



**Dawson James Schilling**  
Oct. 26, 2014  
Brian & Brittany Schilling  
Nevada, OH  
1C



**Marshall D'Angelo Koehler**  
June 16, 2014  
Kirk & Jennifer Koehler  
Rogers, Ark.  
3C



**Clayton Roy Luikart**  
March 18, 2014  
Heath & Erin (Harris) Luikart  
Pickerington, OH  
4C



**Ottalee Kathleen Stephan**  
Oct. 29, 2014  
Gene & Melissa Stephan  
Wharton, OH  
5C



**Breah Katherine Button**  
July 1, 2014  
Jason & Heather (Oehlers) Button  
Wixom, Mi.  
6C



**Samuel Richard Lemire**  
April 14, 2014  
Jason & Julie (Pagnard) Lemire  
Upper Sandusky, OH  
7C



**Easton McClure Smith**  
June 20, 2014  
Michael & Erin Smith  
Upper Sandusky, OH  
8C



**Aidan James Barry**  
April 7, 2014  
Kevin & Jody (Jaqueth) Barry  
Naperville Il.  
9C



**Hayden Joseph Miller**  
Jan. 30, 2014  
Evan & Courtney Miller  
Upper Sandusky, OH  
10C



**Grant Matthew Stuckey**  
May 22, 2014  
Matthew & Jill (Yost) Stuckey  
Hicksville, OH  
11C



**Lydia Kaelyn McDaniel**  
Jan. 8, 2014  
Craig & Kim (Rothlisberger) McDaniel  
Upper Sandusky, OH  
12C



**Katherine Mia Moore**  
Aug. 30, 2014  
Jeff & Maureen (Fox) Moore  
Burlton, OH  
13C



**Kendall Elizabeth England**  
April 15, 2014  
Blake & Lauren (Fox) England  
Wharton, OH  
14C



**Henry James Slucher**  
Dec. 2, 2014  
Ross Slucher & Sarah McMillan  
Columbus, Ohio  
15C



**Ellie Jo Thiel**  
Dec. 30, 2014  
Jake & Kerri Thiel  
Upper Sandusky, OH  
16C



**Koy Tanner Lininger**  
March 13, 2014  
Joseph & Amanda Lininger  
Sycamore, OH  
18C



**Lucas Allen Marshall**  
May 29, 2014  
Josh & Hannah Marshall  
Huron, OH  
19C



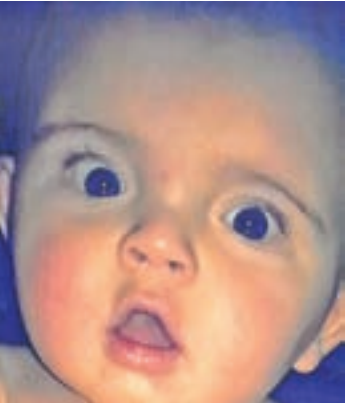
**Molly Bowmer**  
Feb. 4, 2014  
Corey & Amy Bowmer  
Upper Sandusky, OH  
20C



**Shelby Renee Kisor**  
March 11, 2014  
Dave & Kim (Swinehart) Kisor  
Summerville, SC  
21C



**Audrina Rose Dotson**  
Jan. 7, 2014  
Dan Dotson & Jen Swinehart  
Upper Sandusky, OH  
23C



**Memphis David Kinley**  
May 20, 2014  
Creston Kinley & Lindsey Kessler  
Upper Sandusky, OH  
24C



**Maxwell Allen Bohland**  
Feb. 13, 2014  
Nick & April (Brady) Bohland  
Sylvania, OH  
25C



**Luke Alan Sefakis**  
Nov. 4, 2014  
Tom & Trish (Curlis) Sefakis  
Cincinnati, OH  
27C



**Ethan Scott Bogner**  
May 21, 2014  
Brad & Leslie (Ruth) Bogner  
Bloomville, OH  
28C





**Mack Thomas Gallardo**  
March 23, 2014  
Christian & Christine (Sheaffer) Gallardo  
New Albany, OH  
29C



**Eli Kenneth Derr**  
Nov. 7, 2014  
Nicholas & Tiffany (Kirby) Derr  
Wharton, OH  
30C



**Bryn Leona & Breckin Wallace Knapp**  
Feb. 21, 2014  
Dr. William & Sarah (Parseell) Knapp  
Upper Sandusky, OH  
31 & 32C



