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**MOMS & BABIES FIRST**  
Ohio's Black Infant Vitality Program

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# Important Phone Numbers

My Baby's Doctor:.....

Phone:.....

Address:.....

Office/Clinic Hours:.....

My OB-GYN Doctor:.....

Phone:.....

Address:.....

Office/Clinic Hours:.....

Emergency:.....

Hospital:.....

Poison Control:.....

Local Pharmacy:.....

Fire:.....

Police:.....



# Family History



**Known genetic disease or birth defect (such as muscular dystrophy or cleft palate)**

Condition: .....

Family Members Involved: .....

Details and Comments: .....

.....

**Same illness experienced by more than one family member (such as high blood pressure or deafness)**

Condition: .....

Family Members Involved: .....

Details and Comments: .....

.....

**Other family conditions of possible importance**

Condition: .....

Family Members Involved: .....

Details and Comments: .....

.....



# My Prenatal Health Care Visits



Here's a way to keep track of your appointments during pregnancy and after the baby is born. Your doctor may want to see you more often.

Delivery Due Date: .....

Doctor Seen: .....

## Month 2 APPOINTMENT

Visit Date: .....

Your doctor will probably check these things:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Urine Sample |
| <input type="checkbox"/> Blood Sample   | <input type="checkbox"/> Vaginal Exam |
| <input type="checkbox"/> Heartbeat      | <input type="checkbox"/> Other        |

Here are questions you may want to ask your doctor.  
Feel free to ask anything else too, at any time.

What can I do about morning sickness? .....

.....

Should I take vitamin and iron supplements? .....

.....

Other: .....

## Month 3 APPOINTMENT



Visit Date: .....

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Urine Sample |
| <input type="checkbox"/> Heartbeat      | <input type="checkbox"/> Other        |

What were my test results?.....

.....

What do I do if certain foods make me feel sick?.....

.....

Other: .....

## Month 4 APPOINTMENT

Visit Date: .....

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Urine Sample |
| <input type="checkbox"/> MSAFP          | <input type="checkbox"/> Heartbeat    |

This stands for "Alpha Fetoprotein"  
it checks for possible birth defects

What kind of exercise should I do?.....

.....

What about having sex with my partner?.....

.....

Other: .....



## Month 5 APPOINTMENT

Visit Date: .....

**Blood Pressure**

**Urine Sample**

**Heartbeat**

**Other**

How long can I keep up my usual activities (work, exercise)?

.....

How can I relieve constipation? .....

Other: .....

## Month 6 APPOINTMENT

Visit Date: .....

**Blood Pressure**

**Urine Sample**

**Blood Sample**

**Heartbeat**

**Glucose Test**

**Other**

How can I find a pediatrician (baby doctor) or other doctor for my baby?

.....

Should I schedule an appointment to meet the pediatrician before my baby is born?

.....

Why am I so tired?

.....

What should I do about birth control after the baby comes?

.....

## Month 7 APPOINTMENT 1

Visit Date: .....

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Urine Sample |
| <input type="checkbox"/> Heartbeat      | <input type="checkbox"/> Other        |

## Month 7 APPOINTMENT 2

Visit Date: .....

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Urine Sample |
| <input type="checkbox"/> Heartbeat      | <input type="checkbox"/> Other        |

How will I know when I go into labor? .....

.....

What should I do to get ready for the birth of my baby?

.....

What's the best way to feed my baby? .....

.....

How can I prepare to breastfeed? .....

.....

## Month 8 APPOINTMENT 1

Visit Date: .....

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Urine Sample |
| <input type="checkbox"/> Heartbeat      | <input type="checkbox"/> Other        |



## Month 8 APPOINTMENT 2

Visit Date: .....

Blood Pressure

Urine Sample

Heartbeat

Other

What can I do to sleep better?.....

.....

What are my options for pain relief during labor?.....

.....

## Month 9

### APPT. 1

### APPT. 2

### APPT. 3

### APPT. 4

37 Weeks  
Visit Date:

38 Weeks  
Visit Date:

39 Weeks  
Visit Date:

40 Weeks  
Visit Date:

Blood Pressure

Urine Sample

Heartbeat

Other

What should I do if I think I'm in labor?.....

.....

When/why would I need a Cesarean section?.....

.....

What should I do for my aching back?.....

.....

## Postpartum (After Delivery) Checkup

Visit Date: .....

- |   |  |
|---|--|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Self Breast Exam Lesson         |
| <input type="checkbox"/> Blood Sample   | <input type="checkbox"/> Check Uterus for Size and Shape |
| <input type="checkbox"/> Vaginal Exam   | <input type="checkbox"/> Options for Birth Control       |
| <input type="checkbox"/> Breast Exam    |  |

When can I have sex? .....

