-purpose fire extinguishers are important household safety devices. The extinguishers labeled “ABC” are the best ones to buy; they can put out most fires—wood, paper, cloth, flammable liquids and electrical wires/appliances.

If your bedroom is above the first floor and you don’t have a fire escape outside one of your bedroom windows, you should have a fire escape ladder. Should the stairway ever be blocked by fire, you’ll have an escape route through the window. Fire escape ladders are collapsible and can be stored in a closet or under the bed.

You should always sleep with your bedroom door closed should a fire occur, the closed door will temporarily hold back the heat and the smoke.

Plan your fire escape route and have practice fire drills regularly.

Protect your baby from a fire! Buy flame retardant baby clothing and bedding materials. They may save your baby from much pain and disfiguring body scars—even save her/his life.
**Fire escape tips:**
If you are in bed when a fire occurs, do not sit up and jump out of bed. The air temperature at level of the bed will be cooler (although it will probably be warmer than 100° F) than the air a few feet above the bed (probably 200° F or more).

Fire officials recommend that you **roll from the bed to the floor**. Temperatures will be lowest there. Then crawl along the floor where the air will be less smoky and the heat less intense. **Cover your nose and mouth with a cloth**, a wet cloth, if possible. **Touch the door before you open it**. If it’s hot, don’t open it. Use another escape route. If it’s cool, brace your shoulder against the door and open it slowly. Be ready to slam it if smoke or heat rush in.

**Get Out Quickly!**

Don’t waste time trying to put out the fire.
Call the fire department.
Get dressed.
**Leave the house!**
**Every second counts!**

If you cannot escape through the door, use the window. If you’re on the first floor, you’re in luck. If not, choose a window that overlooks a ledge or roof that you can climb onto and wait for help to arrive.

Remember, if you sleep above the first floor and do not have a fire escape stairway outside one of your bedroom windows, you should have a fire escape ladder. If no ladder available, straddle the window sill by putting one leg out the window and keeping the other inside for balance.

Keep your head outside and wait for help.

**If your clothes ever catch on fire, remember to**
**STOP** —Stop where you are. Do not run.
**DROP**—Drop to the ground or floor and cover your face with your hand.
**ROLL**—Roll to put out the flames.
INFANCY

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th></th>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know that infants are completely dependent on their caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Know at what age babies will giggle, cough and mimic what adults and children around them are doing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Know when a baby’s first tooth may appear.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Know why teething can be a painful experience for babies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Know how to support a baby when I pick him/her up.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Know at what age babies can hold their heads up.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Know that loud noises and sudden moves will startle a baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Know why it is important to respond to your baby’s needs promptly and without delay.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Know how to distinguish different types of cries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Know why it is important to bond with a baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Know that natural feeding and sleeping schedules will develop.</td>
<td></td>
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</tr>
<tr>
<td>12.</td>
<td>Know that it is important to talk, sing and read to a baby.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Know that I must hold and cuddle a baby.</td>
<td></td>
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<tr>
<td>14.</td>
<td>Know that babies cry to communicate a need.</td>
<td></td>
<td></td>
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<tr>
<td>15.</td>
<td>Know how to comfort a baby.</td>
<td></td>
<td></td>
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<tr>
<td>16.</td>
<td>Know that babies who cry continuously despite efforts to comfort them may be sick or have colic.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. Know that it is important to give my child a lot of love and attention.

18. Know that fathers should exhibit nurturing behaviors.

19. Know that babies are very aware of their environment.

20. Know how to cope with frustrations and stress.

21. Know whom I can ask for help if I feel overwhelmed or need a break.

22. Know that appropriate stimulation is important for your baby’s development.

23. Know that infants enjoy things such as contrasts, soothing music and different textures.

24. Know that parental interactions are more important than toys.

25. Know that infants must not be disciplined.

26. Know that infants can digest only breast milk or infant formula during the first 4-6 months of life.

27. Know when it may be safe to begin feeding a baby his/her first food—rice cereal.

28. Know that babies’ skin is very sensitive and that they should not be exposed to sunlight for too long or they will get sunburn.

29. Know that I should not use sunscreen on my baby until he/she is at least 6 months old.
You have now completed the assessment section on “Infancy” and identified those skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop and, with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

**EXAMPLE**

**GOAL:** IMPROVE PARENTING SKILLS FOR MY CHILD DURING INFANCY

<table>
<thead>
<tr>
<th>State Skill 1:</th>
<th>Plan:</th>
<th>When:</th>
<th>Who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To bond with my baby.</td>
<td>To hold and cuddle my baby.</td>
<td>As often as possible when appropriate</td>
<td>Myself and baby’s father</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To respond to my baby’s needs.</td>
<td></td>
<td>As often as s/he needs without delay</td>
<td>Myself and baby’s father</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To talk and sing to my baby.</td>
<td></td>
<td>Everyday during waking hours</td>
<td>Myself and baby’s father</td>
</tr>
</tbody>
</table>
# GOAL: WORK ON PRE-NATAL CARE SKILL

<table>
<thead>
<tr>
<th>State Skill 1: To be developed and/or improved.</th>
<th>Plan: How do you plan to learn, develop and improve this skill?</th>
<th>When: When, where, and how often will you work on this skill and by when will you have mastered this?</th>
<th>Who: Who will assist you?</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State Skill 2: To be developed and/or improved.</th>
<th>Plan: How do you plan to learn, develop and improve this skill?</th>
<th>When: When, where, and how often will you work on this skill and by when will you have mastered this?</th>
<th>Who: Who will assist you?</th>
</tr>
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</table>
RESPONDING TO YOUR CHILD’S NEEDS AND BEHAVIORS

Experts agree that babies are born with some behaviors, cognitive abilities, and personality traits. However, experts also agree that much of a child’s behavior, personality and even intelligence is shaped by the child’s environment and particularly influenced by parents and caretakers. Therefore, parents have to be very much aware of the environment they create for-and how they relate to-their children. From the first day of a child’s life through adolescence, our children respond to the kind of stimuli, structure, attention, feedback and love we provide to them. While some of the developmental needs of children, such as nurturing, safety and security stay the same throughout childhood, other needs such as play activities, discipline and interaction with peers will change. In the following section, we will work on learning the skills necessary to respond to all of your child’s needs at different developmental stages. We will also work on developing insight and understanding of the way children feel and think during various ages.

INFANCY

APPEARANCE AND COMMON BEHAVIORS

Infants and young babies usually seem to be primarily occupied with their immediate need for sleep and food. Particularly during the first few weeks and months, babies sleeping and eating patterns are not developed, and they may feed and sleep at all hours. Infants are startled by loud noises or sudden movements and respond favorably to calm voices and soft music. They cannot differentiate between colors, but enjoy contrast, such as black and white. Their memory is not developed which leads to the “out of sight-out of mind” effect that will continue until the baby is approximately 18 months old. The most common reason that babies cry is to communicate to their parents that they have a need, such as hunger and lack of comfort. They can suck on a bottle, pacifier or finger and they will observe their immediate environment during waking hours, quite intensely at times. However, even though babies at this age do not seem to be impacted much by their environment or parental responses, they very definitely are!

NEEDS

These first few months of a child’s life are extremely important and will impact his/her development all the way into adulthood. During these first months, the child will develop a foundation on which his/her future interpersonal interactions and perceptions of the world will be built. The brain of a newborn is actually very active and, contrary to the appearance of a young baby, he/she is responding to the world around him/her. One of the baby’s main developmental needs during this stage is to learn to trust. The famous child psychologist, Erikson, classified this time as the “trust versus mistrust” stage. Developing trust during this time is so important because it functions as a vital foundation for all positive human interaction. If a child does not develop a solid sense of
trust, he/she is much more likely to experience difficulty in establishing relationships with peers and adults as he/she gets older and is more likely to have trouble getting along in the world. These children who do not develop trust are also less likely to be happy and successful as adults.

Babies develop much of the necessary trust by having their caregivers respond to their needs in an appropriate and timely way. If a baby is hungry and communicates that to a parent by crying, it is important that that parent responds to that need by feeding the child as soon as possible. If a child is not feeling well, he/she will need to be cared for and comforted. When a child’s diaper is wet or dirty, he/she needs to be changed promptly. If a parent does not respond to the baby’s needs, the child will perceive that his caregivers are not reliable and the world around is unpredictable. He/she will not trust that his/her caregivers will take care of him/her. Therefore, it is important to understand what your child is trying to tell you when he/she is fussy or cries and that you respond appropriately.

Does your baby have different types of cries? Can you distinguish between them? What are they for? Can you describe them using the space below?

**Hunger:**
Type of cry?
When does it usually occur?
How do you respond?

**In need of a diaper change:**
Type of cry?
When does it usually occur?
How do you respond?

**Illness**
Type of cry?
When does it usually occur?
How do you respond?

**Need for attention/loneliness**
Type of cry?
When does it usually occur?
How do you respond?

Can you list additional situations when your baby is trying to communicate a need?
While some pediatricians recommend that parents should establish a set schedule and have their children adjust to such a schedule by letting them cry until the scheduled time for feeding or sleeping, many pediatricians and parents believe that it is much healthier for children to respond to their needs without delay. Often natural routines and schedules will result from these responses.

To develop trusting relationships and to bond with your baby, it’s also very important to hold, cuddle and comfort your baby as much as possible. It is an old fashioned belief that you will spoil your baby by giving him/her too much attention and love. No child will be spoiled or negatively influenced by lots of attention and love! Quite the contrary—children who were not held and cuddled as babies do not do as well later on as children who were.

Evaluate how much love and attention you give to your child. Do you hold him/her often? Do you hug, kiss and cuddle your baby?

It is also important that you know what comforts your baby. Babies obviously are not capable of processing spoken language and understanding explanations like older children can do. Therefore, it is important to comfort babies in a way that meets their developmental needs. While you should always comfort your child when he/she is communicating a need, you should also engage in comforting activities even if you child is not crying or fussing. Remember, providing comfort to your child will help him/her bond with you. Help your child feel secure and let the child know that you love him/her.

How do you comfort your child?

Here are some suggestions for comforting your baby:

- Hold your baby in a snuggly position so he/she can hear the familiar sound of your heartbeat and feel secure and close to you.
- Play soft music.
- Rock your baby.
- Snuggly wrap your baby in a blanket.
- Hold baby and walk him/her around the house.
- Take baby for a ride in the carriage.
- Calmly sing or talk to your baby.
- Put your baby in a baby swing.
- Take baby out for a ride in the car.

**Note to fathers**

It is an old fashioned belief and a misconception that nurturing and comforting babies and children is a “woman’s thing.” Fathers are just as important in providing love and attention to their children as mothers. Also responding to your baby’s needs by holding and cuddling him/her will not turn your baby into a spoiled and whiny child. Children who were comforted a lot as babies and young children are usually much more secure and confident than children who were not.

Usually, when babies’ needs for food and comfort are met, they will be content and stop crying/fussing. However, if we misinterpret what the baby was trying to tell us with her crying, then the crying will, no doubt, continue. When this happens with your baby, you need to think about what else might be wrong—maybe your baby has painful gas in his stomach or may be she is not feeling well and getting sick. If your baby’s needs have been met (he/she is fed, dry, comfortably warm and feels secure) and the baby does not respond to your attempts to comfort him/her and continues to cry and fuss, he/she may be sick. You may want to take the baby’s temperature and call the pediatrician.

Some babies who suffer from colic often continue to cry despite our efforts to comfort them because they are in pain. If you think that your baby may have colic, call the pediatrician.

If your baby does not respond to all your efforts to comfort him/her what would you do? What other things should you try or check?
STRESS

If a child continues to cry and attempts to comfort him/her do not work, parents can become stressed and frustrated. While it is quite normal to feel this way, it is very important for a parent to learn how to deal with these feelings.

Consider the following:

- **Marybeth** has a three-month-old son, Devin. Devin has colic and cries often. Her pediatrician told her that there was little she could do and that eventually he would get better. Marybeth tries to do everything she possibly can to comfort him. She rocks him, carries him, sings to him, and takes him for a ride in the baby carriage. But nothing helps. He just continues crying and crying. Today he has been screaming for hours and Marybeth feels herself getting angry and frustrated. She starts thinking to herself that she just wants him to be quiet for one minute and that she can’t take this any longer.

What do you think is going on with Marybeth? What do you think she should do? What kind of advice would you give her for the future?

- **Ian** has a five-month-old son, Michael. Ian attends a community college and has one more final exam tomorrow before he will receive his Associate degree in engineering. He is kind of nervous about tomorrow’s exam because he has not studied for it all that much. Now, just as he sits down to begin studying for the test, Michael wakes up from his nap and starts to cry. Ian changes Michael’s diaper and feeds him and then tries to put him down again so he can go back to his studies. But as soon as Ian sits down, Michael begins to scream again. Ian makes sure that he does not have a temperature and picks him up and rocks him, but he just does not stop crying. Even though Ian doesn’t have much time to study, he decides to take his son for a car ride to comfort him. Ian feels lucky. As soon as they hit the road, Michael is fast asleep. However, when they get back home and Ian lifts him out of the car, Michael begins to scream again. Now Ian is really getting frustrated. He brings Michael into the house and puts him in the swing. Ian tries to study while Michael is still screaming. Ian tries to concentrate but can’t learn anything because of Michael’s crying. Ian is getting very upset and starts pacing the room. He feels like he is going to explode.

What do you think is going on with Ian? What do you think he should do? What advice would you give him for the future?
SUPPORTS

Often in this kind of difficult situation parents may need to rely on supports to manage stressful times. Unfortunately, some teen parents may be afraid to tell others that they are frustrated or angry because they fear that people may think that they are not good parents. However, it is important to remember that every parent will get frustrated with his/her children at one time or the other. As stated previously, while it is quite normal to occasionally feel that way, it is very important that we learn how to deal with these feelings in a manner that is not harmful to the babies.

It can be very helpful to talk about frustrations and to seek help in a timely fashion. Because when frustrations build up, people are much more likely to do something irrational and potentially harmful and dangerous to their children. Out of control anger or frustration can damage your baby forever. Many babies who end up with serious injuries or “shaken baby” syndrome had caretakers who never intentionally wanted to hurt hem, but who could not deal with their frustration and anger. Parents who are aware of and can talk about their feelings, who are able to utilize their support system and have developed coping skills, are much more likely to deal with even the most difficult situations safely and successfully.

ACTIVITY

Evaluate how you deal with frustration and anger.

Can you describe situation and events that can make you frustrated and angry?
________________________________________________________________________
________________________________________________________________________

Do you talk about these feelings with someone? __________

Whom can you talk to?
________________________________________________________________________

How do you cope with these kinds of situations?
________________________________________________________________________
________________________________________________________________________
What kind of additional things may be helpful to you in dealing with these kinds of feelings in the future?
________________________________________________________________________
________________________________________________________________________

What kind of strategies may be helpful for you in trying to prevent yourself from getting upset?
________________________________________________________________________
________________________________________________________________________

**STIMULATING YOUR CHILD’S DEVELOPMENT**

As stated previously any kind of interaction that promotes the development of trust for your baby is very important. As your child grows, it’s also essential to continue giving your child love and attention; this is how a happy, solid parent-child relationship builds. As your baby becomes more aware of the world around him, it is important to provide him with the opportunities to explore his world safely. For babies, this begins with his looking around. Once babies can hold up their own heads, it is important to provide them with an opportunity to see their world. Babies who were born prematurely, however often cannot lift up their head as early as full term infants. To assure that these babies will meet their developmental needs you may want to use early intervention services to learn how to help your child meet that need.

Use the chart below to keep track of activities and interactions that promote these kind of developmental milestones.

<table>
<thead>
<tr>
<th>Type of interaction/activity</th>
<th>Frequency</th>
<th>Meets developmental need of:</th>
</tr>
</thead>
<tbody>
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TOYS/PLAY

Another important element of a child’s development is toys and play. Too often, however, parents/relatives/friends go overboard in buying toys for infants and very young babies. Many of these toys will not contribute to a baby’s development.

Young babies are stimulated by and interested in contrasts, such as black and white. Young babies also like mirrors and different textures. They like soft music. (Actually some psychologists believe that listening to classical music will positively impact a baby’s intelligence and ability to learn.)

But most of all babies like you! They like to be held and study your face. They like to hear your voice when you speak to them, read to them and sing to them. These kinds of things are much more important than all the toys in the world!

DISCIPLINE

Infants and babies do not have any need for discipline. As stated earlier in this section, some people may think that it is important to put their children on a rigid schedule for eating and sleeping so that it will make life easier. Some believe that immediately responding to a baby’s needs will spoil him. However, most people believe that children must develop their own schedules and that responding to your child’s needs rather than spoiling them will provide them with a sense of security while creating a parent/child bond that will have positive effects for a life time.
CHILDREN LEARN WHAT THEY LIVE

They learn to feel guilty.

If children live with tolerance,
They learn to be patient.

If children live with encouragement,
They learn confidence.

If children live with praise,
They learn to appreciate.

If children live with fairness,
They learn justice.

If children live with security,
They learn to have faith.

If children live with approval,
They learn to like themselves.

If children live with acceptance and friendship,
They learn to find love in the world.

