

Thankful for Babies of

2023

Time to celebrate,
the new year is here.
We are honoring babies
born this past year.

SPECIAL EDITION TO
THE BANNER
McKenzie, Tennessee
The Locally Owned Hub of Carroll, Henry and Weakley Counties in Tennessee Since 1870
TUESDAY, FEBRUARY 13, 2024

Thankful for the Babies of 2023

Congratulations to the Babies of 2023! Pregnancy is one of the most blessed and challenging times of a parent's life. If you're a new mother, you worry about every weird symptom, the hazards around you, while nesting, looking forward to ultrasounds and wondering

how you're going to keep them safe after they are born. To all parents with new babies, our wish is that you have a blessed year and are able to keep your family healthy and happy. Thank you for sharing your little ones with us via this special edition. Sponsors, thank you for supporting this project. Readers,

please consider visiting the businesses that supported this edition. When we support each other, we all thrive. The Banner is thankful for the wonderful communities we serve; and thankful for all the Babies of 2023! We hope you enjoy this special keepsake dedicated to your loved one.

Welcome to the World, Babies of 2023!
— The Banner Staff



Clara Reese Mosley
BORN: August 17, 2023
PARENTS: Kaley Coleman and Brandon Mosley
THANKFUL FOR: Koala bear



Jessie Rose St.Clair
BORN: February 10, 2023
PARENTS: Sierra Vandiver and Zach St.Clair
THANKFUL FOR: Our baby got to come from the NICU in Jackson, TN, after spending 69 days there.



Cora Gibson
BORN: August 20, 2023
PARENTS: Ashley Wallace and Chip Gibson
THANKFUL FOR: My wonderful family



Daxton Lane McMackins
BORN: August 30, 2023
PARENTS: Steven and Kirsten McMackins
THANKFUL FOR: Healthy Baby



Bexleigh Claire Siler
BORN: January 4, 2023
PARENTS: Nick and Kaylin Siler
THANKFUL FOR: Healthy baby



Maivee Lane Price
BORN: February 28, 2023
PARENTS: Ally Wison and Mayson Price
THANKFUL FOR: Family



Paecynn Embridje Moore
BORN: December 27, 2023
PARENTS: Brandon and Mikayla Moore
THANKFUL FOR: A Healthy Babygirl



Amelia Evelyn Mort
BORN: July 25, 2023
PARENTS: Courtney Carrell and Kyle Mort
THANKFUL FOR: My 3 happy, healthy kiddos!



Myla Jane Stephens
BORN: September 5, 2023
PARENTS: James and Autumn Stephens
THANKFUL FOR: A beautiful, healthy baby girl and our family



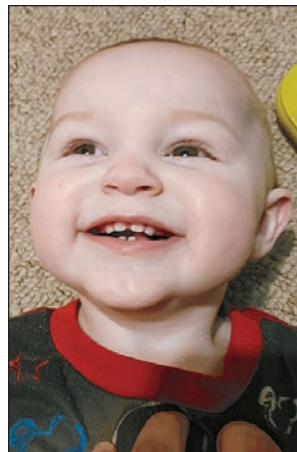
Brynson Layne
BORN: March 20, 2023
PARENTS: Cason and Brianna Massey
THANKFUL FOR: A handsome, beautiful baby



Jay Puckett
BORN: July 5, 2023
PARENTS: Will and Kayley Puckett
THANKFUL FOR: Family



Briggs Maverick Binkley
BORN: April 21, 2023
PARENTS: Mason Binkley and Jayden Tucker
THANKFUL FOR: A healthy baby and a great support system!



Jacob Allen Clement
BORN: January 4, 2023
PARENTS: Zachary and Kayla Clement
He is a fraternal twin.



Lucas Wade Clement
BORN: January 4, 2023
PARENTS: Zachary and Kayla Clement
He is a fraternal twin.