**Kaylan Marie Endsley**  
Sept. 27, 2014  
Ryan & Tressa (Reineke) Endsley  
Peoria, Az.  
33C



**Esme Marie Kilbride**  
Dec. 1, 2014  
Robert & Adeline Kilbride  
Upper Sandusky, OH  
34C



**Vendi Kay Piacentino**  
Aug. 6, 2014  
Rocko & Brandy Piacentino  
Marion, OH  
35C



**Blake James Bower**  
Sept. 8, 2014  
Brian & Tracy Bower  
Harpster, OH  
36C



**Ryan Weston Smith**  
May 14, 2014  
Richard & Natalie (Kroope) Smith  
Las Vegas, Nevada  
37C



**Paisley Marie Richmond**  
June 12, 2014  
Michael & Kalee Richmond  
Morril, OH  
38C



**Eleanor Rebecca Kummerer**  
Feb. 6, 2014  
Brian & Michelle Kummerer  
Upper Sandusky, OH  
39C



**Roman Gabriel Amesquita**  
July 4, 2014  
Mason Amesquita & Taylor King  
Upper Sandusky, OH  
40C



**Aibileen Ann Magdalene Wagner**  
Dec. 26, 2014  
Jeff & Emily Wagner  
Carey, OH  
41C



**Guinn Allene Moses**  
Oct. 29, 2014  
Brian & Lindsey (McEldowney) Moses  
Upper Sandusky, OH  
42C



**Hailey Grace Kotterman**  
Aug. 5, 2014  
Kory & Amanda Kotterman  
Wharton, OH  
43C



**Bailey Honaker**  
Aug. 15, 2014  
Jako Honaker & Elizabeth Field  
LaRue, OH  
45C



**Ava Marie Schoenberger**  
Oct. 27, 2014  
Aaron & Holly Schoenberger  
Upper Sandusky, OH  
46C



**Abigail Michelle Diem**  
Nov. 18, 2014  
Colin & Alison (Bodie) Diem  
Ypsilanti, Mi.  
47C



**Madden Cruz Lawhead**  
Jan. 3, 2014  
Shawn & Dawn Lawhead  
Upper Sandusky, OH  
48C



**Hayley Higgins**  
Jan. 23, 2014  
Christopher Higgins & Brandy Adkins  
Carey, OH  
49C



**Abigail Ann & William Paul Arnold**  
Feb. 25, 2014  
Brett & Nikki Arnold  
Fostoria, OH  
50 & 51C



**Clayton Andrew Kirby**  
Nov. 3, 2014  
Kenneth & Beverly Kirby  
Upper Sandusky, OH  
53C



**Grace Emily McQuiston**  
Sept. 6, 2014  
Jeff & Mary (Failor) McQuiston  
Sycamore, OH  
54C

Easy ways to get the breastfeeding supplies you want through insurance

(BPT) — If you're an expectant or new mom who has made the decision to breastfeed your baby, you're not alone: 79 percent of new mothers initiate breastfeeding following the birth of their babies, according to the CDC 2014 Breastfeeding Report Card. Obtaining the right supplies and support can be key to breastfeeding success, and new healthcare legislation is making it easier than ever for moms-to-be and new moms to breastfeed.

Many new parents, however, are unaware of the financial assistance available to them through their health insurance, health savings accounts and/or flexible spending accounts.

Get an insurance-covered breast pump

Under the Affordable Care Act, most health insurers now are required to cover breastfeeding equipment such as breast pumps without a co-pay, as well as lactation counseling, according to HealthCare.gov. Insurers may set guidelines for what pumps they'll cover, when and for how long, and they may require pre-authorization from a doctor. To help new and expectant parents understand their options as part of the ACA, leading breast pump manufacturer Medela has compiled information on insurers' coverage of breast pumps, based on a survey of the largest insurance companies. The results of the survey show that:

- 77 percent will cover rental of a hospital-grade breast pump
  - 89 percent provide a pump after delivery rather than prior to birth
  - 60 percent will allow you to upgrade to a breast pump of your choice
  - 96 percent cover lactation support
- If you're going back to work or will be pumping on the go, you may want to use your insurance for a second pump for additional support in transitioning back to a busy lifestyle.
- Use FSA and HSA dollars to upgrade your pump and buy supplies and accessories
- Even if your insurance plan doesn't cover the exact pump you want, you have other options to help you obtain your pump of choice. Health savings accounts (HSAs) and flexible spending accounts (FSAs) allow you to put aside pre-tax dollars — in conjunction with an employer-sponsored health insurance plan — to be used for a variety of health-related purposes, including pump upgrades and breastfeeding supplies and accessories.
- "Support is available to help you on your breastfeeding journey," says Irene Zoppi, a clinical education specialist at Medela. "Take advantage of financial resources to get the breast pump and supplies you want, and access lactation support you need, to best support your

breastfeeding goals."

Medela offers some tips on how to get the pump, supplies and support you need using your health insurance, HSA and/or FSA accounts:

- Check with your insurance company to determine what kind of pump is covered. Some allow you to purchase a pump and submit a reimbursement request. Others may arrange to pay for a specific pump. Your insurance also may cover pump rental. Find out about breast pump coverage prior to delivery.
- Ask if your insurance company will allow you to upgrade if the pump you want isn't available. An insurer may allot a certain amount of money toward a pump purchase, and you then can use your HSA or FSA funds to cover any difference in cost.
- Visit healthcare.gov to find a list of covered items, contribution limits and other information about your flexible spending account, or go to the IRS website to learn about health savings accounts.
- Contact your insurer about reimbursement if you've already purchased your pump. (You will need recent proof of purchase.)
- Plan for the year ahead. During open enrollment (generally in the last few months of the calendar year), moms

(Continued on page 3)



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**Boone William Brodman**  
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Albert & Heather Brodman  
Upper Sandusky, OH  
2BW



**Cassidy Marie Heilman**  
May 5, 2014  
Tony & Janeen Heilman  
Upper Sandusky, OH  
17BW



**Kimberly Webb**  
July 6, 2014  
Jacob & Jackie Webb  
Carey, OH  
22BW



**Mya Marie Luikart**  
March 4, 2014  
Kip & Danielle Luikart  
LaRue, OH  
26BW



**Abram James Niederkohr**  
Feb. 4, 2014  
Keith & Deena Niederkohr  
Upper Sandusky, OH  
44BW



**Raelyn Elizabeth Wolf**  
June 27, 2014  
Alex & Melissa Wolf  
Upper Sandusky, OH  
52BW



**Henry Foster Ansley**  
May 6, 2014  
Win & Jill (Baker) Ansley  
Hoboken, NJ  
59BW



**Rafael Vaughn**  
July 7, 2014  
Jordan Vaughn & Michael Carriaga  
Dallas, Tx.  
63BW



**Mac Hackney**  
July 23, 2014  
Dustin Hackney & Deanna Vaughn  
Columbus, OH  
64BW



**Jacob Alan Kin**  
Nov. 20, 2014  
Scott & Krista Kin  
Wharton, OH  
66BW



**Grayson James Eley**  
May 9, 2014  
Jim & Flo Eley  
Nevada, OH  
67BW



**Braxton Alexander Hawk**  
Dec. 8, 2014  
Cody D. Hawk & Hannah R. Cole  
Upper Sandusky, OH  
70BW



**Nolan Christopher & Oliver Eugene McColly**  
Nov. 8, 2014  
Kyle & Ashlee McColly  
Upper Sandusky, OH  
71 & 72 BW



**Ella Elizabeth Yeater**  
Nov. 14, 2014  
Ryan & Elizabeth Yeater  
Columbus, OH  
76BW



**Cade Wellington Myers**  
Nov. 30, 2014  
Dana & Chelsie Myers  
Forest, OH  
78BW



**Gwen Estella Beckley**  
March 11, 2014  
John & Emily Beckley  
Carey, OH  
87BW



**Devin Michael White**  
May 12, 2014  
David & Sarah (Wolfe) White  
Ruther Glen, Va.  
98BW

# What parents feed their baby now can have long-term impact

(BPT) — Experts agree that the food babies eat helps set the stage for growth and development, but did you know that it also impacts long-term eating habits and taste development?