Dorothy Law Nolte
OLDER BABIES/TODDLERS

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th></th>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know at what ages babies learn how to sit, stand, crawl and walk.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>Know what cruising is and when babies do it.</td>
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<tr>
<td>3.</td>
<td>Know how and when to wean a baby off the bottle.</td>
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<tr>
<td>4.</td>
<td>Know when to switch from breast milk and formula to cow’s milk.</td>
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<tr>
<td>5.</td>
<td>Know at what age babies can begin to feed themselves.</td>
<td>☐</td>
<td>☒</td>
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<tr>
<td>6.</td>
<td>Know at what age toddlers usually begin to talk.</td>
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<td>☒</td>
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<tr>
<td>7.</td>
<td>Know why it is important to create safe and stimulating environments.</td>
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<td>☒</td>
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<tr>
<td>8.</td>
<td>Know why babies exhibit a tremendous curiosity during the 9-15 month stage and will explore everything.</td>
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</tr>
<tr>
<td>9.</td>
<td>Know the pros and cons of walkers and playpens.</td>
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</tr>
<tr>
<td>10.</td>
<td>Know why it’s important to talk to babies and read to them.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>11.</td>
<td>Know when babies begin to learn the concept of cause and effect.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>12.</td>
<td>Know what “stranger anxiety” is and when babies may develop it.</td>
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<td>☒</td>
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<tr>
<td>13.</td>
<td>Know the best/safest way for toddlers to descend stairs.</td>
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</tr>
<tr>
<td>14.</td>
<td>Know why toddlers need less sleep than infants do.</td>
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<td>☒</td>
</tr>
<tr>
<td>15.</td>
<td>Know how to enjoy playing with my child.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>16.</td>
<td>Know how to use supports and ask for help if I need a break.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>17.</td>
<td>Know the difference between discipline and punishment.</td>
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</tbody>
</table>
18. Know why toddlers need firm guidance combined with permission to explore a safe environment.

19. Know why positive reinforcement (using rewards) encourages good behavior more effectively than punishment.

20. Know how to discipline a child without hitting him/her.

21. Know the importance of the relationship between discipline and consistency.

22. Know what kinds of toys and activities toddlers enjoy.

23. Know at what age toddlers are likely to display temper tantrums.

24. Know why active play-running, climbing, jumping, swinging and leaping around are all necessary for a toddler’s development.

25. Know why routines are important.

26. Know how to cope with frustration and stress.

27. Know how to set appropriate limits without punishment.

28. Know that toddlers enjoy playmates.

29. Know when and how to approach potty training.

30. Understand why toddlers enjoy books with bright and simple pictures.
You have now completed the assessment section for “Older Babies and Toddlers” and identified those skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop and, with your team, write down your plan of action. Remember, once you accomplish these goals, you can go back to your assessment tool and select new goals to build your new skills.

**EXAMPLE GOAL: IMPROVE PARENTING**

State Skill 1: **To learn how to cope with stress and frustration**

**Plan:** To establish a list of people I could ask for support if I am stressed and frustrated.

**When:** Two times a week for 1 hr for two weeks

**Who:** With my TLP staff

State Skill 2: **Establish scheduled times when I can rest and take care of myself, e.g. when the baby is napping.**

**Plan:** Establish scheduled times when I can rest and take care of myself, e.g. when the baby is napping.

**When:** Twice a week for 30 minutes for 3 weeks

**Who:** Myself and my TLP staff

State Skill 3: **Develop strategies on how to reduce stress and relax, e.g. exercise, breathing**

**Plan:** Develop strategies on how to reduce stress and relax, e.g. exercise, breathing.

**When:** Once a week for 1 hour for 4 weeks

**Who:** With my TLP staff and other teen parents in groups
GOAL: WORK ON PRE-NATAL CARE SKILL

State Skill 1:  
To be developed and/or improved.

Plan:  
How do you plan to learn, develop and improve this skill?

When:  
When, where, and how often will you work on this skill and by when will you have mastered this?

Who:  
Who will assist you?

State Skill 2:  
To be developed and/or improved.

Plan:  
How do you plan to learn, develop and improve this skill?

When:  
When, where, and how often will you work on this skill and by when will you have mastered this?

Who:  
Who will assist you?
OLDER BABIES/TODDLERS

APPEARANCE AND COMMON BEHAVIORS

Your baby’s appearance and behaviors will change constantly during the first months and years of his or her life, and he/she will develop new skills rapidly. During the first few years of life, your baby will achieve many milestones. However, keep in mind that every baby develops at his/her own pace.

By the end of the first year, babies can usually sit up, crawl and grasp things. They can put things in their mouths and pull themselves up to a standing position. Some babies may actually begin to take their first steps while others will still need a few more months before doing so. Babies this age sit in a high chair and enjoy watching others around them. Before their first year is over, babies will have grown their first teeth and will have learned to rely on their five senses and to communicate through crying and smiling. Also, at around 12 months of age, babies will have to begin to transition from the bottle to a cup, a process which can be quite difficult for some babies because bottles can provide a sense of comfort. Babies this age know their own names and simple words; they can even babble. They certainly recognize you and other familiar caregivers and may develop a fear of strangers. They will also mimic what children and adults do around them, such as giggle and cough.

Babies between 9 and 15 months develop a distinct sense of curiosity and want to explore their environment constantly. Babies this age will also explore the connection between cause and effect. For example, they will throw toys from the playpen to see what will happen to them. Babies also begin to develop a personality and may, for example, not go to bed as willingly as they did before. Many babies this age will begin to sleep through the night with little disruption.

All of these developmental milestones are special events in your life and your baby’s. Often when children are older they will ask you when they got their first tooth or took their first step. To be prepared for these questions, you may want to use the chart below to keep track of these events. Many parents actually keep a special baby book for their children where they record these milestones and report any special or funny stories that may have happened during these first years of their children’s lives.

Describe any changes in your baby during the first 6 months.

How did his/her behavior change?
What new things did he/she learn?

Can you recall any special, amazing or funny events that happened during this time?

Can you describe any changes in your baby during the 6 to 12 month stage of his/her life?

How did his/her behavior change?

What new things did he/she learn?

Can you describe any special, amazing, or funny things that happened during this time?

You can also use the activity below to record your baby’s significant milestones as they occur. We left room for you to include a few descriptive words you may want to record with the milestone.
By the end of the second year, babies graduate to the toddler stage of development and can stand alone, walk, climb, run and jump. Their fine motor skills have developed as well. They can hold a crayon, clap their hands, put blocks on top of each other and throw a ball. They can feed themselves, drink from a cup and begin to dress themselves. They continue to be very curious and explore their environment. They understand simple requests and can communicate by using single words and short word combinations.

Toddlers enjoy being around other children but often just observe. Sometimes two toddlers will play side by side, pretty much ignoring each other. At other times, they may play together. When they do join in, they may explore playmates like they would objects. Toddlers are very busy learning about themselves and are very self-absorbed. Consequently, toddlers are usually not capable of responding to anything but their own needs. So, concepts such as sharing toys should be introduced at a later time when your child will be better able to understand why he should let other children play with his toys.

Toddlers are very attached to their parents and caregivers and may develop a fear of strangers. They also may be quite devoted to comforting and familiar objects, such as a special teddy bear or blanket.

Usually by 18 months of age babies will begin to remember events and the “out of sight-out of mind” state transforms into the ability to establish mental pictures and images. Children this age will move from being completely dependent on their parents to learning to understand that they are their own person and, as they do, they will gradually become slightly more independent. Toddlers will begin to separate from their parents more easily, but will consistently return for reassurance. They will also begin to test limits at this developmental stage. That is why many parents describe this stage as the beginning of the “terrible two’s”.

As your child continues to grow and develop, you probably will want to record all of your baby’s milestones. So much happens during this time that if you don’t write it down, you might forget some details.
Describe any changes in your baby from 12 to 18 months.

How did his/her behavior change?

What new things did he/she learn?

Can you recall any special, amazing or funny events that happened during this time?

Describe any changes in your toddler from 18 to 24 months.

How did his/her behavior change?

What new things did he/she learn?

Can you describe any special, amazing or funny things that happened during this time?
You again may want to use the chart below to record significant milestones.

<table>
<thead>
<tr>
<th>My baby’s name: ___________________________</th>
<th>Date of birth: _____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>My baby’s first playmate was:</td>
<td>___________________________</td>
</tr>
<tr>
<td>My baby’s first sentence was:</td>
<td>___________________________</td>
</tr>
<tr>
<td>My baby’s favorite toy is:</td>
<td>___________________________</td>
</tr>
<tr>
<td>My baby first ran and jumped at age:</td>
<td>___________________________</td>
</tr>
<tr>
<td>My baby’s favorite food is:</td>
<td>___________________________</td>
</tr>
<tr>
<td>My baby’s favorite song is:</td>
<td>___________________________</td>
</tr>
<tr>
<td>My baby’s favorite activity is:</td>
<td>___________________________</td>
</tr>
<tr>
<td>My baby’s favorite story/book is:</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

**NEEDS**

Children need lots of love and attention during their toddler years just as they did during infancy. It’s important, therefore, that parents continue to respond to their toddler’s needs readily as children this age continue to develop trusting relationships and bonds with their caregivers.

**Routines**

Natural schedules developed in response to the baby’s needs should have developed at this time. Routines are very important to children this age as they provide a sense of predictability and security for children. You can establish routines for many different parts of a child’s life. Bedtime routines, for example, are important to all children. These routines consist of a sequence of events that are repeated over and over again in the same or similar ways. A bedtime routine, for instance, can begin with a bath; continue with the reading of a story, the singing of a lullaby before possibly ending with a prayer and being tucked in with the favorite teddy bear or blanket.

Describe routines you have developed with your child in the space below:

Our daily routines are:
Our weekly routines are:

Traditions

In addition to routines, traditions are also of great importance to children. How you celebrate birthdays and holidays year after year will provide a sense of connection and family tradition that will be important to your child for the rest of her life. In addition, traditions are a great means of teaching your child about his cultural roots and heritage. You can begin to establish these traditions with your child from toddler age on.

*Can you think of traditions you would like to establish with your children? Can you also think of special ways that you would like to celebrate holidays and birthdays with your child?*

Learning and Exploration

Older babies and toddlers have to learn many new skills to become more independent. They will have to be confident enough to explore new things and try to accomplish new tasks. It is important for parents to allow children to explore while always accommodating safety needs. It is equally important to provide an opportunity for your toddler to get reassurance and security in between his explorations. He will respond to smiles, praise and positive reinforcement which will give him the confidence to venture out again. If parents do not provide an opportunity for this kind of learning, their children may develop skills at a slower rate and have less self-confidence than those children who receive positive support for their learning explorations. Continued lack of this support and encouragement for children may lead to low self-esteem and learning anxiety.
Evaluate what kind of a learning environment you create for your child to meet his/her developmental need. Do you let your child explore while keeping him/her safe? What do you do to provide reassurance to your child?

Sometimes it may be difficult to allow your child to explore. However, keep in mind that your child will have to learn in order to be able to function and adjust to his or her environment. Consider the following:

**Maggie** has a 22-month-old daughter, Juliette. Maggie does not feel well and her daughter wants to try to pick up a glass with juice to take a sip. The last time she tried to drink out of a glass instead of her sippy cup, she spilled all the juice over herself and the carpet. Despite the mess, Juliette was very proud that she was able to get a sip before she spilled the rest. Maggie is not sure what to do.

*What advice would you give to Maggie? Should she let her daughter try again?*

**Bill** is at the playground with his son, Lucas, who is 23 months old. The last time they went to the playground Lucas bumped his head when he went down the slide. He cried a little but was fine. Today the first think Lucas wants to do is go down that same slide again. Bill does not know what to do. He wants to be responsible and does not want Lucas to get hurt again. But he also does not want to spoil his fun and thinks that he will probably learn to go down the slide without hurting himself. *What advice would you give to Bill? How would you handle a situation like this?*

**Setting Limits**
As we stated previously, during the toddler stage, as a child becomes more independent and develops his or her own personality, s/he will also begin to test limits. Toddlers test limits to learn. Therefore, the responsibility of parents is to teach and to allow their child
to learn in the best possible ways. Consistent limits help a child learn and feel safe while exploring because someone is watching and caring. It is important for parents to understand that toddlers who test limits, have temper tantrums and do not follow their parents instructions are not “bad” or “naughty”. They simply do what they have to in order to accomplish the developmental task of becoming more independent. So, once your child is capable of moving around and exploring his or her world, you will have to think about how you want to set limits.

In other words, you need to think about how you want to teach your child. A child’s way to learn and a parent’s way to teach must be adjusted to the child’s age and ability. For example, an 18-month-old child is probably too young to be disciplined through “time-out” (to sit a child in a chair for designated time out space in the same room with a parent for a short period of time, usually not longer than 1 or two minutes for a toddler). However, a two-year-old may benefit from this kind of limit setting.

Another part of this thought process must include what it is you would like to teach your child, such as “the stove is hot” and simple social interactions, or “hitting other children is not good.” Regardless of what you would like to teach your child, it is important that he/she know that even if she misbehaves you always love him/her without conditions.

Use the following chart to establish what you would like your child to learn and how you would teach him/her through limit setting and positive reinforcement.

| • Essential things I would like my toddler to learn (safety issues): |
| • Other things I would like my toddler to learn (social skills): |
| • How I would set limits/discipline my child: |
| • How I would provide positive reinforcement to my toddler: |

Consistency is Key

When children begin to learn right from wrong and what they should and should not do, it is vital that parents are consistent and clear in their messages. Inconsistency will confuse children and make it very difficult to get your point across without major frustrations for you and your child.
Consider the following

**Miguel**, 19, gets his son Jose, 23 months, ready for bed. After Jose brushes his teeth, he wants to eat some of his candy. Miguel tells him that he cannot have any candy right before bedtime and particularly not after he brushed his teeth. Jose cries and has a temper tantrum, insisting he wants his candy. Just then the phone rings. It is Miguel’s best friend, Anthony, and they are trying to make plans for the weekend. Miguel has a hard time hearing because Jose is still screaming and crying. To quiet him down, Miguel tells him to go ahead and have the candy.

*What message do you think this gives to Jose?*

---

*What do you think is going to happen tomorrow at bedtime?*

---

*What kind of advice would you give to Miguel?*

---

It’s very important to remember that if your child has babysitters or daycare providers, they should use the same consistent limit setting and positive reinforcement that you do.

**Heather**, 17, lives with her 22-month-old daughter, Jessica, in a Teen Living Program. The baby’s father comes every other Saturday to pick Jessica up for a visit to his house, where he lives with his parents. Heather is very consistent in trying to teach her daughter several things. Jessica loves watching “Barney” but Heather only lets her watch for about half an hour a day. Heather also tries to teach her daughter to eat her vegetables because Jessica only wants to eat junk food. Heather has also been working with Jessica on her temper tantrums. Jessica is slowly beginning to learn that crying and screaming will not help her to get what she wants. However, when she is with her father at her grandparents’ house, she gets spoiled and can do all the things she is not supposed to do at her mother’s house.
How do you think Jessica responds to limit setting when she returns home?

What messages do you think she gets from her mother and father?

What do you think her mother and father could do to give their daughter consistent messages?

**Temper Tantrums**

Temper tantrums are a normal part of a toddler’s development. However, they can be quite difficult to handle. It is important to understand that temper tantrums are not willful bad acts on a child’s part, but happen because of frustration. During the toddler stage, children will have many frustrations and won’t know how to deal with them. Sometimes children have tantrums because they would like to dress themselves and they’re not yet able to, or they want a piece of candy and their parents won’t let them have it. Since they cannot communicate their feelings as easily or quickly as they want and have not yet learned how to deal with delayed gratification, they scream. Sometimes it’s best to ignore a temper tantrum, particularly if a child tends to get negative attention through tantrums. If you cannot ignore the temper tantrum because you are not able to stand the screaming, calmly pick up your child and take him to his room. An even better approach may be holding the child gently, if he will let you. Feeling the security of your arms may have a calming effect. Remember, he is a very upset little child who needs to know you still love him, even if you won’t give in to his demands.

**Consider the following:**

**Kimberly**, 16, lives with her 22-month-old son, Zachary, in a Teen Living Program apartment. Recently Zach began to have great difficulty with his bedtime routine. He just does not want the day to end. He screams and throws himself on the ground when it’s time to go to bed.
What advice would you give to Kimberly?

Have you been in a similar situation? What did you do?

Temper tantrums also can be embarrassing if they happen in public.

Consider the following:

Nancy is going shopping with her 20-month-old son, Jonas. As soon as they pass the candy isle, Jonas starts screaming for candy. When Nancy tells him that he cannot have any, he starts tearing down the candy from the shelves. When Nancy asks him to stop, he continues. In the meantime, other shoppers have stopped to stare at Nancy and Jonas. Nancy is getting embarrassed and does not know how she should handle the situation.

What advice would you give to Nancy?

Have you been in a similar situation? What did/would you do?

Coping with Stress

While parenting a toddler is a very rewarding experience as you see your child’s personality emerge and his/her skills develop, it also can be frustrating, at times. As we established, toddlers will challenge you and constantly require attention. It’s important,
therefore, for you to realize that you will have days when your nerves are on edge or your patience is low. Remember that it’s normal to occasionally feel frustrated, angry or overwhelmed. But it is **not okay** to take your frustrations out on your child. In order to prevent that from happening, you have to know yourself and how you react under pressure and stress. You also have to be aware of what helps you deal with this kind of situation and what you can do to cope.

Here are some suggestions:

- Remember to give yourself a break. Separate yourself from this situation (without compromising the safety of your child). If you need to get away, arrange for babysitting.

- You could try to do something that relaxes both you and your child.

