



270 Burley Avenue ♦ Hopkinsville ♦ KY ♦ 42240  
Telephone: 270-887-6767 ♦ Fax: 270-887-6161  
www.generationsprimarycare.com

Pregnancy & Birth History:

At birth, how many gestational weeks old was your child? (e.g. term = 40 weeks) \_\_\_\_\_

Type of delivery? Vaginal      C-section      Induced      Suction      Forceps

Type of birth: Singleton (one baby)      Twins      Triplets      Other: \_\_\_\_\_

Birth weight: \_\_\_\_\_ Birth length: \_\_\_\_\_

Any illnesses or complications during pregnancy? (circle)      YES      NO

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Medication during pregnancy? (circle)      YES      NO  
(exclude vitamins & iron) \_\_\_\_\_

Any of the following at any point in the pregnancy:  
Smoking      Alcohol      Street drugs (marijuana, cocaine, Lortab, meth)

Complications of labor/delivery? (circle)      YES      NO

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Newborn complications (NICU, breathing, jaundice)? (circle)      YES      NO

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Pass Hearing Screen: YES      NO      Hep B vaccine in hospital?      YES      NO

Were you ever told baby was breech in the third (3rd) trimester?      YES      NO

Any family members with developmental hip dysplasia?      YES      NO      DON'T KNOW

Nutrition:

What type of nutrition is your baby using right now:

Breast feeding: (Min per side, how often) \_\_\_\_\_

Any breastfeeding problems? \_\_\_\_\_

If breastfeeding, are you using Vitamin D supplementation?      YES      DIDN'T KNOW TO

Type of Formula: \_\_\_\_\_

Formula: (# of ounces, how often) \_\_\_\_\_

Enrolled with W.I.C.:                    YES                    NO

# of wet diapers/day: \_\_\_\_\_                    # of stools/day or stools/week \_\_\_\_\_

Jaundice concerns prior to leaving hospital?:    YES                    NO

Any jaundice risk factors?: (circle)                    Jaundice observed in the first 24 hrs.

                    Gestational age <37 weeks                    Exclusive Breastfeeding                    East Asian Race

                    Baby-Mom blood type incompatibility                    Sibling requiring bili lights                    Scalp or other bruising

Family Profile:

Primary Caregivers (circle):    Mother                    Father                    Other: \_\_\_\_\_

Mother's age at pregnancy? \_\_\_\_\_                    Father's age at pregnancy? \_\_\_\_\_

Parents marital status: \_\_\_\_\_

Who lives in the home: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_                    Father's occupation: \_\_\_\_\_

Recent family changes (other than the baby): \_\_\_\_\_

# of siblings \_\_\_\_\_                    Any sibling concerns?: \_\_\_\_\_

Do you have any outside support/helpers? \_\_\_\_\_

Is there a (relatively) regular schedule maintained in the home? \_\_\_\_\_

List all contacts that smoke: \_\_\_\_\_

Development:

Is your baby able to be calmed when picked up?	YES	NO	
Is your baby able to suck/swallow/breathe?	YES	NO	
Does your baby look at parents when awake?	YES	NO	
Is your baby responsive to parental voice and touch?	YES	NO	
Does your baby track a face/object with eyes a little?	YES	NO	
Can your baby briefly lift its head up when on stomach?	YES	NO	HAVEN'T TRIED
Does your baby respond/startle to loud sounds?	YES	NO	
Does your baby move all extremities equally?	YES	NO	
Does your baby move in response to visual or sound stimulation?	YES	NO	

Length of sleep at night: \_\_\_\_\_

Safety Issues:

Do you have a rear facing car seat:	YES	NO
Does the baby sleep on its back?	YES	NO
Does the baby sleep on its side?	YES	NO
Does the baby sleep in your bed?	YES	NO
Are there loose, soft bedding or toys in the crib (comforters, pillows, bumper pads?)	YES	NO

