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We at Jackson Pediatric Associates would like to congratulate you on the arrival of your newborn baby. This booklet is intended to be a source of information and practical guidance in the care of your newborn. Please feel free to call the office if you need additional information.

INFANT FEEDING

Nutrition will never be more important than during infancy. Whether you are breast feeding or bottle feeding your baby, together we will decide if and when you need to make a feeding change.

Don't be confused by ads that say you should change what you feed your baby at a certain age. The formula that is right for your baby's early months is still right until your baby's first birthday. If you think that you want to make a change or that one is needed, please talk with us first.

There are advantages to breast feeding but both breast and formula fed babies do well. The cuddling and loving way in which the baby is fed is more important than what the baby is actually eating. In general, all a baby needs in the first four to six months of life is breast milk or formula.

Breast Feeding

To begin nursing, position and support yourself comfortably in bed or in a chair. No matter what position is chosen, you should not feel any back or arm muscle tension. Nursing positions that work well are sitting, sidelying, or holding the baby in a football hold. Each position places pressure on a different part of the nipple and by alternating your position you decrease the likelihood of sore nipples. Experiment to find the best positions for you and your baby.

Use both breasts at each feeding, starting with the breast last used during the previous feeding. This allows each breast to empty fully at least every other feeding.

Many babies are very alert right after birth and will nurse from their mother almost immediately. During the first few days of life, if your baby has slept for three to four hours, you should try waking her and attempt to nurse.

The success of latching-on comes from getting enough of your nipple and areola in your baby's mouth. You can tell if the latch-on and sucking response is good by these signs: the baby's tongue is curled around the lower part of the nipple and areola, the baby does not easily fall off the breast, swallowing motions are seen and heard once let down has occurred, and the baby is nursing in bursts of 4-10 sucks followed by a pause of 5-15 seconds with the nipple staying in baby's mouth. Remember, many babies are not vigorous eaters during their first 24-48 hours, and may fall asleep at the breast despite coaxing. You will find that nursing your baby when she is alert but not yet fussy will allow you and your baby the opportunity to learn about feeding in a relaxed manner. You may arouse your baby by changing diapers (before nursing and/or between breasts); nursing with your baby undressed (wearing diaper or diaper and onesie only), or tickling his/her feet while nursing.

We encourage you to allow your baby to nurse "on demand" rather that on a rigid schedule. In the first days, allow your baby to set the pace. Most infants will want to eat every 3 hours with a range of 2 - 4 hours. Within a few days, you will be making enough milk to fill your baby's stomach so that she will then be feeding less frequently. Try to nurse your newborn at least once during the night for a more beneficial start at breast feeding. Nurse more frequently during the daytime so that your baby learns that nighttime is for sleeping and daytime is for eating.

After 10 minutes on each breast the baby has taken more than 90% of the available milk, yet she may want to suck longer. This is acceptable when you are not sore. Otherwise, she may benefit from a pacifier to satisfy her sucking needs.

During times of increased growth rate, breast fed babies may nurse more frequently for several days to increase the milk supply, then settle back to their normal pattern. Growth spurts may occur around two, six, and twelve weeks of age.

Expressed breast milk should be chilled immediately after collection. It can be refrigerated for 48 hours. If you do not plan to use the milk in the next day or so, it should be placed in the freezer immediately. Milk may be stored in a refrigerator freezer for 1 week. However, milk stored at 0° F (-18° C) can be kept for 6 months.

Plastic nurser bags or plastic bottles are appropriate for storage. Make sure there is space left for expansion of freezing milk. Freeze milk in quantities that your baby will take in one feeding. Avoid glass bottles for storage and feeding of breast milk, as the protective antibodies in breast milk adhere to the glass.

The best advice regarding nipple care includes using no drying agents such as soap or alcohol. After nursing, express several drops of breast milk and gently spread over nipples and areola. Air dry or using the "cool" setting, blow dry for several minutes then apply pure lanolin sparingly and rub in well. Do not wash off before next feeding. Change any moist nursing pads or bras as soon as wetness occurs. Avoid the routine application of creams to nipples. Pure Lanolin is always helpful. If nipples crack and bleed a small amount of cortisone 1 % cream (e.g. Cortaid) may be rubbed in well-over pure lanolin. Do not wash off before next feeding. Try not to be discouraged if all does not go smoothly in the first few weeks. Try to relax, eat a well balanced diet, drink plenty of fluids, and rest. If you are having a problem, please let us know.