- Sometimes even with a toddler, it’s best to simply tell him that you are upset and that it is not his fault. Hug him as you say this.

*Use the chart below to figure out how you handle frustration.*

<table>
<thead>
<tr>
<th>Situations that might cause me to get frustrated and angry:</th>
<th>Things I could do to cope:</th>
<th>How I can reassure my child that it’s not her/his fault:</th>
</tr>
</thead>
<tbody>
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</table>

Consider the following:

**Patti** has the flu. Her 24-month-old son, Drew, has just flushed his new toy truck down the toilet. Now Patti has a stopped-up toilet and Drew wants to continue flushing objects. Patti feels herself getting impatient and upset.

*What advice would you give to Patti?*
Francesca is in the process of moving to a new apartment. She has been cleaning her old apartment all day because she is expecting her landlord who will inspect the apartment to evaluate whether or not he will return the security deposit to her or if he will keep it for cleaning and repairs. Francesca needs the deposit to pay her first month’s rent at the new place. After hours of scrubbing, Francesca is finally done. Just as she is about to sit down, she discovers that her daughter, Fiona, 21 months old, has used her crayons to scribble all over the walls she had washed. While Francesca is trying to remove the crayons from the wall, Fiona spills cranberry juice all over the tan-colored carpet.

What advice would you give Francesca?

Have you ever been in a similar situation? What did you do?

James, 20, has twin sons who just turned two years old. He has the children during the week and they spend the weekend with their mother. James is very busy trying to keep up with all his responsibilities. He attends a vocational training program every day from 8am to 3pm. He then rushes to pick the twins up from daycare. When he arrives home, he cooks, cleans and plays with the boys. Once the twins are in bed, he does his homework and laundry. When the children are at their mother’s home for the weekend,
he works at a restaurant as a waiter. James really tries to be a good dad and works very hard to give his children a good life. Lately, however, he feels tired and stressed out. He feels himself getting impatient and upset because of little things. Even playing with his twins seems like a chore. He does not want to take his frustrations out on his children and does not know what to do.

What advice would you give to James?

Have you ever been in a similar situation? What did you do?

Teaching does not always mean you have to set limits or discipline your child. You also can teach in a playful and fun way.

Consider the following:

Matthew is 21 months old. When Matthew plays with his toys, they usually end up all over the apartment. His mother, Nicole, 18, would like him to learn how to pick up his toys. When she tells him she would like him to help pick up the toys, he does not want to cooperate. Nicole wonders what she should do to teach him.

Instead of telling Matthew to pick up his toys, what do you think Nicole could do?

Giving orders to young children is often unproductive. What can be more fun and more productive is making a game of the task to be accomplished and playing with your child to get the job done. For example, if the task is to put the blocks back in the box, you might say: “Let’s see how fast we can put all the blocks back in the box? Who will finish first?”
Try to avoid a battle of wills or power struggles. They will only result in lots of frustration for both of you.

Use the space below to list all the things you could teach your child by using your creativity, i.e. playing a game.

<table>
<thead>
<tr>
<th>Teaching goal</th>
<th>Game/Creative Strategy</th>
</tr>
</thead>
<tbody>
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</table>

Remember, while parenting a toddler can be challenging at times, it is also very rewarding! It is important for parents to allow themselves to enjoy their toddlers and to have fun together.

**STIMULATION/TOYS**

Older babies and toddlers need appropriate stimuli to continue to develop their mental capacities and skills. As children this age are very curious, they are usually very easy to engage in play and activities. They love to explore through hands on activities and using their senses of touch and smell. They are interested in the cause and effect of things; for example, they can spend long periods of time filling and emptying containers. They enjoy playing in the sand and throwing a ball. Expensive toys are not necessary. As a matter of fact, many children are more interested in the wrapping paper and box that a gift comes in rather than the gift itself. Simple household items, such as Tupperware containers and spoons can provide entertainment and learning opportunities for children. Also, inexpensive but long lasting items like building blocks are great. Blocks promote a lot of skill development, particularly in the areas of fine motor development. Children this age will learn through play. Therefore, the more options we give toddlers to play in stimulating ways, the more they will learn.

They will begin to use crayons at this age; the large, easy to grip ones are very popular with toddlers, as are finger paints. Another great educational toy is the shape sorter, which helps toddlers develop fine motor skills and learn shapes.

Always remember, however, that while toddlers occasionally can play by themselves, no toy will be as important and valuable as the time you spend playing with your child.

**Reading** is also a wonderful activity to engage in with your child at any time of day. Teaching your child to enjoy reading books will be an investment you and she/he will benefit from for life. Children also enjoy listening to stories, learning nursery rhymes
and singing songs. You might be amazed how quickly you will begin to remember these childhood songs and rhymes!

**Playing with Your Child**

While playing with their children may be easy for some parents, it may not be as easy for others. Those parents who do not know how to play with their children, or are tense, or may not even enjoy playing with them are not “bad” parents. This kind of interaction does not necessarily come natural to all parents, but can be learned like other parenting skills. Parents often just have to learn how to relax, play and have fun with their children. One of the things that is helpful in learning how to play with your child is to examine your won perspective regarding play.

Often parents who experience difficulty in enjoying playing with their children are overwhelmed with caretaking responsibilities. While they are meeting all the basic needs of their children and are completing all household chores, they perceive playing and having fun with their children as frivolous. Other parents may feel funny or childish enjoying activities, such as finger painting or playing with Lego’s.

*How do you feel about playing with your child? Do you enjoy playing with him/her? Why? Why not?*

*What might prevent you from enjoying playing with your child?*

*Use the following chart to evaluate your and your child’s play habits. Describe your experiences.*

<table>
<thead>
<tr>
<th>ACTIVITY/PLAY</th>
<th>MATERIALS/TOYS USED</th>
<th>HOW DID YOU FEEL ABOUT IT?</th>
<th>DID YOUR CHILD LIKE IT?</th>
<th>COMMENTS</th>
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</thead>
<tbody>
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</table>

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Can you think of strategies to improve your play and interactions with your child?

Outings

In addition to playing, your toddler also will enjoy outings and field trips to many different places. You can go to a playground, the park and the zoo. Also many museums, such as the Museum of Science and the Children’s Museum in Boston, offer activities for toddlers. You can obtain free tickets to many of these places through your local library. Also, many museums offer discounted or free tickets on certain days.

Occasionally, you may want to treat your child to one of the indoor playgrounds. Many offer special sections for toddlers. While these playgrounds can be pricey (between two and five dollars per child), they are also a lot of fun, particularly during bad weather. Most YWCA’s offer activities, such as “mommy and me” swimming and gymnastics.

ACTIVITY

Make a list of all the outings and field trips you may want to take your child on.

<table>
<thead>
<tr>
<th>Fieldtrip/Outing/Activity</th>
<th>Cost/How will we get there?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</table>
**CHILDREN AGES 2-5**

**SKILL ASSESSMENT**

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th></th>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know about the many developmental milestones children in this age group will achieve.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Know why children this age continue to need lots of love and attention.</td>
<td></td>
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<tr>
<td>3.</td>
<td>Know that children will learn to perform many tasks more independently, e.g., feeding and dressing themselves.</td>
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<td>4.</td>
<td>Know how and when to approach potty training with my child.</td>
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<tr>
<td>5.</td>
<td>Know that all children learn at their own pace.</td>
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<tr>
<td>6.</td>
<td>Know at what age children usually begin to reason and often engage in imaginary play.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Know that children begin to distinguish right from wrong.</td>
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<td></td>
</tr>
<tr>
<td>8.</td>
<td>Know children enjoy physical activities, such as jumping, running and playing with a ball.</td>
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<td></td>
</tr>
<tr>
<td>10.</td>
<td>Know why routines and traditions are important.</td>
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<tr>
<td>11.</td>
<td>Know why consistency and appropriate limit setting are important in teaching a child.</td>
<td></td>
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<tr>
<td>12.</td>
<td>Know how to discipline my child by using time out.</td>
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<tr>
<td>13.</td>
<td>Know why it is important to provide explanations for limits.</td>
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<td>14.</td>
<td>Know how to support my child’s fine and gross motor skill development.</td>
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<tr>
<td>15.</td>
<td>Know at what age children begin to enjoy playmates and play cooperatively.</td>
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<td>16.</td>
<td>Know how to teach my child values, such as non-violence and kindness.</td>
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<tr>
<td>17.</td>
<td>Know why it is important to play with my child.</td>
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<tr>
<td>18. Know why it is important to read to my child.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>19. Know how to plan for my child’s educational need, i.e. pre-school and kindergarten.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>20. Know what kind of toys, games and field trips children ages 2-5 enjoy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Know why my children should not watch too much TV.</td>
<td></td>
<td></td>
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<tr>
<td>22. Know how to deal with frustrations and stress and whom to ask for help if I need a break.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>23. Know how to have fun with my child.</td>
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</tbody>
</table>
You have now completed the assessment section for “Children Ages 2-5” and identified those skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop and, with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

**EXAMPLE**

**GOAL:** IMPROVE PARENTING

<table>
<thead>
<tr>
<th>State Skill 1:</th>
<th>Plan:</th>
<th>When:</th>
<th>Who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To engage in fun and educational activities with my child</td>
<td>To read to my child.</td>
<td>Every day for the next 2 years</td>
<td>Myself, father and day care provider.</td>
</tr>
<tr>
<td></td>
<td>To play with my child.</td>
<td>Every day for 1.5 hrs for the next 2 years</td>
<td>Myself, father, day care provider and my friend.</td>
</tr>
<tr>
<td></td>
<td>To go on outings to playgrounds, parks, museums, etc.</td>
<td>Three times a week for 2 hrs for the next 2 years</td>
<td>Myself, father and day care provider.</td>
</tr>
</tbody>
</table>
**GOAL: WORK ON PRE-NATAL CARE SKILL**

<table>
<thead>
<tr>
<th>State Skill 1:</th>
<th>Plan:</th>
<th>When:</th>
<th>Who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be developed and/or improved.</td>
<td>How do you plan to learn, develop and improve this skill?</td>
<td>When, where, and how often will you work on this skill and by when will you have mastered this?</td>
<td>Who will assist you?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State Skill 2:</th>
<th>Plan:</th>
<th>When:</th>
<th>Who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be developed and/or improved.</td>
<td>How do you plan to learn, develop and improve this skill?</td>
<td>When, where, and how often will you work on this skill and by when will you have mastered this?</td>
<td>Who will assist you?</td>
</tr>
</tbody>
</table>
CHILDREN AGES TWO THROUGH FIVE

APPEARANCE AND COMMON BEHAVIORS

Children ages two through five learn a wide variety of new skills and seem to explode in their development of language and motor skills. Their vocabulary increases significantly and they learn to communicate in simple sentences by age 2 ½-4 and more complex sentences by ages 3 ½-5. They continue to be very curious and will explore their environment and learn the cause and effect of events. They will learn from role models and will ask many questions as to why things are happening and how the world functions. Often, they will develop their own perspective of their environment and come up with very funny statements and misconceptions. They are very impressionable and will think about and process events and information. Children in this age group begin to learn right from wrong. By the age of three, children can usually begin to reason and to understand more abstract concepts.

During this developmental stage children may develop imaginary friends and scenarios. They begin to be able to remember and describe dreams and some children will experience nightmares. Their memory is developed and they can recall events. They can dress and feed themselves. They also can recite simple nursery rhymes and songs. Children this age are learning colors and shapes and how to draw realistic pictures. By the time they turn five, many children know their ABC’s, can write their name and count to ten. By this age, children also should have learned many basic safety rules, such as looking both ways before crossing the street and not playing with electrical outlets.

Potty training is another big milestone during the earlier phase of this developmental stage. Few children are trained at two years of age. Many learn how to use the potty around 2 ½ years of age and some will continue to try to master potty training until they are four.

Children’s gross and fine motor skills also increase significantly during these years. In addition to running and jumping, children between 2 and 3 years learn new skills, such as riding a tricycle and kicking a ball. They are enjoying lots of active play and take delight in trips to the playground and the park. They like slides, swings and playing with sand. As they grow, they’ll learn to ride their bicycles with training wheels and engage in activities such as jumping ropes. As they develop more coordination and a greater ability to concentrate, they’ll be able to participate in the many sports activities, such as dancing, swimming, soccer, gymnastics, etc. that are offered to four and five year olds.

With each passing year, a child’s fine motor skills will continue to develop. As their eye/hand coordination improves so will their ability to complete puzzles and build with blocks.

A child’s attention span also increases with age, but do not expect your three or four year old to concentrate on one kind of activity for prolonged periods of time. Children this age will become fidgety and frustrated if they have to sit still for a long duration.
Between the ages of two and five, children’s social and emotional development advances, too. They can acknowledge emotions such as anger, happiness, and sadness. From about three years of age children also can begin to articulate what causes that emotion. They may develop fears of certain things, such as darkness or may have scary dreams. Their personality begins to emerge and parents may detect certain traits, such as shyness, in their children. Particularly at the younger end of this age group, children may experience separation anxiety from their primary caregiver, and may cry when being left at daycare by a parent. They will continue to venture out to explore new things but will always return to their caregivers for security check-in’s.

Around age three to four, children will begin to develop the ability to delay gratification and look forward to a special event or treat. They can anticipate special events, such as birthdays and holidays, and by the time they are about four and five, may expect certain routines, such as a cake and presents to come along with these special occasions. This is also a time when children’s interactions with their social environment become much more sophisticated. While previously toddlers would spend time exploring their playmates like things or play predominantly side by side with other children, now they can begin to play cooperatively. They enjoy being around other children and can engage in similar kinds of activities e.g., building a sandcastle together. However, such interactions are still dominated by self-centered and exploratory actions for those children in the younger end of this age group. While children may begin to share toys, most three-year-olds still have no understanding of things like friendship. As they grow they will form bonds with friends and often prefer to play with some children over others. By the time children are four and five years old, many can accomplish task working together with other children.

During this time, many very special and wonderful things will happen in your child’s development. You will hear your child telling a funny story or receive your first mother’s day and father’s day picture. Your child may ride a bike for the first time or sing you a song. These are memories that will last a lifetime and, just as in the younger years, should be recorded and treasured for you and your child.

**ACTIVITY**

Use the following pages to record the many developmental milestones, special things and events your child has experienced that you would like to remember. You may want to create a memory book for you and your child that will also contain photographs, stories, and pictures of your child between the ages of two and five. It also may be fun for you to include your own messages and decorations.
Special stories I want to tell about my child:

Funny things that happened during this time:

Some of the most endearing things my child did were:

Our holiday and birthday routines included:

My child’s favorite toys and games were:

My child’s favorite field trips were:

My child’s friends were:

My child’s favorite—least favorite foods were:

My child learned things and skills such as:

When my child was happy, sad, or angry he/she would:
My child’s favorite color, book and song were:

My child did not like:

My child was afraid of:

My child was surprised to learn that:

My child would imagine that he/she:

My child was disappointed when:

If was difficult for my child to:

My child’s day care provider/baby sitter was:

My child liked me to:

My child’s day to day routine included:

I would like to let my child know that:
NEEDS

Just as they did during the younger years, children in this age group need lots of love and positive attention. Also, routines continue to be very important to children. You will need to adjust your routines to each age level, but the concept that routines provide a great sense of security and stability remains valid for children in this age group as well. While some routines will stay the same throughout the childhood years, others, such as naps and bedtimes, will change.

Use the space below to record what your child’s routines will be like at different ages.

<table>
<thead>
<tr>
<th>Age</th>
<th>Daily Routines</th>
<th>Weekly and Occasional Routines</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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</tbody>
</table>

Traditions

Traditions continue to be of great importance to children and adults, too. By the age of four, children are usually familiar with how holidays and birthdays are celebrated in the family. Often they excitedly anticipate these events and will talk about them well in advance. Many small things associated with such events like pumpkin carving at Halloween or baking cookies at Christmas time will turn into great childhood memories for your children. Other traditions you may want to establish can include family nights during which all members of the household spend time together playing games or doing arts and crafts. Or you can center traditions on helping other people, implementing yearly family picnics or special ways that you celebrate the fourth of July with your family/friends and your child.

List traditions you have and/or will be establishing with your child:

<table>
<thead>
<tr>
<th>Event</th>
<th>Tradition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
All children will learn at their own pace. If you have any questions or concerns about your child’s development, you should talk to your pediatrician. Most children reach developmental milestones within a certain timeframe, but some will be faster or slower than others. Therefore, while it is important to encourage and support your child in learning new skills, it is equally important not to pressure your child or to have unrealistic expectations. To find the best ways to support your child’s learning, it is important to evaluate your knowledge and expectations regarding child development. Utilize the following chart to establish age appropriate tasks, skills and achievements for your child.

<table>
<thead>
<tr>
<th>AGE</th>
<th>TASK</th>
<th>SKILL NEEDED</th>
<th>HOW CAN I SUPPORT MY CHILD?</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
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<td>3</td>
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In addition, it is important to evaluate your own personality and expectations regarding your child’s achievements. Some parents are very “laid back” while others are competitive. Some parents also have conscious and unconscious expectations, hopes and dreams for their children and will encourage their children to meet those. Some parents, for example, would like their children to be very smart and to achieve intellectual milestones as soon as possible. Other parents may dream of their child becoming a famous athlete and may enroll him or her in sports activities, while some parents just want their children to do whatever makes them happy. These expectations will influence the ways a parent will support her/his children’s learning, and an awareness of his/her expectations will increase the likelihood that the parent can provide the best support for a child’s learning.

