They are working to get the milk out, so they use up more calories. Some mothers pump their breasts when they return to work and give the milk in the bottle or partially use formula.

If breast-feeding is not possible, then iron fortified formula is best. Both breast-feeding and formula should continue until the baby is one year old. It is normal for baby to drink over a can of formula per day before solids are introduced. No baby should be given a bottle in the bed. This can promote ear infections and bottle mouth syndrome, which decays the front teeth.

Solid food or juice is not needed before the age of 4-6 months. If you look at the nutrition label on a can of formula and jar or box of baby food, you can see that baby food is no match nutritionally for formula or breast milk. Baby food is mainly just added calories and a way for the baby to learn to eat solid food.

Solids need to be added slowly to prevent allergy. Start with rice cereal then go through all the plain cereals. Use mixed cereal last. Then begin the plain vegetables and plain fruits one at a time. Finally give

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plain meat. If the baby refuses the plain meat, mix it with plain vegetable or fruit. Meat-vegetable dinners never have much meat.

Do not feed out of the baby food jar unless the baby will eat the whole jar at one meal. Saliva on the spoon will break down and spoil the food in the jar. Instead, put only what the baby will eat at one meal in a small bowl. If any is left over in the bowl, throw it out. Do not put it back in the jar.

As the baby gets older, give small soft finger foods to teach coordination. Even though it is messy, a baby who is not allowed to self-feed will not develop as well.

At around 7-8 months of age, most babies still need a bottle to get enough milk, but using a cup at least part of the time is good. Juice can also be offered in the cup. As a baby gets near the first birthday, milk intake should go down to about 16 ounces per day.

Babies should be weaned to whole milk. It does not have as many nutrients as breast milk or formula, so eating solid food gets more important. After the baby turns two, low fat or skim milk can be introduced. Before that, babies need the fat that whole milk gives.

Low-Sugar Fruited Yogurt
1 cup plain non-fat yogurt
1 tablespoon reduced sugar fruit spread (any flavor)
1 packet artificial sweetener
Mix all ingredients together. Serve immediately or refrigerate.

Nutrition Analysis:
Calories: 151
Carbohydrate: 22 grams
Protein: 14 grams
Fat: 0.5 grams
Sodium: 194 milligrams
Cholesterol: 5 milligrams
Fiber: 0 grams
Calcium: 452 milligrams

Your Resources

Your Spending Plan: Planning An Emergency Reserve Fund

A spending plan helps keep track of income and outgo. An important item in your spending plan is setting aside money for your emergency reserve fund. You need this for unexpected expenses that are not planned for in your regular spending plan such as:

- Unexpected home or auto repairs;
- Replacement of a worn-out appliance or automobile;
- Medical expenses not covered by insurance (including insurance deductibles and coinsurance); or
- Property taxes and/or income taxes.
Without an adequate reserve fund, emergency expenses are likely to disrupt your spending plan or cut into savings you had earmarked for other purposes.

As a rule of thumb, a reserve fund should contain enough money to cover at least one to three months of your basic family expenses. Some financial advisors suggest six to nine months.

Use the following guide to set your goal for your reserve fund.

1. How many months' worth of basic living expenses would you like to cover in your reserve fund? (Ex: 3 months) ____ months
2. Reserve fund goal: How much would it take to cover three months' worth of your expenses? $ ______
3. How much do you have now? $ ______
4. How much more do you need? $ ______
5. Savings Goal: How much per month can you save to complete your reserve fund? $ ______

Where should you keep your reserve fund? Until your reserve fund reaches $1,000, you may want to keep your money in an FDIC-insured savings account. As your reserve fund rises above $1,000, consider these types of investments to get a higher interest rate.