Children who consumed fruits and vegetables infrequently and drank sweet drinks during late infancy showed those same habits at age six, according to new data published in the journal Pediatrics. Infants who consumed sweetened beverages more than three times a week at 10-12 months were twice as likely to be obese at age six.

These findings validate the 2008 Nestle Feeding Infants and Toddlers Study (FITS), which also found eating habits are set in early infancy and mimic unhealthy eating habits seen in older children and adults. FITS is the largest, most comprehensive dietary intake survey of over 3,300 parents and caregivers of young children. The FITS findings showed preschoolers are getting nearly one-third (400 calories) of their total daily calories from fats and added sugars, and common childhood foods such as whole

milk, cheese and hot dogs are contributing to excessive saturated fat and sodium in young children's diets.

Nutrition expert Dr. Kathleen Reidy, who heads Nutrition, Meals and Drinks at Nestle Nutrition, says, "What you feed your baby now affects them not just today, but tomorrow and beyond. The first years of a child's life are a critical period of development, and instilling good eating habits during this time can help put a child on the path to a healthy future."

For parents and caregivers, Dr. Reidy has some tips to help instill healthy eating habits for young children:

**Meal time is game time**

— Replace foods high in saturated fat with lean meats, low-fat dairy products and foods high in healthier fats such as avocado, fish and those made with olive, safflower and canola oils.

— Offer a variety of healthy foods, and try to set a good example by eating them yourself. If a child sees mom, dad or siblings eating a nutritious food, she may be more willing to try it.

— Milk is key in children's

diets and a top contributor of many important nutrients. Children over the age of two should be offered lower fat options such as one percent and skim instead of whole milk to limit saturated fat intake.

**Don't forget the fruits and veggies**

— Pick foods low in salt/sodium, such as fruits and vegetables instead of those high in sodium like hot dogs, chicken nuggets and dishes that contain cheese.

— Offer a rainbow of fruits and vegetables for snacks and meals; for mixed dishes, choose items with a serving of vegetables.

— If your baby or toddler resists a new fruit or vegetable, don't fret and try again. It can take up to 10 tries before a child accepts a new food.

**A healthy snack attack**

— Plan ahead for healthy snacks to take on-the-go. Pack fruit and vegetable pouches for older toddlers.

— Speak with family and other caregivers about limiting sweets and choosing healthy snacks when they are caring for your child.



## Breastfeeding supplies should be affordable

(Continued from page 2)

should account for potential pump upgrades and breastfeeding supply purchases while allocating FSA/HSA money for 2015.

— Don't let your funds go to waste. In most cases, FSA money set aside in 2014 must be spent by Dec. 31, so now is the time to consid-

er an upgrade and supplies. (HSA money rolls over from year to year.)

Breastfeeding provides many health benefits to babies and nurtures the bond between mother and infant. Getting the support, breast pump and supplies you need can help ensure breast feeding success for you and your baby.

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**Sterling Lamont**  
July 28, 2014  
Blake Lamont & Sami Conn  
Upper Sandusky, OH  
105B&W



**Piper Madison Butler**  
Feb. 19, 2014  
Eric Butler & Amanda Scheck  
Findlay, OH  
113BW



**Kellan Nicolas Barth**  
Dec. 29, 2014  
Nick & Amy Barth  
Marysville, OH  
115BW



**Greyson Allan Rovtar**  
May 6, 2014  
Robert Rovtar & Taylor Pahl  
Marion, OH  
118BW



**Bentley Ryan Mays**  
July 3, 2014  
Marc & Kelly Mays  
Upper Sandusky, OH  
120BW



**Emmalin Joy Buchanan**  
Oct. 13, 2014  
Daniel & Erica Buchanan  
Upper Sandusky, OH  
121BW



**Aiden Pearce Buchanan**  
Oct. 13, 2014  
Daniel & Erica Buchanan  
Upper Sandusky, OH  
122BW



**Dylan Mae Rose Fadley**  
July 23, 2014  
Brent & Hannah Fadley  
Forest, OH  
124BW



**Owen James Weaver**  
June 6, 2014  
Nathan & Katie (Hetzell) Weaver  
Tiffin, OH  
128BW

# Steps to soothing a colicky baby

There's no magic formula for parenting a newborn. Parents do their best to prepare for the moment they bring their new son or daughter home for the first time, but it's only through trial and error that most parents learn which childcare techniques work on their children.

