A NEW BEGINNING

Your Personal Guide to Postpartum Care

by

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This book is dedicated to mothers, fathers and to all who support them.

Introduction

The birth of your baby is one of the most exciting events in your life and a moment that you will cherish and remember always. Birth experiences are something that will always be talked about with friends, family and even your children as they begin their families.

Your journey will be filled with excitement, joy, and an element of fear of the unknown. The purpose of this book is to help you understand and cope with the care of yourself and your baby after birth.

The more knowledge you have, the more likely you will approach your personal journey with confidence and a positive perspective.

Thank you to the many people and organizations that participated in the production of this publication.

Their willingness to share their personal experiences with us is beyond what words can express.

The information in this booklet is for general reference purposes only and cannot be relied upon as a substitute for medical care. You should have regular postpartum check-ups as well as consult with your healthcare provider about any special health questions or concerns. Every woman is unique and may require a special treatment program. For the purpose of clear and concise writing, the term “he” will be used to reference the baby.
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Chapter 1
Changes After Birth

The New Beginning

You will experience many changes as your body returns to normal after labor and birth. At the same time, you are welcoming a new life into your world. Knowing what to expect and relying on the continued support of your healthcare team will help you relax through the postpartum experience with as much confidence and comfort as possible.

If this is your first child, your healthcare team wants you to be aware of the transitions in which you find yourself, your baby and your family. If you already have children, your healthcare team can provide supportive reminders and information about the days after your new baby arrives.

After you leave the hospital, please do not hesitate to call your healthcare provider if you have questions or problems. Being aware of your own physical and emotional well-being when you take your new infant home can be very helpful during this special time of your life.

Normal Changes

In the 4 to 6 weeks following birth, the changes of pregnancy are gradually reversed as the body begins to return to its non-pregnant state. The amount of time required for this process varies, depending on the type of birth you had and other associated medical conditions. The first 6 weeks following the birth of your baby is called the postpartum period.

The Uterus

The normal changes of the pregnant uterus to accommodate a developing baby are not reversed overnight. During pregnancy, the uterus increases approximately 11 times its non-pregnant weight, weighing more than 2 pounds immediately after giving birth and is about the size of a grapefruit. It can be felt just below the belly button. In about 6 weeks, the uterus will return to its normal weight, a mere 2 ounces.
Afterbirth Pain
As the uterus shrinks, its muscle fibers contract, causing afterbirth pains. These contractions are much less painful than labor contractions because there is no associated pain from the cervical dilation or a stretching birth canal. Afterbirth pains are most noticeable the first 3 to 4 days following birth, particularly for women who have had previous babies. These contractions are also pronounced during breastfeeding. However, they help shrink the uterus to its pre-pregnant state and reduce blood loss postpartum.

Lochia (Vaginal Discharge)
The drainage from the vagina following birth is called lochia. During the immediate few days after the birth, the discharge is like a menstrual flow. In 3 to 4 days, the discharge becomes more watery and pale. By the second week, lochia is thicker and more yellow in color. Finally, after 4 weeks, the discharge decreases to a minimum as the uterine lining heals.

The odor of lochia is usually described as “fleshy, musty or earthy.” The odor should not be bad or offensive. You may experience occasional cramping, and with that, the passing of a clot and brief bleeding. This is normal so do not be alarmed. Lochia is often heavier when the mother gets out of bed because during rest gravity lets the blood pool in the vagina. However, it is important to notify your healthcare provider if you experience heavy, profuse and persistent bleeding (more than 1 pad per hour or passing a clot greater than the size of a golf ball), or if there is a foul odor to the discharge. These may be signs of problems within the uterine cavity.

Birth Canal
The vagina, which has stretched to accommodate the birth of your baby, gradually returns to its previous condition by the end of the third week. The supporting structures and muscles of the pelvic floor may not completely return to normal for 6 to 7 weeks. Episiotomies usually require 4 or more weeks to heal.

Breastfeeding mothers are more likely to have vaginal dryness and some discomfort during intercourse for 4 to 6 months postpartum. This is caused by diminished estrogen production due to lactation. It is important to resume Kegel exercises in the first few postpartum days. These pelvic floor exercises may help speed healing and help muscles return to normal.

Menstrual Cycle
The first menstrual period is usually delayed by breastfeeding. Most women will experience their first period within 7 to 9 weeks after giving birth. Nursing mothers frequently resume menstrual periods by 12 weeks, but some do not until they have completed breastfeeding. Egg production may return before the first menstrual period, which may result in pregnancy.
Bladder
Sometimes, the bladder will not empty following birth and a urinary catheter is required. It is important for you to try to empty your bladder every 3 to 4 hours while hospitalized, especially right after birth. Because your body will be getting rid of extra fluid that caused hand and leg swelling late in pregnancy, you will notice that you will eliminate large amounts of urine the first few days postpartum.

Bowels
Hormones, medications, dehydration, perineal pain and decreased physical activity may make bowel function sluggish after birth. The first bowel movement usually occurs within 2 to 3 days. Temporary constipation is not harmful; although, it can cause a feeling of fullness and “gas.” If needed, a laxative or stool softener may provide relief from constipation and hemorrhoids that may develop during and after labor. If you are breastfeeding, consult your baby’s healthcare provider before taking any medication, including laxatives.

Bowel Elimination
Progressive exercise, dietary fiber and extra water and fluid can prevent constipation. Walking is perhaps the best exercise. Increase your distance as your strength and endurance improve. Drinking 6 to 8 glasses of water each day helps to maintain normal bowel function. Fiber acts as a natural laxative and dietary fiber can be found in fruits and vegetables (especially unpeeled) and in whole-grain bread, cereal and pasta. If you are having a problem, talk to your healthcare provider.

Exercise
Exercise after having a baby should be a gradual process. Before you do anything, you should talk to your healthcare provider about simple exercises you can do the first couple of weeks after the birth. Kegel exercises are a great place to start, since they involve small contractions of the muscles at the vaginal wall. They can help strengthen weak pelvic muscles that could cause bladder control problems. Exercising your pelvic floor muscles for just 5 minutes 3 times a day can make a big difference.