Concerns You Have: (circle):

Birthmarks                  Colic                  Constipation                  Excessive crying                  Feeding questions  
Formula intolerance                  Not sleeping through night                  Oozing/redness at umbilical cord stump  
Rashes/skin findings                  Reflux                  Seeing/Hearing                  Sibling jealousy                  Stool/urination concerns  
Common Normal newborn findings:                  Hiccups                  Sneezing                  Nasal Congestion/stuffiness

Others: \_\_\_\_\_

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_

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As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.
- No, not very often      Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- 1. I have been able to laugh and see the funny side of things
  - As much as I always could
  - Not quite so much now
  - Definitely not so much now
  - Not at all
- 2. I have looked forward with enjoyment to things
  - As much as I ever did
  - Rather less than I used to
  - Definitely less than I used to
  - Hardly at all
- \*3. I have blamed myself unnecessarily when things went wrong
  - Yes, most of the time
  - Yes, some of the time
  - Not very often
  - No, never
- 4. I have been anxious or worried for no good reason
  - No, not at all
  - Hardly ever
  - Yes, sometimes
  - Yes, very often
- \*5. I have felt scared or panicky for no very good reason
  - Yes, quite a lot
  - Yes, sometimes
  - No, not much
  - No, not at all
- \*6. Things have been getting on top of me
  - Yes, most of the time I haven't been able to cope at all
  - Yes, sometimes I haven't been coping as well as usual
  - No, most of the time I have coped quite well
  - No, I have been coping as well as ever
- \*7. I have been so unhappy that I have had difficulty sleeping
  - Yes, most of the time
  - Yes, sometimes
  - Not very often
  - No, not at all
- \*8. I have felt sad or miserable
  - Yes, most of the time
  - Yes, quite often
  - Not very often
  - No, not at all
- \*9. I have been so unhappy that I have been crying
  - Yes, most of the time
  - Yes, quite often
  - Only occasionally
  - No, never
- \*10. The thought of harming myself has occurred to me
  - Yes, quite often
  - Sometimes
  - Hardly ever
  - Never

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

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# Bright Futures Parent Handout Newborn Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

## Ready at Home

- Tell family and friends how they can help.
- Give your other children small, safe ways to help with the baby.
- Never leave your baby alone with younger children.
- Take time for yourself and your partner.
- Put your baby in a safe place if you feel upset; call for help.
- Call us for help if you feel sad, blue, or overwhelmed for more than a few days.
- Many places in our community can help you.
  - Ask us for help in getting things your family needs.
  - Ask us about WIC. You can get nutritious food and support for you and your baby.

FAMILY READINESS

## Feeding

- Feed your baby only breast milk or iron-fortified formula for the first 4–6 months.
- Feed when your baby is hungry.
  - Puts hand to mouth
  - Sucks or roots
  - Fussing
- End the feeding when you see your baby is full.
  - Turns away
  - Closes mouth
  - Relaxes hands

FEEDING

## If Breastfeeding

- Breastfeed 8–12 times per day.
- Your baby should have 6–8 wet diapers a day.
- Take a prenatal vitamin.
- Avoid alcohol.
- Call us if your nipples or breasts become sore.

FEEDING

ROUTINE BABY CARE

NEWBORN BEHAVIORS

## If Formula Feeding

- Offer your baby 2 oz every 2–3 hours.
- Hold your baby so you can look at each other while feeding.
- Do not prop the bottle.
- Wake for a night feeding in the first 2 weeks if the baby sleeps more than 4 hours.

## Baby Care

- Keep your baby's cord clean and dry.
  - Keep the diaper below the cord until it falls off in 10–14 days.
  - Call us if it becomes red, if there is fluid in the area, or if it smells.
- Use fragrance-free soaps and lotion for your baby.
- Change your baby's diaper often to prevent diaper rash.
- Wash your hands often.
- Ask family members and friends to wash their hands before holding your baby.
- Avoid people with colds and flu.

