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jillian williams
photography

Little Reagan Good
was born Aug. 14 to Seth and Amanda Good of Perry County. Baby Reagan weighed 7 pounds, 8 oz. and was 19 inches long. She slept right through most of her photo shoot.



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Thanks to my peer counselor for the encouragement and support she offered when I experienced some challenges with nursing my baby. Johnny is now six months old and breastfeeding is going great!

- Marilyn (Camp Hill)

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from the editor

PREGNANCY IS THE ONE TIME MOMS FOCUS ON TAKING CARE OF THEMSELVES.

They eat right, visit the doctor regularly and pay attention to the clues their bodies are giving them. They think about what they will need for the baby, and they anxiously unwrap shower gifts. It's an exciting time!

But along with the anticipation comes apprehension. Will my baby be born healthy? Do I have everything I need to bring the little one home? What more should I be doing?

After baby is born, other concerns arise: What kind of a doctor should I enlist? How do I keep from drowning this slippery little body in the tub? And where did that red rash come from? I swear it wasn't there the last time I changed her.

No matter how many childbirth or infant first aid classes parents take, questions always crop up. That's where Central Penn Parent's Maternity & Baby Guide comes in. We want to give you information to assure you that you—and your little one—are doing just fine!

As far as I know, newborns aren't being discharged from the hospital with personalized care instructions via Smart phone app—yet. In the meantime, read through our stories on pregnancy and baby care. Check out the resource directory at the back of the magazine. And rest assured that even if you don't know it all, you'll get plenty of on-the-job training and do just fine!

Happy Parenting!

Andrea

Andrea Ciccocioppo



P.S.: Want more baby-related news on a monthly basis? Sign up for our free Baby E-Newsletter on our homepage at www.centralpennparent.com.

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Editor, Central Penn Parent Andrea Ciccocioppo	Contributing Designers Anne Marie Reynolds	



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MEET THE COVER PHOTOGRAPHER

**Tell us about your business and how you got started:**

I have the best jobs in the world. I am a stay at home mom to 3 (soon to be 4) little ones, and I have a business photographing newborns and expecting moms. I started by taking pictures of my own children, but once I did my first newborn shoot I was hooked! There is nothing like those first few weeks with a brand new baby... And it goes by so fast! The newborn stage is my favorite, and I love being able to record those memories for parents to have for a lifetime.

When is the best time for a client to book a session?:

It's never too early! I have had clients call right after getting a positive test. I book by your estimated due date, so you can reserve a spot as soon as you know when baby will be arriving. It's best to book as early as possible, as I take a limited number of clients a month.... First come first serve!

Maternity pictures are done around 7 months, a really beautiful time when the belly is showing. It is always nice to get to know the parents before baby comes too!

What does a typical session look like?

A typical session lasts at least three hours. Brand new babies take a lot of patience, soothing and time. We take breaks for feedings and to change settings....and I have found that my clients are VERY happy with the results. Since I am a boutique photographer and not a chain store, I really strive to make sure that clients are leaving with exactly what they wanted... not just given a 20 minute timeframe and a couple quick snapshots.

What is the one thing you wish you could tell people?

I think newborn photography is still gaining popularity, and I wish people realized how time sensitive it is. Sessions are done within the first 5 to 10 days of life, which is really important for getting those sweet shots that most parents want. After a certain time the baby is not as sleepy and doesn't want to be posed. I always feel so badly for parents who didn't realize and then missed the opportunity. Capturing your newborn in photographs is just as important as your wedding day! Your baby will never be that little again, and they change so rapidly. It is such a special time... spread the word!



“ I always feel so badly for parents who didn't realize and then missed the opportunity. Capturing your newborn in photographs is just as important as your wedding day! ”



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Head off a C-SECTION



WITH THE SKYROCKETING NUMBER OF CESAREANS IN THE U.S., some mothers may feel that a surgical delivery is almost inevitable. But women can influence their chances of a safe and healthy birth and drive down the risk of surgery by considering some important issues before the baby arrives.

“The number of cesareans performed in the U.S. can give the false impression that this surgery carries no risks,” said Marilyn Curl, President of Lamaze International. “Clearly, mothers can’t control every factor around labor, but it’s important to recognize the factors that can be controlled and make sure each mother has the tools and information she needs to make those decisions.”

Although cesareans are sometimes medically necessary, the surgery can lead to increased risk of medical complications for babies, including prematurity, breastfeeding difficulties, breathing problems, hospitalization in the neonatal intensive care unit and increased risk of fatality. For mothers, it can lead to dangerous bleeding, infection, blood clots and complications in future pregnancies.

MOTHERS MAY BE ABLE TO REDUCE THE CHANCE OF A CESAREAN BY FOLLOWING THESE TIPS:

1 One of the best ways to reduce a woman’s individual chances of delivering by cesarean is to give birth in a location, and with a provider, that maintains low cesarean rates. There is no federal mandate for health care providers to report this information, so women need to directly ask the provider or birth setting for those statistics.

2 Be skeptical of justifications for a cesarean that are not based on research. Many women are advised to have a cesarean section for reasons that are not supported by medical research. Mothers should be prepared to ask what their options are. Questions like, “Can we

wait a little longer?” “Is my baby in any immediate danger?” and “What are the risks of proceeding with surgery versus without it?” can help facilitate informed decision-making.

3 Let labor start on its own. When hospitals use medication to induce labor, studies have consistently shown that nearly doubles a woman’s risk of having cesarean surgery. “A natural start to labor, and staying upright and mobile during labor is one of the best ways to increase chances of a smooth birth,” said Curl. “Too many women are put on a clock and put on their backs. It’s no surprise when these women are told they have ‘failed to progress.’”

4 Arrange for a skilled labor support person to be by your side. Women

who bring in their own trained labor support person decrease their chances of requesting pain medication and, ultimately, undergoing a cesarean, according to medical research.

5 Take a childbirth education course. Childbirth educators help mothers understand their options and what to expect during labor and birth. “We incorporate the best and most current scientific research into our classes,” Curl said. “We do everything possible to ensure mothers and babies have a safe, healthy birth.” To find childbirth classes in Central Pa., turn to our resource listings on page 34.

Women who follow these tips will be more likely to achieve a safe, healthy delivery.



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Source: My Tiny Hands

Don't touch my baby!

MOST MOMS, if we haven't been one of them ourselves, have seen the new mother who is scared to death of well-meaning baby-kissers. She stiffens at the approach of friends and family; she wipes down surfaces anyone may have touched; she sprays disinfectant as soon as baby's visitors leave; and she has a warehouse club-sized bottle of sanitizing gel she requires anyone who wants to enter the three-foot perimeter around her baby to use.

It's not that she thinks everyone is

Typhoid Mary, it's just that she doesn't want to see her child suffer and tires at the thought of the added stress of caring for a sick baby.

Those who have never had to use an implement that looks like a miniature turkey baster to remove mucus from a crying infant's nose may not understand what the big deal is. But parents don't need to require everyone to wear hygienic masks. There are ways to be mindful of germs without being like TV's obsessive-compulsive *Monk*.

Germ-fighting TIPS:

- 1** Offer a bottle of sanitizer to anyone who asks to hold the baby. People don't usually protest and will hold out their hands.
- 2** Keep a bottle of sanitizer handy in the family room and kitchen at home.
- 3** Tell people your pediatrician is concerned about something that is going around and insists that everyone wash their hands.
- 4** If a stranger tries to reach out and touch the baby, stand strong and make a move to prevent it.
- 5** Ask people to wash their hands. Just say, "Go wash your hands and you may cuddle with the baby."

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The benefits of EXERCISE

BY STEPHANIE WITMER



A 2010 study by the University of Auckland found that exercising moms were less likely to have babies with high birth weights, which put children at risk for becoming obese and developing diabetes later in life.