Weight Loss
You probably will not return to your pre-pregnancy weight for some time, but you will lose a significant amount of weight immediately after birth. Between the weight of your baby, placenta and amniotic fluid, most new moms are about 12 pounds lighter after giving birth. More weight loss should occur during the postpartum period as your body’s fluid levels return to normal. If you need to lose more weight, talk with your healthcare provider about healthy exercises and nutritious eating programs.

Do not diet or “starve” yourself into regaining your pre-pregnancy shape. Nutritious eating is important for keeping you strong and healthy postpartum.
**Muscles and Joints**
In the first 1 to 2 days following childbirth, you will feel muscle aches and fatigue, particularly in your shoulders, neck and arms. This is a result of the physical exertion during labor. Joint stiffness of the hands is also common – a result of intravenous fluids given during labor and a natural redistribution of fluid from leg swelling late in pregnancy.

Many women expect the abdominal wall muscles to return to pre-pregnancy condition immediately after childbirth but are discouraged to find their muscles weak, soft and flabby. The abdominal muscles may actually separate with a bulge between them. Ask your healthcare provider about an exercise program that can help and when you can start.

**Skin Changes**
Many skin changes that developed during pregnancy are caused by an increase of hormones. The blotchy appearance of the face and “dark line” of the lower abdomen gradually disappear over several months after childbirth.

**Varicose Veins**
If you have developed varicose veins during pregnancy, leg elevation and use of elastic support hose when walking or standing are recommended for the first 6 weeks postpartum. Varicose vein surgery is not indicated during the first 6 months of recovery for women with residual, bothersome veins.

**Hemorrhoids**
Hemorrhoids are best treated by cold compresses, topical ointments and pain medications if your healthcare provider has prescribed them. A stool softener or laxative may be beneficial at times. Severe pain from hemorrhoids may cause constipation. Be sure to talk with your healthcare provider if this is a concern for you.

**Eye Hemorrhages**
Bleeding beneath the “white” of the eye can occur due to the vigorous bearing down required during labor. This clears by itself without special treatment in a few weeks.

**Hair Loss**
A few weeks postpartum, you may find that you are losing large amounts of hair. This is not unusual. Your hair will soon return to its normal growth cycle but it may take several months.
Emotional Changes
No amount of study and practice can truly prepare you for parenthood. From the moment your first baby is born, your life changes forever.

The most significant change will be in your priorities and demands on your time. In the beginning, at least, your universe will center on your baby. It is normal to feel overwhelmed by the new schedules, new house rules and new disorder in your life. It takes 2 to 3 months to establish a routine with your newborn. Enjoy these early weeks as tired as you may be. The time flies by so quickly. Do not be afraid to ask for or accept help during the early postpartum period.

Baby Blues
The arrival of a baby is like nothing else. As a new mother you will feel joy, fear, confusion, exhaustion, and love. The intensity of feelings after having a child cannot be compared to any other life experience. During the first few days after giving birth, you may experience “baby blues.” With this you may encounter impatience, irritability or crying. These feelings generally come and go quickly.

Perinatal Mood and Anxiety Disorders
According to Postpartum Support International, as many as 1 in 7 women may experience emotional symptoms known as perinatal mood and anxiety disorders. Symptoms can appear any time during pregnancy and the first 12 months after giving birth. It does not matter how old you are, how much money you make or what your race or culture are; any woman can develop these disorders. Postpartum depression is the most well-known of these conditions. Many of the signs of the “blues” are present, but they are more severe or intense.

Although healthcare providers are not sure what causes such extreme reactions, most believe perinatal mood and anxiety disorders stem from the physical and emotional adjustments of pregnancy and birth. It is important to realize that these symptoms are not signs of weakness or inadequacy. At the onset of these changes, you need to contact your healthcare provider immediately. Treatment may include medication, counseling or a combination of both, and in some cases, hospitalization. With proper treatment, most women recover fully. Above all, remember that perinatal mood and anxiety disorders are real conditions and help is available.

Please contact your healthcare provider immediately, if you think you have any of these signs or symptoms:
- Trouble sleeping or sleeping too much.
- Changes in appetite.
- Feeling irritable, angry or nervous.
- Low energy.
- Feeling exhausted.
- Feeling guilty or worthless.
- Feeling hopeless.
- Crying uncontrollably.
- Feelings of being a bad mother.
- Trouble concentrating.
- Not enjoying life as much as in the past.
- Lack of interest in the baby.
- Lack of interest in friends and family.
- Lack of interest in sex.
- Thoughts of harming the baby or yourself.

Postpartum Support International (PSI) Coordinators provide support, encouragement, and information about perinatal mood and anxiety disorders, including postpartum depression, the most common complication of childbirth. This organization can help you connect to your community or internet resources. Visit http://www.postpartum.net/Get-Help.aspx or call 1-800-944-4PPD (4773) for local help.

In a crisis or emergency situation, call your healthcare provider or go to the nearest emergency room.
Self-Care Tips

Getting Around on Your Own
It is best to get up and move around soon after giving birth, but exactly when you start depends on the particular type of birth you had and anesthesia that was used for your labor and birth. Moving around minimizes the risk of blood clots in veins of your pelvis and lower extremities. It also helps with better bladder and bowel function.

Hygiene and Episiotomy/Laceration
Change your sanitary pads frequently to absorb the discharge and avoid infection. The perineum should be rinsed and cleaned with lukewarm water 2 to 3 times daily and after urination and bowel movements. Use a hand-held shower, a squeeze bottle or sitz bath to cleanse the episiotomy.

The occasional use of antiseptic spray or antibiotic cream may provide relief. Use moist antiseptic towelettes or toilet paper in a patting motion to dry the perineum. Washing or wiping should occur from front to back to prevent contamination of the birth canal and avoid potential infection. The episiotomy will heal quickly if kept clean and dry.