One condition new parents often face is infant colic. Spells of crying mixed with discomfort and inability to get settled can make for worn-out babies and equally frazzled mothers and fathers.

"Colic" is a term used to describe uncontrollable crying in an otherwise healthy infant. Babies who are younger than five months old and who cry for three or more hours per day during a period of three or more days a week, with such episodes lasting for at least three weeks, are classified as having colic. "Colic" is a term, not a specific disease, and there are no long-term health effects.

Parents often find that colic arrives when a baby is two or three weeks old, according to Baby Center. The American Academy of Pediatrics says it is quite common for episodes of colic to occur between 6 p.m. and midnight, right when parents are looking to wind down themselves. Roughly one-fifth of all babies will develop colic.

Colic may be blamed on gas or sensitivity to milk protein in formula or breastmilk. But colic often occurs because the child's nervous



system is immature and the baby is unusually sensitive to outside stimulation. The infant cannot self-console, and it could take several weeks or months for him or her to grow accustomed to outside stimuli.

Distraught parents may think there's no end in sight when facing an infant with colic. But many cases of colic resolve by the time the child is three or four months old. In extreme conditions, colic may last until the child is six months old.

Parents who suspect their child has colic should first rule out any other medical conditions, such as acid reflux, hernia or another ill-

ness. If the child is otherwise healthy, one or more of these methods may help soothe a colicky baby.

— If you suspect gas, gas-relief medications can be administered under the advisement of a pediatrician. Probiotics also may help maintain a natural balance of good bacteria in a baby's digestive tract.

— Hold the baby as upright as possible during feedings and burp him or her often.

— Avoid potential allergy-inducing foods if you are breastfeeding. Consider switching formulas to one with broken down proteins  
**(Continued on page 5)**

# Drive safely with your newborn baby by being sure to follow these tips

(BPT) — Babies change everything. Their arrival means that new parents need to become educated — quickly — on cribs, strollers and most importantly, child-safety seats and all their rules. And as federal recommendations on car seats continue to evolve, parents have one more thing to stay on top of.

The family car safety experts at Cars.com, in partnership with Toluna QuickSurveys, recently conducted a poll that asked parents what they worried about most when bringing a newborn home from the hospital. Results revealed that 93 percent of new parents listed the fear of other drivers on the road as a top concern when driving with a newborn.

"Every new parent wants to cover the car in protective bubble wrap when driving with their baby. I know my husband and I did," says Cars.com editor and expert mom Jennifer Newman. "That isn't realistic, but there are a few things you can take control of that will help ease your anxiety when driving with your newborn."

Instead of bubble wrap, Newman suggests:

- Car seat check: Make sure a certified child passenger safety technician inspects your car seat installation before the baby arrives.
- Practice safe driving: It's

going to be tough, especially if your newborn starts wailing, but remember to keep your eyes on the road. If you can't stop yourself from turning around to check on the baby, pull over and then make sure everything is OK with your wee one.

— Keep the baby in the car seat: If one parent rides in the backseat with the baby, remember that it is never OK to remove the child from a car seat while someone is driving. The safest place for a baby — even one that's screaming — is in a rear-facing car seat when the car is moving.

— Keep your car properly maintained: Take your car in for regular, scheduled maintenance to ensure everything is in working order and all fluids are topped. Keeping a safe car can create a safer ride for your little one.

These steps allow parents to focus on the road and should lessen some of their concerns about their child's safety in the car. In addition, Newman also suggests parents skip using items such as a baby mirror in the car. Mirrors and other items like toys that hang from a car seat's handle can become dangerous projectiles in a crash and harm your child or you.

For more information, visit Cars.com to learn more tips on child driving safety.