Oaklee Faye Walton
BORN: October 25, 2023
PARENTS: Breanna Moon and Tanner Walton
THANKFUL FOR: Family support

How is RSV Transmitted?

The American Lung Association notes that respiratory syncytial virus, or RSV, is a common respiratory virus that produces cold-like symptoms in adults and children. Though the Centers for Disease Control and Prevention notes that most cases of RSV go away within two weeks without intervention, the virus can be unpredictable. In fact, the ALA reports that RSV is the leading cause of hospitalization in all infants. In addition, most children have been infected with the virus by the time they are two years old. Such high infection rates understandably leads to questions about transmission of the virus, which the CDC reports can spread in the following ways:

- ▲ An infected person coughs or sneezes.
- ▲ Individuals get virus droplets from a cough or sneeze in their eyes, nose, or mouth.
- ▲ Individuals come into



direct contact with the virus, like kissing the face of a child with RSV.

- ▲ Individuals touch a surface that has the virus on it, like a doorknob, and then touch their face prior to washing their hands.

Such methods of transmission explain why so many children are infected

with RSV prior to their second birthday, as curious youngsters often hug and grab other children at day-care facilities and frequently touch their faces without washing their hands. Though RSV infection in infants is often overcome, parents can speak with their child's pediatrician to determine if there is any way to lower their child's risk of infection.

Congratulations
to all 2023 Parents and Babies!

Beating Hearts

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A6018

KEY WAYS TO KEEP Children Safe at Home

Expecting parents process a barrage of information as they prepare for the day their child is born. No matter how many details they gather from doctors, their own research and individuals who have blazed parenting paths before them, there are still plenty of things to learn on the job.

One of the surprises new parents often face is how much trouble their youngsters can get into both inside and outside a home - particularly as they become mobile. Early lessons pertain to feeding and sleeping schedules, but it is important for parents to be mindful of all of the safety concerns they could face.

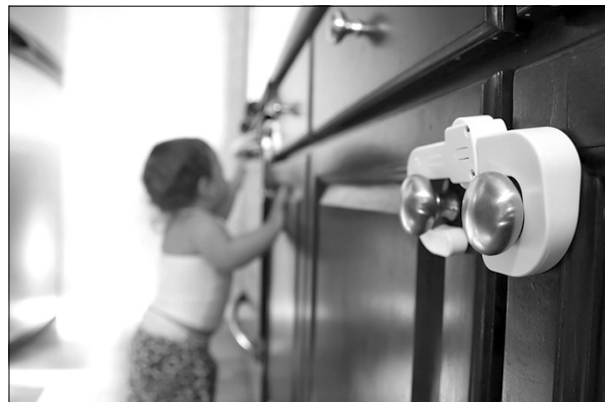
Bathing

Water is necessary to keep children clean and healthy, but also poses a significant danger. The Centers for Disease Control and Prevention indicates more children ages one to four die from drowning than from any other cause.

Various precautions should be taken when bathing children. First and foremost, a child should never be left unattended in the bath or around water even for a second. Just a few inches of water can cause drowning. In addition, parents should exercise caution to check the temperature of the bath water to ensure that the child will not be scalded. There are special thermometers that can be used in the bath to indicate if the water has reached a safe temperature.

Nursery

It can be tempting to accept used baby items from other people in an effort to save money. However, these



pieces from well-meaning friends and family may no longer meet current safety guidelines, particularly if they're from an older generation.

The Consumer Product Safety Commission advises that there should be no more than a 23/8-inch gap between crib slats (about the width of a soda can). The crib should be placed away from hazards like drapes or window covering cords. The crib should only have a firm mattress with a well-fitted sheet. Pillows, bumper pads, comforters, and the like can be hazardous in a crib.

Current safety guidelines recommend that children should be placed on their backs to sleep. After children are able to roll from back to stomach on their own, they may choose their own sleeping positions, as the risk for Sudden Infant Death Syndrome (SIDS) is reduced at this point.