Mothers with a Cesarean Birth
Keep your incision clean and dry as instructed by your healthcare team. Please call if it becomes red, swollen, tender, warm to the touch, or if it is draining.

Bathing
Showers are usually fine as soon as you can walk postpartum. Sitz baths are generally safe after the second day. They are soothing to many mothers who have a sore bottom, had an episiotomy or have lochia discharge. Vaginal douching is not recommended.

Mother’s Warning Signs and Reportable Symptoms

If you experience any of the following, contact your healthcare provider right away.

• Bleeding that soaks a pad every hour for 2 hours.
• Foul odor coming from your vagina.
• Fever 100.4°F or higher.
• Unrelieved incision or abdominal pain.
• Swelling, redness, discharge or bleeding from your cesarean incision or episiotomy site.
• Your incision begins to separate.
• Problems urinating including inability to urinate, burning while urinating or extremely dark urine.
• No bowel movement within 4 days of giving birth.
• Any type of visual disturbance.
• Severe headache.
• Excessive swelling of hands, feet or face.
• Flu-like symptoms.
• Pain or redness in one or both of your breasts.
• Pain, warmth, tenderness or swelling in your legs, especially the calf area.
• Frequent nausea and vomiting.
• Chest pain or problems breathing, call 911.
• Signs of depression or anxiety (see page 9).

Preeclampsia
Preeclampsia is a disorder that occurs only during pregnancy, typically after 20 weeks gestation but can also appear up to 6 weeks postpartum. This condition can affect both the mother and baby. Proper prenatal care is essential to diagnose and manage preeclampsia. At least 5 to 8% of all pregnancies are involved in this rapidly progressive condition characterized by high blood pressure and the presence of protein in the urine. Symptoms such as swelling, sudden weight gain, headaches, and changes in vision are important to report to your healthcare provider.

The Preeclampsia Foundation Mission Statement is to reduce maternal and infant illness and death due to preeclampsia, HELLP syndrome, and other hypertensive disorders of pregnancy by providing patient support and education, raising public awareness, catalyzing research and improving healthcare practices. For more information visit – http://www.preeclampsia.org/health-information/about-preeclampsia.
Rest and Sleep

There are several reasons for the extreme fatigue following the birth of your baby. Women do not sleep well late in pregnancy and are further exhausted by the physical work of labor. Excitement and many visitors further compound the problem. Hospital surroundings and routines, along with the physical discomfort, can make it difficult to rest.

New parents are unprepared for the conflict between their need for sleep and the infant’s need for care and attention. The joys of parenting can easily be overshadowed by the exhaustion and frustration that result.

Suggestions to assist you at home:
• Simple meals and flexible meal times.
• A relaxed, flexible home routine.
• Help with shopping and cooking.
• Friends and family to care for other children.
• Postponement of other major household projects.
• Avoidance of products containing caffeine (coffee, tea, cola and chocolates).
• ASK FOR WHAT YOU NEED!

Newborn infants develop their own sleep and feeding cycles as well as crying spells. They typically sleep 16 to 20 hours per day. They may spend part of the day crying.

When sleep is not possible, relaxation exercises may be helpful. This relaxation is accomplished by lying quietly as you alternately tighten and relax the muscles of your neck, shoulders, arms, legs and feet.

Resuming Sex

You should discuss resuming sex with your partner so that there will be few frustrations and misunderstandings. You may not be as interested in having sex as you were before pregnancy because of fatigue and the time demand by the baby. You may also have concern about discomfort if you had a tear, episiotomy or cesarean incision.

You can expect vaginal dryness and diminished vaginal lubrication because of the hormones of pregnancy and/or breastfeeding. A water-soluble cream or jelly can solve this problem.

If you experience difficulty with sexual intercourse, always discuss it with your partner. Set aside time for each other a few times each week without the baby to become “reacquainted.” If the problem persists, then discuss it with your healthcare provider.

Nutrition

According to the U.S. Food and Drug Administration (FDA), about 300 extra calories are needed daily to maintain a healthy pregnancy. When you are breastfeeding, you need a total of 500 extra calories each day to stay healthy and to produce nutritious breastmilk. Your diet should be balanced and contain the appropriate amount of calories and nutrients to fulfill these special needs. The U.S. Department of Agriculture replaced the familiar food pyramid with MyPlate to assist adults in choosing foods that provide them the nutrients they require. You may lose up to 20 pounds fairly easy in the postpartum period. More weight loss will be easier with moderate exercise and a smart eating program.
The Food Guide states that for a 2,000 calorie diet, you need certain amounts from each food group above. To find the amounts that are right for you, go to www.ChooseMyPlate.gov.

* Be sure to include fish in your diet that is high in the very beneficial Omega-3 fatty acids. They are so healthy for you and your baby. You can safely consume 12 ounces of salmon, chunk light tuna, sardines, or anchovies each week without fear of getting too much mercury.

Find your balance between food and physical activity
- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.

Know the limits on fats, sugars and salt (sodium)
- Make most of your fat sources from fish, nuts and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, trans fats and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.

The Importance of Including Omega-3 Fats in Your Diet
Many recent research studies have shown the benefits of including Omega-3 fats, most importantly DHA (Docosahexaenoic Acid), in your diet especially during pregnancy and breastfeeding.

Benefits to your baby:
- DHA is a major building block in eye and brain tissue and has been shown to help with brain and vision development.
- Increasing the amount of Omega-3 fats in the diet has been associated with a reduced risk of premature birth.

Benefits to you:
- Reduced risk of heart disease.
- Helps maintain a better mood during and after pregnancy.
- Helps lower the bad cholesterol and raise the good cholesterol.

If it is difficult to get enough Omega-3 fatty acids from your diet alone, then talk to your healthcare provider about a supplement to take for your baby’s health.
Breastfeeding Mothers

Breastfeeding mothers need extra fluid, calories, protein and calcium. Calcium and protein can be supplied by milk and other dairy products including yogurt, ice cream, cottage cheese and other cheeses. You should avoid tobacco, alcohol and non-essential medications while breastfeeding, as they can affect your baby.