HEATHER KUFFA has been a runner since she was 18. When the 34-year-old Boiling Springs woman got pregnant for the first time, she'd been running regularly for about 10 years. She saw no reason to stop running just because she was going to have a baby—so she didn't. "My running slowed to a jog/walk by about month seven or eight," she said. "But I exercised until the day I gave birth."

In fact, Kuffa, who has two sons, ages 6 and 4, exercised regularly during both pregnancies. She credits her exercise routine with her short and (relatively) easy labors and deliveries and for allowing her to lose weight quickly after giving birth. But, she admitted, "I don't know if it was the exercise or just good genes."

GET MOVING

It's very likely exercise did play a large role. According to the American College of

Obstetricians and Gynecologists, regular activity can help ease some of the most unpleasant aspects of pregnancy. This can mean less pain, bloating and swelling; easier labors and deliveries; and the ability to lose weight and get back into shape more quickly after the birth of the baby.

Holly Keich, a yoga instructor and the owner of Om Baby Pregnancy & Parenting Center in Camp Hill, said most of the women who take her prenatal-yoga classes do so because they want to eliminate the all-too-common lower-back pain and other aches—or prevent them altogether.

Additionally, Keich said, yoga can prevent varicose veins, boost energy and even help women sleep better at night. It can also prepare the body and mind for the demands of labor and delivery by strengthening the core and getting a woman familiar with deep breathing. "[In yoga], you're doing a lot of stretching

and squats and things that help to open the pelvis and get the baby in the right place so that labor should go smoother," Keich explained.

"Breathing is integral to the yoga practice, and you use the same breathing in the yoga practice as you would in labor," she said. "It's something that you'll be practicing on a regular basis, so when you're in labor, you can relax and your body knows what to do then from practicing it."

Bonnie Berk of Carlisle has been teaching prenatal and other yoga and fitness classes for decades. She echoed what Keich said about yoga's ability to strengthen the muscles of the core and the pelvic floor, which is important throughout the duration of the pregnancy and into the postpartum phase.

Thirty years ago, Berk was a childbirth educator and a labor-delivery nurse in Philadelphia. She remembers women in their third trimesters taking her childbirth classes and being plagued with all sorts of pain and discomfort. Not only that, she said, but they weren't happy about their burgeoning bellies and changing appearances.

"I kept thinking, 'This is a wonderful time of your life,' and 'Why are these people so bummed out? They have all these aches and pains. Maybe if they moved they would feel better,'" she recalled.

This realization led Berk to develop the Motherwell Maternity Fitness program in 1980. The program quickly gained popularity in the Philadelphia area and was the subject of a study by Temple University, which found that women who did the Motherwell program had far fewer pregnancy side effects than people who did not.

According to Berk, women like Kuffa who have a regular exercise regimen tend to stick with this routine throughout pregnancy and modify it as needed. If women do start an exercise plan after they get pregnant, they tend to do so during the second trimester after the nausea and fatigue have passed, and gravitate toward

see more on page 10 >



your pregnancy

gentle exercise, such as walking, prenatal yoga and water fitness. All of these activities can be very beneficial to both the mom and the baby.

A 2010 study by the University of Auckland found that exercising moms were less likely to have babies with high birth weights, which put children at risk for becoming obese and developing diabetes later in life. Likewise, moms who exercised during pregnancy tended to have easier labors and deliveries, which decreased the need for medical interventions. A mother's activity level is also thought to prepare a baby for the stress of childbirth and may reduce the likelihood of colic.

CHOOSE YOUR WORKOUT

Certainly all pregnancies are different, and some issues may arise that preclude a woman from exercising. All women should discuss any existing or

new exercise plans with their physicians.

And it is possible to overdo it. As you gain weight, you're actually working harder when you exercise if you maintain the same intensity in your workouts. "The rule of thumb I always tell women when they're exercising is, if you can't breathe while you're exercising, if you can't talk while you're exercising, then that means not enough oxygen is getting to the baby," Berk said.

Workouts should be modified as the pregnancy progresses, and women need to make sure they're taking in enough calories, as well.

Women should avoid doing exercises that require them to lie on their backs for long periods of time or on their stomachs. They should avoid jumping because it could tear the ligaments of the uterus. Taking a prenatal class from an experienced instructor will include

exercises that are safe and comfortable for pregnant women.

And while abdominal strengthening is important, it should not be done through crunches. Berk recommends using a fitness ball to strengthen the abs, as well as practicing deep belly breaths. Pushing the belly out as you inhale and drawing the belly button toward the spine as you exhale strengthens both the transversus muscles of the abdomen and the pelvic floor. It also helps expectant moms relax and manage their stress.

Exercise isn't everything, Berk said. In fact, she believes that learning to relax and diminish stress is the most important thing an expectant mom can do for her baby. Stress hormones, such as cortisol, cross the placenta barrier and can affect a fetus.






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It may not be something that they're accustomed to doing, but, Berk said, pregnant women have to figure out a way to "learn how to chill."

"The goals of [exercise during] pregnancy are different," she added. "It's not about losing weight, it's not about looking good. It's about feeling good and making sure that the baby is being fully supported—mind, body and spirit." ■

Stephanie Anderson Witmer is a freelance writer and a professor at Shippensburg University. She lives in Carlisle with her husband and son.

Exercise & Pregnancy

Practicing yoga can be very beneficial for pregnant women, as it can stretch the body, relieve aches and pains, open the pelvis and get the baby in the right position for labor.

Holly Keich, owner of Om Baby Pregnancy & Parenting Center in Camp Hill, recommends doing these easy poses. Go slowly, and take deep belly breaths for maximum benefit:

■ **SQUATS:** "Most pushing positions are some variation of the squat," Keich says. Practicing squatting ahead of time can help you be more comfortable doing it when it's time to push. Squats also help to correctly position the baby.

■ **CAT/COW POSE:** Also called pelvic tilts, these poses are standard in yoga classes. On your hands and knees, arch your back like a cat, with your head and pelvis tilting down. Next, in cow position, make your back concave, with your chin forward and tailbone up. Alternate each position several times.

■ **BOUND ANGLE POSE:** This pose is a gentle groin- and hip-opener. Sitting up straight on the floor, bend your knees and draw the soles of your feet together toward your pelvis. Wrap your hands around your feet. Drop your knees to the side, but don't force them.

Keich also recommends to regularly check your posture to make sure you're sitting up straight. (Leaning forward can cause the baby to turn posterior, resulting in back labor.)

"And Kegels," she adds, "We always recommend doing lots of Kegels."

— *Stephanie Anderson Witmer*



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To find out more information on classes and services in the Maternity Department, call (717) 633-2198, or visit www.HanoverHospital.org.





YOUR PREGNANCY DIET

It's not about ice cream and pickles

BY MAUREEN LEADER

WE ALL KNOW THE JOKES ABOUT PREGNANT WOMEN AND THEIR CRAZY FOOD CRAVINGS. The late night visits to the fridge, mounds of fatty comfort foods, eating for two and yes, of course, the famous pickles and ice cream. But as amusing as some of these tales can be, ensuring proper nutrition for a woman and her unborn baby is serious business. It takes hard work to grow and give birth to a strong healthy baby.

EAT THE GOOD STUFF

"Many pregnant women think this is their moment to eat whatever they want, whenever they want," said Jenn Reed, a registered dietitian at Universal Health

Club in Lancaster. But this is not the time to throw caution to the wind and just eat and eat. "This is the time to be really good to yourself and to your baby," Reed said. "This is the time to put your baby first."

Reed, who has been through two pregnancies, said pregnant women need to increase their fiber and protein intake. "Constipation is so normal during the second and third trimesters and increasing fiber really helps with that," she explained. And drinking plenty of water while pregnant can also be a big help.

But there are benefits to a healthy, well-balanced diet that aren't immediate. Extra protein during pregnancy helps with fetal development and also helps keep mom's

membranes intact, lessening the chance of premature labor. Protein also helps build mom's muscles, preparing her for the hard work of delivery.

