Information for Parents of Newborns

Welcome to Parenthood!

There is no instructional manual, and you will have lots of questions. It's a great idea to learn as much as you can about how to keep yourself and your baby healthy and safe. This booklet is one tool to help you do that.

This booklet will cover a variety of important health and safety topics for new parents. It will provide you with questions to think about and ask you to fill in information to help you plan for your baby's health needs. It will also provide you with phone and web resources in case you have questions or want more information.

For more information about women's or perinatal health issues, questions, or comments, contact us at infoforparents@dshs.state.tx.us

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Newborn Screening

The Newborn Screening Program of Texas screens newborns for 29 genetic conditions that can be improved by early detection. This can lead to treatment early in life to help prevent developmental delays or other problems. There are two types of Newborn Screenings. These include:

Blood screening tests or “heel prick”: Blood screening tests use a small amount of blood taken from your baby’s heel. If the test results are not normal, your baby will need another test. The doctor may start treating your baby right away if the condition is serious.
Hearing Screening: Hearing loss occurs in 3 out of 1,000 babies. Because hearing loss is one of the most common birth defects, a hearing screen could catch a problem early enough so that services can begin right away. After the hearing screening in the hospital, you will get a “pass” which means your baby can hear well enough to learn language, or a “did not pass” which means your baby will need further testing. “Did not pass” does not mean that your baby has hearing loss. It is important to test your baby again. The hospital or your baby’s health care provider will help you get this testing.

If your health care provider asks you to bring your baby in for a follow-up test, do it as soon as possible! Acting early is important. Give your correct address and phone number to the hospital or health care provider. If you don’t have a telephone, leave the phone number of a friend, relative or neighbor with the health care provider or hospital. If you move soon after your baby is born, let your health care provider know right away so they can reach you if your baby needs a follow up test.

Use the following chart to make sure your baby receives all required newborn screenings:

Type of Screening	When it’s done	Follow up	Date Completed
1st Blood Screen	24-48 hours after birth, in the hospital	A second blood screening is done 1-2 weeks after birth	
2nd Blood Screen	1-2 weeks after birth	If needed, your doctor will contact you for further testing and treatment	
Hearing Screen	Before you leave the hospital	If needed, your doctor will contact you for further testing and treatment	

Resources:
For more information on Newborn Screening, please visit this page:
http://www.dshs.state.tx.us/newborn/expandparent.shtm
For more information on Newborn Hearing Screening, please visit this page:
https://www.dshs.state.tx.us/audio/nbhsparent.shtm
Hearing Checklist for Parents: Use the checklist as a guide to know if your baby continues to hear well as he or she grows older. https://www.dshs.state.tx.us/audio/pdf/hearingchecklist.pdf

To contact the Newborn Screening program, call 1-800-252-8023 x3957 or email Newborn@dshs.state.tx.us

Immunizations

Immunization occurs when a vaccine, often called a “shot”, for a disease is given. When you get a vaccine, your body responds by building immunity against the disease. Some vaccines can protect against two or three diseases. Some of these diseases can cause life-long effects, even death. Keep your children healthy by getting their vaccines on time. Ask your doctor about the importance of vaccines.

Texas law requires certain vaccines. Children cannot start childcare or school without them. The schedule below lists the required vaccines by age. Follow the schedule and your child will meet the requirements.

Required Immunizations and Medically Recommended Schedule

Vaccine	Birth	2 mos.	4 mos.	6 mos.	6-23 mos.	12-15 mos.	12-18 mos.	15-18 mos.	24 mos.	30-36 mos.	4-6 years	14 years
Hepatitis B	✓	✓		✓								
Diptheria, Tetanus Toxoid (lockjaw) and Pertussis (whooping cough) (DTaP)		✓	✓	✓				✓			✓	
Haemophilus influenza, Type b (HIB)		✓	✓	✓		✓						
Polio (IPA)		✓	✓	✓							✓	
Pneumococcal (PCV7)		✓	✓	✓		✓						
Influenza (flu)					✓					Flu vaccine should be given every year after the first one		
Measles, Mumps, Rubella (German Measles) (MMR)						✓					✓	
Varicella (Chicken Pox)							✓					
Hepatitis A									✓	✓		
Tetanus/Diptheria (Td)												✓

As children get older, a tetanus and diphtheria booster should be given every ten years. Beginning at 6 months, a yearly flu shot is recommended. The meningococcal vaccine is recommended for teens as it can prevent a severe brain infection.

