



Information for New Parents



Welcome to the DSAGC,

The enclosed information is provided by the Down Syndrome Association of Greater Cincinnati (DSAGC). Our mission is to empower individuals,



educate families and enhance communities as together, we celebrate the extraordinary lives of individuals with Down syndrome. Our office hours are

Monday-Friday, 9am – 4pm.

The following is a brief description of some of our programs and services:

Support Line– We are here to help address any questions you may have about Down syndrome and provide you with the assistance that you may need. 513.761.5400 or 513.300.9323

Healthcare Connections Program provides Greater Cincinnati area hospitals and birthing centers with informational packets for new parents containing accurate and updated information.

Parent to Parent Program connects new parents with another parent of a child with Down syndrome. This offers one-on-one support and the opportunity for parents to hear first hand the experience of raising a child with Down syndrome.



Adoption Awareness Program provides connections to families who are interested in adopting a child with agencies who have custody of a child with

Down syndrome or birth families who are looking at adoption as an option. If you are interested in

adopting a child or considering adoption as an alternative, please call Robin Steele at 513.761.5400.

Baby Matters Program - Monthly Information and support meetings for parents with babies ages birth-3 years

Pre-School Program – Quarterly information and support meetings for parents with children ages 3-5 years.

Parent Support Program- Support group for parents held twice yearly.

School Age Matters Program - Informational meetings focus on a variety of issues faced by families of school age children.

Outreach Program- Speakers are available to make presentations to school children, universities, medical professionals, educators and other community groups.

Lending Library Can be found on our website www.dsagc.com. Provides books, audio tapes, video tapes, and DVDs available for loan and shipped to your home free of charge. Resources cover a wide variety of issues and topics related to Down syndrome.



Newsletter - The *ds press* is our comprehensive, bi-monthly newsletter that includes information on local activities and events as well as informational articles on Down syndrome.

If you have any questions about the DSAGC, please call 513.761.5400 or visit www.dsagc.com.

Welcome to the ...

The Down Syndrome Association of Greater Cincinnati.

celebrating extraordinary lives



How will having a baby with Down syndrome affect my family?



One of the best ways to find an answer to this question is by speaking to family members of individuals with Down syndrome. In addition, there are many books and articles written by family members about their personal experiences. These accounts can offer a great deal of comfort and reassurance because, as you hear or read other people's stories, you will find that there is a consistent theme throughout the various experiences. The message that you will hear time and time again is that the positive impacts of having a family member with Down syndrome far outweigh the difficulties or challenges that may come up. The majority of families share that they are stronger and closer as a result of the experience of dealing with a disability, and that they are more focused on the things that really matter in life.

There have also been many research studies that explore how having a child with Down syndrome affects families. Studies show that while these families do experience additional challenges, their levels of well-being are comparable to those of families who do not have a child with Down syndrome. Researchers say that what seems to determine if families are resilient and able to thrive is their ability to access individual, family and community resources. Be sure to take advantage of all the resources available in your community, and focus on building a support network to get you and your family through any tough times.

Adapted from NDSS

How do I share the diagnosis with other family members and friends?

New parents sometimes worry about telling friends and family members about their baby's condition. However, it is recommended that you do it as early as possible.



Parents report that the longer you wait, the harder it gets. Not only will waiting add to the stress that you may already be dealing with, but you will likely miss out on the comfort and support your loved ones might be able to provide. Keep in mind too, that others will follow your lead. Family and friends will usually want to support you, and if you are able to focus on positive aspects of caring for your new baby, they will likely want to

share in your joy. The DSAGC has packet of information for you to share with your family that will help explain the diagnosis of Down syndrome and offer tip on ways in which they may help you.

If someone does not react in the way you would hope, remember that he or she may have personal reasons for doing so that have nothing to do with you or your baby. The person may be uncomfortable because they do not have accurate information about Down syndrome, or have never met someone with this condition. They may also be dealing with their own grief and pain. Grandparents, for example, may be dealing not only with the news that their grandchild has a disability, but also with the knowledge that their adult child is in pain. Just as new parents often go through stages of grief, grandparents may also go through shock, denial and other emotions before they are able to accept the news. It is important to let them deal with their emotions at their own pace so they, too, can heal and begin to find joy in helping to raise their grandchild. ***The DSAGC has packets of information specifically designed for grandparents.*** Remember, that whenever you do turn to others for assistance, it is a good idea to be specific about how much help you want or need, and what your needs are.