For example, a competitive parent may expect too much and overwhelm and frustrate a child with those high expectations. On the other hand, a parent who expects very little from his/her child may not provide enough stimulation to the child.

What are your expectations, hopes and dreams for your child’s future?

How would you characterize yourself? Are you competitive, “laid back,” ambivalent, etc. in your expectations of your child? How will those characteristics and expectations influence your child’s learning?

As children get older they will have to learn to become more independent and be able to perform certain tasks without immediate help from their parents. On the other hand, children will need continued close supervision and guidance with many tasks. It is one of the more difficult aspects of parenting to keep these two factors in balance—to facilitate growth and development while never compromising a child’s safety.

Evaluate how you would address that balance at age two, three, four and five. What kind of things do you think your child can do independently and what kinds of things will he/she need help with and/or close supervision?
Directions:
Complete the following chart by marking an I for independent and an H for help and a S for supervision.

<table>
<thead>
<tr>
<th>Tasks/Situation</th>
<th>Age 2</th>
<th>Age 3</th>
<th>Age 4</th>
<th>Age 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brush teeth</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Eat with utensils</td>
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<tr>
<td>Clean room</td>
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<td></td>
</tr>
<tr>
<td>Get dressed</td>
<td></td>
<td></td>
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<tr>
<td>Climb stairs</td>
<td></td>
<td></td>
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<tr>
<td>Walk to the store</td>
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<td></td>
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<tr>
<td>Play in the yard</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Play with blocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play with a playmate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take a bath</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watch a video</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pour juice into a cup</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go to the bathroom</td>
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<td></td>
</tr>
</tbody>
</table>

Parenting is an endless stream of decision making. Particularly in areas that could potentially compromise the safety and well being of a child, it is important that parents always use their best judgment possible. Making decisions and using a good judgment always involves many different steps. Parents have to weigh the pros and cons of a decision, anticipate the impact a decision may have and evaluate what might get in the way of good decision-making, such as stress. Parents must also make decisions that are in the best interest of the child and often have to put their own desires and feelings on the backburner. Many decisions parents have to make are very difficult.

Consider the following:

Nancy, 17, lives with her two year old son, Lisle, in a Teen Living Program. Lisle’s father, Tyrone, disappeared when Nancy was eight months pregnant. Two weeks ago, Nancy received a letter from Tyrone stating that he was very sorry that he had disappeared but that he had a lot of time to think and now he wanted to take responsibility for his son. He said that he feels awful that he had not been in contact earlier but that he wants to get involved now. He also stated that he has a pretty decent job right now and will send them a check every other week. He actually enclosed a money order for 80 dollars. He also wanted to know when he could come for a visit. Nancy is not sure what to do. She is very angry with Tyrone for abandoning her before the baby was born and feels that he does not deserve any contact with Lisle. She also feels that she made it this far without him and does not need him. In addition, she thinks it is “pay-back” time for all the suffering he caused her. On the other hand, Lisle has begun to ask her about his dad and she does not know what to say. She thinks that it may not be fair to deprive him of his father.
At times parents need to deal with difficult situations and solve problems that may impact their child’s safety. **Consider the following:**

**Allison**, 19, was up with the stomach flu all night. Today she still feels sick and weak. She is very tired, but her three-year-old son needs her attention. She tried to call her mother and her babysitter to come and help her out, but nobody was home. She tries to play with her son, but after lunch she can hardly keep her eyes open. She is afraid that she’s going to fall asleep and that her son may get into something that is harmful.

**What advice would you give to Allison? What would you do?**

---

Evaluate how you usually make decisions regarding your children? Do you weight the pros and cons? Do you follow your feelings and instincts? Do you ask somebody for advice or gather information on a particular subject? Record your findings below.

---

Children of all ages need to know that their parents love them unconditionally. They need to know that even if they make mistakes or misbehave, their parents will always support and love them. A parent’s love must never depend on a child’s performance and achievement.

**Consider the following:**

**Selina**, 19, receives a telephone call from her daughter’s kindergarten teacher stating that her five year old daughter, Brielle, was misbehaving in class and got into a fight with one of the other girls. When Brielle gets home from school, her mother tells her that she is a bad girl for getting into fights and misbehaving. She warns Brielle that if she does something like that again she won’t love her anymore.
What do you think about Selina’s way of dealing with the situation?

Do you think Selina’s reaction will help Brielle address her problem in school?

What advice would you give to Selina?

Matthew, 20, always was an exceptional athlete and currently plays football for his college. He tries to get his five-year-old son, Derrick, interested in team sports and has signed him up for soccer. On the first day of practice Derrick does not want to play, and while the other children are practicing, he hides behind his father. Matthew tries to convince him to go out onto the field, but Derrick says that he wants to go home. His father tells him: “Go out there and play or I won’t love you anymore. I want a son who is an athlete and not a wimp.”

How do you think this makes Derrick feel?

What advice would you give to Matthew?

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Limit Setting

As children’s cognitive abilities increase with age, parents can reason with children and provide them with explanations for restrictions and limits. By age four and five, most children will actually want their parents to give them the reason for limits. Providing explanations and information related to events and behaviors will also help children learn the relationship between cause and effect. In addition, it will help children transfer that knowledge to other similar situations independently. Consider the following:

Megan, 17, and Christa, 18, are at the playground with their children James and John, both age-four. James and John are swinging on the swing set and are jumping off the swings before they come to a stop. Both Megan and Christa tell their children to stop jumping off the swings. James and John both ask their mothers why they cannot jump off the swings. Christa replies that John cannot continue because she said so. Megan explains to her son James that she does not want to spoil his fun, but that she does not want him to get hurt. She goes on to tell him that she sets limits to teach him and to keep him safe. She also suggests that she can help him to find another activity that he would like but is safer.

How would you have handled a situation like this?

What do you think John has learned from this situation?

What do you think James has learned from this situation?
In explaining limits and situations, it’s important to do so in a way that children understand. If parents talk to children using language and concepts that go over their heads and exceed their cognitive abilities, they will not get their message across.

**Think about how you would handle and explain the following situations:**

- Your three year old refuses to eat vegetables and you would like him/her to understand that eating vegetables is important and healthy.

- Your three-year-old does not want to go to day care and does not understand why you have to go to work every day.

- Your four-year-old continues to want to cross the street without looking out for oncoming cars.

- Your five-year-old wants to wear his/her favorite shirt every day of the week.

- Your four-year-old wonders why he/she only lives with her mom and not with a mom and a dad like some of the other children in preschool.

- Your three-year-old wants to know why you don’t want to buy him all the toys and the candy in the world.

- Your five-year-old wants to know why he/she has to go to school.

- Your five-year-old wants to know if there is really a pot of gold at the end of the rainbow.

- You are trying to explain to your two-and-a half-year-old that he/she should not hit other children.

While younger children have a need for immediate gratification, older children are able to delay gratification for short periods of time. By the time they are four, they can accept explanations for delays of gratification, such as “You cannot have candy right now because it will spoil your appetite for dinner. However, you can have some after dinner.” Actually, children in that age group also begin to control their impulses and should begin to learn to deal with their emotions, including frustration. The good news is that temper tantrums, still common at age two and three, will become less frequent in four and five year olds.

Parents also need to help their children learn to deal with emotions and impulsive behaviors through continued and consistent limit setting and appropriate means of discipline. Experts recommend the time-out chair for children who are two years or older. Parents will need a chair and a timer. If it is necessary to discipline your child, sit him/her in a chair near you. Parents should not put their child in another room. Set the timer for a few minutes. Two-year-olds should not receive a time out that is longer than
one or two minutes. Parents can add a minute for each year. However, keep in mind that even one minute can be a very long time for a small child. When the timer goes off, his/her “time-out” is over. This way of discipline continues to be an effective, consistent and simple way that children can understand. **Children should never be disciplined for accidents, such as spilling milk.**

It is important to not overly discipline your child. Often it is helpful to pick just a few things you would like him/her to learn and to address those before moving on to the next ones.

**Consider the following:**

**Rebecca** is going to turn three in about one month. She is a very active young lady and constantly gets into things she is not supposed to. Recently, she has begun to try to climb on furniture. She also loves to turn the lights on and off and has discovered that it is great fun to flush objects down the toilet. While she has the skills to feed herself with a spoon, she often refuses and uses her hands instead. She is very interested in learning new things and loves attention. Rebecca likes to do things independently and enjoys dressing herself. However, she often mismatches clothes, but gets very upset if her mother or father wants to change them. She is very outgoing and friendly, but at times has problems with her playmates because she wants to dominate all situations. She enjoys many activities and never wants the day to end. Therefore, she has a difficult time going to bed and often cries and screams when it is bedtime.

*What kind of skills do you think her mother wants Rebecca to learn?*

*Which of these skills do you think may be a priority?*

*How do you think her mother should teach and discipline Rebecca?*
MAKING CHOICES AND DECISIONS

Children in this age group also need to learn to make choices and decisions. Giving them choices will enhance their emotional, social and intellectual development and will increase their self-esteem. While children cannot make fundamental choices like whether or not they want to go to school, parents can give them ample opportunities to make small guided choices. For example, parents may ask their children “Would you like to wear your blue or green pants?” or “Would you like cereal or pancakes for breakfast?”

Can you think of guided choices that, without compromising safety or well being, would help your child make decisions and increase his/her self-esteem?

While babies and younger toddlers are not too interested in interaction with other children, children in this age group of 2-5 years need exposure to other children. Many children play with others at daycare or in pre-school; those children who are not in a structured day setting can interact with others at play dates, playgroups and playgrounds. This will provide them with stimulation and interactions necessary to develop age appropriate skills.

Children also need to be exposed to an environment that helps them to learn. Parents can offer many learning experiences at home. They can teach their children colors, shapes, and numbers and provide them with opportunities to learn through play; they can also read to them, sing with them, play ball with them, etc. All of these activities will facilitate learning. Parents also have to teach their children about values, such as non-violence, sharing, and honesty. It takes an investment on the parents’ part to take time every day and actively play with their children. Play is important work for children.

Consider the following:

Benjamin, 20, is the single father of three-year-old, Anthony. Ben works a lot and is often too tired to play with his son when he gets home from work. He wants to watch TV with him instead. The weekends are kind of busy, too, because Ben tries to get the laundry and the shopping done before Anthony has to go to bed so that he is all done when his mother comes to baby-sit while he goes out with his friends. Today Benjamin’s mother is telling him that he does not spend enough time with his son and that he is selfish in his actions. She goes on to say that he decided to have a child and should take responsibility for him and spend a sufficient amount of time with him. Benjamin replied that she was being unfair because he works very hard to be able to pay for rent, food, and daycare and that he needs a break. His mother replied that working to meet his son’s basic needs does not make him an adequate parent and that there is a lot more to parenting than providing for basic needs of a child.
What do you think? Who is right?

What advice would you give to Benjamin?

Educational Needs

You also will have to think about and address your child’s educational needs. Children can be exposed to positive learning experiences in daycare, pre-school, and public school. Daycare providers will usually offer activities and play options to children that help them learn. Also, children can enter pre-school at age 2.9 years of age, provided that they are potty trained. Preschool programs usually do not run for more than 2.5 hours a day and offer somewhat more structured and educational activities than in daycare. Children enter kindergarten when they are at least five years of age. Prior to being accepted into any kindergarten class, children are tested to determine if they should start attending that year or wait for the following year. The test does not so much evaluate specific areas of knowledge, but assesses a child’s fine and gross motor skills, ability to communicate and understanding of basic concepts. Failing the test is most often not a sign of the child’s future academic performance; it merely means that the child needs a little more time to develop certain abilities. Again, keep in mind that every child develops at his/her own pace. If you plan to sign your child up for any special educational programs, such as METCO or a charter school, you will have to do that as soon as possible, sometimes even right after your child is born. Signing them up is not a guarantee that they will get in, but it provides that option if you desire that kind of an education for your child.

Think about what kind of preschools you might want your child to attend and evaluate different kinds of educational programs for your child. Record your findings in the box below.
STIMULATION/TOYS

Children in this age group enjoy many different kinds of games, play, field trips, toys and arts and crafts. As their skills and language become more sophisticated, they can enjoy a much broader range of activities. Children in this age group continue to be very curious and need to have many different opportunities to learn how the world works. They also need plenty of options to develop their motor skills through activities such as running, playing ball games, drawing, and playing with blocks. Expensive toys are not necessary and, just as with younger children, play and interaction with parents and caregivers is essential. Also any kind of play that involves fantasy and “make believe” is great for children’s intellectual development. Many children this age use imaginary things in their play; some may even have imaginary friends. Some children may tell fantastic stories while others may pretend to be a certain character or personality that often centers on heroes and figures from television. Unless such behaviors become excessive, there is nothing to worry about; it is all part of normal child development.

Again, expensive toys are not necessary and simple items, such as cardboard boxes, blocks and construction paper and crayons will provide hours of fun. You also can make toys yourself like paper airplanes. Many household items make great toys and cereal boxes, empty paper towel rolls, etc. make great art supplies. Simple outdoor games, such as hopscotch and jump rope, can be very entertaining as well. You can make your own bubbles and buy sidewalk chalk very reasonably. You can also invent your own games for your child. Simple word games are fun and educational. You can invent scavenger hunts and convert your living room into a pirate ship. You can make puppets with your child and put on performances using those puppets. You can cook gourmet meals in the sandbox and a great big ocean in your sink. Actually, all these activities are very healthy for your child’s development and often much better than any kind of an action figure or store bought toy.

**ACTIVITY**

What kind of games are you going to play with your child? What kind of supplies/toys will you use? What kind of toys could you make yourself and what kind of games could you invent?
The Importance of Reading

At this age it becomes very important that parents read with their children. Often parents create routines around reading, such as reading before bedtime. If parents can teach their children to enjoy books at this age, they will enjoy reading books for the rest of their lives. There are many wonderful and educational books available for children of all ages. Many younger children enjoy picture books with a few short sentences; while four and five-year-olds can begin to follow short stories. All libraries have a children’s section and carry hundreds of books even for young children. Some libraries also offer video rentals free or for a small fee.

Go and visit the children’s section in your local library. If you do not already have one, obtain a library card. Also establish a reading routine and/or schedule for your child and mark it on the calendar below.

<table>
<thead>
<tr>
<th>TIME</th>
<th>BOOK/STORY/CHAPTER</th>
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</thead>
<tbody>
<tr>
<td>MO</td>
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<tr>
<td>TUES</td>
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<td>WED</td>
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<td>THUR</td>
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<td>FRI</td>
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<td>SAT</td>
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</table>

Books are also great tools for teaching your children positive values and morals. Many fairy tales, for example, contain valuable life lessons and morals. Videos can never make up for the messages and stimuli a child receives from a book.

Remember that television and movie time must be limited for children of all ages. Too much television can be harmful for a child’s social, emotional and intellectual development. Television cannot replace play, friends and parents and must not be used as a constant babysitter. Also, parents must carefully evaluate what kind of messages their children get from movies and television. Even children’s movies can contain elements that may not be suitable for younger ones.

*How much time do you think a 2, 3, 4 and 5-year-old child should spend in front of the television in a day or in one week?*
Why do you think parents let their children watch too much TV?

What can you do as a parent to limit your child’s time watching TV?

Outings

Children in this age group love to go on outings and field trips, such as to the museum and playground. Using the information from the previous chapter and information from your local park and recreation committee, establish a list of outings and field trips you would take your child age 2, 3, 4, or 5 on in the summer, fall, winter and spring.

Also, there are many inexpensive and free programs offered through your local YMCA, library, and the playground commission. For example, your local library may offer story hours or invite popular book characters to sign autographs. Check out your neighborhood options.
CHOOSING A CARETAKER FOR YOUR CHILD

Every parent needs some help and an occasional break from parenting. Many times parents will turn to family, friends and professionals for assistance with babysitting and childcare. Regardless of whom you choose, every parent always has to make sure that caretakers will keep her or his children safe. To leave your child with an irresponsible or abusive caretaker is dangerous and may impact your child’s life forever. While it may be difficult to evaluate whether or not someone is a good caretaker of your child, there are certain steps and precautions every parent must take prior to leaving their children with someone. Parents also have to consider that not all friends or relatives are good babysitters just because of the fact that they are familiar to the parent and possibly the child. Choosing appropriate caretakers for your child requires thorough consideration and sound decision making.

Consider the following:

Jeremy has his son Ray, age two, for the weekend. It is the middle of January and it is freezing cold outside. Jeremy is about to cook dinner when he discovers that he forgot to pick up the medication Ray’s pediatrician prescribed for his ear infection. Jeremy does not want to take Ray outside in the cold. Just then the doorbell rings and a couple of Jeremy’s friends come to visit. Jeremy has known these two guys for five months and has been playing football with them. Neither of them is a father or has experience with kids. As a matter of fact, Jeremy does not know a lot about them but thinks about asking them to take care of Ray while he goes to the pharmacy. He tells himself that it only would take about half an hour, but he is not sure if he can trust the guys.;

What would you do in Jeremy’s situation? Why?