Around the House

Bathrooms, stairs, kitchens, and sharp furniture are all places where curious children can become injured. There are scores of safety products that can limit access to danger.

Cushioned pads can be put on furniture edges. Heavy furniture, such as televisions and dressers, can be bolted to the wall to avoid tip-over accidents.

Parents should use gates to block access to staircases or other off-limits spaces. Special door handle products can make it challenging for little fingers to get into rooms. Cabinet and toilet seat locks also can restrict access.

Feeding

While parents may want to dive right into offering solid foods, choking is an inherent danger. Most pediatricians urge avoiding foods that can block airways until a child reaches age four. Such foods include hot dogs, popcorn, whole grapes, and nuts. Safe finger foods include soft items that are easily swallowed, and O-shaped cereals.

Children have a tendency to put everything in their mouths, so small toys, parts and batteries can be risky.

Parents need to keep watchful eyes on their children and keep safety precautions in mind as their children grow up.

What is Attachment Parenting?

Many parents aspire to develop close emotional bonds with their children. Children who understand that their parents are nearby and will respond to their needs effectively begin to develop trust in those around them. This nurturing can extend to being well-rounded and emotionally secure into adulthood.

Parents may subscribe to various parenting models as they look to bond with their children. One such approach is attachment parenting. Proponents of this type of parenting include the well-known pediatrician William Sears, M.D., an author who coined the term "attachment parenting." Attachment parenting promotes methods that aim to build attachments between parent and infant by responsiveness and also through continuous bodily closeness and touch.

Components of attachment parenting include

bonding with the baby before and directly after birth, breastfeeding, bedding close to the child, and wearing the baby as much as possible. Attachment parenting may have evolved from anthropological studies of indigenous childrearing practices that put an emphasis on emotional responsiveness, according to Greater Good Magazine.

Another core component of attachment parenting, according to the organization Attachment Parenting International, is responding with sensitivity. API notes that babies communicate their needs through body movements, facial expressions and crying, and that infants learn to trust when their needs are met with consistency and sensitivity. It's only after consistent and repeated responsiveness in a sensitive manner that babies will learn to soothe themselves as they get older. These sensitivity strategies should

be carried through as a child becomes a toddler or a school-aged child.

Proponents of attachment parenting also advocate against childcare for more than 20 hours a week for babies younger than 30 months old, says WebMD. At this early developmental stage, the nearly constant presence of a parent is recommended.

One potentially controversial aspect of attachment parenting is co-sleeping. The American Academy of Pediatrics advises against sleeping with a young child in the same bed, as it may increase the risk for SIDS. However, workarounds, including having a baby in a separate cradle or co-sleeper very close to a parent's bed so children can be touched and soothed through the night, are options.

Expecting parents who want to learn more about the philosophy behind attachment parenting and its techniques can visit www.attachmentparenting.org.

Great Ways to Bond WITH YOUR NEW INFANT

A parent's job begins the moment a woman learns she is pregnant. Upon receiving such news, women typically make important changes to ensure the well-being of the fetuses growing inside them.

Once a child is born, the first few weeks with baby certainly can be a whirlwind. During this period, pediatricians note how important bonding with parents is for a baby's development. Parents may be unaware that the touches, cuddles and feelings of safety and security provided by them help set a foundation for emotional well-being, which can last throughout their child's life.

According to Jeff Simpson, Ph.D., adjunct professor of psychology at the University of Minnesota and an author of a study about childhood attachment, babies who were securely attached to their mothers by 12 months old (turning to her for comfort when exploring an unfamiliar place) were more likely to come out of an argument in their early 20s still feeling connected to their partners. Simpson surmises that the ability to trust, love and resolve conflict develops in part from how people are treated as infants.

The Australian parenting website Raising Children Network says repeated human contact like singing, cuddling, talking, touching, and gazing into each other's eyes enables a newborn's brain to release hormones



that help his or her brain to grow. This, in turn, helps to develop memory, thought and language.