When selecting a saving or investment product for your emergency reserve fund, consider a product that includes:

- Safety of principal - the principal dollars you invest will remain intact. If you invest a dollar, you will get that dollar back.
- Liquidity - the ease with which your investment can be converted to cash without loss. You can get your cash quickly if you need it for an emergency.
- Return on money - you want to earn the largest return possible while protecting your initial investment.
- Cost of investing - will there be charges associated with the savings or investment product such as service charges, sales charge, commission, or annual management fees. Is there a fee or penalty for taking some or all of the money out (minimum balance penalties, withdrawal penalties, or tax penalties)?
- Size of investment unit - is there a minimum or maximum amount required for the investment? CDs usually have a $500 minimum. Frequency of contribution is also important to consider. Will you make a one-time, regular, or sporadic contribution? Will it mature at a certain time or will you remain invested for a long undetermined time?
• Risk - for your emergency reserve fund, you want to get your money when you need it, so you will not want to take a lot of risk with this investment.

When choosing where to place the money in your emergency reserve fund, you want to be able to have access to the money when you need it. Sources include:
• Passbook savings
• Credit union share account
• Money market mutual fund or deposit account
• Certificate of deposit
• Now or Super Now checking account that pays interest

An emergency reserve fund is a very important part of your spending plan. It helps you cope with unexpected expenses that can disrupt your regular spending plan.

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Your Relationships

Styles of Caregiving Support for Seniors

Your aging parents need a little help now and then. You live across town from them, so you can get by their home without too much trouble even though you’re busy with everything you have to get done.

Your brother lives not much farther than you from your parents, but he always seems too busy to help out when they call. It has gotten to the point that they don’t even call him much anymore. As their caregiving needs grow over the next few years, you wonder just how much help you’ll be able to count on from your brother.

How do adult children cooperate to help their senior parents? What affects adult children’s participation as caregivers? Past research has shown that most family caregiving tasks are handled by one primary caregiver, even when siblings are close by. Often this primary caregiver is an adult daughter, though certainly not always.

Researchers have identified five styles, or levels, of caregiving by adult children. The five are:
• routine caregiving (regular assistance to parent through daily activities)
• backup caregiving (help out when requested)
• circumscribed caregiving (help within carefully defined limits)
• sporadic caregiving (help at their own convenience)
• dissociated caregiving (cannot be counted on at all).

The pattern of involvement in these different styles can change as circumstances change. The research also suggests that:
• If only one or two adult children
caregivers are available, they will usually adopt the routine or backup styles.

- Daughters, oldest children, parental favorites, and "reliable" children are more likely to assume the routine caregiving style.
- Sons are more likely than daughters to be circumscribed, sporadic, or dissociated caregivers. Daughters are more likely than sons to serve as backup caregivers.
- Conflict between siblings does not usually prevent them from cooperating on caregiving tasks in families with only two adult children. In families with more than two siblings, conflict often results in one becoming dissociated from the caregiving system.
- Each family member has certain qualities and personality types. The personality of each adult child within the family affects the expectations others have of that person's participation in caregiving. Examples of these qualities could be, "She's the reliable one" or "You can't count on him in a crisis."
- Being employed tends to affect when an adult child helps a parent, but does not decrease the likelihood of routine caregiving.
- Adult children whose spouses actively support their caregiving role have more flexibility as to the caregiving style they use. When

spouses are indifferent or antagonistic, caregiving adult children have more difficulty.

Most families in this country have a strong belief that senior adults should remain as independent as possible, for as long as possible. If and when caregiving needs increase, adult children are expected to provide as much care for their parents as possible. When families were large and all lived relatively close together, this was perhaps less of a challenge.

Today, families are smaller and more likely to live long distances from aging parents. Caregiving decisions are often difficult. Even when adult children agree with their parents and with each other on the type of care necessary, actually providing that care usually involves decisions about time, money, and other resources.

There is no "prescription" for the best solution for families facing these decisions. Different caregiving children have different skills, interests, and resources. Open and frank discussion about these roles, including the parents, is often the first step to finding ways to share the caregiving tasks that everyone finds equitable. These discussions should continue as caregiving needs and caregiver circumstances change.
Dear Friend:

SENIOR SENSE is a quarterly publication provided by your local county Extension Service office. It is prepared by Extension Family & Consumer Sciences specialists at The University of Georgia specifically for the educational needs of older Georgians.

Please contact your local Extension Service office for more information on these and related topics.

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