Paula, 19, lives with her 11 month old daughter, Eliza, in a large apartment complex. She has been really busy and quite stressed out lately because she had to put in a lot of hours at work. Paula is a waitress in a restaurant that is always very busy during the summer months. Right after work she rushes to pick up her daughter from daycare and then does all the household chores. Tonight, however, Paula is looking forward to going to the movies and to dinner with her friends. She has been looking forward to this evening for two weeks. Half an hour before her friends are supposed to arrive to pick her up, her babysitter cancels. Paula is very disappointed. But her neighbor, who is over for a visit, offers to take care of Eliza. Paula does not know what to do. She has known her neighbor for two years and also knows that she baby-sits every Thursday for another woman from upstairs who has two little boys. The problem is, however, that she often hears her neighbor and her boyfriend fighting. Also, there are a lot of people going in
and out of that apartment. On the other hand, she feels that she really needs a break and would very much like to go out with her friends.

*What advice would you give to Paula? Why*

---

**Wilma**, 18, has to take an entrance exam for college. The day before the exam, her daycare provider lets her know that she will be closed for the rest of the week because of a death in her family and will not be able to take care of Wilam’s daughter Emily, age three. When her Aunt Isabel calls, Wilma tells her about the problem with daycare. Aunt Isabel offers to baby-sit for her while she is taking the exam. Wilma is not sure what to do. Aunt Isabel has a history of substance abuse and often passed out when she drank too much. She went to a treatment program but relapsed. She is a good person when she is sober, but one never knows when she will start to drink.

*What advice would you give to Wilma? Why*

---

**Emma**, 18, thinks she is in love. She met this great guy at a school dance two weeks ago and they have been dating ever since. He called her today and asked if he could come over. Emma agreed thinking that this would also be a great opportunity for Charles to meet her daughter, Brianna, who is two-and-a-half years old. When he comes over, he is great with Brianna and plays with her. At five o’clock Emma tells him that she will have to leave soon to bring Brianna to the sitter and then go to her night GED program. But Charles replies that she doesn’t need to do that because he could stay and take care of her. Emma is somewhat surprised at that offer and not sure what to do.

*What advice would you give to Emma?*
Do you think that being attracted or “in love” with someone may affect your judgment about choosing appropriate caregivers for your child(ren)? Why? Why not?

Harry, 21, and his four-year-old son, Leif, live in a large inner city neighborhood. Harry often takes his son along when he goes to hang out with friends or when a bunch of guys play ball on the court. So, most of his friends know Leif well, and Harry tries to tell his friends that they cannot swear or do any kind of stupid stuff when his son is around. Today everybody, including Harry and Leif, are at the court when Harry’s best friend, Jack, shows up in his new sports car. He invites Harry to come for a test drive but tells him that Leif can’t come along because it’s a two-seater and he doesn’t have a car seat. Harry really wants to go for the ride because the car is so cool. He debates whether or not to leave Leif with the guys and tells himself that it would only be 10 minutes or so until he would return.

What advice would you give to Harry?

Use the following space and think about dangerous and harmful things that could happen to children who are left with inappropriate caretakers.

In order to avoid these kinds of devastating consequences related to inappropriate caretakers, you always must consider the following questions when thinking about leaving your child with someone. These considerations still apply even if you have difficulty finding a babysitter and/or in emergency situations.
CHILD CARE/BABY SITTER CHECKLIST

<table>
<thead>
<tr>
<th>QUESTIONS TO ASK YOURSELF</th>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is he/she a responsible person?</td>
<td></td>
<td></td>
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<tr>
<td>Is the person nurturing?</td>
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<tr>
<td>Will he/she be able to provide a safe environment?</td>
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<tr>
<td>Does the person understand safety needs of children?</td>
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<tr>
<td>Is the person even-tempered?</td>
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<tr>
<td>Does he/she have any history of impulsive/violent behaviors?</td>
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<tr>
<td>Does the person have any history of sexually inappropriate or offending behaviors?</td>
<td></td>
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<td></td>
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<tr>
<td>Does he/she have any history of substance abuse?</td>
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<tr>
<td>Will the person have no more than six children in the home?</td>
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<tr>
<td>Have you known this person for a period of time?</td>
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<tr>
<td>Does he/she have good references?</td>
<td></td>
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<tr>
<td>Will the person be able to offer age-appropriate interactions?</td>
<td></td>
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<tr>
<td>Does he/she have experience with children?</td>
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<tr>
<td>Does the person have a telephone in the home?</td>
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<tr>
<td>Is the person of a mature age?</td>
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<tr>
<td>Is the home free of guns?</td>
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<td></td>
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<tr>
<td>Does the person usually make good and reasonable decisions?</td>
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</tbody>
</table>

*Use this check list to evaluate who may and may not be an appropriate caretaker for your child. If you’re not entirely sure about someone, you should not let him/her take care of your child.*

<table>
<thead>
<tr>
<th>Appropriate Caretaker</th>
<th>Inappropriate Caretaker</th>
<th>Questionable Caretaker</th>
</tr>
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MAKING THE WORLD A BETTER PLACE/
ENVIRONMENT

SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th></th>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know when it is important to teach my child positive values.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Know why I don’t want to expose my child to any kind of violent behaviors.</td>
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<tr>
<td>3.</td>
<td>Know that witnessing domestic violence will have a negative impact on a child.</td>
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<tr>
<td>4.</td>
<td>Am aware that watching violence on TV will negatively influence a child.</td>
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<tr>
<td>5.</td>
<td>Know that watching too much TV is not healthy for a child.</td>
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<td></td>
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<tr>
<td>6.</td>
<td>Know that I am a role model for my child.</td>
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<td></td>
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<tr>
<td>7.</td>
<td>Know that my problem-solving skills and social interactions influence my child.</td>
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<tr>
<td>8.</td>
<td>Know that I have to teach my child how to deal with his/her emotions, including frustration and anger.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Know that the environment we live in is our lifeline.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Know that it is our responsibility to provide a clean and healthy environment for our children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Am aware of environmental issues that impact my child and me directly, e.g. hole in the ozone layer.</td>
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<tr>
<td>12.</td>
<td>Am aware of the importance of recycling.</td>
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</tr>
<tr>
<td>13.</td>
<td>Am aware of things I can do to keep the environment clean.</td>
<td></td>
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<tr>
<td>14.</td>
<td>Know how to teach my child to be environmentally conscious.</td>
<td></td>
<td></td>
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<tr>
<td>15.</td>
<td>Know why it is important to conserve energy.</td>
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</tbody>
</table>
You have now completed the assessment section on “Making the World a Better Place” and identified those skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop and, with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your new skills.

**EXAMPLE GOAL:** IMPROVE PARENTING SKILLS

State Skill 1: To teach my child non-violent values and behaviors

Plan: Restrict my child from watching violent TV and video shows.

When: Every day for the next five years.

Who: Myself and daycare provider

Plan: Be a role model for my child and promote non-violence.

When: Every day for the next twenty-five years.

Who: Myself and daycare provider

Plan: To teach my child how to resolve conflict without fighting and hitting.

When: Every time my child is involved in a conflict.

Who: Myself, and daycare provider
**GOAL: WORK ON PARENTING SKILLS**

<table>
<thead>
<tr>
<th>State Skill 1: To be developed and/or improved.</th>
<th>Plan: How do you plan to learn, develop and improve this skill?</th>
<th>When: When, where, and how often will you work on this skill and by when will you have mastered this?</th>
<th>Who: Who will assist you?</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Diagram" /></td>
<td><img src="image2.png" alt="Diagram" /></td>
<td><img src="image3.png" alt="Diagram" /></td>
<td><img src="image4.png" alt="Diagram" /></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State Skill 2: To be developed and/or improved.</th>
<th>Plan: How do you plan to learn, develop and improve this skill?</th>
<th>When: When, where, and how often will you work on this skill and by when will you have mastered this?</th>
<th>Who: Who will assist you?</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image5.png" alt="Diagram" /></td>
<td><img src="image6.png" alt="Diagram" /></td>
<td><img src="image7.png" alt="Diagram" /></td>
<td><img src="image8.png" alt="Diagram" /></td>
</tr>
</tbody>
</table>
Parents want the best for their children. They want them to receive a good education and be able to live in a healthy and safe environment. Most parents try to teach their children good morals and values so that they will grow up to be kind, responsible and considerate towards others as well as productive members of society. Part of this goal also includes the need to protect children from negative influences and harm and encourage them to reach their potential.

What kind of values and morals would you like to teach your child(ren)?

What positive influences would you like your child to be exposed to? How would you achieve this?

What kind of negative influences or harmful forces would you like to protect your child from?

If you could change one thing to make the world a better place for your child, what would that be?

All parents can contribute to making the world a better place for all children by teaching them the skills and abilities needed to reach that goal. Most of these skills must be taught
from an early age on and must be addressed consistently. Let’s take a closer look at some of these skills and values individually.

**Kindness, Not Violent Behaviors**

For adults to foster the types of positive behaviors we discussed above and prevent violent and aggressive behaviors in children, it is important for us to think about where and how children learn.

The earliest and most important teachers of children are their parents because parents usually spend the most time with their children and function as role models. Therefore, if parents display kind and responsible behaviors, their children are likely to do so as well. The children of parents who engage in violent behaviors are much more likely to become violent as well. Children who witness domestic violence, for example, often exhibit physically aggressive behaviors themselves. Also, these children often view violence as a means of problem solving and lack conflict resolution skills.

**Discussion**

*Can you think of any behaviors you or anyone else in your child’s immediate environment may exhibit that could promote violent behaviors for your son/daughter?*

*If so, can you think of strategies, resources and supports that you could use to change these behaviors?*

**ACTIVITY**

Talk about someone you trust and respect about any kind of violent behaviors that may have an impact on you and your child.

At times, particularly when people are in relationships, it can be difficult to acknowledge violent behaviors as such. In some situations very controlling or even assaulting behaviors are mistaken for caring. Some people may put up with violent behaviors because of fear or lack of financial and emotional resources. However, violence in relationships is always wrong and many times dangerous. (For more information on this issue, please refer to Module 2.) In addition, such violence can also have devastating
effects on your child’s physical and mental well being. Therefore, you owe it to you and
your child to avoid any kind of violent relationships. If you are in a relationship that is
violent, it is vital that you seek help as soon as possible. People who are violent may
promise that they will get better, but most will not be able to do so without help.

Consider the following situations:

**Susi**, 18, has been going out with **Derek**, 20, for almost two years now. They have an
eight-month-old daughter, **Jennifer**, who lives with Susi in a foster home, while Derek
lives at home with his parents. Susi is a senior in high school and is planning to attend
college in the fall. She is looking forward to going to school and plans to reside with her
daughter in family housing on campus. Derek dropped out of high school about three
years ago and works as a prep cook at a local restaurant. While Derek is a lot of fun to be
with and always pays child support, he is very jealous and often spies on Susi to find out
where she is going when he is not around. Lately, he has been accusing her of seeing
other guys that are smarter than he is. Even though Susi is assuring him that she is not
seeing anybody else, he doesn’t believe her. Two weeks ago he started pushing her and
screaming in her face even when she was holding the baby. Susi doesn’t know what to
do.

*What advice can you give to Susi? What would you do in a situation like this? What kind
of impact do you think this may have on Jennifer? Where would you turn for help?*

---

**Abigail**, 17, lives in a TLP with her one-year-old son, **Mokesh**. The father of the baby,
**Leroy**, 20, is currently serving a twelve month prison sentence for assault and battery.
Before he went to prison, Leroy hit Abigail several times. On two occasions she had to
go to the hospital because her injuries required medical attention. Abigail really likes
Leroy and doesn’t understand why he acts that way sometimes. Although he has not hit
the baby, she often wonders if he would “loose it” with him the same way he does with
her. When he gets angry, he is just overcome by rage and there is nothing that can stop
him. He has been writing her from prison regularly and told her how much he loves her
and the baby. He also told her when she went to visit him that he had changed and that
he wants to marry her as soon as he gets out. Abigail does not know what to do.

*What advice would you give to Abigail? Do you think her baby would be at risk if she
were to go out with him again? Where would you tell Abigail to turn for help?*
Kim, 20, just moved into her own apartment with her son, Carlos, age three. The father of the baby was never involved with his upbringing, but Kim’s sister, Loraine, 25, has helped her with providing for Carlos. Loraine was always there for Kim when she needed her and Carlos is very attached to her. Over the past year, however, Loraine has changed. She is moody, unpredictable, and gets angry for no apparent reason. Kim also doesn’t like the crowd her sister is hanging with. Just yesterday her sister came to her apartment and got into a big fight with Kim right in front of Carlos. She started to push her and was calling her names. She then proceeded to threaten to kill her. When Kim told her that she would call the police if she did not stop, Loraine left the apartment. Now Kim is not sure what to do.

What do you think is going on with Loraine? What advice would you give Kim? What do you think Carlos thinks and feels about the situation? If you were in Kim’s situation, where would you turn to for help?

*This kind of exposure to dangerous and harmful situations will put children at risk to be hurt and will promote violent behaviors. If you find yourself at risk of or in a violent relationship of any kind, you must seek help.

ACTIVITY
Establish a list of circumstances and events that would be warning signs of a possible violent relationship.

ACTIVITY
Research programs and resources addressing treatment and prevention of domestic violence and record your findings below.

In addition you can contact the following hotlines for help and shelter:
NATIONWIDE

- National Domestic Violence Hotline: (800) 799-SAFE

STATEWIDE

- SafeLink 24-hour hotline (877) 785-2020 (English/Spanish) TTY: (877) 521-2601
- Casa Myrna Vazquez 24-hour hotline (Boston Area): (800) 992-2600 (English/Spanish)
- Jane Doe, Inc. (617) 248-0922, M-F, 9a.m. - 5p.m. www.janedoe.org
- Police Emergency: 911
- Directory Assistance (For phone numbers of local battered women’s shelters & services): 411
- Victim Compensation and Assistance Division, Office of the Attorney General (617) 727-2200
- Asian Shelter/Advocacy Project (617) 338-2355
- Network for Battered Lesbians (617) 236-7233

BOSTON AREA

- Boston: Casa Myrna Vazquez, (800) 992-2600 Renewal House, (617) 556-6881
- Cambridge: Transition House, (617) 661-7203
- Chelsea: Harbor Cove, (617) 884-9909
- Dorchester: Mary Lawson Foreman House of Casa Myrna Vazquez, (800) 992-2600
- Jamaica Plain: Elizabeth Stone House, (617) 522-3417 FINEX House, (617) 288-1054
- Somerville: Respond, (617) 623-5900

CAPE COD AND THE ISLANDS

- Hyannis: Independence House, (800) 439-6507
- Martha’s Vineyard: Women’s Support Services, (508) 696-7233
- Nantucket: A Safe Place, Inc., (508) 228-2111

SOUTH OF BOSTON

- Attleboro: New Hope, (800) 323-4673

- Brockton: Woman’s Place Crisis Center, (888) 293-7273 Brockton Family & Community Resources, (508) 583-5200
- Fall River: Our Sister’s Place, (508) 677-0224 Women’s Center/SSTAR, Inc., (508) 675-0087
- New Bedford: Greater New Bedford Women’s Center, (508) 999-6634 or (888) 839-6639
- Norwood: New Hope, (800) 323-4673
- Plymouth: South Shore Women’s Center, (888) 746-2664
- Quincy: DOVE (Domestic Violence Ended), (617) 471-1234
- Taunton: New Hope, (800) 323-4673

NORTH OF BOSTON

- Haverhill: Women’s Resource Center, (800) 400-4700
- Lawrence: Women’s Resource Center, (800) 400-4700
- Lowell: Alternative House, (978) 454-1436
- Malden: Services Against Family Violence, (781) 324-2221
- Newburyport: Women’s Crisis Center of Greater Newburyport, (978) 465-2155
- Salem: HAWC (Help for Abused Women and Their Children), (978) 744-6841

WEST OF BOSTON

- Framingham: Women’s Protective Services, (508) 626-8686
- Gardner: Women’s Resources, (877) 342-9355
- Greenfield: NELCWIT (New England Learning Center for Women in Transition), (413) 772-0806
- Holyoke: Women’s Shelter/Companeras, (413) 536-1628
- Leominster: Women’s Resources, (877) 342-9355
- Northampton: Necessities/Necesidades, (888) 345-5282
- Pittsfield: Women’s Services Center, (800) 593-1125
- Springfield: YWCA of Western Mass.-ARCH (Abuse and Rape Crisis Hotline), (413) 733-7100
- Waltham: Support Committee for Battered Women, (800) 899-4000
- Webster: New Hope Inc., (800) 323-4673
- Westfield: YWCA- New Beginnings, (800) 479-6245
- Worcester: Daybreak, Inc., (508) 755-9030
Other Factors that Contribute to Aggressive and Violent Behaviors
Other factors, such as television also can contribute to an increase in violent and aggressive behaviors in children. Children who watch too much TV and watch show that are violent are proven to behave more aggressively than those whose TV time is limited and who are restricted from watching violence. Actually, research studies prove that children who watch violence on TV frequently will become more aggressive as teenagers and adults and are at a higher risk of getting into trouble. However, not all television programs are bad. Some programs, particularly those offered on public television channels, can be positive and educational. Parents must be familiar with the contents of the television shows they allow their children to watch.

ACTIVITY
Research children’s television programs and select three shows you would and would not allow your child to watch. Record your findings below.

<table>
<thead>
<tr>
<th>TV Programs I Would Not Allow My Child to Watch</th>
<th>Reason for My Decision</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TV Programs I Would Allow My Child to Watch</th>
<th>Reason for My Decision</th>
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</thead>
</table>

Videos can be an alternative to TV because they allow parents to control the content of the program material. Also, children often enjoy watching their favorite stories and movies more than once.

ACTIVITY
Evaluate the content and messages of five children’s videos and rate them accordingly.