Formula Feeding

Babies do well on traditional infant formulas (e.g. Similac with Iron). Do not exclusively use formula with low iron or no iron, as use of these preparations often leads to iron deficiency and/or anemia. Research shows that the amount of iron in formula does not cause constipation, fussiness, excess gas, or spitting. Formula with iron contains all the vitamins and nutrients your baby needs for growth. (A general rule: After about 10 days of age most babies take 2½ to 3 ounces of formula per day for every pound they weigh.) As your baby gets older, he will want formula at each feeding and will also feed less frequently. The maximum amount of formula that your baby should take in a day is 32-35 ounces. Formula should be used for the first twelve months, before beginning whole milk from age 12 months to 24 months.

Formulas are available in ready-to-feed, concentrate, or powder preparations. Most water used to prepare formula need not be boiled. Serve the formula at room temperature. Families using ready-to-feed formula, mixing formula with bottled water or well water, will need to give a fluoride supplement beginning at 6 months of age. (See section on fluoride.)

Though sterilization of bottles and nipples is not necessary, wash them carefully. Do not use formula that has been out of the refrigerator for more than 2 hours. If your baby has sucked on the bottle at all, it is only good for 45 minutes. Do not refrigerate and then reoffer this same formula. Although we do not recommend heating formula in the microwave, parents who do so must thoroughly stir the formula and test the temperature after heating. Failure to do so could cause serious burns in your baby's throat.

Solid Foods

During the first four to six months, breast milk or formula is all that your baby needs to eat. Solid foods such as infant cereal and strained baby food are offered after four to six months of age. At this time, he is more developmentally ready to safely swallow solids. Also, by delaying the introduction of other types of food until this time, one minimizes the development of allergies later.

When solid foods are introduced, single ingredient foods should be chosen and started one at a time. Rice cereal is a good choice for the first solid food given to the infant. Strained vegetables and fruits then may be added. Approximately 3-5 days should separate the introduction of each new food to permit the identification of possible food intolerance. The baby should be spoon fed and not given cereal or food through a bottle or feeder. An information sheet on infant nutrition is available from our office.

As solid foods are increased, formula intake should decrease. Many infants do this automatically between five to seven months. At six months, most infants need 24-34 ounces per day. At twelve months, 8-16 ounces is adequate if a good variety of solid foods is established.

Food offered to infants less than one year of age should require a minimum of chewing. The baby can feed himself soft finger foods by seven to nine months of age. Small amounts ("sips") from a cup or sippee cup can be offered from six to eight months of age.

Juices are unnecessary, but may be offered after six months. Any pure juice that is pasteurized may be used, but unsweetened ones are preferred. *Special baby juices are unnecessary.* Adult juices without sugar may be used. Dilute all juices with equal parts of water. Limit juice to no more than 6 ounces (3 ounces juice) daily.

Fluoride

Fluoride helps prevent tooth decay by strengthening tooth enamel. Many local communities place fluoride in their water at the proper level. Most well water is low in fluoride. If you are uncertain of the fluoride level in your water, ask us for a water sample test kit. This simple test is done by the State Health Department. If the sample is low in fluoride (below 0.6 ppm), we will prescribe a fluoride supplement. We do need to know the exact level from your report in order to determine proper dosage. Too much fluoride may cause spotty white staining of the permanent teeth.

We, along with the American Dental Association recommend starting daily fluoride supplements at six months of age for all infants who are not consuming 8-10 ounces of fluoridated water/day. Fluoride supplementation is continued only until your child is taking a minimum of 8 to 10 ounces/day of fluoridated water used to prepare formula, dilute juices, or directly from the tap.

COMMON CHARACTERISTICS OF NEWBORN BABIES

Sneezing: This is the baby's way to clear secretions from the nose

Noisy Breathing: Babies prefer to breathe through their noses for the first four to six months of life. Some babies make rattling, congested noises when they breathe. This is usually related to mucous in the back of the nose and gradually disappears when the baby is five or six months of age. This mucous can sometimes be removed with a bulb syringe, but rarely needs to be. Saline nose drops may be used to loosen congestion (see *Colds* for details).