The New Father or Partner

Sometimes the father or partner may experience emotional changes. It is natural for the combination of the new baby, the stress of the past 9 months and the new sense of responsibility to take their toll. In fact, 1 in 4 dads experiences a dad’s version of postpartum depression. Your responsibilities have changed and you may feel left out, or you may feel overwhelmed. If this is the case, talk to your partner or a trusted friend. Parenting is a 2 person job so communicate on how to manage new responsibilities. Chances are she’s feeling every one of those same fears too. You may also see signs of emotional changes in your partner. If needed, seek professional help for the overall health and wellness of you and your family.

The postpartum period allows parents to learn how to care for their newborn and function as a new family unit.
Breastfeeding

As new parents, it is your responsibility to make sure you provide your baby with a good nutritional start. With your choice to breastfeed, you have joined the majority of women who understand the evidence that breastfeeding is the best and most ideal way of feeding your baby. In addition to being a great nutritional start, breastfeeding also contributes to the emotional development of your baby. Breastfeeding will also promote infant wellness due to the presence of antibodies in breastmilk.

There is no doubt that breastmilk contains all the nutrients required and is perfectly matched for your baby’s needs for proper growth and development. Studies prove that breastmilk provides optimal health and benefits the newborn for life.

**Helpful things to do:**

- Talk to your lactation consultant or healthcare provider about your decision to breastfeed.
- Become well-informed about breastfeeding through information you can obtain from your lactation consultant or healthcare provider or take classes on breastfeeding from your healthcare provider’s office or hospital.
- Attend a breastfeeding support group meeting.

**Exclusive Breastfeeding**

UNICEF, the World Health Organization (WHO) and the AAP recommend **exclusive** breastfeeding for the first 6 months and continuing for 12 months or as long as mother and baby are comfortable. This is based on scientific evidence that shows benefits for infant survival and proper growth and development. Breastmilk provides all the nutrients an infant needs during the first 6 months. Exclusive breastfeeding may also reduce SIDS, infant deaths caused by common childhood illnesses such as diarrhea and pneumonia and hastens recovery during illness.

**Skin-to-Skin Connection**

Seeing your baby for the first time is an experience you will never forget. All those months of preparing and dreaming have finally become real. Once the baby is born and his airway assessed, you will see your healthcare provider dry your baby with a towel. Assuming there are no complications, the baby should then be placed directly onto your chest. A member of your labor team will cover the baby with a warm blanket. Now, the bonding can begin. This connection of the unwrapped baby lying directly on your skin is called skin-to-skin contact and can provide you and your baby time to get to know each other. This initial snuggling also has very important health benefits.

According to the American Academy of Pediatrics (AAP), a healthy newborn should be placed and stay in direct skin-to-skin contact with his mother immediately after birth and until the first feeding is accomplished. Research has shown that your baby’s senses will immediately begin to react. He can hear and feel your heartbeat and become familiar with the feel of your skin. Skin-to-skin has proven to help regulate your baby’s temperature, blood sugar and heart rate. Studies have also shown that babies are much more alert and cry less during this snuggling time. In the past, hospitals would routinely separate mothers and babies after birth. They would be whisked away to be weighed, measured and foot printed. A new family would peer through the nursery window to see a line of cribs and try to identify which baby was theirs!
The best start for breastfeeding is when a baby is kept skin-to-skin with the mother immediately after birth for at least an hour. The baby’s sense of smell allows him to find the breast to begin the initial latch-on. Research has shown that skin-to-skin babies breastfeed better and stay awake during the feeding. In addition, skin-to-skin babies have shown to breastfeed an average of 6 weeks longer.

Now experts agree and understand how important it is for a mother and her baby to be close to each other as early and for as long as possible in the first few weeks and months of life. There are many reasons why skin-to-skin contact is vital for a baby’s healthy growth and development. It may also allow you to feel more confident in caring for your new baby.

For the Preterm Infant

Extended, upright skin-to-skin contact, also referred to as Kangaroo Care, can contribute much to the care of the premature baby. Even babies on oxygen can be cared for skin-to-skin. It can help reduce their need for oxygen, and keeps them more stable in other ways as well. Skin-to-skin contact is so beneficial and therapeutic for both you and your baby. You actually get to feel your baby breathe and sense his heartbeat right next to your own. Your baby also gets to know you and may hear your heartbeat as well, which is a very familiar sound to your newborn. The nice thing about Kangaroo Care is that dad or your partner can also hold the baby this way.

Some premature infants born between 34 and 37 weeks are often called “Late Preterm Infants.” For those babies, breastmilk provides amazing benefits, but they can have a couple of extra needs in relation to feeding. First, they may be very sleepy, so it is often recommended waking them for feedings at least 8 to 12 times in a 24-hour period. Also, while skin-to-skin is recommended for breastfeeding, keep their hats on them during those times since they are a little less able to control their body temperature.

To review, skin-to-skin contact immediately after birth has these positive effects on a newborn and new mom:

Babies:
- Breastfeed better.
- Cry less and are calmer.
- Stay warmer.
- Have better blood sugar levels.
- Have more stable and normal heart rate and blood pressure.
- Are protected by some of your good bacteria.

Mothers:
- Breastfeed more easily.
- Learn cues that your baby is ready to feed.
- Bond more with your baby.
- Gain confidence and contentment in caring for your baby.

Your touch is how you communicate with your child.

How many times have you had someone hold your hand or give you a hug and you automatically had a sense of peace and comfort? The science of touch, which is 1 of our 5 senses, is real and has been proven as an important part of bonding at birth and beyond.