<table>
<thead>
<tr>
<th>Title:</th>
<th>Reason for my choice:</th>
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<tbody>
<tr>
<td>#1</td>
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<td>#2</td>
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<td>#5</td>
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As stated previously, in addition to the kind of shows children watch, the length of time spent watching television is also an important factor in a child’s development. While television occasionally can help parents keep their children busy while they perform necessary household chores, TV cannot assume the role of a surrogate parent. All too often parents are tempted to let their children watch too much television because it keeps them occupied with a minimal amount of work and investment on the parent’s part. However, watching too much TV can also have a very negative effect on the child’s physical health due to the lack of exercise. In addition, a child’s development of social and coping skills may be also be impacted by too much television. Children need opportunities to interact with their peers in order to develop social skills and learn how to maintain positive relationships. In addition, intellectual development may be impaired by deprivation of stimuli other than TV.

**Consider the following:**

**Mary**, 19, often watches television while her 28-month-old son, Raymund, is sitting on the couch with her. Most of the time Mary is watching “R” rated movies that contain violence and bad language. When Raymund’s dad comes to pick him up for his weekly visit, he tells Mary that she should not watch that kind of stuff when Raymund is around. Mary tells him that Raymund is too young to understand anything that is going on. But Raymund’s dad insists that she should not watch these movies in his son’s presence.

*What do you think? Who is right? What would you do?*

---

When **Emma’s** five-year-old son, Austin, returns from kindergarten, he storms in the house and switches on the television. When asked what he is doing, Austin replies that he wants to watch this “really cool show” everyone in his class is talking about. Emma knows, however, that the show contains a lot of violence, so she tells Austin that she does not want him to watch the show. Austin starts crying and begs his mom to let him watch. He states that he would be the only kid not allowed to watch and all the other kids would think that he was weird if he could not talk with them about today’s episode of everyone’s favorite action heroes.

*What would you do?*
Ernest, 18, is the father of three-year-old twin boys. He shares the responsibility of caring for them with their mother, Arlene. When Ernest takes care of the children, he lets them watch a lot of videos. Actually, Ernest has about 30 children’s movies and many times the twins watch them all day long. When Arlene tells him that she doesn’t like them watching that many videos, he replies that it is not a big deal. They like watching videos and do not want to do anything else. In addition, Ernest states that their watching TV also allows him to get work done around the house and to study for college. He proceeds to tell Arlene that he is going to college to eventually earn more money and pay more child support, which would improve the lives of the twins in the long run. But Arlene insists that he should limit the number of videos he lets the kids watch, because when they return to her house they are “wild” and out of control.

What do you think? Who do you think is right? What would you do if you were Ernest/Arlene?

Toys

The kind of toys your child plays with and the kind of play he/she engages in also influences behaviors and attitude towards violence. If hurtful and aggressive interactions are a part of your child’s everyday play, he/she is at risk to become desensitized to violence in general. Therefore, you need to know your child’s play and be selective in picking out toys. Many action figures, for example, promote violent play and often also imitate violent interactions observed on TV. Children who frequently play with toy guns and are involved in games, such as “laser tag” may have more difficulty understanding that shooting and killing is lethal and wrong.

ACTIVITY

Evaluate your child’s play and the toys he/she plays with and record your findings below.

My child’s favorite games are:

My child relates to others in the following ways:

My child exhibits the following behaviors when he/she is angry or frustrated:

My child’s favorite toys are:
Positive Role Modeling

In order to learn how to behave appropriately in social interactions, children need to observe positive interactions by the adults around them. They need to learn how to solve arguments without aggression/violence by seeing their parents and other adults in their lives demonstrate positive conflict resolution skills. While disagreements are a normal part of everyone’s life, it is important to teach our children how to deal with them in a productive and non-violent way. To be able to do so we have to think about our own attitudes and skills.

Consider the following:

Robert, 21, is the father of five-year-old Nathan. Robert is a previous gang member who had some really bad experiences with violence. Therefore, it is very important to Robert to teach his son about the dangers associated with violent behaviors. He teaches Nathan that violence and aggression lead nowhere. However, their six-year-old neighbor has recently started pushing Nathan around and often takes his toys away. Nathan has asked his Dad what to do. Robert does not know what to tell his son. On the one hand, he does not want him to solve this problem through fighting back. On the other hand, he also wants Nathan to learn to stand up for himself and not let other kids walk all over him. He also does not want to intervene by telling the neighbor what to do because he thinks that that would not be a long-term solution.

What do you think? What advice would you give to Nathan?

Complete the following:

How do you handle conflict?

How do you want your child to handle conflict?

Which skills do you have to teach your child how to use non-violent conflict resolution?

Anger and Impulse Control

In addition to teaching your child positive conflict resolution skills, you may also want to address how your child deals with anger and impulse control. (For more information, refer to the section on discipline/understanding your child’s needs and behaviors in this module.) It is important for parents to understand that anger, just like happiness and sadness, is a normal emotion. However, anger should be expressed in appropriate ways and should be proportionate to the event that has caused the emotion. Often we confuse the behavior associated with anger with the emotion, itself, and in an attempt to control
behaviors, deny our child the emotion. Unfortunately, if we don’t help children distinguish between the two, they will become confused, frustrated, and more likely to act out their anger.

Consider the following:

Samuel, age three, is playing with his friend, Nat, also age three. Nat takes Sam’s favorite toy away. Sam responds by getting angry and proceeds to hit Nat on the head with a wooden block. Sam’s mother who has observed the interaction intervenes by telling Sam that he is a bad boy and needs to go into time out.

What do you think Sam thinks and feels?

Would your response be the same?

How can Sam’s mother help him to react differently in the future?

Another factor to consider in raising well adjusted and non-violent children is that research has proven that children who learn to delay gratification and can control their impulses get along much better with others, are less likely to commit crimes, and are more likely to succeed in life than those who do not.

Consider the following:

Jerome, age 4, has always been very impulsive and impatient. He has a hard time waiting for anything and gets very angry if things don’t go his way. When Jerome goes grocery shopping with his mother, Charlette, 20, and they pass the candy aisle, Jerome often demands that his mother buy him candy. When his mother tells him that he has to wait or that she is not going to buy him any, Jerome throws himself on the floor and starts kicking and screaming. Charlette does not know what to do in these situations. She wants to teach her son that he will have to wait sometimes or that he will not always get what he wants. Furthermore, she wants to teach him that kicking and screaming will not get him anywhere. On the other hand, these situations are quite embarrassing and it seems easiest to just let him have his way. Also, Charlette tells herself that Jerome is still young and has a lot of time to learn how to control himself.

What would you do in Charlette’s place?

At what age do you think children should start to work on controlling impulsive and angry actions?
If he does not learn how to deal with his impulses, how do you think Jerome will be as an adolescent or adult?

It is also important to role model leadership skills and convey our belief that we can make a difference. We must teach our children to stand up for their beliefs without engaging in violent and destructive behaviors. Rather than followers, we want to raise responsible children who have the ability to make good and informed choices. We do not want our children to be negatively impacted by the influence and action of others. Instead, we would like them to be able to make positive changes in society and possibly improve the lives of others.

**Vivian** lives in a pretty violent neighborhood with her daughter Kirsten, age 4. Every day they hear police sirens and witness people fighting. Also gangs of youth roam through the neighborhood and Vivian suspects that some of them are into selling and using drugs. Vivian tries to keep her daughter away from all this and usually keeps to herself. When Kirsten asks her mother if she can play outside with her, Vivian replies that it is too dangerous. One day, two of her neighbors approach Vivian and ask her if she is interested in joining the other mothers of the housing complex in establishing a mothers against violence initiative that will focus on making their neighborhood a safer place for the children. Vivian is not sure what to do. She agrees that the conditions in the housing complex are unsafe but she doesn’t want to get involved and thinks that there is nothing anybody can do to change the situation anyway.

*What would you do? Do you believe that these mothers could make a difference in curbing violence at their housing complex?*

Consider your own situation. Do you think you can make a positive difference for your child and maybe other children in your neighborhood? Why or why not?
In which kinds of situations do you think you can role model leadership skills for your child?

Finally, list any additional strategies and ideas on how you could raise your child to become a considerate, non-violent member of society who may help make the world a better place.
OUR ENVIRONMENT

The environment we live in is our lifeline. The world around us provides us with shelter, nourishment and the air we need to survive. Without any of these resources, we could not exist. The environment, therefore, becomes a precious resource we need to appreciate and protect for our own as well as for our children’s and their children’s sake. It is our responsibility to leave future generations a world that will provide for them what it has given us. The environment is a delicate and complex structure influenced by many factors. Its ecological balance is fragile, and even seemingly small changes somewhere on the globe can bring devastating consequences for all living beings. You may know that the deforestation of the rain forest in Brazil has a major effect on the climate control around the world. You may also have heard about the growing hole in the ozone layer above Antarctica. You may have even asked yourself what this has to do with you or this country. The answer to that is quite simple. You and your child are affected by these ecological issues. While politicians recognize borders, the environment does not. Consequently, the world depends on every single human being to help save the environment from pending ecological disaster. Every single one of us has to contribute in this effort.

What do you think you might be able to do to help save the environment?

ACTIVITY

Call your city or town hall to find out what environmental protection programs your community has to offer.

As you probably found out through your research; there are many different ways that we can all help protect the environment.

RECYCLING

Almost all cities, town and communities offer recycling programs. Materials, such as paper, cardboard, plastic, aluminum and glass are collected, washed and used to make new products. By reusing these materials, valuable resources, such as trees, can be saved.
By purchasing products made of recycled materials you will also help the environment. While these products are often a little more expensive than those made of non-recycled materials, they are a good investment in our future if you can afford them.

**ACTIVITY**

*Participate in your local recycling program. For information on your local recycling initiative, call ECOL at (800) 800-6881.*

**TRANSPORTAION**

Car emission is one of the major contributors to air pollution in the world. It not only affects the quality of air we breathe and presents possible long-term health consequences, but it’s also responsible for the hole in the ozone layer. This layer protects the earth from harmful and potentially deadly rays of the sun. For example, the increase in skin cancer has partly been related to the decrease of ozone.

Many people assume that there is nothing they can do to help ease these concerns, and that’s very unfortunate for us all since apathy will only make the present situation much worse. **We can make a difference!** By taking public transportation and participating in car pools, you can help decrease pollution. Also you may want to ride a bike if you live in an area where you can do so.

**ACTIVITY**

*Evaluate your transportation needs and habits and think about how you can adjust these to help improve the environmental concerns mentioned above.*

**ENVIRONMENTAL CONCIOUSNESS**

Sometimes little adjustments in our day-to-day actions can have a tremendous positive effect on the environment.

- Take along canvas bags for your groceries and other purchases when you go shopping, so you won’t have to waste resources needed to make paper or plastic bags. If you forget your bags, remember to recycle the plastic and paper ones.

- Do not purchase sprays and products that contain aerosol, which contributes to the reduction in ozone. Instead, purchase hand pumps. They may be somewhat more inconvenient, but much healthier.

- If you need to dispose of a refrigerator or air conditioner, bring it to a recycling/disposal location where the chemicals in the appliance can be processed properly, without harm to the environment. If inappropriately disposed of, these appliances are very harmful to the ozone layer.
• Organically grown fruits and vegetables have not been sprayed with pesticides so they are generally considered more healthful. They are also more expensive to purchase, unfortunately.

• All chemical products are potentially hazardous to the environment. Be sure to dispose of chemicals, paints, etc. in a safe and environmentally sound way. Even regular batteries are potentially harmful to the environment if not disposed of properly. You may, therefore want to consider using rechargeable batteries instead. Many towns have special days for recycling toxic products. Call your town hall or ECOL at (800) 800-6881.

• Conserving energy and resources is another very important step to take in order to preserve our world. Since our resources are limited, we have to be careful using them. Taking a shower instead of a bath, for example, saves a considerable amount of water. Not turning the air conditioner on until the house temperature has reached 75 degrees will save electricity. Purchasing cars that get good gas mileage will preserve oil resources and air quality.

• Products made out of natural materials, such as wood and cotton, are biodegradable while products made out of man-made materials, such as rubber and plastics (including disposable diapers) are not. Therefore, products that are not going to break down will clutter our overburdened landfills for hundreds of years. So, purchasing products made of natural materials will help reduce our trash problem.

*Can you think of additional things you can do to help preserve the environment?*

*Can you think of any activities, projects or games that would help you teach your child about the environment and our responsibility to help preserve it?*
## EDUCATION AND CAREER PLANNING FOR TEEN PARENTS

### SKILL ASSESSMENT

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
<thead>
<tr>
<th></th>
<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know why educational and career planning is important for teen parents</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>Am aware that pregnancy and parenthood are no reason to drop out of school</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>Know that many high schools and GED programs offer support services to pregnant and parenting teens.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>Know how to obtain daycare for my child while I am attending school.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5.</td>
<td>Know that a good education will increase the likelihood of obtaining a better job with more pay.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6.</td>
<td>Know about higher education options.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7.</td>
<td>Am aware of financial aid options, such as scholarship, loans and grants.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8.</td>
<td>Know about various careers and occupations.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9.</td>
<td>Am aware of vocational training courses and options.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.</td>
<td>Have established a long-term career and education plan.</td>
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</table>
You have now completed the assessment section and identified those education and career planning skills for teen parents that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice skills. Choose a few skills that you want to develop, and with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build on your skills.

**EXAMPLE GOAL:**
**IMPROVE EDUCATION & CAREER PLANNING**

**State Skill 1:**

To establish a long-term career/education plan.

- **Plan:**
  - Research my career interests.
  - Research higher education options.
  - Research financial aid and scholarship options.

- **When:**
  - Once a week for 1 hour for the next 4 weeks.
  - Once a week for 2 hours for 4 weeks.
  - Once a week for 2 hours for 4 weeks.

- **Who:**
  - Myself, my guidance counselor and my foster parent(s).
  - Myself, my guidance counselor and my social worker.
  - Myself, my guidance counselor and my social worker.
**GOAL: WORK ON EDUCATION & CAREER PLANNING SKILLS FOR TEEN PARENTS**

<table>
<thead>
<tr>
<th>State Skill 1: To be developed and/or improved.</th>
<th>Plan: How do you plan to learn, develop and improve this skill?</th>
<th>When: When, where, and how often will you work on this skill and by when will you have mastered this?</th>
<th>Who: Who will assist you?</th>
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<tr>
<th>State Skill 2: To be developed and/or improved.</th>
<th>Plan: How do you plan to learn, develop and improve this skill?</th>
<th>When: When, where, and how often will you work on this skill and by when will you have mastered this?</th>
<th>Who: Who will assist you?</th>
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EDUCATIONAL/CAREER PLANNING FOR TEEN PARENTS

Educational and career planning is an important part of everyone’s life since it will certainly affect each person’s future. The level of education we have and the kind of work we do often determines the level of job satisfaction we experience as well as how much money we earn. Also, our jobs can influence our sense of self-worth and self-esteem.

In addition, educational and career planning is of particular importance for younger parents because they not only have to support themselves, but also their children. Also, when parents like their jobs, they are more likely to be inspired to keep them. In consequence, they will be able to maintain their source of income and provide a stable and secure environment for their children.

Discussion:

*What do you think? Do you believe that educational and career planning is important for parents? Why or why not?*

Unfortunately, even if education is an important value in their lives, some your parents may think that school or vocational training is not an option for them for a variety of reasons.

*Consider the following:*

**Allison,** 18, has a 16-month-old daughter and lives in a program for pregnant and parenting teens. She is attending a GED program but has not made a lot of progress lately; actually, she is thinking about dropping out. When her staff talk to her about this, Allison gets frustrated and states that she really want to go to college but won’t be able to pay for it. Therefore, she feels like giving up and not even trying to get he GED.
What do you think? Do you agree or disagree? What advice would you give Allison?

College is a definite possibility for young parents interested in higher education. There are many different financial aid options available, such as grants, loans and scholarships. (For more information on financial aid, see Module 3.) In addition, there are a number of private and public colleges that offer year round housing for pregnant and parenting youth and other support services, such as on-ground childcare and parenting groups.

**ACTIVITIES**

- Visit your local public library and inquire about colleges offering support services to young parents.

- Talk to someone who was parenting while continuing his/her education about the experiences and rewards of attending college or vocational training.

- Visit a college of your choice and take a tour of the campus.

- Research financial aid and scholarship options.

While college may not be the right plan or desirable for everyone, there are many other career-training opportunities available that many young parents may not have though about.
Consider the following:

Tyrone is 17 and has a two-year-old son, Nicholas. Tyrone never liked school and was also diagnosed with several learning disabilities. He feels really bad about himself because he can’t read all that well. He is hopeless about his future and thinks that he will never be able to become a professional member of the work force. However, Tyrone enjoys animals and is very talented and patient in dealing with them.

What do you think? What kind of advice would you give Tyrone?

There are many short-term certification programs available to youth interested in learning specific skills. These courses range in duration from six weeks to twelve months. While some courses can be quite expensive, such as beauty school, others, such as home health aid and nurses aid are offered free of charge. (For those courses with fees, however, financial aid is available in most cases). Prerequisites will, of course, vary. Some courses require a GED or a high school diploma; others do not. Some vocations may surprise you. Tyrone, for example, could choose to become a dog groomer. If he did, his interest in working with animals would be met and he would not have to fulfill any prerequisite requirements.

Remember, it is always the best option to obtain a high school diploma or a GED.