Irregular Breathing: When infants are sleeping or resting quietly, their breathing is often irregular; rapid then slow. Their breathing should not be labored and consistently rapid.

Hiccups: Babies frequently have hiccups after eating and at other times during the day. This is normal.

Swollen Breasts: Both male and female infants often have breast

tissue enlargement caused by stimulation of the breast by the mother's hormones during the pregnancy. The enlargement will gradually go away after birth.

Puffy Eyes: Many infants have puffy eyes for several days after birth. The swelling is usually temporary and nothing to worry about. You may observe a small amount of clear drainage. If the eye drainage becomes yellow and increases in amount, please call the office.

Dry Skin: Infants usually have dry, flaky skin, particularly on the arms and legs. They do not need lotions or treatment. If the skin cracks and bleeds, A & D ointment, vaseline or Eucerin Creme Plus may be applied, or any unscented cream.

Newborn Rash: This rash appears in the first days of life and may continue for 2-3 weeks. It consists of small white bumps on a red base. The individual spots may last just a few hours or several days. It is typical for new ones to keep appearing. It doesn't bother the baby and will resolve on its own without treatment. Baby oil, lotions or ointments will just make it worse.

Bowed Legs: The legs of the newborn are normally bowed from the curled up position in the uterus. Until the child starts to walk, the legs will probably remain bowed because nothing has stimulated them to change. We will examine the hips, knees, and feet carefully. Walking and growing are the usual care.

THE CRYING BABY

Crying is an important way for newborns to communicate with the world. Parents learn to differentiate the cries of their newborns such as a hunger cry, an angry cry, restless crying or "fussing". Sometimes a cause for crying cannot be found. Many babies go through a fussy period during the first few months and often cry at a regular time each day, usually late in the afternoon and early evening. As babies are adjusting to their surroundings, they are receiving many new stimuli of sound, sight, smell, and taste. Even minor discomforts may be disturbing to a baby.

These suggestions may help:
Some babies desire more sucking, so a pacifier may help. Some need more cuddling and physical contact. Some are comforted by the rhythmic motion of walking, rocking, patting, burping, car rides, stroller rides, baby swings, or being carried in a front carrier. Swaddling or frequent position changes sometimes help. Occasionally the sounds of a vacuum cleaner, hair blow dryer, washing machine, dishwasher, soft radio, or the loud ticking of a clock quiet the baby.

Even very young babies love social stimulation and may settle down if you smile, talk, and play with them. When you have tried everything, the baby can be put to bed and allowed to cry up to 10-15 minutes or so. Often she will just fall asleep after some crying.

Don't worry about spoiling a tiny baby. When your baby cries, he needs to know that someone is there to comfort and take care of his needs. Research shows that the more you do this in the first few months, the more independent and less fussy your baby will be at one year of age. Not until four to six month of age is "spoiling" possible.

Prolonged difficulties with crying and fussiness may indicate illness, especially if there are also associated problems with eating or sleeping.

PACIFIERS

Every time a baby sucks or chews on his fist, he is not necessarily hungry. He may just need to suck. A pacifier may be helpful in the early months but it should not be used as the all purpose calming agent. Pacifiers are an individual choice. It makes sense to consider discontinuing the pacifier at nine to twelve months of age when the strong need to suck naturally decreases.

SPITTING AND VOMITING

Babies will vomit occasional feedings for no reason. This is not a problem if it rarely occurs. Spitting, unlike vomiting, is not forceful. It often continues until six to nine months of age. Be sure to call the office if vomiting is persistent or if spitting is associated with choking, wheezing, or poor weight gain.

BOWEL MOVEMENTS, DIARRHEA AND CONSTIPATION

Early meconium bowel movements are thick, greenish-black and in two to three days change to a seedy, loose or formed consistency with a yellow or green color.

Breast milk stools are normally watery and seedy yellow. This is not diarrhea. Breast fed infants may have a bowel movement with each feeding or may have one every 5-6 days. Both extremes may be normal if the baby seems otherwise well.

Babies normally, grunt, turn red, strain, and cry with bowel movements. This is not a problem and does not need treatment if the bowel movement appears normal. Infrequent stooling is not constipation. Constipation means hard stools which are difficult to pass. If this occurs, extra water or 1-2 ounces of pear juice mixed with equal parts of water may help. If no improvement occurs, call the office. Call particularly if there is blood on the outside of the bowel movement, the abdomen seems full and tight or there is vomiting.