Keep in mind, fathers and other family members can bond with the new baby through skin-to-skin contact. This contact can create special bonds with the entire family.
Biological Nursing or Baby-Led Latch

Biological nursing is based on a semi-reclined position that is comfortable for both you and your baby. With the baby-led latch, you are encouraging your own, as well as your baby’s natural instincts. With very few rules, this position allows your baby to get a better latch and helps to relax you as well. Use a bed or couch where you can comfortably recline with good support of your head, shoulders and arms.

- Allow your baby to snuggle into your chest. Gravity will allow him to stay close.
- The front of baby’s body should be touching the front of your body.
- Let the baby’s cheek rest close to your breast.
- Offer your baby help when needed.
- Relax and enjoy your new baby!

Benefits of Breastfeeding

It is very important for you to get all the facts about why breastfeeding is the best way to feed your baby. There are many benefits of breastfeeding, especially exclusive breastfeeding. For however long you choose to nurse, your baby’s immune system benefits greatly from breastmilk. The following are just a few benefits of breastfeeding for you and your baby:

For Baby:
- Easily digested.
- Perfectly matched nutrition.
- May have protective effect against SIDS.
- Less gastrointestinal disturbances, ear and lower respiratory infections and allergies.
- Stimulates senses of taste and smell.
- Filled with antibodies that protect against infection.
- May reduce the risk of certain chronic diseases and infections.
- Baby receives skin-to-skin, eye and voice contact.

For Baby and Mother:
- Contributes to a very special and loving relationship.
- A beautiful and intimate way for you to bond with your baby.
- Saves money.
- Healthy for the environment – no waste or packaging needed.
- Families can get on-the-move easily. Breastmilk is always available!

For Mother:
- Convenient and economical.
- Helps the uterus return to its normal size faster.
- Helpful with weight loss.
- Reduces the risk of osteoporosis.
- Less likely to develop breast, uterine, endometrial and ovarian cancer.
- May reduce the risk of heart disease.

In their most recent policy statement, “The American Academy of Pediatrics (AAP) reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with the continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. (AAP, 2012).”
Anatomy of the Breast

The breasts are delicate organs made of glandular, connective and fatty tissue. The nipple contains tiny openings through which the milk can flow. These tiny openings are surrounded by muscular tissue that cause the nipple to stand erect when stimulated. Surrounding the nipple is an area of darker skin called the areola. This area will become darker and larger in size during pregnancy due to hormonal changes. The areola contains pimple-like structures near its border that are called Montgomery glands. These glands secrete a substance that helps to lubricate and cleanse the area.

Physiology of the Breast

Stimulation of the nipple by the baby’s suckling sends messages to the tiny pituitary gland in the brain. It in turn secretes a hormone known as prolactin. Prolactin stimulates the milk gland cells within the breast to begin producing milk.

Another hormone that is released is known as oxytocin. This hormone causes the cells around the milk glands to contract and squeezes the milk down the milk ducts and out of the nipples. This response is known as let-down or milk ejection reflex. Oxytocin also aids in the mother’s ability to relax. The sensations commonly associated with let-down may not be felt until your milk volume increases.

It may take a minute to several minutes of suckling by the baby until the milk ejection reflex occurs. Some mothers only know that their milk has let-down by seeing milk in the baby’s mouth.

A list of things, other than nursing, that may cause the milk to let-down:

• Your baby crying.
• Thought of your baby.
• Smell of a baby or baby products.
• Seeing other babies.
• Massaging your breast gently before using a breast pump.
Colostrum
By 16 weeks of pregnancy, your breasts are fully capable of producing milk. Some women will notice drops of fluid on the nipple during these early months. Colostrum provides a nursing infant with essential nutrients and infection-fighting antibodies. It develops during pregnancy for a short time and continues after the birth of your baby. It is much thicker than the milk produced later in breastfeeding.

Facts about colostrum:
• Commonly called “Liquid Gold,” it can be yellow to clear in color.
• Very high in protein.
• Easily digested.
• Beneficial in loosening mucus in baby.
• Serves as a laxative and helps clear the baby’s intestinal tract.
• Provides protection against infection by containing antibodies and passive immunities.
• Coats the stomach and intestines and protects against any invading organisms.

Mature Milk
Your milk will change and increase in quantity in approximately 48 to 72 hours. It may take longer depending on when breastfeeding was initiated and breastfeeding frequency. Mature milk includes carbohydrates, proteins and fats that are necessary for both growth and energy. You will notice your breasts becoming fuller, firmer and heavier.

Preparation for Breastfeeding
There is very little that you need to do to prepare for breastfeeding. Your body has already done most of the necessary preparation. As mentioned on page 18, the Montgomery glands, situated all around the areola, secrete a substance that lubricates and helps to cleanse the area. Prepare yourself by becoming knowledgeable about your important role in nurturing your baby. Take classes and speak with a breastfeeding educator or lactation consultant to get your questions answered. Your body was made to breastfeed your baby so surround yourself with positive encouragement from your loved ones and healthcare team.

Helpful suggestions for preparing to breastfeed:
• Education is the best preparation.
• If leaking colostrum, you may want to purchase breast pads. The pads may be either disposable or washable. Do not use a “mini-pad” inside your bra. They have a sticky area on them and it prevents air from being able to circulate and may cause nipple soreness.
• Have someone knowledgeable about nursing bras help you with the purchase of a bra that fits well.
• Be careful about underwire bras. The wires may place pressure on the ducts and cause a blockage of milk, if the fit is not correct.
• You may find that you will need to buy a bra that is 1 to 2 cup sizes larger toward the end of your pregnancy, although wearing a bra is not necessary.
Nipple Types
Assessment of your nipples is important. Occasionally a mother will exhibit an inverted nipple. Nipples may appear “flat” but will stand erect when stimulated. If you are concerned, talk with your healthcare provider or lactation consultant for advice. This should not discourage you from trying to nurse because a positive nursing experience is possible.

Supply and Demand
As long as your baby nurses immediately after birth, and frequently thereafter, and is allowed to finish the feeding completely, he will have all the milk needed for proper growth and development. Milk production is regulated by supply and demand. The concept being the more milk that is removed, the more milk that is made. The less milk that is removed, the less milk that is made.