New parents may wonder what they can do to foster strong bonds with their babies. The following are some strategies to build those bonds.

▲ **Breastfeed baby.** Breastfeeding provides more than nutrition. The close contact during nursing helps the child to hear mom's heartbeat and gets skin-to-skin contact.

▲ **Make eye contact.** Parents should keep eye contact with baby when engaging in feedings and other care. This helps the baby remember who their parents are and reassures them that their parents can be trusted.

▲ **Read baby's messages.** A child who wants to

engage will make little noises, such as cooing or laughing sounds. He or she also may look relaxed and interested, while some may seek out their parents. React to these messages promptly.

▲ **Respond to cries.** Parents can do their best to always respond to cries for attention as it helps the baby to feel safe. This is key during the first three months of the baby's life. As the baby ages and has already developed a bond, parents can encourage more self-soothing.

Bonding is important for babies and parents. Developing a connection early on can provide a safe and nurturing environment that can set the course for the child to feel loved and supported throughout his or her lifetime.

Immunization Guidelines FOR NEWBORNS TO 15 MONTHS

New parents have a lot on their plate. The birth of a child is a special time in the lives of a family. Shortly after the birth of a child, new parents learn how significant a role their child's pediatrician plays in the early months of the youngster's life.

New parents rely on pediatricians to help them get through the first months of a child's life, when every sneeze or sniffle can raise an eyebrow. Protecting newborns and young children from illness is a priority for new parents, and one way to do just that is to adhere to vaccination schedules. The Centers for Disease Control and Prevention recommend various vaccines for newborns and children up to 15 months old, a period when parents tend to be especially mindful of illness. The following CDC guidelines can help parents ensure their youngster stays on schedule with their vaccinations.

▲ **Hepatitis B:** Children should receive their first dose at birth, and then their second dose between one month or two months of age. A third dose is recommended between six months and 15 months.

▲ **Rotavirus:** The rotavirus vaccine schedule will depend on which vaccination children receive, so parents can discuss that with

their child's pediatrician. The CDC notes the first dose should be administered at two months and the second at four months. Subsequent doses, if necessary, will depend on which vaccine was administered.

▲ **DTaP (diphtheria, tetanus and acellular pertussis):** The first dose should be administered at one month, followed by a second dose at four months and a third dose at six months. Parents can discuss when a child should receive a fourth dose with their pediatrician.

▲ **Haemophilus influenzae type b (Hib):** The first dose should be administered at two months and the second at four months. Additional doses will be necessary, but the timing will depend on which vaccine a child receives.

▲ **Pneumococcal conjugate (PCV13, PCV15):** The first dose should be administered at two months and the second at four months. A third dose should be administered at six months, and parents can discuss the time of a fourth dose with their pediatrician.

▲ **Inactivated poliovirus:** The first dose should be administered at two months and the second at four months. A third dose

can be administered between six and 15 months, but the timing can be discussed with the child's pediatrician.

▲ **COVID-19:** The recommended vaccination schedule for COVID-19 shots for kids between the ages of six months and four years will depend on which vaccine the child receives. The Moderna vaccine is a two-dose series, while the Pfizer-BioNTech vaccine is a three-dose series.

▲ **Influenza:** The CDC recommends annual vaccination against influenza beginning at six months. Vaccines may be single- or two-dose.

▲ **Measles, mumps, rubella (MMR):** A routine MMR vaccination is a two-dose series that begins at age 12 to 15 months.

▲ **Varicella (VAR):** The first dose of the VAR vaccine should be administered at age 12 to 15 months.

▲ **Hepatitis A:** A routine vaccination for the two-dose Hepatitis A vaccine is administered at age 12 to 23 months.

Vaccinations can protect children in both the short- and long-term. More information about childhood vaccinations can be found at cdc.gov.

Edward Jones > edwardjones.com | Member SIPC

Edward Jones and Brents Priestley celebrate all the babies of 2023!