Green, orange, or brown stools are not a problem. If the infant is otherwise acting normal, then you can disregard the color of the stools.

COLDS

Runny noses, sneezes, and sniffles that continue for two or three days are okay as long as the baby's appetite is good and she continues to sleep fairly well.

You may remove bothersome nasal secretions with the use of saltwater nose drops (made by adding 1/4 teaspoon salt to 4 ounces tapwater, or purchased as Ocean Spray or NaSal drops) and/or a bulb syringe. Several drops placed in each nostril may loosen and clear secretions, especially before feeding. A cool mist vaporizer used during nap and nighttime may decrease the nasal congestion of a cold by keeping the nasal secretions thin.

Please **call the office** if a baby less than two months of age has a fever of over 100.5° F, develops a cough, seems to breathe fast, is eating or sleeping poorly, or has drainage from the eyes, especially after the first several days of a cold.

NEWBORN CARE

Cord Care
The umbilical cord usually falls off by one to three weeks of age. Often a small I amount of bleeding occurs at the time of separation and may continue up to i week afterwards. This is normal.

The front of the diaper should be folded down to keep the healing cord dry. There is no need to apply anything to the area unless it appears moist or drainage begins to develop. If this happens apply rubbing alcohol to the area several times per day. If despite this symptoms worsen please call our office for an appointment.

Call the office if bleeding continues after the cord has been off for a week, if a wet red center remains at the navel, if there is drainage with a bad odor from the cord, or if any redness appears on the skin around the cord.

Care of the Penis or Vagina
The uncircumcised penis needs no special care. Do not try to pull the foreskin back from the tip of the penis. Usually by school age, the foreskin will have naturally separated from the glans of the penis and will be easily pulled back over it.

Most newborn girls have a mucousy, white vaginal discharge during their first weeks of life. Some will have a bloody discharge and this is also normal. The discharge may be wiped away with a front to back motion. You can safely clean between the folds of the labia and the most external part of your baby's vagina but deeper cleansing should not be done.

Circumcision Care
After circumcision, keep the baby off his tummy for 24 hours. Routine gentle washing once a day after a circumcision or if stool gets on the penis should be adequate. For 7-10 days after circumcision, vaseline should be placed on the penis to prevent it from sticking to the diaper, to minimize irritation from urine and stools, and to decrease the chances of adhesions or scarring. If redness, swelling or pus appear please call the office.

Rashes
Rashes are often caused by skin contact with body fluids (saliva, urine, stools, perspiration) or irritation from bedding or clothing. Many detergents and fabric softeners (especially dryer sheet type softeners used in the dryer) irritate the skin. Dreft or Ivory detergents All Allergen Fighter, Cheer Free, Tide Free or Arm and Hammer Free, can be used for your infant's clothes and linens. Most rashes require no special treatment and will heal in a short time with normal washing with warm water and air drying.

At two to three weeks of age, many infants develop a pimply rash on the forehead, cheeks, and sometimes, the shoulders. This rash is frequently associated with scaling of the scalp and the area behind the ears. It often helps to lather the baby's scalp with baby shampoo and then gently remove the scales with a comb or soft brush. Sebulex shampoo can be used 1-2 times a week for stubborn cradle cap if care is given to avoid getting soap into the infant's eyes. This rash is not harmful to the infant and resolves after several months.

Diaper rashes are most often due to irritation by urine and stools. It is best to change the diaper soon after the baby urinates or stools. Routine use of unscented natural baby wipes (e.g. Huggies) and low or no scent diapers is helpful in preventing diaper rashes. Rubber pants tend to keep the diaper areas very moist, allowing irritation to develop. Try air drying (especially at nap time) and leaving the rubber pants off. Zinc oxide, Desitin, or A&D ointment may serve as a protective barrier to irritation when the diaper is on. If the diaper rash becomes pimply and starts to have blisters filled with pus, or if the rash does not improve, **call the office.**

Bathing
We highly recommend that you attend one of the bathing demonstrations given by the nursing staff before you leave the hospital. Always check the temperature of the water before placing your newborn in the bath. Do not immerse the baby in water until after the cord has fallen off. This will help the cord to dry and heal more quickly.