Breastfeeding Relationship
A good breastfeeding relationship takes time. As a new mom, you may tend to have unrealistic expectations of yourself and your newborn. Although a lot of reactions and responses are innate, breastfeeding is a learned experience. In no time at all, both you and your baby will be comfortable with each other. Readiness is important.

Before you start breastfeeding, there are “3 C’s” you should review every time you begin.

Calm
Holding your baby skin-to-skin is very helpful to calm you and your baby in the early days after birth.

Comfortable
Have pillows all around you in a comfortable chair for support and elevate your legs with a little stool. This will relieve pressure on your bottom and help with your comfort level. The first days at home, turn your cell phone off and tape a “DO NOT RING” note across the doorbell so that you will not be interrupted.

Close
You must hold and position the baby close to you. Skin-to-skin contact will keep your baby warm, interested in breastfeeding and afford you a wonderful bonding experience. Proper positioning and latch-on are the keys to successful breastfeeding.
Breastfeeding: When and How

If possible, it is best to initiate breastfeeding within the first hour after birth. While in the hospital, learn as much as you can from your nurse about breastfeeding your baby. ASK QUESTIONS! Have the nurse watch you latch the baby onto your nipple so you can feel comfortable going home and confident that you know and understand the proper latch position. The photos show different positions to hold your baby while breastfeeding.

Tips for successful breastfeeding in the hospital:
- Skin-to-skin.
- Start within 1 hour of birth.
- Try laid-back position or baby-led latch.
- Breastfeed frequently.
- Learn to recognize feeding cues.
- Keep your baby in the room with you.

Correct Latch

Getting the baby to latch-on correctly is one of the most important steps in successful breastfeeding. The baby must open his mouth wide enough to get a good amount of areolar tissue into the mouth. If the baby latches on to just the nipple, you will become sore and the baby will get a limited supply of milk. It is the proper compression of the areolar tissue from the baby’s suck, along with the motion of his tongue, that allows the milk to be drawn out through the nipple.

Latch-on – The baby is positioned on the breast with all the nipple and a good amount of the areola in his mouth. The baby’s lips are flanged or turned out. It is proper compression, along with the motion of the baby’s tongue, that allows him to draw the milk out through your nipple.
Guidelines to help you properly position and latch the baby on to your breast:

- Prepare yourself by washing your hands, getting comfortable and deciding on a feeding position.
- Align your baby’s chest to your tummy and align his nose with your nipple. You want him to extend his neck in order to have his jaw open wide.
- Hold your breast to gently lift and support. Make sure your fingers are well away from the areolar tissue.
- Run your nipple lightly above the baby’s upper lip. This will promote the rooting response.
- Be patient until the baby opens his mouth the widest. Let the baby take the lead.
- Baby’s head is slightly tilted back.
- Aim your nipple toward the roof of his mouth.
- Baby’s chin should approach breast first.
- Lower lip should be positioned further from the nipple than the top lip. This is called an asymmetrical, or “off-centered” latch.
- When the baby opens wide, quickly and gently pull him toward your breast.
- Good latch-on is a learned response. Be patient with yourself and your baby.
- Signs of good latch-on:
  – All of the nipple and as much of the areola as possible in baby’s mouth.
  – Listen and watch for milk transfer or swallowing.
  – Lips flanged or turned out.
  – Tongue over lower gum.
  – Baby stays on breast.
  – Absence of pinching or biting pain.

To take the baby off your breast, slide your finger into the corner of the baby’s mouth and your breast to break the suction. Do not pull the baby off your breast. This will traumatize your nipples and lead to them becoming sore.

**Burping**

After a feeding, you might try to burp your baby. Not all babies will burp within the first few days after birth.

**Effective ways of burping:**

- Over the shoulder.
- Lying belly down across your lap.
- Sitting in your lap and with his chin supported.

Usually the pressure on the baby’s belly is enough to bring up the air. Pat the baby’s back gently or stroke the back with an upward motion. Sometimes babies will not burp. If they did not get a lot of air in the stomach during the feeding, it is likely that they will not. After a few minutes, resume with the feeding.
Feeding Choices

There are many advantages to breastfeeding; however, formula feeding is an acceptable choice for some mothers. Scientific advances make it possible to prepare formulas, made from cow’s milk or soy proteins, that provide safe substitutes for breastmilk.

Your pediatrician or family care physician will start your baby on the formula that is right. Your healthcare professional will instruct you on the appropriate amounts of formula your baby will need and how often you should feed him. Before you are discharged from the hospital, make sure all of your questions are answered. You can use the chart on page 25 to keep track of feedings, wet diapers and stools.

If you choose not to breastfeed, you may still experience a milk surge with accompanying breast swelling, fullness and discomfort. Wear a supportive bra and apply ice packs to the breasts for 20 minutes every 3 to 4 hours or so. After 24 to 48 hours, the swelling will subside. Talk with your healthcare provider about medications you can take for the discomfort.

The following will help you in feeding your baby from a bottle:

These steps will help you when you feed your baby formula:

• Have plenty of bottles and nipples, and a bottle brush to clean all the bottle parts.
• Be sure that the bottles and nipples are washed and rinsed well. Wash new bottles and nipples before you use them the first time in hot, soapy water or on the top rack of a dishwasher.
• Check the expiration date on the formula. Feeding expired formula to your baby can be dangerous.
• Before opening the formula, wash the top of the container with hot soapy water and rinse well to remove germs from the lid.

Liquid formula:

• Always read the label carefully to see if the formula is ready-to-feed or concentrate. Do not add water to ready-to-feed formula. Concentrate formula should be mixed with water according to the directions.
• Follow directions on the formula exactly as described. It could be very dangerous for your baby if you do not mix the formula correctly.
• If you cannot make all the bottles at once, cover the formula and put it in the refrigerator. Make the rest of the liquid formula within 24 hours of opening. If you do not use up all the formula in 24 hours, throw it away.
Powdered formula:

- Do not water down the formula as this could cause water intoxication and reduces the nutrients your baby needs at each feeding.