NEWBORN BEHAVIORS

SAFETY

## Getting to Know Your Baby

- Get to know each other by holding and touching your baby.
- Talk to your baby often.
- Let your baby see your face and eyes.
- Learn what calms your baby, such as rocking or stroking.
- Never shake your baby.
- Start simple routines for bathing, feeding, sleeping, and playing daily.

- Put your baby to sleep on his back.
  - In a safe crib, in your room, not in your bed.
  - Swaddled or with tucked blankets.
  - Do not use loose, soft bedding or toys in the crib such as comforters, pillows, or pillow-like bumper pads.
- Use a crib with slats close together.
  - 2 3/8 inches apart or less
- Keep your baby from getting too warm or cold.

## Safety

- Use a rear-facing car safety seat in the middle of the back seat in all vehicles.
- Never put your baby in a seat with a passenger air bag.
- Always wear a seat belt and never drink and drive.
- Keep your car and home smoke-free.
- Keep a hand on your baby when changing diapers and clothes.

## What to Expect at Your Baby's 2 to 5 Day (First Week) Visit

### We will talk about

- How your baby is eating and growing
- Starting routines for feeding, sleeping, and playtime
- Adjusting to your baby and taking care of yourself
- Safety at home and in the car



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## Components of the Program & How to Get It

Author: Marilyn Barr, Founder/Executive Director, NCSBS



The **PURPLE** program is designed to help parents of new babies understand a developmental stage that is not widely known. It provides education on the normal [crying curve](#) and the [dangers of shaking](#) a baby.

Additionally the program tries to create a cultural change in how parents, caregivers, and everyone in the community understand the normalcy of this early infant crying and the dangers of reacting to an infant's crying in frustration. The program is based on 25 years of scientific research on infant crying, the connection between the crying curve and the incidence of SBS. It has undergone extensive evaluation with randomized controlled trials with 4400 participants and 32 parent focus groups. Therefore, in order to achieve consistent results, the program is delivered using a very specific protocol.

The program materials, which include a 10 minute DVD and an 11 page booklet, (1) are educational and attractive to parents of newborns on the first day of life; (2) contain clear, memorable, meaningful, attractive, positive messages; (3) are written at a third grade reading level; (4) are intended to be multicultural both through translation and the visuals; (5) are designed to be acceptable to public health nurses (i.e. no bottles, blankets, bumper pads, etc.); (6) are provided free of charge (cost of the program is covered by the organization delivering the program) to parent to have a copy, so that they can review it when needed and share the materials with others who may care for their child.

The **PURPLE** program has been translated into ten languages (listed below) and includes closed captioning for the hearing impaired. This is done to make sure that regardless of the parent's cultural background they receive the materials in their native language.

The **Period of PURPLE Crying** is currently available in:

- English
- Spanish
- French
- Japanese
- Korean
- Portugese
- Cantonese
- Punjabi
- Vietnamese
- Somali
- Closed Caption

The **PURPLE** program is delivered to parents and caregivers usually by health professionals who are trained to deliver the program and answer the parents' questions. This is done to ensure everyone receives the same information.



During the process of testing the program we held a year of focus groups with parents from various incomes and races and cultural backgrounds. We learned a lot from these parents that was incorporated into the program. It was very revealing to find out that all parents, from all cultures understood what the **Period of PURPLE Crying** was referring to and had experiences with high crying babies.

If you would like information about how to get the **Period of PURPLE Crying** in your community or birthing hospital please contact: Julie Price, Director, International Prevention Program, *Period of PURPLE Crying* 801-447-9360 x 109, [jprice@dontshake.org](mailto:jprice@dontshake.org)



## What is the Period of PURPLE Crying?

### Components of the Program & How to Get It

› PURPLE Implementation Map

Parent Focus Groups in the USA and Canada

»Sign Up for Mailing List