Babies may have a complete bath every 2-3 days. Baby powders, lotions, and oils are not necessary. Faces should be washed with water only.

Gently wash the baby's body and diaper area with soap. We recommend mild soaps, such as Basis, Dove Unscented for Sensitive Skin, or Johnson's Baby Soap for Sensitive Skin.

Clothing
Dress your baby according to how hot or cold you feel. In a normally heated house, the baby needs little more than a receiving blanket over his shirt and diaper. He does not need to be tightly wrapped in a blanket although some newborns will like the feel of this.

Keep the temperature of the house at a setting comfortable to adults. It is normal for the baby's hands and feet to feel cold. This doesn't necessarily mean he is cold.

Taking Baby Out
In warm weather, we encourage taking the baby outside from the day she comes home, being sure to protect her from sunburn. In cold weather, she can be taken out in a warm car, but should not be exposed to cold temperatures until she weighs 10 pounds and has enough fat for insulation.

It is best to avoid exposing the baby to many people outside the immediate family for the first two months. Illnesses are usually acquired from contact with other people who are ill. The infant's immune system is immature and even a mild illness may require hospitalization.

NEWBORN SAFETY

Automobile Safety: Car Seat Sense

From the first time they cradle a newborn in their arms, new parents worry about keeping that very precious bundle safe. Yet millions of parents fail to protect their children where it counts most-in the car.

In 1997 alone, 3,357 children in the U.S. under the age of 15 were killed in car crashes, and hundreds of thousands were injured. Many of those injuries could have been prevented-if appropriate child safety seats had been used consistently and correctly. Still, recent studies show that only about half of all children are buckled into a safety seat each and every time they ride in a car, and more than 80 percent of all safety seats may not be properly installed or used.

The right safety seat. When choosing a child safety seat, always look for a label indicating compliance with Federal Motor Vehicle Safety Standard (FMVSS) 213; For additional assurance, look for restraints that meet the guidelines of the Society of Automotive Engineers (SAE) recommended practice J1819. The right type of safety seat will depend on your child's age and size.

A *rear-facing infant seat,* supports a young baby's back, neck, and head and can allow you to position the infant in a comfortable, semi-reclining position. Infant seats fit newborns well, but must be replaced with a larger seat when the child is 20 pounds. A *convertible seat* used in the rear-facing position is recommended when a child reaches 20 or more pounds-before the first birthday. This type of restraint can be used in the rear-facing position for children under one year (usually up to 20 or 30 pounds, depending on the model) and in the front-facing position for children up to 40 pounds and about 4 years of age. A REAR-FACING SEAT MUST BE USED UNTIL AN INFANT IS AT LEAST 20 POUNDS AND ONE YEAR OLD.

More detailed and complete information on car seat/auto safety is available in our office. ("The What To Expect Guide To Car Seat Safety"), in Consumer Reports, by calling SafetyBeltSafe U.S.A., SafeRide Helpline at (800) 745-SAFE or National Safe Kids Campaign at (800)441 -1888.

Sleeping Safety: Sleep Position

The preferred sleep position for your baby is on his/her back (supine) in a safe crib. The American Academy of Pediatrics (AAP) and we at Jackson Pediatric Associates, recommend that all healthy infants be positioned for sleep on their backs (supine) only.

The risk of Sudden Infant Death Syndrome (SIDS) is greatly decreased by sleeping infants on their backs or sides. Most infant suffocation occurs when babies are placed face down on a soft surface that the mouth and nose sink into. Infants who are 0 to 4 months old have the greatest risk of suffocating. These young infants don't have enough strength to lift their heads and turn their faces so that they can breathe. The issue of sleep position is obviously important only until the infant is able to roll sufficiently to choose his/her own sleep position.

There are some infants who may benefit from sleeping on their side or face down. These include premature infants with breathing problems, infants with chronic lung or upper airway disease, and infants with gastroesophageal reflux or other conditions causing frequent vomiting. This issue should be discussed with us prior to changing your baby's sleeping postilion.

Sleeping Safety: Surface & Surroundings

Infants may suffocate when placed on waterbeds, beanbag pillows or any soft surface including— but not limited to—couches, soft mattresses, any pillow, thick blankets and/or quilts, sheepskins, or with plush stuffed animals/toys. Babies should be placed only on a firm surface that is covered with a tight sheet until they are able to roll over easily themselves. Mattress must fit snugly with no space between mattress and side rails (Side rail slats should be no more than 2 3/8" apart).