Brents K Priestley, AAMS™
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A3272

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A327

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WELCOME BABIES OF 2023!

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A7336

Welcome Babies of 2023!

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"Investing in those things that will outlive us."

A7201

HOW PARENTS CAN Confront Colic

Taking care of a baby is no small task. Babies operate on their own schedules, forcing parents to consistently readjust when they eat, work and, of course, sleep. Various factors can make such adjustments especially tiring, and colic might be at the top of that list.



Understanding Colic

The American Academy of Family Physicians notes that colic occurs when an otherwise healthy baby cries or fusses frequently for no apparent reason. All babies cry and fuss, and it's important that parents do not misinterpret normal crying and fussing as colic. Colic is defined as crying for more than three hours per day at least three days per week for more than three weeks. Children who have colic also tend to cry around the same times each day, and may turn bright red and cry as if they're in pain. When crying, babies with colic may clench their fists or curl up their legs.

What is the Timeline for Colic?

The AAFP notes that colic can start within a few weeks of a child's birth. Symptoms of colic tend to be the worst when a child is between four and six weeks old, and many children outgrow it by the time they reach four months of age.

Do Doctors Know What Causes Colic?

While researchers have studied colic, there's no definitive answer about what causes it. The AAFP notes that pain or discomfort from gas or indigestion may be a contributing factor. When a baby cries, the child swallows air, which can give the baby gas that makes his or

her belly feel tight.

A digestive system that isn't fully developed, overfeeding or underfeeding, sensitivity to breast milk or formula, overstimulation, early forms of childhood migraines, and emotional reactions to being afraid, frustrated or excited are some additional potential contributors to colic.

How Can Colic Be Treated?

A colic treatment that alleviates one baby's symptoms will not necessarily be effective for another's. However, the AND notes that avoiding potential colic triggers may help parents as they try to treat their babies.

Feeding the baby: Breastfeeding mothers can document what they're eating to determine if there's any rhyme or reason behind their babies' colic. Document when the baby exhibits symptoms of colic as well, and then look for patterns. If a child tends to be colicky after breastfeeding mothers eat a certain food, then moms can cut that food out of their diets to see if that's what is triggering the episode. Medicines taken by breastfeeding

mothers also may trigger colic episodes, so moms can discuss their medications with their child's pediatrician and their own doctors.

Formula: The AAFP notes that babies may be sensitive to certain proteins in formula, so treating colic may be as simple as changing brands. Slowing down formula feedings also may work, as it can ensure babies are not eating too much and/or too quickly. Warming formula to body temperature and feeding the baby in an upright position also may help alleviate symptoms of colic.

Holding the baby: How a baby is held or rocked may help reduce symptoms of colic. Massaging a baby's back while holding the baby across your arm or lap might work. In addition, holding the baby in the evening and while walking also can help. If a baby has gas, holding the child upright might alleviate the pains contributing to colic. Using an infant swing or rocking the baby in your arms also may help.

Comforting the baby: Parents can speak with their children's pediatrician about the various techniques to comfort their babies. Many parents have successfully reduced instances of colic by employing various movements and stimuli designed to soothe the baby.

Colic can make for some difficult times for babies and their parents. Determining what may be causing colic and trying new ways to soothe babies can help both parents and their children.

UNDERSTANDING Spinal Muscular Atrophy

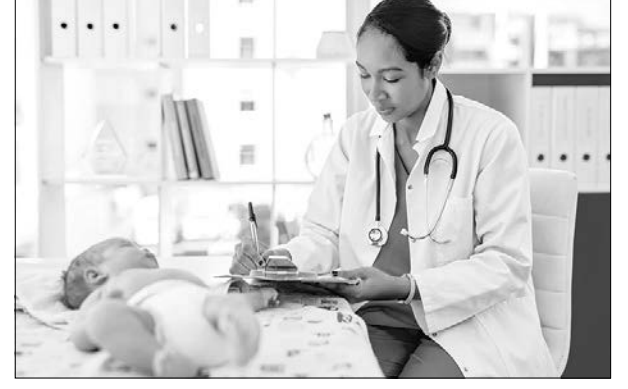
Many neurological disorders can affect the body. Spinal muscular atrophy, or SMA, is a disease that affects motor nerve cells in the spinal cord and eventually robs a person of his or her physical strength.