Resources

DSHS Immunizations website: www.immunizetexas.com
Contact the Immunization Program:
call 1-800-252-9152

Pertussis

What is pertussis?

Pertussis, also called whooping cough, is one of the most contagious diseases in the world. It is spread from person to person through sneezing and coughing. It starts like a cold, with a runny nose and cough. But unlike a cold, the cough gets worse over time. The cough usually occurs in fits of repeated coughing followed by a "whooping" sound (from the person gasping for air), but sometimes the person has little to no cough.

Is there a vaccine for pertussis?

Yes. The vaccine for pre-teens and adults is called Tdap; infants and children get Tdap. It helps prevent people from getting and spreading pertussis. The vaccine are safe and are especially recommended for people who will be around infants. Infants do not get their first DTaP until 2 months and aren't considered fully protected from pertussis until after their fifth shot at 4-6 years old. Infants under 1 year old are at the highest risk of serious complications from pertussis.

When should I get the vaccine?

You should get the vaccine before becoming pregnant or in the hospital after you have your baby. Check with your doctor about Tdap during pregnancy. Being pregnant does not mean you can't get a dose of Tdap. If you are pregnant, your doctor may choose to give you Tdap in certain situations, such as during a community pertussis outbreak. You can also get the Tdap vaccine if you are breastfeeding.

Why do babies need to be protected from pertussis?

Pertussis can be deadly to infants. It can cause breathing problems, lung infections like pneumonia, brain damage, and even death. Nearly half of all babies (under 1 year old) who get it need to be hospitalized. Have your family create a "cocoon" of protection around your baby by getting vaccinated. Ensure everyone who is going to be around the baby gets vaccinated with the Tdap or DTaP vaccine. This includes the mother, father, grandparents, aunts, uncles, brothers and sisters, babysitters, and even doctors.

What is the recommendation for parents?

The Centers for Disease Control and Prevention recommends that you get a single dose of Tdap vaccine if you might get pregnant. If you did not receive Tdap before or during pregnancy, you should receive a dose right after you have your baby or before being discharged from the hospital or birthing center. The father, and others who will be around the baby, should get it at least two weeks before the baby is due but can still get vaccinated after the baby arrives.

References:

Epidemiology and Prevention of Vaccine-Preventable Diseases, The Pink Book: Course Textbook, 12th Edition (April 2011), Chapter 15, pg 224

ACIP Recommendations Advisory Committee for Immunization Practices (ACIP)
http://www.cdc.gov/vaccines/pubs/acip-list.htm#tdap

ACIP Provisional Recommendations for Pregnant Women on Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap)
http://www.cdc.gov/vaccines/recs/provisional/default.htm

Planning for After Delivery

You will have lots of feelings before and after your baby is born. Some of these feelings include joy, excitement, nervousness, and stress. All of these feelings are normal. Below are some things you can do now to plan for after your baby is born.

- **Be realistic about being a new parent:** There is so much to learn about your baby and about your role as a parent. Be patient with yourself. You may not always feel like having visitors or you might be too tired to dress up for a dinner party. It takes time to get used to your baby's eating and sleeping schedule.

- **Ask for support:** You can ask friends and family to help you with chores at home. You can ask co-workers or friends to bring you easy to heat meals so you don't have to cook. Also, ask grandparents and family to plan their visits at different times so that you are not overwhelmed with visitors.

- **Stay connected:** There are lots of emotional and physical changes that happen after having a baby. Because of that, it is important to have people in your life you can talk to. This could mean having a cup of coffee with a friend, joining a new moms' support group or joining an online group for new moms. Look for new mom yoga classes or walking groups. Exercise is a great way to stay healthy.

- **Pay attention to your emotions:** You can do this by talking with your health care provider or a counselor. You can also try writing in a diary or talking with a friend or partner. If you feel very sad before or during pregnancy, it is important to get help.

- **Learn about breastfeeding:** Postpartum depression rates have been found to be lower in breastfeeding moms. Breastfeeding is the best way to feed your baby. It costs less than bottle feeding. Breastfeeding helps you bond with your baby, but it doesn't always come naturally. Learn about breastfeeding during your pregnancy. Ask for help in the hospital with positioning and latching your baby. Free information and referrals are available from Texas' Statewide Lactation Support Hotline: 1(800) 514-6667.