What should I do about birth control? .....

Do I have any health problems that need continued care?

# Congratulations!



Baby's Name: .....

Baby's Birthdate: .....

Time: ..... Day: .....

Birth Weight: ..... Birth Length: .....

# Breastfeeding Checklist for New Mothers



- I have at least one person who supports my choice to breastfeed.

Name: .....

Phone Number: .....

- My doctors know I want to nurse within the first hour after birth.
- I realize that nursing regularly helps me make enough milk for my baby.
- I don't give my baby a pacifier or bottles because they interfere with my milk supply and might confuse my baby.
- My baby nurses about every 2 hours in the day and every 4 hours at night, 8-12 times daily.
- My baby wets 6-8 diapers and has at least one to three stools a day.
- I realize my baby needs lots of holding and cuddling.
- I know I can call with any questions about nursing.

## My Baby's 1-Week Checkup ✓

Date:..... Baby's Age: .....

Doctor: .....

Weight:..... Length:.....

Head Circumference:..... Blood Type:.....

Other tests/shots/developmental screens my baby had:

.....

### What My Baby Does

(Your baby may start earlier or later.  
If you have questions, ask the doctor.)



- Responds to sound by blinking, crying, quieting or being startled
- Focuses on a face or object
- Follows movements with eyes

### Questions to Ask:

1. How do I know my baby's getting enough to eat?
2. How much should my baby eat?
3. What are the results of my baby's newborn screening tests?

Other: .....

Notes: .....

**Date of Next Appointment:**.....

## My Baby's 1-Month Checkup



Date:..... Baby's Age:.....

Doctor:.....

Weight:..... Length:.....

Head Circumference:.....

Other tests/shots/developmental screens my baby had:

.....

### What My Baby Does

- Responds to sound by blinking, crying, quieting or being startled
- Focuses on a face or object
- Follows movements with eyes



### Questions to Ask:

1. How much weight should my baby gain?
2. How can I breastfeed when I go back to work?

Other: .....

Notes: .....

.....

Date of Next Appointment: .....

## My Baby's 2-Month Checkup ✓

Date:..... Baby's Age: .....

Doctor: .....

Weight:..... Length:.....

Head Circumference:.....

Other tests/shots/developmental screens my baby had:

.....

### What My Baby Does

- Holds head up temporarily when held upright
- Grabs a rattle when placed in hand, smiles, coos, and responds to loud sounds
- Recognizes familiar voices



### Questions to Ask:

1. When should I give my baby solid food?
2. What reactions do I look for after my baby's shots?

Other: .....

Notes: .....

.....

**Date of Next Appointment:** .....

## My Baby's 4-Month Checkup ✓

Date:..... Baby's Age:.....

Doctor:.....

Weight:..... Length:.....

Head Circumference:.....

Other tests/shots/developmental screens my baby had:

.....

### What My Baby Does



- Holds head high
- Raises body on hands when lying on stomach
- Maintains steady head control when held upright
- Rolls from stomach to back
- Has hands open while at rest, plays with hands
- Starts social contact by smiling or babbling
- Begins to try to turn eyes and head towards sounds and familiar voices

### Questions to Ask:

1. Is my baby growing normally?
2. How can I get my baby to sleep through the night?

Other: .....

Notes: .....

**Date of Next Appointment:** .....

## My Baby's 6-Month Checkup ✓

Date:..... Baby's Age: .....

Doctor: .....

Weight:..... Length:.....

Head Circumference:.....

Other tests/shots/developmental screens my baby had:

.....

### What My Baby Does

- Rolls over
- Sits with support or leans forward on hands when placed in a sitting position
- Grasps and mouths objects
- May begin to show signs of stranger anxiety
- Smiles, laughs, squeals, imitates razzing noise
- Turns head towards sounds and voices



### Questions to Ask:

1. What can I do to make my home safe for my baby?
2. What should I do if teething makes my baby fussy?
3. How can I get my baby to start drinking from a cup?

Other: .....

Notes: .....

Date of Next Appointment: .....



## My Baby's 9-Month Checkup ✓

Date: ..... Baby's Age: .....

Doctor: .....

Weight: ..... Length: .....

Head Circumference: .....

Other tests/shots/developmental screens my baby had:

.....

### What My Baby Does

- Responds to own name
- Crawls, moves forward by scooting on bottom
- Enjoys social games like peek-a-boo
- Starts to use cup
- Shakes, bangs, throws, and drops objects



### Questions to Ask:

1. What do I do if my baby eats something harmful?

Other: .....