To determine what kind of education and career opportunities may be right for you, complete the educational and vocational assessment sections in Module 3 (Education and Employment).

ACTIVITY
Visit your local office of employment and training and inquire about career options that reflect your long-term interests. (Note: some unemployment offices have specific names such as “Career Link.”)
✓ Talk to a career or guidance counselor about vocational and educational opportunities.

✓ Talk to friends and people you know about their jobs and career choices.

Complete the following to record your findings:

<table>
<thead>
<tr>
<th>My interests are:</th>
<th>Possible career opportunities:</th>
<th>Educational requirements:</th>
<th>Suitable for parents? (Hours, income, day care, etc.)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

By using the format below, evaluate your options and develop your career and educational plan, including time frames.
CAREER EDUCATION PLAN
EXAMPLE 1:

Me, 19--
high school
11th grade

CONSIDER THE IMPACT OF MY
CHOICES ON MY CHILD.
• Better education and training
  will make me a better
  provider for my child.

• Research career interests
• Take SAT's
• Research colleges & financial aid
• Tutoring in math

Me, 19--
high school
12th grade

I have to plan for higher education
and research programs and colleges
that offer on-site day care so I can
visit my child during breaks.

• Apply to colleges & for financial aid
• Enroll in Community College

HIGH SCHOOL
GRADUATION!!!

Now that I am enrolled
in college, I have to adjust my
schedule to make time for
my child, school and
homework.

Me, 200--
1st year
Comm. College

Me, 200--
B.A. in ???

I made it! And, I even have a job
at one of the places where I did an
internship. With the money I earn,
I will finally be able to buy a new
bedroom set for my child and even
a car.

• Reapply for financial aid

Me, 200--
2nd year
Comm. College

• Transfer to four-year college
• Reapply for financial aid

Me, 200--
3rd year
College

In planning for work, I also have to
think about child care arrangements,
transportation, etc.

• Reapply for financial aid

Me, 200--
2nd year
Comm. College

I have made it so far! I want to be
a positive role model for my child.
CAREER EDUCATION PLAN
EXAMPLE 2:

CONSIDER THE IMPACT OF MY CHOICES ON MY CHILD.
- Better education and training will make me a better provider for my child.

I made it! With the money I earn, I will finally be able to buy a new bedroom set for my child and even a car for myself.

Research career interests
Research vocational training programs

Me, 19--
in a GED program

I have to plan for vocational training and research programs that offer on-site day care so I can visit my child during breaks.

In planning for work, I also have to think about child care arrangements, transportation, etc.

Apply to training/certificate programs
Apply for financial aid

GED CERTIFICATE

Me, 200--
Enroll in Nurse's Aide Training Program

I have made it so far! I want to be a positive role model for my child.

Long-Term Educational Goal:
NURSE'S AIDE

Me, 200--
GRADUATE
Nurse's Aide Training Program
**HOUSING**

**SKILL ASSESSMENT**

The following questions will help you identify the skills in which you excel and target those which you need to develop. By yourself or with your team, try to answer each of the questions as honestly as possible. After completing this independent living skill assessment, review it with your team and identify those skills you would like to strengthen.

<table>
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<th>I do not know about this</th>
<th>I need to know more about this</th>
<th>I know about this</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Know the type of living arrangement I would like.</td>
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<tr>
<td>2.</td>
<td>Know what to think about when deciding what neighborhood to live in (available housing, cost, childcare, public transportation, safety, etc.)</td>
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<td>3.</td>
<td>Know that I have to establish a savings plan for first and last months rent, furniture, household items, etc.</td>
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<td>4.</td>
<td>Am aware of housing options, such as apartment rental, family housing on campus and subsidized housing.</td>
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<td>5.</td>
<td>Know how to apply for subsidized and Section 8 Housing.</td>
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<td>6.</td>
<td>Am aware that waiting lists for subsidized housing are long.</td>
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<tr>
<td>7.</td>
<td>Am aware that I may or may not qualify for subsidized housing and/or Section 8 Housing.</td>
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<tr>
<td>8.</td>
<td>Know who can assist me in my housing search/</td>
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<td>9.</td>
<td>Can determine how much money I can afford to pay for housing and keep within my budget.</td>
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<td>10.</td>
<td>Know how to find housing using the classified sections in the newspaper.</td>
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<td>11.</td>
<td>Understand the abbreviations and terminology, lease, heat included, furnished, etc.</td>
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<tr>
<td>12.</td>
<td>Know how to fill out rental applications which include referrals, references.</td>
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<tr>
<td>13.</td>
<td>Know what questions to ask and what to look for when checking an apartment (condition of apartment, lead paint, child safety, security deposit, etc.)</td>
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<tr>
<td>14.</td>
<td>Know the importance of reading a lease or rental application carefully and am able to answer all the questions.</td>
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<tr>
<td>15. Can arrange for utilities (telephone and electricity) to be connected and know the approximate start-up costs.</td>
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<tr>
<td>16. Understand which utilities I need to pay for and can budget for these monthly costs.</td>
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<tr>
<td>17. Know how to child proof an apartment, e.g. outlets, windows, etc.</td>
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<tr>
<td>18. Know what to do to maintain an apartment.</td>
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</tbody>
</table>
You have now completed the assessment section and identified those housing skills that you would like to strengthen in order to make better decisions on your own. The following guide can help you in planning how you can learn about and practice these skills. Choose a few skills that you want to develop and, with your team, write down your plan of action. Remember, once you accomplish these goals you can go back to your assessment tool and select new goals to build your new skills.

**EXAMPLE**

**GOAL:** IMPROVE HOUSING SKILLS

<table>
<thead>
<tr>
<th>State Skill 1:</th>
<th>Plan:</th>
<th>When:</th>
<th>Who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need to plan a housing start-up budget.</td>
<td>I will determine needs and costs of furniture, baby and household items.</td>
<td>Two hours a week for the next 2 weeks</td>
<td>Myself and my TLP staff</td>
</tr>
<tr>
<td></td>
<td>I will evaluate whether or not I am eligible for subsidized housing.</td>
<td>Four hours this week</td>
<td>Myself and my social worker.</td>
</tr>
<tr>
<td></td>
<td>I will establish a savings plan to save for start up costs.</td>
<td>Two hours a week for the next 3 weeks</td>
<td>Myself and my TLP staff.</td>
</tr>
</tbody>
</table>
GOAL: WORK ON HOUSING SKILLS

State Skill 1:
To be developed and/or improved.

Plan:
How do you plan to learn, develop and improve this skill?

When:
When, where, and how often will you work on this skill and by when will you have mastered this?

Who:
Who will assist you?

State Skill 2:
To be developed and/or improved.

Plan:
How do you plan to learn, develop and improve this skill?

When:
When, where, and how often will you work on this skill and by when will you have mastered this?

Who:
Who will assist you?
Moving out on your own is a big step. You will have to plan for this event long before you will actually live independently, and you will need to prepare for this move with the help of your biological or foster family, teen living program staff, your social worker, and friends. By the time you move out, you must have saved some money for the start-up costs. You will have to know where you want to live. You will need a steady income, a support system, child care and you will have to be ready.

The Planning Stage

The better you have planned and prepared for moving out, the more successful you will be. There are many things to be considered and many decisions to be made. Before deciding what kind of living arrangement would best fit your needs, you have to think about the geographical area you would like to live in. Be sure to consider such factors as availability of support systems, transportation, and location of work or school while making your choice.

Which community would you like to live in?

Why? Explain your choice:
Another important part of preparation to move out is the financial aspect. You will need to save money for leaving care. The amount to be saved greatly depends on your future plans, anticipated living situation, and preferences.

**START UP COSTS / SAVING FOR LEAVING CARE**

You will also have to save some money before moving out on your own. The amount of money to be saved depends on your plans for life after care.

*How much money do you think you will need to move out on your own?*

Let’s evaluate your estimate by taking a closer look at the start up costs associated with living independently.

**Rent and Security Deposit**

Landlords usually require the first and last month’s rent before allowing a new tenant to move into an apartment. (For more information, refer to Module IV.) *Given the amount you budgeted for rent, how much do you think you would need for a security deposit?*

* I would need $ _______________

**Utility Deposits and Initial Service Fees**

Some utility companies require security deposits or charge initial service fees. You will be charged, for example, $37 by the phone company to initially connect your phone.

**ACTIVITY**

Call all appropriate utility companies and inquire about security deposits or initial service fees and list them below.
Security Deposits/Initial Service Fees

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>$__________</td>
</tr>
<tr>
<td>Electric</td>
<td>$__________</td>
</tr>
<tr>
<td>Gas</td>
<td>$__________</td>
</tr>
<tr>
<td>Oil</td>
<td>$__________</td>
</tr>
<tr>
<td>Cable</td>
<td>$__________</td>
</tr>
</tbody>
</table>

**TOTAL** $__________

Food, Cleaning Supplies, and Personal Care Items
When you start to live independently, your initial costs for food, cleaning supplies, and personal care items will be somewhat higher for the first few weeks than you estimated in your ongoing personal budget. With that in mind, establish how much you would have to spend for food and household items for the first two weeks when living independently.

**To be purchased:**

I would need $__________

Furniture, Appliances, and Household Items
Before you move into your own apartment, you will need at least basic furniture, household items, and appliances. Some things you might be able to get from relatives, friends, or foster parents while it will be necessary to purchase others. You might choose to buy some items used, although some might only be found in department stores. (For more information, refer to Module IV.)

**ACTIVITY**
Use the following checklist to estimate the costs of listed items by pricing them in new and used furniture stores, flyers, newspaper ads, and department stores.
## Furniture/Appliances/Household Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Have It</th>
<th>Need It</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Crib/rib bumpers</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Changing table</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>High chair</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Shelf or box for toys</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Safety gates</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Stroller</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Couch</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Table</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Chairs</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Lamp</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Bed/crib sheets/blankets</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Towels</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Bottles</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Pots &amp; pans</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Dishes</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Silverware</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Cooking utensils</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Toaster</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Microwave</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Can opener</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Toilet plunger</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Shelf</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Bureau</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Dresser</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Television</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
<tr>
<td>Stereo system</td>
<td>□</td>
<td>□</td>
<td>$_____________</td>
</tr>
</tbody>
</table>
Desk

First aid kit, including infants/children’s Tylenol, syrup of ipecac, thermometer

Curtains/blinds/shades

Toys

Baby monitor

Baby bath tub

Total

After adding the prices of each individual item, how much would you budget for household items, furniture and appliances?

I would budget $__________

Miscellaneous and Emergency Costs

It would be a good idea to budget for some unexpected or miscellaneous costs when first moving out. For example, you should consider the cost of a moving van or rented truck if you are planning to use one.

Are there costs which are not yet covered in your start up expenses? Can you think of situations where some unexpected expense might come up? If so, describe.

How much would you budget for miscellaneous or unexpected expenses?

I would budget $__________
To estimate your start up costs, add up all individual items.


FIRST MONTH’S RENT AND LAST MONTH’S RENT/SECURITY DEPOSIT


UTILITY SECURITY DEPOSITS/INITIAL SERVICE FEES


FOOD, CLEANING SUPPLIES, PERSONAL CARE ITEMS


FURNITURE, APPLIANCES, HOUSEHOLD ITEMS


BABY SUPPLIES/FURNITURE


MISCELLANEOUS AND UNEXPECTED EXPENSES


TOTAL ESTIMATE OF START UP COSTS

Your total estimate of start up costs might seem like a lot of money to you. As you did with your personal budget, however, you can review each item and evaluate whether or not you can get by with less money. Once you have established your final total, you will need to develop a savings plan.

**ACTIVITY**
Estimate how much you will have to save each month to reach your goal prior to leaving care.

I would have to save $________________ per month.

*Will it be easy or difficult for you to save this money? Describe.*
What could get in the way of reaching your savings goal?

If you have difficulty saving money in the bank, you can put items on layaway or purchase household items before moving out. Develop strategies with your foster parent, social worker, or teen living program staff to help you save for your start up costs.

My strategies are:

Finding an Apartment

Finding an apartment can be difficult for young parents starting out. Some landlords prefer not to rent to young tenants due to the lack of references, potential income restrictions, and general concerns about possible difficulties. In addition, landlords have to obey safety restrictions pertaining to children, such as providing a lead free environment. It might take some time, therefore, to find an apartment. However, if you present yourself as a responsible tenant and have proof of a steady income, you will be able to find an apartment which best suits your needs.

Imagine for a moment that you are a landlord. What kind of qualities would you look for in a tenant?
Landlords usually ask potential tenants to fill out a rental application to evaluate whether or not the applicant will be responsible and financially stable tenant. So be prepared to provide the following information:

Name: __________________________________________________________________
Current Address: __________________________________________________________________
Telephone number:
  (Daytime): ________________________________________________________
  (Evening): ________________________________________________________

Current Employer: ________________________________________________________
Address: __________________________________________________________________
Salary: __________________ Supervisor: _____________________________________
  Supervisor’s phone number: ________________________

List your previous addresses below, beginning with the most recent.

Address: __________________________________________________________________
Monthly Rent: _________________ Landlord: _________________________________
  Landlord’s phone number: ____________________
Address: __________________________________________________________________
Monthly Rent: _________________ Landlord: _________________________________
  Landlord’s phone number: ____________________
Personal Finances

Checking Account Number: ________________________________________________
Current Balance: _________________________________________________________
Savings Account Number: ________________________________________________
Current Balance: _________________________________________________________
Credit Card Company: _____________________________________________________
Credit Card Number: ______________________________________________________
Expiration Date: __________________________________________________________
Driver’s License Number: _________________________________________________
Expiration Date: _________________________________________________________

References

Name: __________________________________________________________________
Address: ________________________________________________________________
Telephone number: _______________________________________________________
Relation to you: __________________________________________________________

Name: __________________________________________________________________
Address: ________________________________________________________________
Telephone number: _______________________________________________________
Relation to you: __________________________________________________________

It is important to answer all these questions correctly. Failure to do so can have legal consequences!

Remember to ask permission before listing anyone’s name as a reference.

Before you can begin your search, you will have to establish what you are looking for in an apartment.
ACTIVITY
Use the following exercise to determine your needs and what is important to you by circling the item which best reflects your preference.

Would you prefer to:

Live in a small 2 bedroom apartment  Live in a large 1 bedroom apartment
Have off-street parking  Be close to public transportation
Live in an apartment complex  Live in a duplex
Pay more rent with utilities included  Pay less rent with utilities extra
Have carpeting  Have hardwood floors
Have a modern kitchen  Have a modern bathroom
Live on the first floor  Live on the third floor
Have plenty of closet space  Have a lot of cabinet space
Have air conditioning  Have secure doors and windows
Have a dark apartment  Have a light apartment
Rent a furnished apartment  Rent an unfurnished apartment
Live in a safe neighborhood  Live closer to downtown
Have a dishwasher  Have access to a washer & dryer
Live in a bigger, older apartment  Live in a newer, smaller apartment
Live close to a playground  Live close to a park
Live in a neighborhood with lots of children  Live in a good school district
Live on a main street  Live on a side street

Can you think of additional qualities that are important to you in an apartment? If so, list them below.
Other considerations before deciding on an apartment are utilities. Some apartments have utilities, such as gas and water included in the rent, which is, therefore, somewhat higher. Other landlords require tenants to pay their own electric and gas bills, charging lower rent. *(Note: For more information, refer to the “Utilities” section in this module or the “Budgeting” section in Module I.)*

**What do you think would be the advantages and disadvantages of:**

<table>
<thead>
<tr>
<th>Utilities included in rent</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Utilities excluded from rent</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>

**Which of the options would you prefer and why?**
Prior to looking for an apartment, you will also have to decide whether or not you are willing to sign a detailed rental agreement, called a lease. Most landlords require tenants to sign a lease, which defines responsibilities and expectations for both parties. Leases offer protection to the tenant and the landlord. They are legal documents and, therefore, binding. By signing a lease, tenants usually commit to keeping the apartment for 12 months and are held financially responsible for the rent during this period. Leases also specify rules and restrictions for tenants, i.e. pets, use of the apartment facilities (pool, laundry), noise levels, parking, etc. Most leases also require that tenants do not sublease (rent the apartment to someone else) without permission.

In general, a lease is considered a legal contract whose conditions are agreed upon when both the tenant and the landlord sign their names. So be sure to read the entire agreement carefully and thoroughly before you sign a lease.

**ACTIVITY**

Read the sample lease below and answer the questions which follow.

This 1st day of September, 19__, _____________________________________________
herein called (“Lessors”) hereby lease to _______________________________________
herein called the (“Lessee”) the following premises:  A first floor apartment located at _____________________________________________________________.

Rent per month:  Six Hundred Thirty Five Dollars ($635.00), term:  12 months, commencement date:  September 1st, 19__.

1. Rent
The monthly rental to be paid by the Lessee for the apartment shall be as indicated above to be paid on the 1st day of each and every month, in advance, so long as this Lease is in force and effect.

2. Security Deposit
The Lessor agrees to hold the security deposit of Six Hundred Thirty Five dollars in an interest bearing escrow account, as a security deposit for the full, faithful, and punctual performance by the Lessee of all lawful covenants and conditions of this Lease. It is understood that this security deposit may be applied to damages caused by the Lessee. The Lessors will return the security deposit, less the amount applied to damages, with interest as required by law and make a full accounting to the Lessee for all damages applied within 30 days after the building is vacated. It is further understood that the security deposit is not to be considered prepaid rent, nor shall damages be limited to the amount of this security deposit.