What is SMA?

SMA is the leading cause of death in babies under the age of two. Newborns with the condition appear healthy, but over time their lack of muscular development becomes more apparent and proves debilitating. Intellectual development remains normal, however. SMA affects families of all ethnicities, even those with no prior history of the disease.

SMA takes away the ability to walk, eat and breathe. It is caused by a mutation in the survival motor neuron gene 1 (SMN1). In healthy people, this gene produces a critical protein that is essential for the nerves that control the muscles. Without the protein, nerve cells cannot function properly and eventually die.

SMA affects approximately one in 11,000 births, and about one in every 50 Americans is a genetic carrier. A proper diagnosis occurs through genetic testing after an infant or child shows signs of SMA. A positive newborn screening result or prenatal testing also can in-



dicating the presence of SMA. If SMA is suspected, a simple blood draw test can identify it in 95 percent of all SMA cases. The American College of Medical Genetics recommends that all couples planning a pregnancy be offered SMA carrier testing.

Types of SMA

There are four different types of SMA. Type 1 limits muscle function most severely. Many children with type 1 do not live beyond age two. Type 2 is an intermediate form, where children may sit without support but cannot walk on their own. Type 3 is a milder form of SMA and resembles muscular dystrophy. Walking may be possible with some assistance, and children with this form of SMA generally have an almost normal life expectancy. Type 4 is the most mild and only causes mild motor impairment.

Living with SMA

Early intervention can help those affected by SMA. Since the condition occurs when survival motor neuron protein is not being produced, one way of treating SMA is to increase the amount of this protein in the body. Enhancing treatments target genes to help make more usable SMN protein more readily available through a backup gene called SMN2.

Other therapies use medications that help directly with muscle strength and development, which are known as non-SMN-enhancing therapies. Whatever the course of treatment, Cure SMA says that timing is key. The earlier interventions are made, the more likely treatment will be successful.

Find out more at www.mda.org/disease/spinal-muscular-atrophy.

Did You Know?

Bath time is something many parents of babies look forward to. When bathing babies, safety must be parents' foremost priority. Though instances of children drowning in the bath are low, all it takes is a handful of seconds for children to suffer injury or

even death in the bathtub. Data reveals that the number of children drowning in the bath increased from four in 2019-20 to 12 in 2021-22. Among the babies who drowned, seven were under 12 months of age. The report notes that the majority of drownings occurred while

children had been left alone in the bath by a parent or caregiver. That underscores the importance of pre-bath preparation, which involves gathering all bathing supplies prior to beginning a child's bath. If supplies are at the ready before a child gets into the bath, parents can ensure they are present the entire time the child is bathing.

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Welcome all babies of 2023 and congratulations to the new parents!

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 CARROLL COUNTY MAYOR

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 Staff: Shirley, Anita, Fred and Billy Joe
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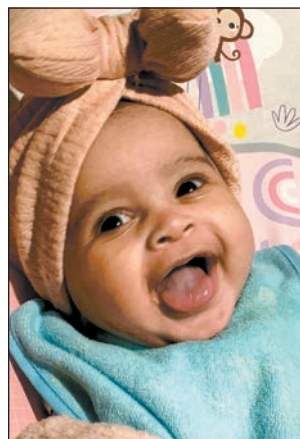
WELCOME TO THE WORLD, BABIES OF 2023!

Congratulations to all 2023 Babies & Parents!