Notes: .....

.....

Date of Next Appointment: .....

## My Baby's 12-Month Checkup



Date:..... Baby's Age: .....

Doctor: .....

Weight:..... Length:.....

Head Circumference:.....

Other tests/shots/developmental screens my baby had:

.....

### What My Baby Does



- Pulls to stand, walks along furniture and may take a few steps alone
- Plays social games such as peek-a-boo and pat-a-cake
- Bangs two blocks together
- May say one to three words besides “mama” or “dada”
- Waves “bye-bye”
- Drinks from cup

### Questions to Ask:

1. How do I teach my baby what “no” means?
2. Does my baby need vitamins?

Other:.....

Notes:.....

**Date of Next Appointment:**.....

## My Baby's 15-Month Checkup



Date: ..... Baby's Age: .....

Doctor: .....

Weight: ..... Height: .....

Head Circumference: .....

Other tests/shots/developmental screens my baby had:

.....

### What My Baby Does

- Says three to six words
- Can point to one or more parts of the body
- Walks alone, crawls upstairs
- Stacks two blocks
- Understands simple directions like “come here”



### Questions to Ask:

1. What do I do if my baby has a temper tantrum?
2. How can I play with my baby?

Other: .....

Notes: .....

**Date of Next Appointment:** .....

# My Baby's 18-Month Checkup



Date: ..... Baby's Age: .....

Doctor: .....

Weight: ..... Height: .....

Head Circumference: .....

Other tests/shots/developmental screens my baby had:

.....

## What My Baby Does

- Walks quickly and runs stiffly
- Throws a ball
- Imitates words
- Uses two-word phrases
- Stacks three or four blocks
- Uses spoon and cup



## Questions to Ask:

1. When should I begin toilet training?
2. How can I get my baby to behave?

Other: .....

Notes: .....

**Date of Next Appointment:** .....

# My Baby's 24-Month Checkup



Date: ..... Baby's Age: .....

Doctor: .....

Weight: ..... Height: .....

Head Circumference: .....

Other tests/shots/developmental screens my baby had:

.....

## What My Baby Does

- Climbs up and down stairs alone
- Kicks a ball
- Makes lines and circles with crayons
- Says at least 20 words
- Uses a cup and spoon well



## Questions to Ask:

1. Where can I find out about preschools?

Other: .....

Notes: .....

.....

**Date of Next Appointment:** .....

## My Child's 3-Year Checkup ✓

Date:..... Child's Age: .....

Doctor: .....

Weight:..... Height: .....

Head Circumference:.....

Other tests/shots/developmental screens my baby had:

.....

### Questions to Ask:

1. Where can I find out about preschools?
2. Where can my child get a vision exam and hearing screening?

Other: .....

Notes: .....

.....

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.....

**Date of Next Appointment:** .....

## My Child's 4-Year Checkup ✓

Date: ..... Child's Age: .....

Doctor: .....

Weight: ..... Height: .....

Head Circumference: .....

Other tests/shots/developmental screens my baby had:

.....

### Questions to Ask:

1. Where can I find out about preschools?
2. Where can my child get a vision exam and hearing screening?

Other: .....

Notes: .....

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.....

.....

**Date of Next Appointment:** .....

## My Child's 5-Year Checkup

Date: ..... Child's Age: .....

Doctor: .....

Weight: ..... Height: .....

Head Circumference: .....

Other tests/shots/developmental screens my baby had:

.....

### Questions to Ask:

1. Where can I find out about kindergarten?
2. Where can my child get a vision exam and hearing screening?

Other: .....

Notes: .....

.....

.....

.....

.....

.....

Date of Next Appointment: .....