- **Spend quality time with your baby.** Spending time in skin-to-skin contact with your baby has been shown to reduce stress and anxiety. It's good for your baby too! Talking and smiling at your baby makes your baby feel loved. Playing simple games or showing baby a toy helps stimulate your baby's brain. Getting outside and taking your baby for walks helps you stay healthy and gives your baby some new things to look at and learn about.

Postpartum Mood Disorders

Perinatal Depression
Perinatal depression is a word used to describe depression during or after pregnancy. It is not the same thing as the "baby blues," which go away within a week or two of birth. It can occur during pregnancy or within a year after the end of your pregnancy. Without treatment, symptoms may last a few weeks, months, or even years. In rare cases, the symptoms are severe and can be potential danger to the mother and baby.

Use the checklist below to decide if you have symptoms of perinatal depression. If you check more than one box, talk with a health care provider who can help you find out if you are suffering from perinatal depression and talk to you about treatment options.

During the past week or two –

- ❑ I have been unable to laugh and see the funny side of things.
- ❑ I have not looked forward to things I usually enjoy.
- ❑ I have blamed myself unnecessarily when things went wrong.
- ❑ I have been anxious or worried for no good reason.
- ❑ I have felt scared or panicky for no good reason.
- ❑ Things have been getting the best of me.
- ❑ I have been so unhappy that I have had difficulty sleeping.
- ❑ I have felt sad or miserable.
- ❑ I have been so unhappy that I have been crying.
- ❑ The thought of harming myself, my baby, or others has occurred to me.

If I Have Perinatal Depression, What Can I Do?
You may find it hard to talk about it if you are feeling depressed. Know that you are not alone. Perinatal depression affects thousands of women and can be treated successfully. It is possible to feel better. Here are some things that can help.

1. **Lean on Family and Friends:** Ask for help with a few hours of weekly child care so that you can take a break. Get help cleaning the house or running errands. Share your feelings openly with friends and family. Let them help and support you when you need it.

2. **Talk to a Health Care Provider:** An easy way to raise the subject is to bring the above checklist with you to your next appointment. Show the items you checked and talk about them. If you feel that your provider does not understand what you are going through, please do not give up. There are many providers who do understand, who are ready to listen to you, and who can help you.

3. **Find a Support Group:** Find other women in your community experiencing perinatal depression. This can give you a chance to learn from others and to share your own feelings. Ask your health care provider how to find and join a support group.

4. **Talk to a Mental Health Care Professional:** Many mental health professionals have special training to help women with perinatal depression. They give you a safe place to express your feelings and help you manage and even get rid of your symptoms. If you can, choose counselors who have experience in treating perinatal depression.

5. **Focus on Wellness:** An important step toward treating perinatal depression is taking care of your body. A healthy diet combined with exercise can help you gain your lost energy and feel strong. Eat breakfast in the morning to start your day right. Eat two servings of fruit and three servings of vegetables each day, choose healthy snacks and avoid alcohol. Also, fit exercise into your day. It will make you feel good and can even reduce your stress level.

6. **Take Medication as Recommended by Your Health Care Provider:** Sometimes, medications are needed to treat depression. You should talk to your health care provider about which medication, if any, may be best for you. Ask questions about your treatment options; be active in deciding how you will get better. Make sure to tell your provider if you are taking any other medicines.

Postpartum anxiety and psychosis
A very small number of women suffer from a severe form of perinatal depression called postpartum psychosis. Women who have a bipolar disorder or other psychiatric problems may have more of a risk for postpartum psychosis. Symptoms may include:

- Extreme confusion
- Hopelessness
- Cannot sleep (even when exhausted)
- Refusing to eat
- Distrusting other people
- Seeing things or hearing voices that are not there
- Thoughts of hurting yourself, your baby, or others

If you or someone you know fits this description, please seek medical help immediately. This is a medical emergency requiring URGENT care.

