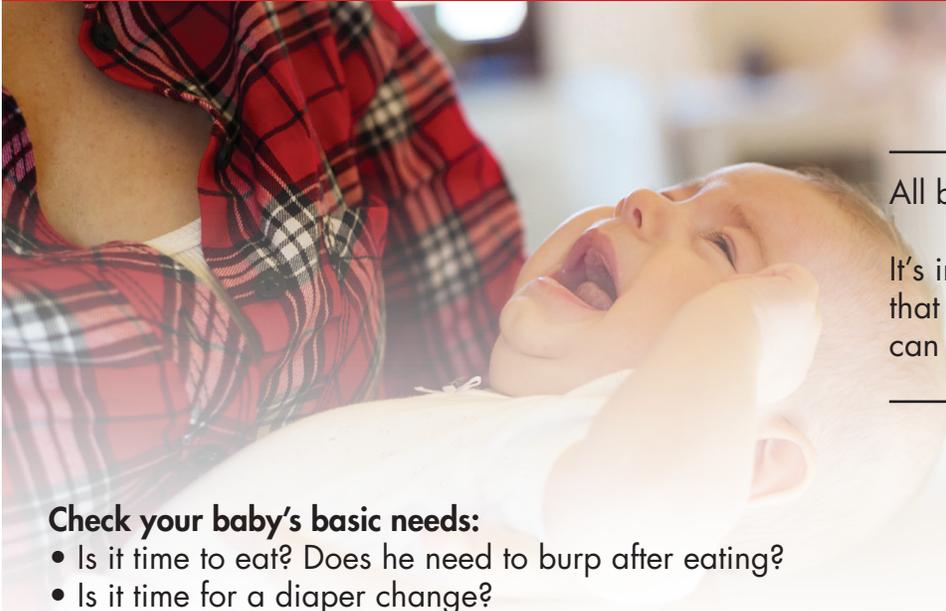


# BABIES CRY. HAVE A PLAN.



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All babies cry, some more than others.

It's important to have a **CRYING PLAN** that you (or anyone watching your baby) can follow when the crying starts.

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## Check your baby's basic needs:

- Is it time to eat? Does he need to burp after eating?
- Is it time for a diaper change?
- Is he too hot? Too cold? Overdressed?
- Are there any signs your baby is sick? (fever, vomiting) Seek medical care if you have any concerns about his/her health.

## Try soothing your baby:

- Hold her close and rock, walk or sway side to side while standing.
- Offer a pacifier (don't force).
- Swaddle her with a blanket or use a swaddler
- Play soft music or a quiet sound.
- Take her for a walk in a stroller or a ride in a car seat.

## If your baby is not sick or hurt, but continues to cry, remember:

- **IT IS NEVER OK TO SHAKE A BABY.**

This can cause severe injuries or permanent damage.

- **IT IS OK** to put your baby in a safe place (crib, infant seat) and let him cry while you take a break or call someone for help.

- **IT IS MORE IMPORTANT TO STAY CALM THAN TO STOP THE CRYING.**

**Calm yourself, so you can calm your baby safely. Review your stress reliever list or:**

- Go outside for fresh air.
- Take several deep breaths.
- Count to 100.
- Wash your face or take a shower.
- Exercise. Do sit ups or walk up and down the stairs a few times.

## Ask some of your friends or family if you can put them on your **CRYING PLAN**:

Keep a list of trusted people you can call if you need help during a crying period. Make sure anyone who is going to watch your baby knows the **CRYING PLAN**, including other people they can call.



# MY CRYING PLAN

## PEOPLE TO CALL FOR HELP WHEN MY BABY CRIES:

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

## KNOWING MY BABY

I have learned to know my baby and what works best to calm and soothe him/her.

I have found that when my baby is crying, doing the following helps the most to soothe him/her:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_



# MY CRYING PLAN

## MY PERSONAL STRESS RELIEVERS

Knowing what works best for me when I am stressed, I promise to try the following when my baby's crying becomes stressful or my life seems stressful and impacts how I take care of myself or my baby:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**I promise to use this plan when I am stressed in any way while caring for my baby.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Other Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Other Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