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**Elliot Grace Steinhour**  
April 23, 2014  
Jordan & Josie Steinhour  
Upper Sandusky, OH  
55C



**Sutton Wall**  
Jan. 15, 2014  
Tyler & Breaanne Wall  
Cardington, OH  
56C



**Finley Ann Binau**  
Aug. 25, 2014  
Cory & Kristi Binau  
Woodinville, Wa.  
57C



**Samuel Isidore Sauli**  
July 19, 2014  
Tyson & Kelle Sauli  
Upper Sandusky, OH  
58C



**Thomas Dylan Clark**  
Feb. 20, 2014  
Tom & Shanna Clark  
Nevada, OH  
60C



**Dierks Kenneth Patton**  
Sept. 14, 2014  
Richard & Ashley Patton  
Upper Sandusky, OH  
61C



**Ellie Ann Brennan**  
May 23, 2014  
John & Rachael (Zimmerman) Brennan  
Upper Sandusky, OH  
62C



**Isabel Grace Wines**  
Oct. 16, 2014  
Adam Wines & Adrianna Luikart  
Sycamore, OH  
65C



**Cooper Aran Wetherell**  
July 7, 2014  
Aaron Wetherell & Stephanie Woellman  
Ludlow, Ky.  
68C



**Mallory Grace Banta**  
July 28, 2014  
Billy & Amanda Banta  
Upper Sandusky, OH  
69C



**Kennedy Marie Fattig**  
April 25, 2014  
Mickel & Jessica (Fox) Fattig  
Upper Sandusky, OH  
73C



**Rayden Michael Rocca**  
Nov. 1, 2014  
Rob & Angel (Richmond) Rocca  
Belleville, Mi.  
74C



**Dash Lee Constein**  
May 7, 2014  
Cliff & Jessica Constein  
Upper Sandusky, OH  
75C



**Maddux Reed Brandyberry**  
Feb. 25, 2014  
Mike & Tschanen Brandyberry  
Grafton, OH  
77C



**Wyatt William Vaughn**  
Dec. 20, 2014  
Wade & Kimberly Vaughn  
Upper Sandusky, OH  
79C



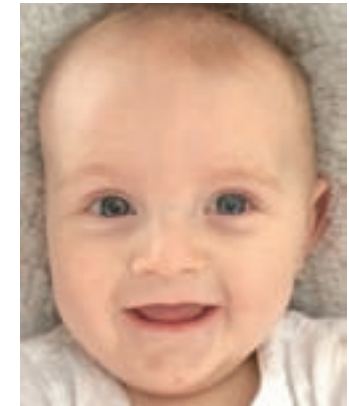
**Isaac Leon McMahill**  
Jan. 3, 2014  
Travis & Jennifer (Bosley) McMahill  
Raymond, OH  
80C



**Brooklyn Smenda**  
Jan. 18, 2014  
Nicholas Smenda & Leslie Thomas  
Wadsworth, OH  
81C



**Ava Mae McWilliams**  
Aug. 27, 2014  
Kip & Melissa (Fadley) McWilliams  
Fort Wayne, In.  
82C



**Lleyton Alan Kraus**  
Aug. 8, 2014  
Jason & Sarah Kraus  
Port Clinton, OH  
83C



**Kendall Rae Roach**  
Aug. 31, 2014  
Dana & Cassandra Roach  
Forest, OH  
84C



**Eden Theodora Cano**  
Nov. 21, 2014  
Moises & Heather Cano  
Harpster, OH  
85C



**Emery Ida Rall**  
July 31, 2014  
Drew & Tricia Rall  
Nevada, OH  
86C



**Luca Micah Fratangelo**  
April 9, 2014  
Micah & Lisa (Barth) Fratangelo  
Upper Sandusky, OH  
88C



**Luke Aiden Beidelschies**  
June 19, 2014  
Mark & Sarah Beidelschies  
Camby, In.  
89C

# Differentiating colic from acid reflux

If infants were born with an instruction manual, early parenting would be much less stressful. Unfortunately for new mothers and fathers, tending to a baby is often a system of trial and error. Every child is different, and what works for one may not work for the other. Similarly, a child may be born who is easily comforted and takes to sleep, while its sibling seems to cry all day long. Getting to the root of those crying fits can prove rather challenging.

## Colic

When crying goes on and on with seemingly no cause, this could be indicative of something more significant than just a fussy baby. Infants use crying as a method for telling their caregivers that something is amiss. Cries can indicate dampness, pain, sleepiness, or other conditions. But crying with no apparent cause is defined as colic.

Colic is not a disease but rather a behavioral condition. Babies with colic cry for seemingly no reason and very often at the same time each

day. Nothing seems to comfort them. In addition to crying, the child may thrash around or clench fists.