Resources
2-1-1 Texas: Dial 211. This service helps you to find resources in your area. From your cell phone, you can reach 2-1-1 services by dialing 1-877-541-7905

PPD Moms: 1-800-PPD-MOMS or 1-800-773-6667
DSHS Pregnancy, Parenting and Depression Resource List:
http://www.dshs.state.tx.us/mch/depression.shtm

The National Women's Health Information Center: http://www.womenshealth.gov

Postpartum Support International (PSI): http://www.postpartum.net/

Parents Anonymous: http://www.parentsanonymous.org/paIndex10.html

Depression During and After Pregnancy:
ftp://ftp.hrsa.gov/mchb/pregnancyandbeyond/depression.pdf

When Baby Cries

It is normal for babies to cry every day. It is not always easy to know what your baby needs when he or she is crying. This can be stressful or frustrating for you as a parent. Every parent has to learn what works for their baby. Here are some things you can try to calm your baby:

Why baby might be crying	What to try
Hungry or gassy	Feed or burp the baby
Dirty diaper	Change the baby's diaper
Uncomfortable	Check to see if the baby's clothes aren't too tight, and that there are no pins or tags sticking or itching the baby
Sick	Check the baby's temperature, look for a runny or stuffy nose, use a humidifier; call the doctor if you think baby is sick
Temperature	Make sure baby is not too hot or cold
Sleepy	You can gently rock, sing, sway, "shush", and hold your baby to try and get him or her to take a nap
Bored	Take the baby for a walk, a car ride, to a different room, outside, show baby a new toy or a mirror, sing or play music
Other things to try	Change the way you are holding the baby, rub baby's back or belly, try a baby swing, give baby a bath

If you are feeling frustrated by your baby's crying, put the baby in a safe place and leave the room for five minutes. This can include a crib, a play pen, or a swing chair that is buckled. Take some deep breaths to calm yourself down. Things you can do to calm down include:

- Go outside, stretch, take deep breaths,
- Call a friend, neighbor, or partner,
- Do five minutes of exercise (push ups, sit ups, jumping jacks, etc.) to get your nervous energy out,
- Just sit still and breathe.

If you don't think you can calm down after five minutes, check on the baby to make sure he or she is physically okay, then call a friend, neighbor or family member to come and help you. Every parent should have a plan in case they are in a situation where they cannot get their baby to stop crying. Fill in the following box to help you think about what your plan will be.

When my baby won't stop crying:

A safe place I can leave the baby for five minutes is _____

A calm and understanding person I can call to talk to is _____

One thing I can do to calm myself down is _____

If I need help caring for the baby I will _____

No matter how upset you feel, **NEVER SHAKE** your baby. Shaking or treating your baby roughly can cause brain damage, blindness, hearing loss and death. Shaken Baby Syndrome is the name for all the different problems that can happen when a baby is shaken.

If you are worried that someone you know is having a hard time when their baby cries, offer to help. You may be able to offer new ways of calming the baby. Also, you may be able to give the caretaker a break. If you think someone is hurting a child, you need to report it. You can call 1-800-252-5400 or use the Department of Family and Protective Services secure website: https://www.txabusehotline.org. If it is an emergency, call 911.

If you think your baby may have been shaken and you see any of the following signs, take your baby to a hospital. Be sure to tell them you think your baby may have been shaken.

- Baby is very sleepy or fussy, or baby does not seem like him or herself
- Baby vomits or does not want to eat
- Baby is not smiling or making noises like usual
- Baby's arms and legs are rigid or stiff for any period of time – this may be a seizure or something worse
- Baby has a hard time breathing
- Baby's eyes look different or you think baby's eyes have been hurt

TIP: Consider sharing this information with your baby's caretaker and find out how they handle a baby that won't stop crying. Also, consider sharing it with your partner, and other friends with babies to help them plan.

Resources

211 Texas: Dial 2-1-1 – Help finding local resources. From a cell phone, dial 1-877-541-7905.

Childhelp USA: 1-800-4-A-CHILD (1-800-422-4453) – 24 Hour hotline with counselors to help you cope with babies crying

National Committee to Prevent Child Abuse: 1-800-CHILDREN (1-800-244-5373)

Shaken Baby Alliance: http://www.shakenbaby.com/

National Center on Shaken Baby Syndrome: http://www.dontshake.org

National Shaken Baby Syndrome Campaign: http://www.preventchildabuse.com/sbs.shtml

Safe Sleep & SIDS: Babies Need Room to Breathe

SIDS is the sudden, unexpected death of an apparently healthy infant under one year of age that remains unexplained after the performance of a complete postmortem investigation, including an autopsy, an examination of the scene of death and a review of the medical history.