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Ella Rene Howard

BORN: November 6, 2023
PARENTS: Samantha Hinson and Elijah Howard
THANKFUL FOR: A healthy beautiful baby girl.



Jovan Branch

BORN: January 8, 2023
PARENTS: Jordan and Aly Branch
THANKFUL FOR: All the smiles, laughs, and love.



Waylon Wilkes

BORN: September 24, 2023
PARENTS: Justin and Courtney Wilkes
THANKFUL FOR: A healthy baby



Grayson Woods

BORN: June 5, 2023
PARENTS: Eric Woods and Veronica McMackin
THANKFUL FOR: A healthy and happy boy



Robert Lennox Dew

BORN: February 15, 2023
PARENTS: Stephen and Jordan Dew
THANKFUL FOR: Family and friends



Lorna Jewell Hastings

BORN: April 24, 2023
PARENTS: Evan and Sarah Hastings
THANKFUL FOR: Daddy, mommy, and my big sister Addi



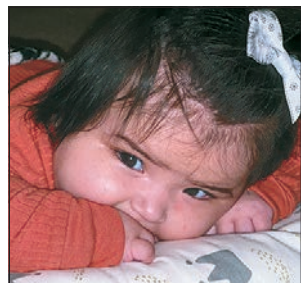
Jaxson Joel

BORN: May 1, 2023
PARENTS: Chris and Meghann Hindmon
GRANDPARENTS: Bobby and Cindy Gaylord



Benjamin Abundis

BORN: November 30, 2023
PARENTS: Alexis and Antonio Abundis
THANKFUL FOR: That full on wig of hair on this beautiful baby boy!



Miranda Romero

BORN: August 15, 2023
PARENTS: Salvador Vázquez and Miriam Romero
THANKFUL FOR: God and life. After a difficult process and toured hospitals, this has only remained as a bad memory. Our baby is home and healthy and about to turn 6 months old.



Raylan Thomas Crocker

BORN: April 4, 2023
PARENTS: Josh and Courtney Crocker
THANKFUL FOR: Miracles



Haislee Jeane Crocker

BORN: April 4, 2023
PARENTS: Josh and Courtney Crocker
THANKFUL FOR: Hospital staff



Maddox Wayne Willtrout

BORN: August 27, 2023
PARENTS: Richard and Emily Willtrout
GRANDPARENTS: Richard and Jennifer Willtrout
THANKFUL FOR: All my grandbabies

Recognizing the SYMPTOMS OF AUTISM

Autism is a complex bio-neurological developmental disability that is complicated even further by the various ways people exhibit its symptoms. No two children with autism behave in the same way, so symptoms that are identifiable in one youngster will not necessarily be present in another. Learning the various ways that autism can manifest itself can be a good first step toward understanding the condition.

The National Autism Association notes that autism is a spectrum disorder, which means it can range from very mild to very severe cases. But the organization Autism Speaks notes that many people with autism have sensory issues that typically involve over- or under-sensitivities to sounds, lights, touch, tastes, smells, pain, and other stimuli. Autism Speaks also indicates that people with autism may experience social communication challenges and exhibit restricted and repetitive behaviors.

Social Communication Challenges

Difficulty with verbal and non-verbal communication affects both children and adults with autism. Treatment, especially when it begins in early childhood, can help people with autism overcome some of these difficulties, which include:

- ▶ Understanding spoken language.
- ▶ Using spoken language appropriately.
- ▶ Understanding or appropriately using gestures.
- ▶ Making eye contact.
- ▶ Understanding or appropriately using facial expressions.
- ▶ Understanding or appropriately using tone of voice.
- ▶ People with autism also may not understand that certain expressions are not meant to be taken literally.
- ▶ Autism Speaks also notes that additional social challenges may indicate the presence of autism. Such challenges can include difficulty with:
 - ▶ Recognizing emotions and intentions in others.
 - ▶ Recognizing one's own emotions.
 - ▶ Expressing emotions.
 - ▶ Seeking emotional comfort from others.
 - ▶ Feeling overwhelmed in social situations.
 - ▶ Taking turns in conversation.
 - ▶ Gauging personal space.