Down Syndrome

◆ Definition ◆

Down syndrome is the most common and readily identifiable chromosomal condition associated with mental retardation. It is caused by a chromosomal abnormality: for some unexplained reason, an accident in cell development results in 47 instead of the usual 46 chromosomes. This extra chromosome changes the orderly development of the body and brain. In most cases, the diagnosis of Down syndrome is made according to results from a chromosome test administered shortly after birth.

◆ Incidence ◆

Approximately 4,000 children with Down syndrome are born in the U.S. each year, or about 1 in every 800 to 1,000 live births. Although parents of any age may have a child with Down syndrome, the incidence is higher for women over 35. Most common forms of the syndrome do not usually occur more than once in a family.

◆ Characteristics ◆

There are over 50 clinical signs of Down syndrome, but it is rare to find all or even most of them in one

person. Some common characteristics include:

- Poor muscle tone;
- Slanting eyes with folds of skin at the inner corners (called epicanthal folds);
- Hyperflexibility (excessive ability to extend the joints);
- Short, broad hands with a single crease across the palm on one or both hands;



*is the
National Dissemination Center
for Children with Disabilities.*

*NICHCY
P.O. Box 1492
Washington, DC 20013
1.800.695.0285 (Voice / TTY)
202.884.8200 (Voice / TTY)
nichcy@aed.org
www.nichcy.org*



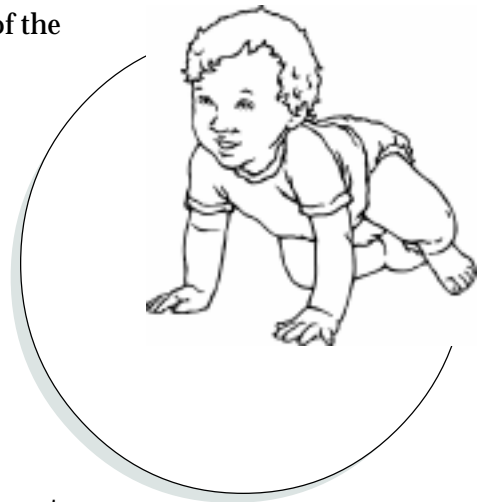
- Broad feet with short toes;
- Flat bridge of the nose;
- Short, low-set ears;
- Short neck;
- Small head;
- Small oral cavity; and/or
- Short, high-pitched cries in infancy.

Individuals with Down syndrome are usually smaller than their nondisabled peers, and their physical as well as intellectual development is slower.

Besides having a distinct physical appearance, children with Down syndrome frequently have specific health-related problems. A lowered resistance to infection makes these children more prone to respiratory problems. Visual problems such as crossed eyes and far- or nearsightedness are higher in individuals with Down syndrome, as are mild to moderate hearing loss and speech difficulty.

Approximately one third of babies born with Down syndrome have heart defects, most of which are now successfully correctable. Some individuals are born with gastrointestinal tract problems that can be surgically corrected.

Some people with Down syndrome also may have a condition known as Atlantoaxial Instability, a misalignment of the top two vertebrae of the neck. This condition makes these individuals more prone to injury if they participate in activities which overextend or flex the neck. Parents are urged to have their child examined by a physician to determine whether or not their child should be restricted from sports and activities which place stress on the neck. Although this misalignment is a potentially serious condition, proper diagnosis can help prevent serious injury.



Don't Be Shy!

All of our publications and resource lists are online—help yourself! Visit us at:

www.nichcy.org

If you'd like personalized assistance, email or call us:

nichcy@aed.org

**1.800.695.0285
(V/TTY)**

Children with Down syndrome may have a tendency to become obese as they grow older. Besides having negative social implications, this weight gain threatens these individuals' health and longevity. A supervised diet and exercise program may help reduce this problem.