SIDS occurs in all socio-economic, racial and ethnic groups. African American and Native American babies are 2-3 times more likely to die of SIDS than Caucasian babies. Most babies that die of SIDS appear to be healthy prior to death, and 60% of victims are male, 40% are female. There is no known way to prevent SIDS in all cases, but parents and caregivers can reduce the risk of SIDS by acting on the following:

- ❑ Baby should always sleep on his or her back.
- ❑ Baby should never sleep on waterbeds, sofas, recliners, futons, bean bags chairs, soft mattresses or other soft surfaces.
- ❑ Don't allow smoking in homes where babies live, especially near where baby sleeps.
- ❑ Don't use soft bedding such as like quilts, sheepskins, fluffy blankets, comforters or bumper pads.
- ❑ Baby's head should always be uncovered when he or she is sleeping.
- ❑ Keep baby away from drapes, curtains, venetian blinds and their cords.
- ❑ Use a firm, well fitting mattress. Don't use loose fitting bedding.
- ❑ Never have spaces between the mattress and the crib where the baby could be trapped.
- ❑ Don't use hand-me-down cribs that don't meet safety standards. See the crib safety site http://www.cpsc.gov/cribs.html for more info.
- ❑ Place the crib in the room where the parents sleep.

Co-Sleeping Precautions

The safest place for baby to sleep is in a safety-approved crib or bassinet in the same room with a parent or caregiver. Adult beds are not made for babies and may carry a risk of accidental entrapment and suffocation. If parents choose to share a sleep surface (co-sleep) with their infants, the following warnings are offered:

- No one other than the parents should ever sleep with an infant.
- Avoid crevices between the mattress and a wall that could entrap an infant.
- Don't smoke while you're pregnant, it is one of the biggest risk factors for SIDS after your baby is born. Don't allow smoking in homes where babies live, especially near where baby sleeps.
- Parents should never sleep with their infant if the parent is:
- a smoker or under the influence of alcohol
- using illegal drugs,
- sick, unusually tired or taking medication that causes sleepiness,
- very upset or angry, or
- obese or severely overweight

TIP: Share this checklist for safe sleep with your baby's caregiver, friends, relatives, babysitters and anyone that may put your baby to sleep when you are away.

How to Choose a Child Care Provider

Choosing child care is one of the most important decisions a parent can make. Below are some helpful tips about choosing child care that is right for you and your child.

What kind of care is best for my child?
This depends upon you, your child's needs and the setting you think would be best for your child. Always look for the education, experience, and training of caregivers as well as the group size for your child's age.

What are the types of child care operations?

Licensed Child-Care Center: Centers provide care for 7 or more children under 14 years old. Care is provided for less than 24 hours a day at a place other than the permit holder's home. Centers are inspected at least once a year for health and safety standards.

Licensed Child-Care Home: The caregiver provides care in her own home for children from birth through 13 years old. The total number of children in care varies with the ages of the children. The total number of children in care at any given time must not exceed 12. Licensed homes are inspected at least once a year.

Registered Child-Care Home: The caregiver provides care in her own home for up to 6 children from birth through 13 years old. They may also provide after school care for up to 6 additional elementary school children. The total number of children in care at any given time must not exceed 12. Registered homes are inspected at least once every two years for health and safety standards.

Listed Family Home: The caregiver provides care in her own home for 3 or fewer children unrelated to the caregiver, birth through 13 years old. Care is given for at least four hours a day, three or more days a week, and more than nine consecutive weeks. The total number of children in care may not exceed 12.

Choosing to use an unregulated caregiver outside of your own home may seem less expensive or easier for you. However, these operations are illegal. This means no oversight, and no guarantees that the caregiver is properly trained. This care may be more dangerous for your baby.

Steps to Choosing a Child Care

- Start at our website - www.txchildcaresearch.org
- Click on "Search for Child Care Center or Home."
- Enter your preferences. The search will give you a list of providers, including locations and phone numbers.
- Select the child care you want to learn about. Each child care's licensing history and compliance with minimum health and safety standards is given.
- Visit the day cares that interest you. Watch the interaction between the staff and the children. Talk to parents whose children attend. Once your child is in care, stay involved and keep asking questions.

Financial Assistance for Child Care Program
You may qualify for financial assistance with child care. **Dial 2-1-1 (1-877-541-7905 from a cell phone) to learn more**. Knowledgeable staff in your area will answer your questions.