- If your baby was born premature, is sick, is less than 2 months old or if you are concerned about the safety of your tap water then boil the water for 1 minute and quickly cool it to body temperature, 98.6° F.

- Read the directions on the formula to see how much water and powdered formula to use.

- Add the right amount of powder into the measured amount of hot water for your baby’s bottle.

- Once the formula is mixed, quickly cool it.

- Refrigerate it if you are not going to use it right away.

- It is best to mix 1 bottle at a time to lower the risk of germs in the formula.

Feeding with a bottle:

- Before feeding your baby, make sure that the formula is at a temperature that your baby likes. To make sure the formula is not too warm, let a little drip onto your wrist. It should feel lukewarm but not hot. If it feels hot, allow it to cool before feeding it to your baby.

- Never microwave formula. This could burn your baby’s mouth. Microwaves do not heat evenly and there could be a hot spot in the formula. If you want to warm the milk, just place the filled bottle under warm, running tap water.

- Tilt the bottle upside down to check the nipple hole. If the formula is dripping out very fast, the hole is too big and your baby could choke. Throw that nipple away. If nothing comes out, and the baby seems fussy when feeding, the hole may be too small. Normally, formula should drip easily from a tilted bottle.

- Never prop the bottle or leave your baby alone for a feeding. This could cause your baby to choke.

- If your baby does not finish the whole bottle in one hour from when the feeding started, throw away what is remaining. Germs grow quickly in the left-over formula because saliva from the baby’s mouth goes into the bottle during the feeding.

You will be taught how much formula your baby will need. Before you leave the hospital, make sure that all of your questions are answered about how much and how often to feed your baby.

Notes:
# My Baby’s Daily Record

Make additional copies of this page to keep track of your baby’s schedule.
Making Sure Your Baby is Receiving the Feedings He Needs to Grow and Thrive

Once breastfeeding is established, the best way to ensure a good milk supply is by allowing your baby to determine the frequency and duration of breastfeeding sessions.

Most babies need at least 8 feedings in a 24-hour period.

In the early, sleepy days, you may need to:
• Be very attentive to feeding cues the first few weeks after birth.
• Put the baby skin-to-skin to encourage frequent breastfeeding.
• Keep him interested and awake during feedings.
• Massage and compress your breast during the feeding to increase milk flow to the baby. This will gently “remind” him to continue sucking.
• Wake your baby in order for him to receive enough feedings.
• Nurse until the baby shows signs of being full.
  • Self-detaches.
  • Sucking less vigorously.
  • Becomes sleepy and relaxes body.
  • Breast will feel less full.
  • It is important to listen for nutritive sucking.
    – First 3 days may be difficult to hear swallowing. If heard, it sounds like a soft “Ca-Ca” or a soft expiration.
    – After larger volume milk arrives, you will hear definite suck-to-swallow ratio changes.

Offer both breasts each feeding; this helps stimulate milk production.
• Keep baby interested and awake during feedings.
• If he chooses to take only 1 breast at a feeding, make sure you then begin with the other breast at the next feeding.
• Alternate the breast with which you begin each feeding. This will help with proper milk removal from the breasts. To help you remember this, use a safety pin on your bra strap of the side last nursed.

Following these steps will help to ensure proper milk removal completely and regularly, increase milk production, reduce breast engorgement and nipple tenderness, and maximize infant weight gain. Your baby may have a sleepy week or 2 and you may be challenged to keep your baby interested in feeding. If he is very sleepy, try undressing him down to his diaper. The skin-to-skin contact may help keep him awake. You may need to rub the bottoms of his feet or back to keep him awake. You can also try to unwrap him so he is not so cozy and warm, which tends to make him sleepy. Talk to your baby while you are nursing. This also may help to keep him interested in finishing the feeding. Take cues from your baby; he will let you know!

Growth Spurts
You may find that your baby will experience days that he wants to breastfeed more than usual or “cluster feed” (see page 27). Many new moms may worry and fret that something is wrong, but know that this is a common occurrence with most breastfed babies. This need to breastfeed more often generally lasts a few days to a week. Please know that your baby will return to a less frequent feeding pattern. The common reason for your baby’s need to breastfeed more is “growth spurts” and is your baby’s way of increasing your milk supply so that he can grow.

Although these days may be more demanding for you, trust what your baby is telling you about his need to breastfeed more frequently and follow the baby’s feeding cues. As long as you do not hold back your baby’s need to breastfeed, your milk supply should be sufficient.
Chapter 2 – Feeding Your Newborn

How Do I Know the Baby is Getting Enough to Eat?

A common concern that you will have is if your baby is getting enough to eat. There are many clues to indicate that everything is going well. For example, the number of feedings your baby has each day is important. Also, remember that his intake of breastmilk is usually reflected by his output of wet and dirty diapers.

Be attentive to the following:
• Baby eating at least 8 to 12 times every 24 hours.
  – Watch for feeding cues.
• Baby wetting diapers.
  – 1 diaper in the first 24 hours after birth.
  – 2 on the second day of life.
  – 3 on the third day of life.
  – 6 to 8 wet diapers of urine that are light yellow in color once milk is in greater supply.
• Baby will be passing meconium for the first 1 to 2 days after birth. Meconium is the sticky, black substance that the baby passes from his bowels.
• Stool changing to mustard color, runny and seedy in texture once the milk is in greater supply.
  – 3 to 4 of these stools beginning by day 4 in the first month. May pass stool a little after each feeding as well.

Weight gain is an important clue to your baby’s healthcare provider that the baby is feeding properly. Most offices will allow you to bring the baby in for a weight check. Sometimes, that is all you need to make you feel better! Expect initial weight loss of baby after his birth and weight gain of 4 to 7 ounces per week once milk is in greater supply. The baby should be back to birth weight by day 10.