Restricted and Repetitive Behaviors

Behaviors associated with autism vary greatly across the spectrum. Someone with mild autism may not exhibit any such behaviors, while



they may be instantly recognizable in others elsewhere on the spectrum. Autism Speaks notes that these behaviors may include:

- ▶ Repetitive body movements, such as rocking, flapping, spinning, or running back and forth.
 - ▶ Repetitive motions with objects, such as spinning wheels, shaking sticks and flipping levers.
 - ▶ Staring at lights or spinning objects.
 - ▶ Ritualistic behavior, such as lining up objects or repeatedly touching objects in a set order.
 - ▶ Narrow or extreme interests in specific topics.
 - ▶ A need for unvarying routine and a resistance to change. For example, someone with autism may need the same daily schedule and may need to eat the same meal menu and wear the clothes each day.
- Autism is a complicated disorder that is often recognizable in young children by the time they reach their third birthdays. Parents who suspect their child might have autism can discuss their concerns with their child's pediatricians.

What to Expect After GIVING BIRTH TO A PREMATURE BABY

Infants born before the 37th week of gestation are considered premature. The American Academy of Pediatrics says premature births occur in about 11 to 13 percent of pregnancies in the United States. In addition, almost 60 percent of multiples pregnancies result in preterm births.

Initially, caring for children born prematurely, often referred to as "preemies," may differ from parenting a full-term baby. It is important that parents recognize this and acknowledge that premature babies require different care than those born at full-term.

The average full-term baby weighs around seven pounds, but a preemie may weigh five pounds or less. A preemie may look different from a full-term infant. When compared to full-term babies, preemies' heads will seem much larger in relation to the rest of their bodies. Also, preemies tend to have less fat, so their skin can appear thin and transparent. His or her features will seem sharper and less round than the features of babies born at full-term. The absence of protective fat means a preemie will quickly get cold in normal room temperatures. It's common for premature infants to be placed in an incubator (isolette) or under a radiant warmer to help maintain body temperature.

Depending on how prematurely they were born, preemies may spend days or weeks in the neonatal intensive care unit (NICU). Preemies sometimes have trouble breathing due to immature respiratory systems. Res-



piration and heart rate will be monitored, and oxygen may be supplied to help ensure the organs get an adequate supply. A continued positive airway pressure (CPAP) machine may be used temporarily to assist in breathing as well, according to the Houston-based Sprout Pediatrics.

Parents may be temporarily prevented from holding their infant while they are in the NICU. However, once the child becomes stable, and only after careful sanitation, it's possible for new moms and dads to hold their baby. Visitors to the NICU likely will not be allowed to hold the child, however.

A preemie must meet certain criteria in order to be discharged from the hospital:

- ▶ Maintain body temperature in an open crib for at least 24 to 48 hours, depending on how premature the baby was at birth.
- ▶ Feed by bottle or breast without supplemental tube feedings.
- ▶ Gain weight steadily.

sHealth® notes that most premature infants do not need specialized medical support after leaving the hospital, regular medical care and evaluation are advised. That's because preemies may be vulnerable to apnea and other breathing issues. Parents may need extra equipment to monitor breathing at home.

Preemies often need extra nourishment because they have to catch up to the growth of full-term infants. A concentrated formula that accounts for immature intestinal development may be necessary. Patience is necessary since preemies require smaller, more frequent feedings. Preemies have delicate immune systems, so they may be vulnerable to viral infections post-discharge. As a result, parents may have to wait to welcome visitors until the infant is a little older.

Premature babies require some extra care to help them thrive. Parents can work with trusted pediatricians to give their infants the best opportunities to grow and develop.

Thank You

Thank you to all parents who submitted photos and information of your child. We hope you enjoy this special keepsake dedicated to your loved one.

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