HOSPITAL CARE Newborn Screen

Every infant is required by law to have a newborn screen prior to discharge from the hospital. This blood test screens for several rare inherited disorders which can be successfully treated if detected early in infancy. If this test is done within the first 24 hours of life and your baby goes home soon after, then it will need to be repeated in several days in the office.

WELL VISITS & IMMUNIZATIONS

We follow the American Academy of Pediatrics' guidelines for well visit appointments. We recommend a schedule of routine well visits, screening, and immunizations to help your child stay healthy and monitor growth and development.

Age (check-up)	Immunizations	Labs
Newborn - 2 to 3 days after leaving hospital	HepB	
7-10 days	None	
1 month	None	
2 month	DTaP, Hib, IPV (Pentacel), Prevnar, Rotavirus, HepB	
4 month	DTaP, Hib, IPV (Pentacel), Prevnar, Rotavirus	
6 month	DTaP, Hib, IPV (Pentacel), Prevnar, Rotavirus	
9 month	HepB (if not received at 6 months)	Hemoglobin(anemia screen)
12 month - on or after 1st birthday	Varicella (chicken pox), Prevnar, MMR	Lead level, hemoglobin if not already done
15 month	DTaP, Hib, IPV (Pentacel), HepA	
18 month	None	
2 year	HepA, catch up, if any	Lead level, Hemoglobin(anemia screen)
3 year	catch up, if any	
4-6 year - needs exam each year	DTaP, IPV, MMR, Varicella (chicken pox)	
11 year - yearly exam	HPV, Tdap, Menactra (meningitis)	
12-15 year - yearly exam	HPV	Lipid profile
16 - 20 year - yearly exam	Menactra (meningitis), Trumemba	

DTaP vaccine protects against d*iphtheria, tetanus*, and *pertussis* (whooping cough).

Tdap is a "booster" shot for *diphtheria, tetanus,* and *pertussis* (whooping cough).

HepA vaccine protects against *Hepatitis A*, a virus that causes a liver infection.

HepB vaccine protects against *Hepatitis B*, a viral infection that can lead to liver damage and cancer.

Hib immunization prevents childhood *Haemophilus influenzae B* infections, which can cause severe and potentially deady illnesses.

HPV vaccine protects against the most common types of the virus *human papillomavirus*, which cause cervical cancer and genital warts in females and penile, rectal, and oral cancer in males.

IPV immunization protects against *polio.*

MMR vaccine is a "3-in-1" vaccine that protects against *measles, mumps*, and *rubella*

Menactra vaccine offers protection against the *meningococcal bacteria*, one of the leading causes of bacterial meningitis in children.

Pentacel combintion vaccine that includes *DTap, Hib, IPV*.

Prevnar vaccine protects against the *pneumococcal bacteria* that causes pneumonia, sepsis(bacteria in blood), and meningitis as well as ear infections.

Rotavirus oral vaccine protects against a virus that causes vomiting, diarrhea, and dehydration.

Trumemba vaccine protects against *serotype B mengicoccal disease*, one of the leading causes of menigitis.

Varicella protects against *chickenpox.*

GENERAL OFFICE INFORMATION

Appointments: Patients will be seen by appointment only. Should you be unable to keep a scheduled appointment, notify the office as soon as possible. It is important to schedule your follow-up visits after your child is seen before leaving the office.

Emergencies: If your child is ill, please call our office during regular office hours: 8:00AM to 5:00PM. Call early in the day whenever possible. If you have a medical emergency after office hours, please contact the Nurse Triage at 780-3606 Remember this is for emergencies only and discretion should be used in calling the registry for non-emergent problems or questions.

Insurance: We participate with may companies. Please double check your policies for applicable copayment amounts, well child and immunization coverage, and sick visit coverage. We recommend that you notify your health insurance carrier of your baby's birth within 30 days. If you have any questions please contact our office.

MORE READING

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Sleep

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CHILDREN LEARN WHAT THEY LIVE

If children live with criticism,
They learn to condemn.

If children live with hostility,
They learn to fight.

If children live with ridicule,
They learn to be shy.

If children live with shame,
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 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