Some believe that colic has its roots in the digestive tract, where there is the presence of lots of air that may stem from slow intestinal motility. Others believe colic is linked to an overstimulated central nervous system. Still, colic is not a diagnosis, but rather a way to describe how a baby is behaving. The colicky behavior may be indicative of another underlying condition, such as acid reflux.

## Acid reflux

According to the National Digestive Diseases Information Clearinghouse, acid reflux affects more than half of all babies under three months old and usually resolves itself between the child's first and second birthdays. Acid reflux occurs when the lower esophageal sphincter, or LES, muscle remains open and enables stomach contents to flow back up through the esophagus and mouth. Infants have

immature muscle development, and their LES may not open and close only when swallowing, enabling food to come back up. The reflux can occur when the baby cries, strains or eats too quickly.

Symptoms may include excessive amounts of spit-up, crying and pain while eating. An infant may drink breast milk or bottles quickly and gulp the liquid down because it is soothing, only to find that this exacerbates the problem. Infants with reflux may begin to cry when lying down. They may also arch their necks and backs during or after eating or spitting up. Some children have

silent reflux, where the acid does not come out of the mouth, but rather the baby swallows it back down. Reflux babies may learn to associate food with pain and can develop aversions to feeding.

Whenever a child is exhibiting signs that go against the norm, parents can talk first to their child's pediatrician. Different feeding or sleeping strategies may alleviate some of the crying. Medication or surgery may be needed in extreme cases, and a parent may be instructed to visit a specialist in gastrointestinal conditions for an accurate diagnosis.

## White noise can help baby to sleep

(Continued from page 4)

which are easier to digest. — Use white noise, such as a fan, running clothes dryer or another steady, rhythmic sound, to help the baby fall asleep.

— Some children like to be held closely and comforted. When you cannot hold your baby, try swaddling.

— Rocking motions or riding in the car can soothe some children.

— A warm bath may help calm a crying baby.

— Infants may sense if their parents are tense. So if you are feeling anxious, leave the room or get out of the

house and ask a friend or family member to sit with the baby for a little while until you can calm down. Colic is a mystery to parents and doctors alike. It can be a trying experience, but one that resolves itself in time.

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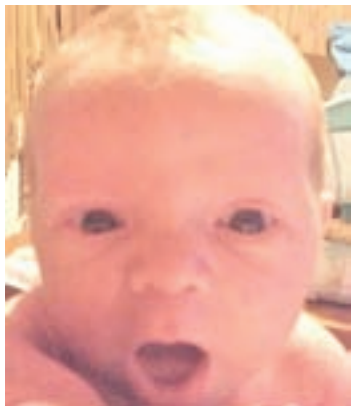
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**Corbin Michael (left) and Carson Phillip (right) Pierson**  
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**Corbin Michael (left) and Carson Phillip (right) Pierson**  
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**Corbin Michael (left) and Carson Phillip (right) Pierson**  
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## Common new mom question: Are all formulas created equal?

BPT) — New parents have plenty of concerns when it comes to raising a newborn, and pediatricians have heard them all. While some questions are unusual — "When can I feed my baby fast food?" or "Is it OK for my newborn baby to go kite surfing on my back?" — the most common ones are about the most basic of necessities: food.

Almost all pediatricians (97 percent) say feeding is one of the top three categories of topics that new moms ask about. More than half of pediatricians (52 per-

cent) agree that feeding is the No. 1 category new moms and dads ask about, according to a new nationwide survey conducted by Perrigo Nutritional in conjunction with SERMO, the largest online network of health care professionals.

Infant feeding options While the American Academy of Pediatrics and other experts agree on the benefits of breastfeeding, they also agree that infant formula is a safe, science-

supported, nutritious means to nourish babies. It comes as no surprise, then, that pediatricians answer many questions about formula, especially since some mothers face challenges when breastfeeding. In fact, 58 percent of pediatricians say new

moms are unsure what brand of formula to buy if they choose to switch or supplement. Understanding the fundamentals of infant formula can help inform mom's decision.

Most parents don't know that the FDA strictly regu-

lates formula to keep babies safe, so store-brand formulas, such as Walmart's Parent's Choice Formula, are nutritionally comparable to and meet the same FDA standards as advertised national brands like Enfamil and Similac.



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