✧ Educational Implications ✧

Shortly after a diagnosis of Down syndrome is confirmed, parents should be encouraged to enroll their child in an infant development/early intervention program. These programs offer parents special instruction in teaching their child language, cognitive, self-help, and social skills, and specific exercises for gross and fine motor development. Research has shown that stimulation during early developmental stages improves a child's chances of developing to his or her fullest potential. Continuing education, positive public attitudes, and a stimulating home environment have also been found to promote the child's overall development.

Just as in the normal population, there is a wide variation in mental abilities, behavior, and developmental progress in individuals with Down syndrome. Their level of retardation may range from mild to severe, with the majority functioning in the mild to moderate range. Due to these individual differences, it is impossible to predict future achievements of children with Down syndrome.

Because of the range of ability in children with Down syndrome, it is important for families and all members of the school's education team to place few limitations on potential capabilities. It may be effective to emphasize concrete concepts rather than abstract ideas. Teaching tasks in a step-by-step manner with frequent reinforcement and consistent feedback has proven successful. Improved public acceptance of persons with disabilities, along with increased opportunities for adults with disabilities to live and work independently in the community, have expanded goals for individuals with Down syndrome. Independent Living Centers, group-

Other Helpful Things to Know

These NICHCY publications talk about topics important to parents of a child with a disability.

Parenting a Child with Special Needs

Your Child's Evaluation

Parent to Parent Support

Questions Often Asked by Parents About Special Education Services

Developing Your Child's IEP

All are available in English and in Spanish—on our Web site or by contacting us.

Research has shown that stimulation during early developmental stages improves a child's chances of developing to his or her fullest potential.

shared and supervised apartments, and support services in the community have proven to be important resources for persons with disabilities.

◇ Resources ◇

Cunningham, C. (1999). *Understanding Down syndrome: An introduction for parents* (2nd ed.). Cambridge, MA: Brookline. (Phone: 800.666.2665. Web: www.brooklinebooks.com)

Pueschel, S.M. (Ed.). (2001). *A parent's guide to Down syndrome: Toward a brighter future* (2nd ed.). Baltimore, MD: Paul H. Brookes. (Phone: 800.638.3775. Web: www.brookespublishing.com)

Unruh, J.F. (1994). *Down syndrome: Successful parenting of children with Down syndrome*. Eugene, OR: Fern Ridge Press. (Phone: 800.816.5679. Web: www.fernridgepress.com/)

Woodbine House (Phone: 800.843.7323, Web: www.woodbinehouse.com) publishes a series on Down syndrome, including:

- *Babies with Down syndrome: A new parent's guide*
- *Differences in common: Straight talk about mental retardation, Down syndrome, and life*
- *Down syndrome: The first 18 months (DVD or Video)*
- *Early Communication skills in children with Down syndrome: A guide for parents and professionals*
- *Fine motor skills in children with Down syndrome*
- *Gross motor skills in children with Down syndrome*
- *Medical and surgical care for children with Down syndrome: A guide for parents*
- *Teaching reading to children with Down syndrome*

◇ Organizations ◇

National Down Syndrome Congress
1370 Center Drive, Suite 102
Atlanta, GA 30338
770.604.9500; 800.232.6372
info@ndscenter.org
www.ndscenter.org

National Down Syndrome Society
666 Broadway
New York, NY 10012
212.460.9330; 800.221.4602
info@ndss.org
ndss.org

The Arc of the United States
1010 Wayne Avenue, Suite 650
Silver Springs, MD 20910
301.565.3842
info@thearc.org
www.thearc.org

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Down Syndrome

by Siegfried M. Pueschel, M.D., Ph.D., J.D., M.P.H.

What is Down syndrome?

Persons with Down syndrome are first and foremost human beings who have recognizable physical characteristics and limited intellectual endowment that are due to the presence of an extra chromosome 21.

The estimated incidence of Down syndrome is between 1 in 800 to 1 in 1,100 live births. Each year approximately 3,000 to 5,000 children are born with this chromosome disorder. It is believed there are about 250,000 families in the United States who are affected by Down syndrome.