3. Pets
The Lessee shall notify the Lessors of any pets the Lessee intends to keep on the premises. All pets are subject to the discretion of the Lessors.
4. Utilities
All electricity and gas charges to the apartment, including electricity and gas charges for lighting, appliances, heating, ventilating, or air conditioning shall be paid for by the Lessee.

5. Insurance
The Lessee understands and agrees that it shall be the Lessee’s own obligation to insure her/his personal property located in the building, and the Lessee further understands that the Lessors will not reimburse the Lessee for damage to the Lessee’s personal property.

6. Assigning/Subletting
The Lessee will not assign this lease, nor sublet the building or any part thereof, nor make any alteration in the building without the Lessor’s prior consent in writing.

7. Nuisance
The Lessee shall not cause any nuisance or act in an unreasonable manner either to the Lessors or to the other Lessees.

8. Mortgages
The Lessors shall have the right to mortgage and the Lessee’s rights thereunder shall be subordinate to all mortgages now or hereafter of record affecting the real estate of which the building forms a part.

9. Fire and Casualty
The Lessee will, in case of fire or other casualty, give immediate notice thereof to the Lessors, who shall thereupon cause the damage to be repaired as soon as it is reasonable and convenient for the Lessors, but if the building be so damaged that the Lessors shall decide neither to rebuild nor to repair, the terms of the lease shall cease.

10. Regulations
The Lessee hereby consents to and agrees to observe any reasonable regulations that may be and as are in effect now or as may be promulgated from time to time. Notice of all current rules and regulations will be given to the Lessee by the Lessors and shall be made a part of this lease. The Lessors shall not, however, be responsible to the Lessee for any non-observance of rules, regulations, or conditions on the part of the other Lessees.

11. Condition of Apartment
It is agreed between the parties that the apartment has been rented in good order and repair. The Lessee acknowledges that the Lessee has inspected the building and the apartment is in good order except as otherwise noted in writing to the Lessors. The Lessee further agrees that upon vacating the apartment, it will be returned to a similar condition as when it was rented, reasonable wear and tear excepted.

12. Complete Agreement
It is agree, except as herein otherwise provided, that no amendment or change or addition to this lease shall be binding upon the Lessors or Lessee unless reduced to writing and
signed by the parties hereto. It is hereby agreed that this is the entire agreement of the parties.

13. Joint and Several Obligations
If this Lease is executed by more than one person or entity as Lessee, then and in that event all the obligations incurred by the Lessee under this Lease shall be joint and several.

14. Severability
Unenforceability for any reason of any provision(s) of this Lease shall not limit or impair the operation or validity of any other provision(s) of this Lease.

15. Holdover
If the Lessee remains in possession without the written consent of the Lessors at the expiration of the term hereof or its termination, then the Lessors may recover, in addition to possession, the monthly rental stipulated above for each month, or portion thereof, during the Lessee’s holdover plus either one and one-half (1-1/2) times the monthly rental or the actual damages sustained by the Lessors, whichever is greater, plus the Lessor’s costs of recovering said amounts and possessions, or if the apartment appears to have been abandoned.

16. Right of Entry
The Lessors may enter the apartment at any time where such entry is made necessary by an extreme hazard involving the potential loss of life or severe property damage, and between 8:00 a.m. and 8:00 p.m. in order to inspect the apartment, to make repairs thereto, to show the same to a prospective or actual purchaser or tenant, pursuant to court order, or if the apartment appears to have been abandoned.

17. Delivery of Lease
The Lessors shall deliver a copy of this Lease duly executed by the Lessors or their authorized agent, to the Lessee within thirty (30) days after the Lessee delivers and executed copy of this Lease to the Lessors.

18. Renewal/Notice to Quit
It is understood that the Lessee shall notify the Lessors of her/his intention to renew the Lease at the expiration of the term, or, alternatively, shall notify the Lessors of his/her intention not to renew within thirty (30) days of the end of the lease term.
Questions

1. How long is the lease for?

2. When does the rent have to be paid?

3. How much is the security deposit?

4. Are pets allowed?

5. Are utilities included in the rent?

6. Can the Lessee sublet?

7. Is the Lessee responsible for damages he/she caused?

8. How long before the lease expires does the Lessee have to notify the Lessor of his/her intention to renew or not renew the lease?

What can you do to avoid unwelcome surprises?
Before signing a lease, make sure that you have answers to the following questions.

- How long is the lease for? (One year is the most common lease period.)
- Under what conditions will I get my security deposit back?
- If I am late in paying my rent, what are the penalties? Can a landlord charge a late fee?
- Can the landlord raise my rent during the period of the lease?
- Who is responsible for the repair and maintenance of the apartment?
- When the lease period has ended, what happens?
- Will I be able to move out of the apartment before the lease expires? If so, are there any exceptions or penalties?
- Can I sublet the apartment to someone else? Are there conditions to be met before I can sublet?
- Can I be evicted?
Be sure you know your responsibilities and rights as a tenant.

Now that you have an idea what you are looking for in an apartment, you need to evaluate how much you can afford for rent.

What is your monthly income? _____________________________

How much do you think you can spend on rent? (Remember you should not spend more than 40 to 45% of your income on rent and utilities.)

I could spend ______________________ for rent.

Explain your estimate.

<table>
<thead>
<tr>
<th>My Personal Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
</tr>
<tr>
<td>Utilities</td>
</tr>
<tr>
<td>Gas: _____________</td>
</tr>
<tr>
<td>Heat: ____________</td>
</tr>
<tr>
<td>Phone: ___________</td>
</tr>
<tr>
<td>Water: ___________</td>
</tr>
<tr>
<td>Electricity: ______</td>
</tr>
<tr>
<td>Food</td>
</tr>
</tbody>
</table>

Establishing and following a budget will help you develop good spending habits and will assist you in making the best use of your income. Your budget should be simple and still include all items that you will need to spend your money on.
### Apartment Hunting

Now that you are aware of what qualities you are looking for in an apartment and have some idea what rent you can afford, you are ready to begin your search. Newspaper want ads are probably the most common way to find an apartment. The weekend editions, in particular, carry large advertisement sections for apartments. In order to be able to read and understand the ads as well as talk to landlords and building managers, you will have to be familiar with certain terms and abbreviations.
**ACTIVITY**

*Familiarize yourself with the terms and abbreviations listed below.*

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a/C</td>
<td>Air conditioning</td>
</tr>
<tr>
<td>Apt</td>
<td>Apartment</td>
</tr>
<tr>
<td>Ba, bth</td>
<td>Bathroom</td>
</tr>
<tr>
<td>Balc</td>
<td>Balcony</td>
</tr>
<tr>
<td>B, bdrm, br</td>
<td>Bedroom</td>
</tr>
<tr>
<td>Cond</td>
<td>Condition</td>
</tr>
<tr>
<td>Conv</td>
<td>Convenient</td>
</tr>
<tr>
<td>Compl furn</td>
<td>Completely furnished</td>
</tr>
<tr>
<td>D/D</td>
<td>Dishwasher &amp; disposal</td>
</tr>
<tr>
<td>Ex, exc</td>
<td>Excellent</td>
</tr>
<tr>
<td>Fl</td>
<td>Floor</td>
</tr>
<tr>
<td>Frpl</td>
<td>Fireplace</td>
</tr>
<tr>
<td>Furn</td>
<td>Furnished</td>
</tr>
<tr>
<td>Ht</td>
<td>Heat</td>
</tr>
<tr>
<td>HW</td>
<td>Hot water</td>
</tr>
<tr>
<td>Hwd fl</td>
<td>Hardwood floors</td>
</tr>
<tr>
<td>Incls</td>
<td>Includes</td>
</tr>
<tr>
<td>K, kit</td>
<td>Kitchen</td>
</tr>
<tr>
<td>Ldry</td>
<td>Laundry</td>
</tr>
<tr>
<td>Lge, lrg</td>
<td>Large</td>
</tr>
<tr>
<td>Livrm</td>
<td>Living room</td>
</tr>
<tr>
<td>Mo</td>
<td>Month</td>
</tr>
<tr>
<td>Mod</td>
<td>Modern</td>
</tr>
<tr>
<td>Nr</td>
<td>Near</td>
</tr>
<tr>
<td>Park, pkg</td>
<td>Parking</td>
</tr>
<tr>
<td>Prch</td>
<td>Porch</td>
</tr>
<tr>
<td>Refs</td>
<td>References required</td>
</tr>
<tr>
<td>Renov</td>
<td>Renovated</td>
</tr>
<tr>
<td>Rm</td>
<td>Room</td>
</tr>
<tr>
<td>Sec dep</td>
<td>Security deposit</td>
</tr>
<tr>
<td>Sgl</td>
<td>Single</td>
</tr>
<tr>
<td>Utils</td>
<td>Utilities</td>
</tr>
<tr>
<td>W/D</td>
<td>Washer/dryer</td>
</tr>
<tr>
<td>WW</td>
<td>Wall to wall carpeting</td>
</tr>
<tr>
<td>Yd</td>
<td>yard</td>
</tr>
</tbody>
</table>
Terms

Efficiency apartment: A small apartment, usually furnished, with a private bathroom and kitchenette (small kitchen).

Lease: A contract/legal agreement that allows you to rent an apartment/house for a certain amount of money for a specific time period.

Security deposit: A specific amount of money that the landlord requires you to pay before you move in just in case you cause some damage to the apartment while you’re living there. The landlord keeps your money until you move out. He/she will then inspect the apartment and return your deposit to you if there is no damage. If there is some damage, the landlord may use all or part of your deposit to repair the damage.

Studio apartment: A small apartment consisting of one main living space, a small kitchen, and a bathroom.

Sublet: To rent an apartment you have signed a lease for to another person.

Utilities: Public services, such as gas and electricity.

ACTIVITY
Research your local newspaper, clip three apartment ads which meet your needs, preferences, and budget, and place them in the box below.
Explain your choices.

SUBSIDIZED HOUSING

Most cities and towns in Massachusetts have housing authorities that own and manage apartments for low-income families, the disabled and the elderly. To be considered for this type of subsidy, applicants have to fit one of the above categories as well as meet income guidelines and possibly other criteria. If eligible, the housing authority may pay a percentage of the rental costs for public housing. However, even if an applicant qualifies, the waiting lists to receive such assistance average several years. Actually, they even may have to wait prior to obtaining emergency housing.

In addition, low-income families can apply for Section 8, which is a federally funded program that pays a percentage or the whole amount of rent. Section 8 certificates are valid for the entire country and enable eligible families to rent apartments that are privately owned. Section 8 eligibility is based on income.

<table>
<thead>
<tr>
<th>Number in Household</th>
<th>Very low income (50% median income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>19,800</td>
</tr>
<tr>
<td>2 Persons</td>
<td>22,800</td>
</tr>
<tr>
<td>3 Persons</td>
<td>25,400</td>
</tr>
<tr>
<td>4 Persons</td>
<td>28,250</td>
</tr>
<tr>
<td>5 Persons</td>
<td>30,500</td>
</tr>
</tbody>
</table>

Source: Boston Housing Authority

If a family meets the income guidelines and is issued a Section 8 certificate, they have 120 days to find an apartment that meets the approval of the Section 8 program representative. The rent of an apartment must be within certain limits. For example, the amount of rent the Boston Housing Authority approves for a two-bedroom apartment is usually not higher than $808*. The share of rent for the families usually does not exceed 30% of their gross income*. The difference between the 30% a family pays and the total
amount of rent may be paid by the Section 8 program. Section 8 also offers a utility allowance depending on the terms of the rental agreement, size of the apartment, etc. The apartment also must meet safety and sanitary standards. Section 8 certificates are valid for the entire country. However, families must keep in mind that only a certain number of certificates are given out within a specific time period, so that even if families are eligible they may not necessarily get a certificate. Families also must remember that a certificate itself will not guarantee an apartment, as it may be difficult to find a place within the rent limits that meet the approval of the program.

Subsequently, teen parents cannot assume that they automatically will be able to get subsidized housing. Therefore, while eligible parents should apply for subsidized housing as soon as possible, they cannot count on availability and must plan and budget for non-subsidized housing.

Consider the following:

Loretta, 18, lives in a Teen Living Program (TLP) with her one-year-old daughter, Sherri. Loretta plans to live in a large urban area after she leaves the TLP program in about one year. The TLP staff tries to encourage all their residents to save for an apartment. However, Loretta states that she will not have to save any significant amounts of money because she will get into Section 8 housing, just like her friend Mary and her mother. Her staff is trying to tell her that she may not be able to get into housing just when she wants to because, particularly in large cities, the waiting lists are quite long. Nevertheless, Loretta insists that they do not have to worry about her because she will obtain subsidized housing.

What do you think? Do you think that Loretta does not have anything to worry about and does not need to save?

What do you think the TLP staff could do or say to help Loretta prepare for obtaining her own living situation?

Adam wants to move in with his girlfriend, Rene, and their two-year-old son, Frederick. Rene lives in a one room subsidized housing apartment she obtained through the housing authority based on her low income. Adam works full time at a car wash. Rene tells Adam that she thinks he should not move in because they would make too much money
and she did not know if the Housing Authority would even allow him to move in. But Adam replies that it is her apartment and she can do whatever she wants to.

*Who do you think is right? Why?*

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**MAINTAINING SUBSIDIZED HOUSING**

Tenants who rent a subsidized apartment must follow the conditions specified in the lease and/or rental agreement just as tenants do for non-subsidized housing. For example, tenants are responsible to pay their share of the rent on time, keep the apartment reasonably clean, not disturb the neighbors, etc. Most of these agreements also specify that tenants are responsible for their visitor’s behavior and conduct. Therefore, if a relative or a friend of a tenant misbehaves or gets into a fight while visiting, the tenant may be evicted. If tenants get evicted from a public housing or Section 8 subsidized apartment, they do not automatically qualify for a new subsidized living situation. Actually, in most cases it will take a while for evicted tenants to obtain a new and appropriate living situation. Consequently, it is very important to maintain such a living situation by obeying the rules.

*Establish a list of strategies that would be helpful in maintaining a subsidized apartment.*

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**RESOURCES**

To obtain information on subsidized housing, call your local housing authority and talk to your social worker and Office of Transitional Assistance worker. Also, depending on the area you live in, there are agencies that can help you with your housing search.
MAKING ENDS MEET

Money Management Tips for Young Parents

When parents are on a limited budget, it is important to make the most out of available resources. Review the following tips and ideas for stretching your dollars.

- Many consignment shops offer gently used clothing and baby items, such as strollers and toys, at very reasonable prices.

- Hand-me downs are great, particularly for play clothes.

- When you purchase toys, furniture and clothing, evaluate all items carefully and make sure that they are practical and durable. The cutest and most fashionable items are not necessarily the best buys.

- Purchasing expensive name brand clothing is not a good idea if you’re trying to stretch your dollars. Remember, designer labels are not important to infants and toddlers! Usually you can find the same quality of the items in no-name brands.

- When purchasing toys, make sure that you buy things your child can play with for a long time, like blocks and art supplies. Action figures and other trendy items are often very expensive and short-live.

- Be creative, particularly when children are younger. Expensive toys are not necessary. For example, a cardboard box and a ball can provide entertainment for hours.

- If you have difficulty saving money, you may want to put things on layaway. Paying the monthly installments towards a larger purchase is often easier for some people than putting money in the bank.

- Take advantage of free recreational opportunities. For example, public libraries offer free tickets to museums like the Children’s Museum in Boston and the Aquarium. Your local libraries often have on-site activities, such as a children’s reading hour, puppet presentations, holiday celebrations, etc.

- Activities with your child such as a visit to a playground or a stroll in a park are free and a lot of fun.

- Home cooked meals and snacks are cheaper and much more nutritious than fast food.

- Comparison shop for all your purchases and use coupons to help you save. Your savings will add up.
Conserve electricity, heat and water to save on your utility bills. If you are not sure how to preserve energy, you can contact your local utility company to help you establish a personalized conservation plan.

Also, be careful with long distance phone calls and accepting collect calls. Those can add up very quickly. If you are not sure if you can handle these types of calls, you may want to consider putting on a phone block.

ACTIVITY

With these tips in mind, consider the following:

Leandra has $50.00 for the purchase of winter clothing for her one-year-old son, Gregory. He needs a snowsuit, boots, a sweater, a hat, wool socks and gloves. When she arrives at the department store, she finds out that she does not have enough money to purchase all the items she needs. The cheapest snowsuit she can find is $28.00. Her friend suggests that she may want to go to the consignment shop next door where they have used snowsuits in her son’s size for $10.00 But Leandra states that she doesn’t want her son to wear used clothes.

What would you do in Leandra’s situation? Why?

Katherine is on a tight budget and pretty much all her monthly income is planned for. However, her boyfriend who is also the father of her five-month-old daughter, Abigail, calls collect all the time because he lives about 20 miles away and doesn’t have any money. Katherine doesn’t know what to do. She wants to talk to him and she doesn’t want to loose him. But she can’t afford to pay for the collect calls.

What would you do in Katherine’s situation? Why?
**Tiara** has nine-month-old twin daughters and has to budget really carefully to meet the needs of her children. But each time she feels bad about something, she goes shopping and spends her money on stuff she doesn’t really need. Now she is in financial trouble and doesn’t know what to do.

*What advice would you give Tiara? Why?*

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**What about You?**

- Can you think of anything that might interfere with your ability to manage your money? If so, describe.

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*Can you think of any strategies that may help you maintain your budget.*