Eating lots of fruits and vegetables is always a great choice for expectant mothers. In addition to the nutrients these foods provide mother and baby, they are also a super way to add extra fiber to a pregnant woman's diet. "These foods are lower in calories and really fill mom up," Reed said.

Reed said although starchy and fatty foods are tempting, especially during early pregnancy because they coat the stomach when mom may experience nausea, those aren't the healthiest choices. Reed said very cold fruit soothed her stomach and was

“Many pregnant women think this is their moment to eat whatever they want, whenever they want.”

easy for her to tolerate while providing her with fiber and other nutrients.

For moms who are experiencing a salt craving, Reed suggests a glass of V8 juice instead of a bag of chips.

STAY AWAY FROM

There are other food items that pregnant women should stay away from. “A very important potential health issue that many people don’t realize is that during pregnancy, you are more susceptible to acquiring food-borne illnesses such as Listeria or Salmonella,” said JoAnn Ott-Slenker, a registered dietitian.

Ott-Slenker said, per guidelines from the American Dietetic Association, pregnant women should avoid

raw or unpasteurized milk, raw or unpasteurized soft cheese and raw or partially cooked eggs.

Fish, which tends to be high in mercury, is another no-no. Too much mercury can affect the baby’s neurological development. Reed said a good rule of thumb is, “the bigger the fish, the higher the mercury content.” So stay away from large fish like shark, swordfish or king mackerel. And also be sure to stay away from raw shellfish like clams and oysters.

Reed suggests taking an Omega 3 supplement instead of eating a lot of fish.

Even some foods that offer little danger before or after the critical nine months can pose a problem for pregnant women. “They should also avoid cold smoked fish and cold

deli salads and eat only deli meats, lunchmeats and hotdogs that have been reheated until they are steaming hot.”

Ott-Slenker said although some of those foods—such as a deli salad or partially cooked hot dog—are not normally considered high-risk, eating them during pregnancy can pose a health risk for the mother and her unborn fetus.” ■

Maureen Leader is a freelance writer originally from NYC. She and her husband, Rick live in Lancaster with their two daughters.



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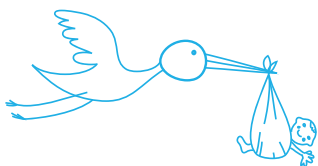


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Baby Registry Checklist

AS YOU PLAN YOUR BABY'S NURSERY and think about baby showers, it's easy to get overwhelmed by all the must-haves on the market. While you don't need all the latest gadgets and gear, there are some basics you'll want to make sure you have ready at home waiting for your new arrival:

Clothing

- ☐ 8-10 onesies
- ☐ 2-3 bodysuits with feet (or feeties)
- ☐ Burp cloths
- ☐ 2 pairs of booties
- ☐ 2-3 hats/caps
- ☐ 6-8 receiving blankets
- ☐ 6 pairs of socks

Outdoor Gear

- ☐ Infant car seat
- ☐ Stroller
- ☐ Baby sling
- ☐ Diaper bag

Indoor Gear

- ☐ Portable/packable crib
- ☐ Swing
- ☐ Activity gym

Feeding/Nursing

- ☐ Breast pump
- ☐ Nursing pillow
- ☐ Nipple cream
- ☐ Nursing pads
- ☐ Bibs
- ☐ High chair
- ☐ 8-12 bottles and nipples
- ☐ Feeding dishes
- ☐ 4-5 spoons
- ☐ Bottle brush
- ☐ Sippy cups
- ☐ Formula
- ☐ Bottled water

For the Bath

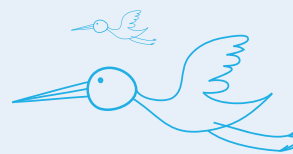
- ☐ Infant bath tub
- ☐ Hooded towels
- ☐ Washcloths
- ☐ Baby wash/gentle soap

Safety & Care

- ☐ Diapers
- ☐ Baby wipes
- ☐ Diaper rash cream
- ☐ Aspirator
- ☐ Tiny nail clippers
- ☐ Cotton swabs
- ☐ Digital thermometer
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YOUR BABY'S *debut*

Do you have a birth plan?

BY MARINA SHANNON

FOR PARENTS-TO-BE, there are so many things to consider when planning for the arrival of a new baby. When it comes to labor and delivery, parents are becoming more empowered to voice their choices for the baby's arrival through a birth plan.

Becky Trez, registered nurse and clinical nurse educator for the women's center at Carlisle Regional Medical Center, said a birth plan is "something written down that would outline your wishes for your labor experience.

"It can be as detailed as the mom wants it to be," Trez said. "Some people include things such as wishes for pain medication, visitors during labor, options they might want to try before they choose medication like natural pain relief methods."

Trez advises writing your wishes down and talking about your choices with your doctor at a routine prenatal appointment before the birth of the baby. "I definitely advise discussing it along with your obstetrician or midwife prior to delivery. They can guide you and tell you if it's not a good idea. If it's already a routine practice in your hospital they will already do it so you don't need to write it in your plan," Trez said.

"Discuss it when you come into labor and delivery. Most nurses will initiate that discussion anyway by saying this is what we usually

do, would you like to do anything differently," Trez said.

Trez recommends parents think through the wishes for their labor experience but not have a concrete plan. "If anything, the plan I recommend is to have a list of things you would like to try. If you are leaning toward not having an epidural, you should have a list of things you would like to try before the epidural. The kind of birthing plans I would not recommend are ones that say, 'Do not give me pain medication' or strict things like that. You don't know how you might feel or what you might want during that time."

Preparing for labor in practical ways is key. "I would definitely recommend a class so that you are informed. Practice the techniques ahead of time so it will come more naturally in the moment," she said.

Trez cautions that often times

a mom who has a very rigid birth plan may feel disappointed with their labor experience if things don't go exactly as planned and even be at increased risk for postpartum depression. "There's so much in labor that you can't control," Trez said. "A lot of women can feel like a failure if they have a very rigid birth plan and then something happens that wasn't in their plan."

As a mom of two little girls, Trez knows from firsthand experience. "I was teaching childbirth classes when I was pregnant with my first. I wanted to have a natural and vaginal birth because I have all this experience," she said.

When Trez learned that the baby was breech, she tried everything to get the baby to turn. "They had to schedule a c-section. I was devastated that I wasn't going to be able to (have natural labor). In instances like that, your birth plan goes out the window," she said.

Trez said she encourages parents in her labor and delivery classes not to have a set plan but instead to be flexible. "The goal is to have a healthy mom and baby. The plan is do whatever it takes to reach that goal," she said. ■

Marina Shannon is a freelance writer and married mom of two energetic boys in Waynesboro.



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Media in the DELIVERY ROOM

BY MAUREEN LEADER



ELYSE HOUGHTON REMEMBERS IT LIKE IT WAS YESTERDAY:

There she was giving birth to her son, Aiden, and in the midst of the pushing, she looked up between contractions and instead of seeing her doctor, she saw her father taking pictures.

Looking back, she doesn't quite remember how he got into the delivery room, but now, almost three years later, she's glad he did. "Those are once-in-a-lifetime pictures," said the Lancaster County mother. "You can never duplicate that moment."

What used to be a private event reserved just for mother and father is now a media event open to anyone the parents want to allow in the delivery room.

MULTI-MEDIA BIRTHS

As many different types of parents there are, there are equally as many different opinions as to how they would like to document the birth of their child. From the extremely private to the extremely graphic, these days anything goes.

In many delivery rooms, you will find the proud grandparent or friend with their freshly charged cameras ready to capture baby's entry into the world.

But there are also photographers whose entire business is photographing births. On YouTube, you can view videos of births covering all levels of privacy.