Child Safety Seats

Car crashes are one of a child's biggest health risks. Make sure you use the proper child seat. Use it correctly on every ride. Read below for some tips about your baby's car seat.

Pick a rear-facing seat. Most rear-facing child seats fit children at five pounds. Some fit children at even lower weights. There are two types of rear-facing seats:

1. Infant-only seats often come with handles so that they can be used as carriers. If using as a carrier, always keep the child secured in the seat's harness straps. Infant seats of this type usually have a maximum weight limit of 20–30 pounds and have height limitations.

2. Convertible seats are larger and cannot be used as carriers. They can be used for infants starting at five pounds. These seats fit children to higher weights than rear-facing. They can also become forward-facing seats for older children.

- A new seat is best. If the seat is not new, it should have its instructions, all its parts, be free of recalls, and in good working condition. Also make sure the seat is no more than six years old, and that you know the seat's history. A seat should be replaced according to manufacturer's instructions if it has been involved in a collision.
- Read the instructions. Before you bring your baby home, practice using the seat by putting a doll or stuffed animal in the seat according to instructions.
- Read the section in your car owner's manual about how to install a child seat in your vehicle. Practice installing the seat in your car. The seat needs to be installed tightly and the child secured snugly in the seat's harness system.
- Remember that your child will need other seats in the future as he/she grows.

Use a child seat on every ride

- As a parent, decide that your baby will always ride in a car seat. Don't break that commitment. Find a safe place to pull over and stop the car if the baby needs attention when you are driving. Never remove your child from the child seat or hold the baby when driving.
- Use the back seat for the child seat installation. Never install in front of an active passenger airbag.
- If you can, have an adult ride in the back with the baby as much as possible, especially with newborns.
- Remember that staying home is the safer option. Limit trips with your baby as much as possible.
- Never leave your child unattended in a vehicle, even for a short time.

Resources

Child seat distribution program for low-income families. A caregiver can receive one child seat after attending a one-hour class. In order to qualify, someone in the household must have a car. Call Safe Riders at 800-252-8255 for more information.

Telephone assistance is available from child passenger safety technicians regarding laws in Texas. They also offer help with picking, installing and using a child seat. Call Safe Riders at 800-252-8255. The website is www.dshs.state.tx.us/saferiders.

Checkups and inspection stations offer you the chance to have your child's safety seat checked to make sure it is safe and used correctly. Find inspection stations online at www.seatcheck.org.

Safe Riders

Save a Life™ TxDOT

TEXAS Department of State Health Services

Special Needs and Early Intervention

Children with Special Health Care Needs Services Program

This program helps children through age 20 with special health care needs and people of any age with cystic fibrosis. Some of the services include, but are not limited to:

- Medical, dental and mental health care
- Special therapies
- Medicines
- Medical equipment and supplies
- Family Support Services
- Travel to health care visits
- Case management

The Children with Special Health Care Needs Services Program is available to anyone who:

- ❑ Lives in Texas
- ❑ Is under 21 years old (or any age with cystic fibrosis)
- ❑ Meets family income limits
- ❑ Has a physical condition that is expected to last at least 12 months (may **also** have a mental health condition as well as the physical condition)

To learn more about the program, call 1-800-252-8023 or go to www.dshs.state.tx.us/cshcn

Early Childhood Intervention Program (ECI)

Early Childhood Intervention (ECI) helps families with children birth to 36 months with developmental delays or disabilities. All children need support as they grow and learn, but some children need extra help. It is important to start early. For some families, ECI services may begin soon after their baby is born.

If you have questions about how your baby

- Sees
- Plays
- Sits
- Hears, or
- Stands,

Call the Department of Assistive and Rehabilitative Services (DARS) Inquiries Line at 1-800-628-5115 or the TDD/TTY Line at 1-866-581-9328 for people with a hearing impairment. You can also visit the DARS Web site at www.dars.state.tx.us/ecis. DARS contracts with local programs to provide services in every Texas County.

For more information about women's or perinatal health issues, questions, or comments, contact us at infoforparents@dshs.state.tx.us

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Credits:

Postpartum Mood Disorders pages adapted from HRSA's *Depression During and After Pregnancy*. ftp://ftp.hrsa.gov/mchb/pregnancyandbeyond/depression.pdf

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