How do children with Down syndrome develop?

Children with Down syndrome are usually smaller, and their physical and mental developments are slower, than those who do not have Down syndrome. The majority of children with Down syndrome function in the mild to moderate range of mental retardation. However, some children are not mentally retarded; they may function in the borderline to low average range; and only a few children may be severely mentally retarded. There is a wide variation in mental abilities and developmental progress in children with Down syndrome. Also, their motor development is slow; e.g. instead of walking by 11 to 14 months as other children do, children with Down syndrome usually learn to walk between 15 to 36 months. Their language development is also markedly delayed.

It is important to note that a caring and enriching home environment, early intervention, and integrated educational efforts will have a positive influence on the child's development.



What are the physical features of a child with Down syndrome?

Although individuals with Down syndrome usually have distinct physical characteristics, generally, they are

more similar to the average person in the community than they are different. The physical features are important to the physician in making the clinical diagnosis, but no emphasis should be put on those characteristics otherwise. Not every child with Down syndrome has all the characteristics; some may only have a few, and others may show most of the signs of Down syndrome. Some of the physical features of children with Down syndrome include flattening of the back of the head, slanting of the eyelids, small skin folds at the inner corner of the eyes, depressed nasal bridge, slightly smaller ears, small mouth with narrow palate, decreased muscle tone, loose ligaments, and small hands and feet. About fifty percent of children with Down syndrome have one line across the palm, and there is often a wide gap between the first and second toes. The physical features observed in children with Down syndrome (and there are many more than described above) usually do not cause any significant disability in the child.

How many chromosome subtypes are observed in Down syndrome?

There are four main types of chromosome abnormalities in Down syndrome:

The vast majority of children with Down syndrome (approximately 95 percent) have an extra 21 chromosome. Instead of the normal number of 46 chromosomes in each cell, the individual with Down syndrome has 47 chromosomes. This condition is called trisomy 21.

The second type is called translocation. Here, the extra 21 chromosome is attached or translocated on to another chromosome, usually on chromosome 14, 21 or 22.

If translocation is found in a child with Down syndrome, it is important to examine the parents' chromosomes, since in at least one-third of the cases, a parent may be a carrier of the translocation. This form of chromosome error is found in 3 to 4 percent of individuals with Down syndrome.

Another chromosome problem, called mosaicism, is noted in about 1 percent of persons with Down syndrome. In this case, some cells have 47 chromosomes and others have 46 chromosomes. Mosaicism is thought to be the result of an error in one of the cell divisions after conception. Children with mosaicism Down syndrome usually have fewer physical characteristics and function better intellectually than those with trisomy 21 and translocation Down syndrome.

A very rare chromosome abnormality in persons with Down syndrome is called partial trisomy 21. Here, part of an extra chromosome 21 is usually attached to another chromosome.

What is the cause of Down syndrome?

Although many theories have been proposed, at the present time it is not known what actually causes Down syndrome. Some professionals believe that hormonal abnormalities, X-rays, viral infections, immunologic problems, or genetic predisposition may be the cause of the improper cell division resulting in Down syndrome, but there is no evidence that any of these conditions causes Down syndrome.

It has been known for a long time that the risk of having a child with Down syndrome increases with advancing age of the mother; i.e., the older the mother, the greater the possibility that she may give birth to a child with Down syndrome. However, most babies with Down syndrome (more than 85 percent) are born to mothers younger than 35 years of age. Recent studies revealed that if the mother has only one ovary, she also has an increased risk of having a child with Down syndrome.

The extra chromosome in trisomy 21 could either originate in the mother or the father. Most often, however, the extra chromosome comes from the mother.

What kind of information can be provided through genetic counseling?

Parents who have a child with Down syndrome have an increased risk of having another child with Down syndrome in future pregnancies. It is estimated that the risk of having another child with Down syndrome is about one in 100 in trisomy 21 and probably also in mosaicism. If, however, the child has translocation Down syndrome and if one of the parents is found to be a translocation carrier, then the risk of recurrence increases markedly. The actual risk depends on the type of translocation and whether the translocation is carried by the father or the mother.