Beth Cardwell is a Lancaster photographer who specializes in pictures



*“Those are once-in-a-lifetime pictures,”
said the Lancaster County mother.
“You can never duplicate that moment.”*

of families, children and babies. She has taken many newborn photos, but has yet to be asked to photograph an actual birth. Cardwell said she would love a delivery assignment, but feels a home birth would be more conducive to that. She said some hospitals or caregivers may not embrace a newborn’s paparazzi, and for liability reasons they may not allow pictures or videos to be taken during birth.

CHECK THE RULES FIRST

A hospital’s priority is for a safe and healthy birth, not for you to capture the moment. So if you wish to document your baby’s first seconds of life, it’s best to check what will be permitted—before your water breaks.

At Lancaster General Hospital, you can take still photos and video from the mother’s shoulder, but no photos of procedures, and if the baby is in distress, you would be asked to stop shooting. Videos are not permitted during birth at Penn State Hershey Medical Center, according to hospital staff.

At Harrisburg Hospital, photographs are permitted, but no videotaping during birth.

Photos are only permitted at York Hospital immediately before or after the birth, but not of the actual birth.

And remember, some hospital staff members simply may not want to be in your pictures or on your FaceBook page the next day. And you need to respect

their feelings.

If you do decide to make special arrangements to photograph or videotape your baby’s birth there is one universal piece of advice: Have someone else besides the father responsible for the task. He may be a bit preoccupied. ■

Maureen Leader is a freelance writer who lives in Lancaster with her husband and their two daughters.




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Your baby's doctor

FAMILY DOCTOR? PEDIATRICIAN?

Which do you choose?

BY MARINA SHANNON

AFTER THE ARRIVAL OF A NEWBORN, one of the first choices parents will make is where to take their baby for medical care—a pediatrician or family doctor. For many parents, the choice is easy. For others, it takes time and research to find the right fit for their family.

Dr. Charles Castle, associate physician executive and OB/GYN at Lancaster General Health, said there are a few things that make a pediatrician different from a family physician. “The differences are mostly in their residential training. Family physicians are trained to care for all family members—adults and children. Pediatricians spend all post graduate training and careers caring for children,” he explained.

MAKING A CHOICE

For children who don't have any medical problems, Castle said either physician can do a good job. Many health systems now offer search engines on their website to help people find the appropriate physician for their need. “In order to be accepted on the medical staff of the hospital, doctors need to be board certified or in the process of [it]. It's a qualification that is a signal to the general public that those specialists have passed those examinations and received the proper training and knowledge imparted to them,” he said.

Castle said there are important questions to ask before making your choice. “Meet them and get to know them before you decide to become a patient of that practice. What is the policy



in regards to seeing the child after hours or on weekends?

STAYING WITH WHAT YOU KNOW

Jennifer Sollenberger, 32, of Newville, began going to her husband's family doctor shortly after they were married. When her children, now ages 8, 6, and 3, joined the family, the Sollenbergers took them to the same doctor. "We always felt comfortable with him and knew he could give them the care they needed," she explained.

Sollenberger said she never considered looking around for a pediatrician although her friends and family suggested it. "He knows us so well. He knows everything about us and everything about our kids. He grows with us and grows with our history. That's a big benefit to a family physician," Sollenberger said.

SELECTING A SPECIALIST

When Kim Kreider, 34, of Newville, gave birth to her children, now 8 and 6, she knew that a pediatrician was right for her family. "That's just how it was. You have a baby, you go to a pediatrician. I felt like a pediatrician strictly deals with kids starting from infancy. It was a matter of feeling secure—that I was dealing with doctors who deal with infants and young children and would be more familiar if something would pop up as far as their care," Kreider said.

Kreider said it was essential that her pediatrician have flexibility in hours and availability. "It's the assurance of knowing that I was going to be able to talk to someone right away and the willingness to see your child on the spot if there was something wrong," Kreider said.

FINDING THE BEST FIT

Castle said specialty matters less than a good relationship. "It matters more that they have the confidence to express their concerns and who will share with them the important components for care for the child and preventative issues," he said.

"There needs to be a bond of trust and in the case of a baby or child, that relationship is with the parents and the doctor. You need to find someone you can communicate with and trust." ■

Marina Shannon is a freelance writer and married mom of two energetic boys in Waynesboro.



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Tub TIME

UNFORTUNATELY, BABIES AREN'T BORN WITH INSTRUCTION

MANUALS, and for many parents, bringing home baby with no back-up support from a nurse is a little frightening.

One of the most daunting tasks tends to be bath time. How much water should you use? What is the right water temperature? What kinds of soap products should we use? How do you hang onto a wet, slippery baby?

But there's nothing to worry about! Here are some tips for rub-a-dub-dubbing your little one clean:

NEWBORNS

Until the umbilical cord stump falls off (in a week or two), babies should only have a sponge bath, according to The American Academy of Pediatrics.

The process is simple. Just lay your baby on a fluffy towel on flat surface (changing table, bed, kitchen counter). Have a bowl or sink of lukewarm water and some mild baby soap within reach. Use a damp cloth to gently wipe her face. Then, dip the cloth into the basin with a little soap and wring it out or use baby wipes. Wipe down the rest of baby gently, making sure to get the creases under the arms, behind the ears, around the neck and in the genital area. Pat the baby dry.

INFANTS

After the umbilical area is healed, you can give your infant a tub bath.

Instead of trying to maneuver over the edge of a bathroom tub, it may be more comfortable to bathe your baby in a sink or small plastic tub.

Begin by filling the sink or tub with no more than 2 inches of water that feels warm, but not hot, to the inside of your wrist or elbow. Swirl the water around before placing baby in to make sure the temperature is evenly distributed. You may want to place a folded towel at the bottom of the water to pad baby and protect her from slipping.

Undress baby and gently place her in

the water feet first. Most of her body and face should be well above the water level for safety, and you'll want to keep one hand on her at all times to keep her from slipping.

Babies get chilled easily, so be sure to pour warm water over her body frequently to keep her warm.

Use a soft wash cloth to wipe her face and body. Shampoo hair just once or twice a week by gently massaging her scalp with baby shampoo. When you rinse the soap or shampoo from her head, cup your hand across her forehead so the suds run toward the sides, not into her eyes.

When finished, lift her out of the tub and lay her on a soft towel and gently pat her dry.



OLDER BABIES

When baby can sit by himself, it may be time to begin bathing in a full-size tub.

Continue to keep water level to just 2 or 3 inches, and make sure you hold on to your child to prevent him from slipping.

Now that he is older, he may be more likely to get soap into his eyes. Don't worry. Just take a wet washcloth and wipe the eyes with plain, lukewarm water until any remains of the soap are gone.

If your baby enjoys the bath, give him time to splash and explore the water. Now is a good time to introduce floating bath toys and waterproof books. Remember to never leave him unattended while in the tub. ■

Bathing Basics

- There's no magic bath time. Some parents opt for morning baths, when their babies are more alert. Others prefer to bathe at bedtime as a way to calm down baby.
- Lukewarm water is best. Always check the water temperature with your hand before bathing your baby.
- Never leave your baby alone in the water. If you've forgotten something or need to answer the phone or door during the bath, take the baby with you.
- Avoid bubble bath and scented soaps. Plain water is fine for newborns.
- You don't need to bathe baby every day. In fact, bathing your baby more than several times a week can dry out his or her skin.
- To prevent rashes, make sure to dry inside baby's skin folds after each bath. You may follow with baby lotion, but choose one that is hypoallergenic.

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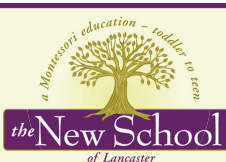


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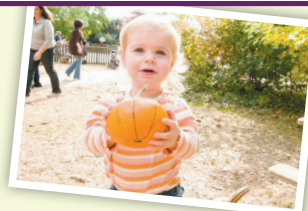
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Getting to the **BOTTOM** of things

The lowdown on diaper rash



THERE ARE SO MANY THINGS TO WORRY ABOUT after you bring your newborn home from the hospital. Did I correctly install his car seat? How should I lay him in his crib? Is she getting enough to eat? Am I gonna break her?