# Immunization Record



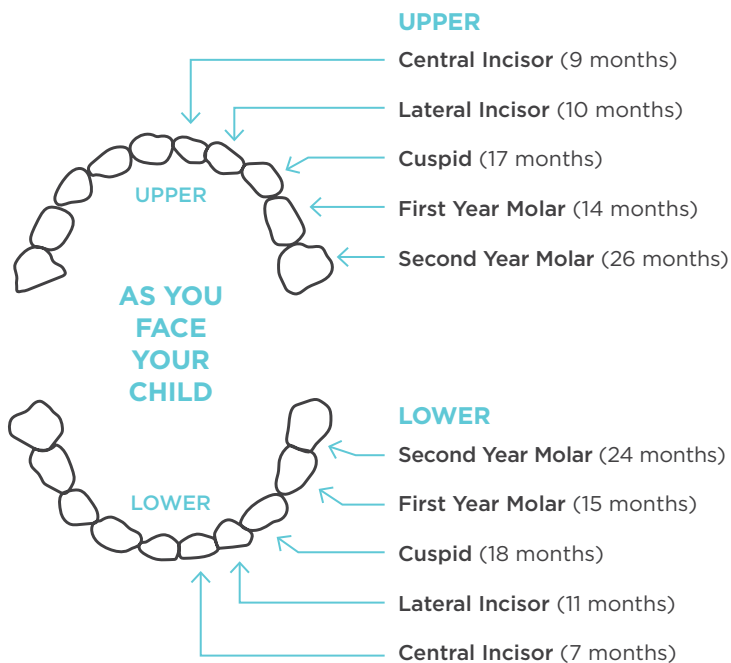
Vaccination	Birth	2m	4m	6m	12m	18m	4yrs
<b>HepB – Hepatitis B</b>	•	•		•	•	•	
Date Vaccine Given							
<b>RV – Rotavirus</b>		•	•	•			
Date Vaccine Given							
<b>DTaP – Diphtheria, Tetanus, Pertussis</b>		•	•	•		•	•
Date Vaccine Given							
<b>Hib – Haemophilus Influenzae B</b>		•	•	•	•		
Date Vaccine Given							
<b>PCV – Pneumococcal Conjugate Vaccine</b>		•	•	•	•		
Date Vaccine Given							
<b>IPV – Polio</b>		•	•	•	•	•	•
Date Vaccine Given							
<b>MMR – Measles, Mumps, Rubella (German measles)</b>					•		•
Date Vaccine Given							
<b>Varicella – Chickenpox</b>					•		•
Date Vaccine Given							
<b>HepA – Hepatitis A</b>					•	•	
Date Vaccine Given							
<b>Flu – Influenza</b>	Every year beginning at 6 months of age						
Date Vaccine Given							

# My Baby's Teeth



Don't worry if your baby's teeth come in earlier or later than what's listed here. Start brushing as soon as the first tooth appears. Brush your baby's teeth twice a day with a small smear of tooth paste and a soft bristle brush.

Don't put your baby to bed with a bottle to help him sleep. This can cause cavities.





# Baby's Firsts



Here are some things to look forward to. Remember that all babies are different. Your baby may do things ahead or behind the times listed. Write down the date you first see your baby doing these things.

## BY ABOUT 6 WEEKS

- Pays attention to sounds and makes sounds other than crying
- Tries to look at faces and moving things
- Smiles when you smile or play

## DATE FIRST SEEN

.....

.....

.....

## BY ABOUT 5 MONTHS

- Rolls over
- Holds head upright while lying on stomach
- Laughs and giggles
- Reaches for and holds objects

.....

.....

.....

.....

## BY ABOUT 8 MONTHS

- Sits without support
- Crawls
- Responds to own name

.....

.....

.....

## BY ABOUT 10 MONTHS

- Stands, holding on for support
- Pushes arms through for dressing
- Understands “no”
- Plays peek-a-boo

.....

.....

.....

.....

# Baby's Firsts continued



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## BY ABOUT 12 MONTHS (1 YEAR)

- Walks, holding onto something
- Copies your speech
- Waves bye-bye

## DATE FIRST SEEN

.....  
.....  
.....

## BY ABOUT 18 MONTHS (1 1/2 YEARS)

- Says 20-30 words
- Drinks from a cup, uses spoon
- Plays with a ball, stacks blocks

.....  
.....  
.....

## BY ABOUT 24 MONTHS (2 YEARS)

- Runs well
- Puts words together
- Feeds self with spoon or fork
- Likes to “help” with chores

.....  
.....  
.....  
.....



## Child Safety Checklist

- Baby is put down to sleep on back
- Baby's crib mattress fits snugly inside crib
- Crib slats are 2 <sup>3</sup>/<sub>8</sub> inches apart or less
- Baby is never left alone on table or in crib with side down
- Hot items are placed out of child's reach
- Plastic outlet plugs are placed in all unused electrical outlets
- Water heater has been set no higher than 120° F
- Child is always watched by an adult while in the water
- Electrical cords are placed out of child's reach
- Toddler gates are used at the top and bottom of stairs



## Child Safety Checklist continued

- Household products/medicines are used from original containers and stored where children can't get them
- House is free of loose, chipping, or peeling paint
- Plants are placed out of child's reach
- Knives and sharp objects are kept from child's reach
- Working smoke detectors are properly placed and tested every six months
- Small toys and other objects are kept from child's reach
- Child safety seat is properly used for travel
- Plastic bags are kept from child's reach
- Guns are kept out of child's reach