What health concerns are often observed in people with Down syndrome?

Generally, the child with Down syndrome is in need of the same kind of optimal medical care as any other child. The pediatrician or family physician should offer support and counseling to the family, provide general health maintenance, immunizations, and attend to medical problems. There are, however, situations when children with Down syndrome need special attention.

Sixty to eighty percent of children with Down syndrome have hearing deficits. Therefore, audiologic assessments at an early age and follow-up hearing tests are indicated. If there is a significant hearing loss, the child should be seen by an ear, nose and throat specialist.

Forty to fifty percent of children with Down syndrome have congenital heart disease. Many of these children will have to undergo cardiac surgery and often will need long term care by a pediatric cardiologist. Persons with Down syndrome beyond adolescence often have mitral valve prolapse which is thought to be a benign condition.

Intestinal abnormalities also occur at a higher frequency in children with Down syndrome. For example, a blockage of the food pipe (esophagus), small bowel (duodenum), and at the anus (anal atresia) are not uncommon in infants with Down syndrome. These may need to be surgically corrected at once in order to have a normal functioning gastro-intestinal tract.

Celiac disease which is due to an intolerance to a particular part of protein in flour (gluten) is also more often observed in persons with Down syndrome.

Children with Down syndrome have more eye problems than other children who do not have this chromosome disorder. For example, 3 percent of newborn infants with Down syndrome have cataracts that need to be removed surgically. Other eye problems such as cross-eyedness (strabismus), near-sightedness, far-sightedness and other eye conditions are frequently observed in children with Down syndrome. Therefore, regular ophthalmological examinations are recommended.

Another concern relates to nutritional aspects. Some children with Down syndrome, in particular those with severe congenital heart disease, often fail to thrive in infancy. On the other hand, obesity is frequently noted during adolescence and early adulthood. These conditions can be prevented by providing appropriate nutritional counseling and dietary guidance.

Thyroid dysfunctions are more common in children with Down syndrome than in normal children. Between 15 and 20 per cent of children with Down syndrome have hypothyroidism. A few children may have hyperthyroidism. It is important to identify individuals with Down syndrome who have thyroid disorders and institute appropriate treatment, since it may compromise central nervous system functioning.

Skeletal problems have also been noted at a higher frequency in children with Down syndrome, including kneecap subluxation, hip dislocation, and atlantoaxial instability. The latter condition occurs when the first two neck bones are not well aligned because of the presence of loose ligaments.

Approximately 15 percent of people with Down syndrome have atlantoaxial instability. Most of these individuals, however, do not have any symptoms, and only

1 to 2 percent of individuals with Down syndrome have a serious neck problem (symptomatic atlantoaxial instability) that requires surgical intervention.

Other important medical aspects in Down syndrome, including immunologic concerns, leukemia, seizure disorders, sleep apnea, skin disorders, zinc deficiency, and Alzheimer disease may require the attention of specialists in their respective fields.

Can Down syndrome be medically treated?

Although many medications and various therapies including nutritional supplements have been touted as treatment for people with Down syndrome, there is no effective medical treatment available at the present time. However, recent advances in molecular biology make it feasible now to examine the genetic basis for Down syndrome. In the spring of 2000 nearly all genes on chromosome 21 were identified and their DNA was sequenced. However, at the present time we do not know how the triple genetic dose interferes with normal developmental sequences. Once we have more knowledge of the genes' function and how to counteract these genes, a rational approach to medical therapy could emerge.

What educational services and vocational opportunities are available for people with Down syndrome?

Today early intervention programs, pre-school nurseries, and integrated/inclusive special education strategies have demonstrated that youngsters with Down syndrome can participate in many learning experiences that will positively influence their overall functioning. Research has shown that early intervention, environmental enrichment, and assistance to the families will result in marked progress that is usually not achieved by those infants who have not had such educational and stimulating experiences.

Children with Down syndrome, like other children, can benefit from sensory and cognitive stimulation, specific exercises involving gross and fine motor activities, and speech therapy. Also, preschool nurseries play an important role in the young child's life since exploring the environment beyond the home enables the child to participate in a broader world.