Life becomes all about feeding and burping and rocking and cuddling—and diaper changes. Lots and lots of diaper changes.

If you're not wiping one end, you're wiping the other, and for most moms, every time that diaper comes off, there is a spot-check for the dreaded diaper rash.

No parent wants to see red bumps covering their child's bottom, but odds are at some point, every baby will suffer from a case. In fact, according to the American

Women First Obstetrics & Gynecology, P.C.



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Academy of Pediatrics, more than half of babies between 4 and 15 months of age develop diaper rash at least once in a two-month period.


While the most common cause of diaper rash is a baby sitting too long in a soiled diaper, there are other causes that not even the most vigilant caregiver can prevent.


Diaper rash occurs most frequently as babies get older, generally between 8 and 10 months of age, most often when babies begin to eat solid foods, when they have diarrhea, or when infants or their nursing mothers are taking antibiotics. Occasionally, infants are allergic to the material in their diapers and get a rash.


To prevent diaper rash, it's important to keep the diaper area as clean and dry as possible and change wet or soiled diapers as soon as possible.


The AAP offers the following tips to treat diaper rash:


 Gently clean the diaper area with a soft washcloth or disposable wipes. Avoid wipes that contain alcohol and fragrance. If the rash is severe, use a squirt bottle of water to clean and rinse without rubbing.

 Pat dry; do not rub. Leave the diaper off to allow the area to air-dry fully.

 Apply a thick layer of protective ointment or cream (*such as one that contains zinc oxide or petroleum jelly*).

 Do not put the diaper on too tight, especially overnight.

 Use creams with steroids only if your pediatrician recommends them. They are rarely needed and may be harmful.

 Check with your pediatrician if the rash has blisters or pus-filled sores or does not go away within two to three days. ■



When to call the doctor

- The rash does not look like it's going away or gets worse two to three days after treatment.
- The rash includes blisters or pus-filled sores.
- Your baby is taking an antibiotic and has a bright red rash with red spots at its edges. This might be a yeast infection.
- Your baby has a fever along with a rash.
- The rash is very painful. Your baby might have a skin condition called cellulitis.

Source: American Academy of Pediatrics

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Hey! Can she DO that here?

A look at the laws of nursing



THERE ARE A FEW TOPICS THAT ARE SURE TO IGNITE A LIVELY DISCUSSION in any given group: religion, politics and breastfeeding.

Health care experts tout the benefits of breastfeeding, but public opinion is sometimes critical of the idea, and many people are still uncomfortable seeing women nursing—however discreetly—in public places.

In the past five years, government has stepped in to protect the rights of nursing mothers through laws and guidelines.

PERMISSION TO NURSE

Pennsylvania has legislation giving mothers legal permission to breastfeed.

In 2007, Gov. Edward G. Rendell signed a law making it legal for a woman to breastfeed in public or private places. The law also exempts breastfeeding from public indecency and nuisance laws.

Previously, Pennsylvania was one of only 14 states that did not protect a woman's right to breastfeed. The law was introduced by state Sen. Connie Williams (D-Delaware County), after an incident at a Reading mall where a security guard asked a nursing

mother to move to the bathroom. The incident prompted a group of breastfeeding mothers to hold a “nurse-in” at the mall in protest.

ON-THE-JOB BREAKS

In addition, in 2010, the Patient Protection and Affordable Care Act was signed into law in 2010 to amend the Fair Labor Standards Act.

Under the act, administered by the U.S. Department of Labor, employers are required to provide a “reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time

such employee has need to express the milk.”

In addition, employers are required to provide “a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.”

Employers with fewer than 50 employees are not subject to the FLSA break time requirement if compliance with the provision would impose an undue hardship.

Employers are not required under the FLSA to compensate nursing mothers for breaks taken for the purpose of expressing milk. However, where employers already provide compensated breaks, an employee who uses that break time to express milk must be compensated in the same way that

other employees are compensated for break time. ■

WHEN NURSING, PAY ATTENTION TO WHAT YOU ARE EATING.

EAT THIS:

- Fresh fruits and vegetables (organic when possible)
- Protein sources (also organic when possible)
- 8-12 glasses of water, juice, herbal teas
- Calcium rich foods (dairy, greens, legumes)

AVOID THIS:

- Alcohol
- Caffeinated beverages and all soda pop
- Foods that bother the infant (such as spices)
- Preservatives

Source: Chicago Healers Practitioner
Dr. Marilyn Mitchell, MD.



Fast Facts

- According to a Nurses' Health Study, women who have breastfed for at least six months are less likely to develop high blood pressure than those who bottle-fed. The study followed 56,000 U.S. women who each had at least one child. Nearly 8,900 women were diagnosed with high blood pressure, but the odds were 22 percent higher for women who did not breastfeed their first child, as opposed to women who had exclusively breastfed for six months.
- Across the world, less than 40 percent of infants under 6 months of age are exclusively breastfed, according to the World Health Organization.
- Breast milk transmits antibodies from the mother to the infant, which are especially vital during the first few months of life when the infant's immune system is immature and lacks the ability to produce its own antibodies.
- Breastfeeding increases a mother's metabolism, which helps with post-partum weight loss.



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3

WHAT ARE THESE THINGS? Baby's hands are her favorite toy, so she may stare at them a lot and start reaching for things.



7

JEEPERS, CREEPERS! Baby is creeping on his belly and can probably sit unsupported. It's time to install those baby gates.

8

STAND-UP COMEDY. Your baby may try to stand up in his crib or from the floor—and may quickly fall down and try again.

9

GETTING AROUND. Most infants are now crawling and pulling themselves up to stand. Walking won't be far behind!



Keystone Center for Children with Autism
Your resource for support and guidance in providing your children with complete, comprehensive and integrated services.



- Comprehensive Autism Evaluation
- Care Coordination
- Resource Library

It is our goal to assist each child and family as they work to achieve immediate and long-term success in life situations.

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www.kidzquarterz.com

month by month...

4

ROLLING ALONG: Your baby may start to roll over, so don't leave him unattended on the changing table. Baby may also start teething.

5

SPIT HAPPENS: Between teething drool and the "raspberry" noises your baby is making, you'll need a "mop 'em up" cloth close at hand at all times.

6

TRYIN' TO GET THE FEELING: Your baby is curious about things she can touch, like blades of grass, carpet fibers and almost anything she can try to pick up.

Zzzz

10

FULL SPEED AHEAD! Your baby's brain is moving as fast as his body. He's now crawling expertly and possibly even walking.

11

MONKEY SEE, MONKEY DO. Your baby will amaze you with her ability to imitate.

12

HAPPY BIRTHDAY! As your child turns 1, she'll develop new nap patterns and an attachment to a favorite toy.



Source: adapted from BabyZone.com

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DO YOU KNOW?

The American Dental Association (ADA) recommends the first dental visit for your child should occur within 6 months after the first tooth erupts, but no later than the first birthday. Treat the first dental visit as you would a well baby checkup with your child's pediatrician.