Later, the school can give the child a foundation for life through the development of academic skills and physical as well as social abilities. School should provide an opportunity for the child to engage in sharing relationships with others and help to prepare the child to become a productive citizen. Contrary to some views, all

children can learn, and they will benefit from placement in a normalized setting with support as needed.

During adolescence, youngsters with Down syndrome should be exposed to prevocational training in order to learn good work habits and to engage in proper relationships with co-workers. Appropriate vocational counseling and job training will result in meaningful employment, and this, in turn, should lead to a feeling of self-worth and of making a contribution to society. In addition, post-secondary school educational opportunities should be made available for young people with Down syndrome.

What attitude should society have?

It is important that society develop attitudes that will permit people with Down syndrome to participate in community life and to be accepted. They should be offered a status that observes their rights and privileges as citizens, and in a real sense preserves their human dignity. When accorded their rights and treated with dignity, people with Down syndrome will, in turn, provide society with a most valuable humanizing influence.

Selected Resources

Organizations:

National Down Syndrome Congress
1370 Center Drive, Suite 102
Atlanta, Georgia 30338
Toll-free: 800-232-6372
Local: 770-604-9500
E-mail: info@ndsccenter.org
<http://www.ndsccenter.org>

National Down Syndrome Society
666 Broadway, 8th Floor
New York, New York 10012-2317
Toll-free: 800-221-4602
Local: 212-460-9330
E-mail: info@ndss.org
<http://www.ndss.org>

About the author: Dr. Pueschel, Professor of Pediatrics, Brown University School of Medicine, Providence, RI was awarded The Arc's 1990 Distinguished Research Award.

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Join the DSAGC Parent Email List!

The Down Syndrome Association of Greater Cincinnati would like to keep you informed of upcoming meetings, events, family fun events, interesting web sites and other information around town.... just email me at Martha@dsagc.com and I will add you to my email list. Let us help you stay informed! The DSAGC receives many requests from parents to connect with other parents via email about a variety of issues. These requests are shared first by DSAGC and are sent out to parents for replies with advice and experiences.



Language Guidelines

Language is a reflection of how people see each other. We believe that when referring to an individual with Down syndrome it is important to use language which is both accurate and respectful of the individual.



People with Down syndrome should always be referred to as people first. Instead of “a Down syndrome child,” the correct wording is “a child with Down syndrome.” This is known as Person-First language. It places the individual before the disability. Placing the person before the disability emphasizes the person first and the disability second. Person First language emphasizes respect

for the individual.

Avoid using the term “Down’s child” or describing the condition as “Down’s,” as in, “He has Down’s.” A baby born with Down syndrome is not a “Down’s baby” or a “baby with Downs.” He/she is a baby with Down syndrome.

Down syndrome is named for the English physician Dr. John Langdon Down, who characterized the condition, but did not have it. We use the preferred spelling, Down syndrome, rather than Down’s syndrome as is common in England and other parts of Europe. While Down syndrome is listed in many dictionaries with both popular spellings (with or without an apostrophe s), the preferred usage in the United States is Down syndrome. This is because an “apostrophe s” connotes ownership or possession. The AP Stylebook recommends using “Down syndrome” as well.



It is also important to use correct terminology. People “have” Down syndrome, they do not “suffer from” it nor are they “afflicted by” it. It is not a disease. Down syndrome is a chromosomal condition resulting from an extra copy of the 21st chromosome. Similarly,

when referring to peers, the correct term is “typical” peers as opposed to “normal.” Although it is acceptable to use the term, “mental retardation,” it is more acceptable to use the term “intellectual or cognitive disability.”

People with Down syndrome are sometimes portrayed as being happy and loving all the time or frequently as angels. However, avoid casting every person with Down syndrome as a superhuman model of humanity. They are unique individuals with unique personalities just like everyone else.

You can help others use responsible language which reflects the dignity of people with Down syndrome. Words can create barriers and reinforce stereotypes. Therefore, the DSAGC strongly believes in the importance of ensuring that correct language is used. A child is much more than a label. Help to educate others about the preferred way to refer to individuals with Down syndrome.