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Little Bits & Pieces BY CYNTHIA WASHAM

Percent of mothers in the U.S. who've posted photos of their children ages 2 and younger on social media:

More than 92

Average payment to surrogate mothers for bearing a baby for an unrelated couple:

\$25,000 to \$35,000

Percent who posted sonogram photos before their babies were born: **34**

Percent of surrogate mothers who say they're motivated by compassion and not money: **99**

Number of hospitals in the U.S. that provide obstetricians with smart phones, which enable them to monitor fetal heartbeats of patients in labor even if they're far from the hospital:

More than 160

Number of U.S. mothers who donated breast milk for South African orphans to the Minnesota-based International Breast Milk Project in 2006, the program's first year:

Fewer than 10

Percent who posted sonogram photos before Minimum age California law allows babies to be filmed commercially, prompting critics of the movie Babies to claim a violation in filming San Francisco baby Hattie:

15 Days

Number of military moms given baby showers by Operation Showers of Appreciation since former Marine Kimberly Felshaw of San Diego founded the charity in 2008:

More than 500

Number who've donated milk since then:

More than 1,250

Odds of a woman having triplets:

1 in 540

Maximum minutes per day California infants are allowed to be on camera: **20**

Percent who created an e-mail address for their babies: **7**

Percent of births in the U.S. that take place at home: **.9**

Number of hits in one week Manhattan celebrity chef Daniel Angerer got on his web site early in 2010 when the new dad posted a recipe for breast-milk cheese:

70,000

Calories per day mothers burn breastfeeding:

Up to 700

Minutes they'd have to spend jogging to burn off the same number of calories: **76**

Number of stillborn births every year in the U.S.:

25,000

Number of states since 2001 that have passed bills allowing birth certificates to be issued for stillborn babies: **21**

Sources: PC Magazine Online, The Independent, Psychology Today, Women's Health Weekly, People Weekly, OperationShowersofAppreciation.org, PersonalMoneyStore.com, CNN.com, ABCNews.go.com, Babytalk, Coolnurse.com, M2 Communications, Census.gov, The Houston Chronicle, Dayton Daily News, Pittsburgh Post-Gazette, People Weekly, PRWeb, Breastmilkproject.org



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[EARLY INTERVENTION]



Are you concerned that your child is not walking, talking or developing social skills like other children his/her age?

Early Intervention services for children can help. Early intervention is provided across Pennsylvania, as well as in every state in the U.S. Help is available at no cost to families for children with a wide variety of developmental delays such as: speech and communication needs, social and emotional challenges, difficulties with play, learning, or motor skills, and support for diagnosed conditions such as autism and Down syndrome.

It can be difficult to know who to call for help when you have concerns about your child's development. This is where the local Early Intervention systems in Cumberland, Perry, Dauphin, Adams, Lebanon, Lancaster and York counties, can help. Children are evaluated for developmental delays and how those delays affect the child's daily life and educational programming. If children have a delay in any one area — communication, social-emotional, motor, self-help or cognition — help is available. Until age 3, help comes from county systems. Children ages 3 to 5 are served by local Intermediate Unit Preschool Programs (see numbers following this

article). Funding for the programs comes from the state and federal government.

Between the ages of birth and 3 years, children get support in their homes, in child care programs or in community locations like a playground, grocery store or library. When children turn 3, services are performed in spots like: preschools, daycares, playgroups, language groups, itinerant locations and in specialized classrooms.

Individualized plans are developed for each child so therapy meets their specific needs. For some children, this means a visit with the vision or occupational therapist. Others need a physical or speech therapist. Developmental therapists or teachers work with children and their caregivers to encourage learning through play. No matter what type of therapist works with a child, families and caregivers are very important to the child's progress. For example, an occupational therapist may show a family member how to use different types of forks, spoons, or bowls for a child when feeding is a challenge and the therapist isn't always present.

Professionals work with children so that they can participate fully while attending their neighborhood preschools, daycares

or community activities. The earlier young children receive help, the better they are able to lead happy, successful lives.

Each child is different and the Early Intervention system is dedicated to helping each family walk through the process of getting the help they need.

Who to call:

■ Children ages birth to 3:

Cumberland/Perry Counties- 717-240-6325

Dauphin County- 717-441-7034

Lancaster County- 717-399-7323

Lebanon County- 717-274-3415

York/Adams Counties- 717-771-9618

■ Children ages 3 to 5:

Cumberland/Perry/Dauphin/Northern York Counties-Capital Area Intermediate Unit- 717-732-8400

York/Adams Counties-Lincoln Intermediate Unit- 717-624-4616

■ For locations nationwide and children over 3 in the Lebanon-Lancaster area:

Connect Early Intervention Helpline
1-800-692-7288



Central Pennsylvania BIRTHING FACILITIES

Hospital Address Phone	Birthing facility name/ Hospital Web site	Total deliveries*/ Total C-sections*	C-sections % rate*	Repeat C-sections*	Total vaginal births after C-section*	Length of stay: Vaginal delivery/ C-section delivery
Carlisle Regional Medical Center Carlisle 249-1212	Women's Center www.CarlisleRMC.com	378 117	31%	32	None	2 days 3 days
Ephrata Community Hospital Ephrata • 733-0311	Michael P. Szutowicz Family Maternity Unit www.ephratahospital.org	941	DNR	DNR	DNR	2 days 3 days
Good Samaritan Health System Lebanon • 270-7500	New Beginning Birth Suites www.gshleb.org	896 288	32%	127	11	2.13 days 2.92 days
Hanover Hospital Hanover 637-3711	Hanover Hospital Maternity Center www.hanoverhospital.org	630 174	28%	72	1	1-2 days 2-3 days
Heart of Lancaster Regional Medical Center Lititz • 625-5000	Women's Place www.heartoflanaster.com	525 (Jan 2010 to Sept 2010)	169 (Jan 2010 to Sept 2010)	DNR	DNR	2 days 4 days
Holy Spirit Hospital Camp Hill 763-2100	The Birthplace at Holy Spirit Hospital www.hsh.org	1,138 243	21.4%	72	12	2.2 days 3.41 days
Lancaster General Health Women & Babies Hospital Lancaster • 544-3300	Lancaster Women & Babies www.lancastergeneral.org	4,451 1,333	30%	569	80	2 days 4 days
Memorial Hospital York 843-8623	Family Birth Center www.mhyork.org	631 137	21.7%	62	8	1.8 days 2.8 days
Penn State Milton S. Hershey Medical Center Hershey 531-8521	Women's Health Unit www.pennstatehershey.com	1,735 631	36.4%	15.5%	1.4%	2 days 3 days
PinnacleHealth Hospitals at Harrisburg Hospital Harrisburg 231-8900	www.pinnaclehealth.org	4,068 1,224	16%	13%	384	2 days 3-4 days
York Hospital York 851-2345	Mother-Infant Center www.wellspan.org	3,174 1,041	33.5%	383	38	1-1.5 days .5-2 days

Amenities	
	Full-time lactation consultant, Level 2 NICU, follow-up phone calls with new moms, support groups, celebration dinner, private rooms, whirlpool tubs, infant security system
	Private birthing suites and postpartum rooms, whirlpool tubs, Level 3 NICU, lactation support, complimentary home visit after discharge, celebration dinner for two, epidural anesthesia available 24/7, variety of education classes
	Labor/delivery/recovery in same room; prenatal education classes, Your Special Nurse program, Jacuzzi/hydrotherapy available
	No information provided.
	Single room maternity care, Level 2 NICU, infant massage, parent and sibling education and lactation support, celebration dinner
	Private rooms, eight suites with whirlpool tubs, Level 3 NICU
	Level 3 NICU, high-risk pregnancy clinic, private birthing suites, private hospital care rooms, lactation services, Jacuzzi tubs in birthing suites, professional massage
	No information provided.
	All rooms are private. Rooming-in and breast feeding encouraged. Full-time maternal-fetal medicine, attending Obstetricians in the hospital at all times. We promote patient and family centered care.
	Family-centered care, private rooms, state-of-the-art security, whirlpool tubs, valet parking, Level 3 NICU, child birth education classes, Nurse Navigator, for OB, bereavement services
	Patient-centered relationship-based nursing care model, courtesy rooms (when census allows) for NICU and mothers who have newborns who need to stay in the hospital for a few extra days

DNR = Data not reported. *Stats are most current provided by hospital.

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**St. James Child Care
& Learning Center**
Lebanon • 717.272.4778

**Grace Place Child Care
& Learning Center**
Lancaster • 717.291.0275

**Columbia Child Care
& Learning Center**
Columbia • 717.684.2325

**Reamstown Child Care
& Learning Center**
Reamstown • 717.336.3233

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www.luthercare.org



community connections

ADOPTION/ FOSTER CARE

Adoptions from the Heart

www.adoptionsfromtheheart.org
800-355-5500

Adoption Links at Jewish Family Service of Greater Harrisburg Inc.
www.jfsofhhbg.com
717-233-1681

Adoption Network Law Center
www.adoptionnetwork.com
800-367-2367

Bethany Christian Services
www.bethany.org/Lancaster
717-399-3213

Catholic Charities Adoption & Foster Care
www.hbgdiocese.org
717-564-7115

Children's Home of York
www.choyork.org
717-755-1033

Diakon Adoption & Foster Care
www.diakon.org/adoption

Keystone Family & Children Services
www.keystonehumanservices.org

KidsPeace
www.kidspeace.org

Pa. Dept. of Welfare Statewide Adoption and Permanency Network

www.adoptpakids.org
800-585-SWAN

BABY EQUIPMENT/ FURNITURE/ CLOTHING

Just For Kids Furniture
www.justforkidsfurniture-sales.com
2060 Bennett Ave.,
Lancaster
717-299-3485

Rock A Bye Baby Furniture
2015 Horseshoe Pike,
Annville
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Sugar Babies Boutique
www.sugarbabiesboutique.com
Boys and girls items from newborn and up.

BREASTFEEDING SUPPORT/ SPECIALISTS

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Family Health Council of Central Pa.
www.fhccp.org
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Camp Hill
Manages and supports the WIC and

Breastfeeding Peer counseling program in many counties throughout Central Pa.

La Leche League
www.llusa.org
877-4-LALECHE
Carlisle: www.llusa.org/web/CarlislePA.html
717-258-9608
Eastern Pa.: www.llusa.org/web/HarrisburgPA.html
847-519-7730
Greater Ephrata: <http://www.llusa.org/web/LancasterCountyPA.html>
717-336-3418;
610-678-8229
Harrisburg: www.llusa.org/web/HarrisburgPA.html
717-730-9943;
717-540-7700
Lancaster: <http://www.llusa.org/web/LancasterCountyPA.html>
717-492-0541
Lebanon: <http://www.llusa.org/web/LebanonCountyPA.html>
717-867-4103

CHILDBIRTH CLASSES

Carlisle Regional Medical Center
www.carlislermc.com
Carlisle • 717-249-1212

Ephrata Community Hospital
www.ephratahospital.org
Ephrata • 717-733-0311

Good Samaritan Hospital

www.gshleg.org
Lebanon • 717-270-7500

Hanover Hospital

www.hanoverhospital.org
Hanover • 717-646-6906

Harrisburg Hospital

www.pinnaclehealth.org
Harrisburg • 717-782-5678

Holy Spirit Hospital

www.hsh.org
503 N. 21st St., Camp Hill
717-763-2229
Single room maternity care, eight suites with whirlpool tubs, Level 3 NICU, lactation services, infant security system.

HypnoBirthing of Central Pa.

www.HypnoBaby.com
717-671-3095

Lancaster General Hospital

www.lancastergeneral.com
717-544-5511

Memorial Hospital

www.mhyork.org
717-843-8623

Om Baby Pregnancy & Parenting Center

www.ombabycenter.com
717-761-4975

Penn State Hershey Medical Center/Penn State Children's Hospital
www.pennstatehershey.org
717-531-8521

**PinnacleHealth Systems,
Harrisburg Campus**
www.pinnaclehealth.org
717-782-3131

York Hospital
www.wellspan.org
717-851-2345

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**Pennsylvania Child Care
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717-684-5561

EARLY INTERVENTION SERVICES

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Supporting children ages
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**Community Action
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**CONNECT Early
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**Cumberland County
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Lancaster
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Lancaster-Lebanon IU 13
www.iu13.org
Lancaster • 717-606-1600

**Perry County Early
Intervention**
866-240-6320



parenting resources

York/Adams Early Intervention
www.ycmhmr.org
100 W. Market St., York
717-771-9618

EMERGENCIES

Child Find of America, Inc.
www.childfindofamerica.org
800-I-AM-LOST (24 hours)

Poison Control Center
www.AAPCC.org
800-222-1222 (24 hours)

HEALTH EDUCATION, INSURANCE & SUPPORT

Central PA Down Syndrome Awareness Group
www.cpadsg.org
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Ephrata • 717-733-0311

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PARENT & BABY ACTIVITIES

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Cumberland County Library System

www.ccpa.net

Dauphin County Library System
www.dcls.org

Library System of Lancaster

www.lancasterlibraries.org
York County Library System
www.yorklibraries.org

Monkey Joe's

www.monkeyjoes.com
3608 Hartzdale Drive, Camp Hill • 717-635-8300

MOTHERWELL Maternity Health & Fitness

800-MOM-WELL

My Gym Children's Fitness Center

www.my-gym.com
Mechanicsburg • 717-737-1936
West Shore YMCA
www.ymcaharrisburg.org
Camp Hill • 717-737-0511

PARENTING SUPPORT & CLASSES

BabyWearing Support Group

www.kiddiecradles.com
717-361-8505

Capital Region DADS (Dad Affirming Dads who Stay home)

717-737-4042

Hanover Area Mothers of Multiples

717-236-4300
Keystone MOM
www.keystonemom.org
717-652-4400

MOMS (Mothers Offering Moms Support) Groups

www.momsclub.org
717-236-4300

Mothers of Multiples/ Mothers of Twins Clubs

Carlisle • 717-243-0937

Text4baby Program

A program of the Pennsylvania Department of Health
www.health.state.pa.us
A free text messaging service for pregnant women and new moms.

West Shore Parents' Support Network

Camp Hill • 717-938-2344 or 717-766-8705
York White Rose Twin Moms Club
http://twinmomsclub.com

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Carlisle Pediatrics

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parenting resources

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www.hersheypediatric-center.com
Hershey • 717-533-7850

JDC Pediatrics
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Kline Pediatric Center
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Lancaster
717-291-5931
Experts at caring for children from birth to age 21.

Lancaster Pediatric Dental Associates, P.C.
www.lancasterpediatricdentists.com
1875 Lititz Pike
Lancaster • 560-9002
Pediatric dental practice offering preventative and restorative dental care in a child-friendly setting.

Pediatric Care of York
www.p-c-y.com
717-741-9063
Pediatric Health Associates
www.phayork.com/office/location.php
York • 717-757-3400

Red Rose Pediatrics
www.redrosepediatrics.com
Lancaster • 717-291-7221

Roseville Pediatrics
www.lancastergeneral.org/content/Roseville_Pediatrics.htm
Lancaster • 717-569-6481

Springdale Pediatric Medicine
York • 717-812-3040
Red Lion • 717-851-1750

Strasburg Family Health Center
www.lancastergeneral.org/content/Strasburg_Family_Health_Center.htm
Strasburg • 717-687-0313
York Pediatric Medicine
York • 717-812-4240

PHOTOGRAPHERS

CB Portraits Photography
www.cbportraits.com
717-341-5088

Christine Hsieh Photography
www.christinehsiehphotography.com
717-487-7917
Newborn, baby and family photographer in York. Baby's first year plan available.

Grace Lightner Photography
www.gracelightnerphotography.com
717-834-5479

Jillian Williams Photography
www.jillianwilliamsphotography.com
717-638-8219
14 Northern Dancer Drive, Dillsburg
On-location, natural-light photographer specializing in newborns.

Kate Greenawalt Photography
www.kategreenawaltphotography.com
717-503-6312

Karissa Zimmer Photography
www.karissazimmer.com
717-991-7414
Specializing in newborn, child and family portraits.