This statement was adapted from the Down Syndrome Society of Rhode Island.

What About Siblings?

While having a sibling with Down syndrome may present unique challenges, it also provides many opportunities for children's positive growth and character development. Studies have shown that children who have a brother or sister with Down syndrome can benefit in many ways. For example, these children often have a level of maturity above their peers and tend to have more developed communication and social skills. Having a sibling with Down syndrome also seems to make children more accepting and appreciative of differences. They tend to be more aware of difficulties that others might be going through, and often surprise parents, teachers and others with their wisdom, insight and empathy. They take tremendous pride in their brother or sister's accomplishments and are typically very loyal to their sibling and do their best to protect and defend them.



How do I explain Down syndrome to my children?



Many children will lovingly welcome their new sibling into the family. To them this will just be a new baby brother or sister to love. We have several books in our Lending Library that can explain Down syndrome in simple terms. We also have a Sibling Packet which contains a coloring book and word games to help your child learn more about Down syndrome. Older siblings may be able to

understand the genetics of Down syndrome. Most children are able to grasp that a baby with Down syndrome may learn a little more slowly and need extra care. They often take special pride in helping their new sibling. Encourage your children to ask questions about whatever they don't understand and emphasize that the new baby will do all the same things as other babies. It just may take a little longer. If you are able to communicate excitement about the new baby, they will be excited too.

Here are some tips for caring for siblings:

- Be sure to acknowledge all emotions, not just positive ones. If your children know that it is ok to express any feelings they may be having about their sib, negative emotions are less likely to turn up in other ways.
- While it can be beneficial for your children to feel they can play an important role in caring for their sib, do not give them too many responsibilities in this area.
- Make an effort to spend time with each child on a regular basis. Each child is unique, so don't worry about dividing your time equally. Instead, focus on what is important to an individual child and dedicate time to those things that will make him or her feel loved and special. Remind your children that all members of your family are special in their own way.



What are some things I can do to take care of myself?

Right now you are very focused on taking good care of your baby. But remember that it's also important to take good care of yourself at this time. Doing so will keep you feeling healthy, strong, and well-equipped to deal with your responsibilities as a new parent. It can also help you develop and maintain a positive frame of mind, which is necessary for meeting new challenges successfully. Here are some tips many new parents have found helpful for reducing anxiety and stress.

Be patient with yourself. Give yourself time to deal with your emotional responses. Some days you might feel like you are taking steps backwards, but recognize that this doesn't mean that you are not making progress. Your Parent Mentor can be a great listening ear during times when you just need someone to talk to.



Build a support system. It may be tempting to keep to yourself at this time, but doing so may result in feelings of isolation. Reach out to trusted friends or family members. This allows your loved ones to understand what you may be going through and gives them a chance to offer comfort and support.

Schedule some alone time regularly. This will allow you to recharge. Read a book, take a warm bath, go for a walk, or just watch your favorite TV show. Do something you enjoy and find relaxing and let yourself enjoy it. Alone time may sound like a luxury, but it is necessary for good health and can do wonders for your mood.

Take care of your physical health. Research shows that a healthy eating and exercise plan can reduce fatigue, irritability, and risk for certain diseases and health complications. Develop a plan that works for you and make an effort to stick to it, especially during times of high stress.

Practice living in the moment. While it is important to plan ahead, worrying about the future can easily lead to anxiety. Although it may be hard, try to focus on only what you can do realistically in the present. If you find yourself getting anxious about a particular situation, try this strategy: 1) Identify the problem. 2) Research your options. 3) Make a decision. 4) Set a date in the future to evaluate how your decision is working. In the meantime, just go with the decision you made and trust that it will work out.

Don't lose sight of the "important things in life." Nurture your relationships with your partner, children, friends and family. Communicate with each other, laugh, do fun things together, celebrate traditions, and be sure to spend quality time with your new baby that doesn't focus on his or her disability. The fact that your baby has Down syndrome is life-changing, but it doesn't change the things that are truly important in life!