PREGNANCY SERVICES

Pro-View Ultrasound
www.proviewultrasound.com
Lancaster • 866-498-BABY

Viacord Cord Blood Banking
www.viacord.com
866-668-4895

Womb with a View
www.wombwithaview.com
Serving Central Pa. in Lancaster and Lemoyne

SAFETY

Pa. SAFE KIDS Coalition
www.pasafekids.org
800-683-5100

U.S. Consumer Product Safety Commission
www.cpsc.gov
800-638-2772

SPECIAL NEEDS

Advantage Pediatric Rehabilitation
www.pediatricadvantage.org
York • 717-848-5405

A.I. DuPont Hospital for Children
www.nemours.com
Philadelphia • 215-955-6523

Arc of Cumberland & Perry counties
www.cparc.org
Carlisle • 717-249-2611

Arc of Dauphin and Lebanon Counties
www.arcofdc.org
Harrisburg • 717-920-2727

Arc of Lancaster County
www.thearcoflancasterco.org
Lancaster • 717-394-5251

Arc of Pennsylvania
www.thearca.org
Harrisburg • 717-234-2621

Bayada Nurses: Home Care Specialists
www.bayada.com
Lancaster • 717-291-9000

Children's Miracle Network at Penn State Children's Hospital
www.pennstatecmn.com
Hershey • 717-531-6606
Easter Seals Central Pa.
www.eastersealscentralpa.org
York • 717-741-3891

Four Diamonds Fund
www.fourdiamonds.org
Hershey • 717-531-6086

Helping Hand Children's Center
www.helpinghandpa.com
Lancaster • 866-432-4422

Hummingbird Program at Penn State Children's Hospital
http://nursing.hmc.psu.edu/web/hummingbird/

home
Hershey • 717-531-3558

Keystone Human Services
www.keystonehumanservices.org
Harrisburg • 717-232-7509

KidsPeace
www.kidspeace.org
Orefield • 610-799-8388

Lancaster Cleft Palate Clinic
www.lancastergeneral.org/content/Lancaster_Cleft_Palate_Clinic.htm
Lancaster • 717-394-3793

Life's Joyful Expressions
www.lifesjoyfulexpressions.com
Elizabethtown • 717-367-8520

M2 Dentistry for Children and Teens
www.pediatricdentist.com
Lancaster • 717-397-7750

Make-a-Wish Foundation for Philadelphia & Susquehanna Valley
www.philadelphia.wish.org
Lancaster • 877-ONE-WISH or 888-367-8575

Mayday Pediatric Headache Center
Lancaster • 717-544-3220

Multiple Sclerosis Society
http://pac.nationalmssociety.org
Harrisburg • 717-652-2108

PSA (Pediatric Services of America Healthcare)
www.psahealthcare.com
877-540-1051
75 S. Houcks Road,

Harrisburg
Private-duty nursing services for medically-fragile individuals allowing them to be at home.

PA Council of the Blind
www.pcb1.org
Harrisburg • 717-920-9999

Parent Education Network
www.parentednet.org
York • 717-600-0100 or 800-522-5827

Parent to Parent of Pennsylvania
www.parenttoparent.org
Harrisburg • 717-540-0263

Pediatric Hydrocephalus Foundation, Inc.
www.HydrocephalusKids.org
Hummelstown • 717-566-6230

Pediatrics Health Care for Kids
www.pediatricakids.com
Harrisburg • 717-480-4698

Pediatric Neurology Assoc.
Lancaster • 717-544-3547

Pediatric Orthopedic Service
Lancaster • 717-299-3077

Penn State Hershey Medical Center/ Penn State Children's Hospital
www.pennstatehershey.org
500 University Drive, Hershey
717-531-8521

Pediatric Specialty Care
pointpleasantcare.com
Lancaster • 866-498-3998

Schreiber Pediatric Rehab Center of Lancaster Co.
www.schreiberpediatric.org
Lancaster • 717-393-0425

Special Kids Network
www.dsf.health.state.pa.us/health/cwp/
Harrisburg • 800-986-4550

SpeechCare Inc.
www.speechcare.com
Lancaster • 717-569-8972

Spina Bifida Program
Hershey • 717-531-7311

Starlight Starbright Children's Foundation
www.starlight-midatlantic.org
Washington, DC • 202-293-7827

United Cerebral Palsy of South Central PA
www.ucp.org
Hanover • 717-632-5552

United Way of the Capital Region
www.uwcr.org
Enola • 717-732-0700

Visiting Nurse Association
www.vnacentralpa.org
Harrisburg • 717-233-1035

Wellspan Pediatric Neurology
Locations in York and Gettysburg
800-840-5905 or 717-851-3500

WOMEN'S HEALTH

Center for Women's Health a service of Holy Spirit Health System
423 N. 21st St., Camp Hill
717-763-9880
2850 Commerce Drive, Harrisburg
717-901-9898
Providing routine gynecological and obstetrical care, unique services for infertility, natural family planning and menopause management.

Women First
www.womenfirst-ob-gyn.org
717-393-0425
Serving Mechanicsburg, Millersburg and Harrisburg
Obstetrics and gynecology, normal and high-risk pregnancies, infertility, bone density, laser surgery, adolescent and geriatric gynecology and female urinary incontinence.

The Women's Healthcare Group
www.thewhcg.com
717-845-1621
1693 S. Queen St., York
Devoted to obstetrics and gynecology.

Woodward & Associates
www.woodwardassociates.com
717-948-4150
Meeting all obstetric and gynecological needs with the utmost compassion and concern.



CENTRAL PENN PARENT'S INSTANT INFO.

As busy parents, it's sometimes hard to keep things straight. With soccer practice, piano lessons, dinner plans and grandma's birthday—there is always something important to remember! And the more children you have to keep track of, the harder it is to make sure nothing falls through the cracks. But what if an emergency strikes? Will you be able to quickly find the pediatrician's phone number? Can you put your hands on your insurance ID number without dumping out and combing through the contents of your wallet and purse? Do you know what medications your partner is currently taking?

In the event of an emergency, you may need instant access to important information. Don't rely on your cell phone to store the data (*the battery is bound to die just when you need to use it*).

Our Instant Information worksheet will help you keep important names, phone numbers and vital information at hand when you—or a friend or neighbor—needs it.

Complete the form, cut it out and keep it where you can access it in an emergency. Give copies to grandparents, friends or a trusted neighbor. Make sure you have the information you need in an instant!

Your name:	Your spouse's name:	Your child's name(s):
Home address:	Cell phone:	Birthdate:
Home phone:	Employer:	Social Security number(s):
Cell phone:	Work address:	School:
Employer:	Work email:	School address:
Work address:	Personal email:	School phone:
Work email:	Health Insurance carrier:	Health Insurance carrier:
Personal email:	Health Insurance ID/group number:	Health Insurance ID/group number:
Health Insurance carrier:	Family doctor:	Pediatrician/doctor:
Health Insurance ID/group number:	Doctor's phone number:	Doctor's phone number:
Family doctor:	Pharmacy:	Pharmacy:
Doctor's phone number:	Pharmacy phone number:	Pharmacy phone number:
Pharmacy:	Drug allergies:	Drug allergies:
Pharmacy phone number:	Current medications and dosage:	Current medications and dosage:
Drug allergies:	Blood type:	Blood type:
Current medications and dosage:	Organ donor?	Organ donor?
Blood type:		
Organ donor?		



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The birth of a family.

Family-Centered Care

PinnacleHealth is committed to the development of strong families. We encourage and support mothers and babies being together at all times throughout the hospital stay.

Benefits

- Babies adapt better to the new environment
- Babies cry less
- Babies breastfeed more successfully
- Increases breast milk supply
- Moms learn feeding and behavior cues
- Moms are more confident in caring for baby
- Promotes healthy postpartum adjustment

What does this mean to you?

Your baby will be placed on your chest, skin-to-skin, and covered with a blanket. This helps keep him warm and adjusts his breathing, heart rate, and blood sugar.

We encourage you to arrange for Dad or a support person to be with you for at least several hours after delivery or until you can care for yourself.

The goal of family-centered care is for you to leave the hospital more confident and comfortable with the care of your baby. Talk to your healthcare provider for more information.

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