Other positive signs:
• Audible swallowing – actually hearing the milk being swallowed; more obvious when mother’s milk is in greater supply.
• Breast feels less full after feeding.
• Baby satisfied – falls away from the breast at the end of feeding.

If you have any concerns about how the baby is doing, call your baby’s lactation consultant or healthcare provider.

Cluster Feeding

Cluster feeding is when your baby will feed close together at certain times of the day. It is most common in the evening, although may differ between babies. Cluster feeding is very common in newborns.

Knowing that these times may be working your body overtime, here are some tips for you to remember:
• You are doing nothing wrong – this is normal.
• Make sure you are eating and drinking.
• Make yourself a nest for the day and make sleep a priority.
• Talk to other moms. Get the support you need.
• Ask for help when you need to.
• Let the baby instinctively breastfeed.

Feeding cues include:
• Sucking on tongue or lips during sleep.
• Sucking on fingers.
• Moving arms and hands toward mouth.
• Fussing or fidgeting while sleeping.
• Turning head from side to side.

Signs of being full are:
• Falls asleep.
• Relaxes the body.
• Opens his fists.
• Relaxes the forehead.
• Lets go of the nipple.
Potential Challenges

Engorgement
Your breasts may become heavy and swollen 3 to 4 days postpartum. This is caused by an increased flow of blood to the breasts, swelling of the surrounding tissue, and the accumulation of milk. The breasts will be swollen and uncomfortable for some women, and you may experience a throbbing sensation and discomfort with the milk ejection reflex, or let-down. Some women will feel only slightly full. As with labor, all women are different in their experiences. Breast swelling usually lessens within 24 to 48 hours.

Some effective treatment measures for engorgement:

• Breastfeed frequently.
• Breast massage has been shown to reduce engorgement.
• Apply cold compresses to the breasts before, during or after a feeding. Use a frozen bag of peas or corn for 15 to 20 minutes. This triggers blood vessels to constrict and helps with swelling and draining and soothes any discomfort. Never apply an ice pack directly on the skin.
• Manually express or pump out milk to soften the areola and nipple. It is sometimes hard for the baby to latch-on if the breast is too hard.

Allowing yourself to become engorged beyond the initial breast swelling associated with milk surge should be avoided if at all possible. Engorgement sends signals to the brain to slow down milk production and can cause other problems. As mentioned earlier, milk production is regulated by supply and demand. If you slow down your feedings, you will see a significant decrease in your milk production. If you are experiencing some engorgement, you may try pumping to soften your breasts a little before feedings. This will allow easier latch-on for your baby. It will not cause you to “make more milk” while you are dealing with engorgement. This is a common misconception. If you need more information or assistance on expressing breastmilk, call your healthcare provider or lactation consultant.

Expressing Breastmilk

Expressing breastmilk can be done manually with your hands or with a special pump designed to remove breastmilk. If you have a healthy, full-term baby, it is not necessary to express your breastmilk routinely.

There may be, however, some reasons why a breastfeeding mother may choose or need to express her milk such as:

• When returning to work.
• To collect breastmilk for a premature baby.
• If your baby is temporarily unable to feed.
• If you are ill and unable to nurse.
• To provide a supply of milk if you are away.
• To relieve engorgement and soften areola prior to latch.

When you skip a feeding or if you are not nursing regularly, messages are sent back to the body to slow down or stop milk production. It may be very beneficial for you to have your healthcare team or the lactation consultant on staff show you the correct way of manually expressing your breastmilk in case you are faced with one of the scenarios mentioned above. That way, you will feel more confident once you are home. If you have questions once you are discharged from the hospital, never hesitate to call your lactation consultant or healthcare team for help.
Breast Massage

- Wash your hands with soap and water.
- Take a few moments to relax and get comfortable.
- The goal of massage is to trigger the let-down response or milk ejection reflex.
- Warm compresses may help the milk let-down.
- Massage the breasts using the pads of your fingers.
- Move in a circular motion from chest to nipple, massaging the entire breast.
- Finish the massage by bending forward and gently shaking the breast (gravity helps milk to eject).

Hand Expression

- Position the thumb and first 2 fingers about 1 to 1½ inches behind the nipple.
- Press straight back toward the chest wall.
- Roll thumb and fingers forward to express milk.
- Relax hand.
- Continue this same motion, moving around the areola.
- It may be necessary to repeat this process on each breast a few times.
- Make sure you collect the milk in a clean container.
- Cover containers for storage in the refrigerator or freezer.
- Always label and date the container.

Remember, as with everything, practice will help you feel more confident in your ability to hand express your breastmilk. Be patient with yourself.

You may also want advice on a breast pump purchase. There are many on the market. All pumps are not created equal. What works best for one woman may not work for you in the same way. Some hospitals will either rent or sell breast pumps at their lactation centers or gift shops as a convenience for you. Get all the facts and information about breast pumps from your lactation consultant and be knowledgeable on how to use it before heading home.

Common Concerns

Sore Nipples
Usually soreness is due to improper positioning and latch-on which can be relatively easy to fix. If you cannot identify the problem, call your lactation consultant or healthcare provider. Do not let the problem get worse.

Remember, breastfeeding should feel good. It should not hurt!

Cracked Nipples
This problem is usually due to improper positioning and latch-on or traumatic removal from the breast. Excessively dry tissue is another reason for this problem. Treatments for cracked nipples are correcting the improper positioning and latch-on and proper breaking of suction before removing the baby from the breast. Clean the breast of your baby’s saliva and dab some expressed breastmilk into the area and allow it to air dry. You can also talk to your lactation consultant or healthcare provider, if you have any concerns.
Blocked Ducts

These are felt as pea-size lumps under the skin and in the substance of the breast and are sore to the touch.

**Blocked ducts may be caused by the following:**

- Change in frequency of feedings or skipping feedings.
- Overabundant milk supply.
- Nursing the baby with poor positioning.
- A tight bra or underwire bra that puts too much pressure on a duct.
- Breast surgery.

**Treatment for blocked ducts:**

- Warm shower or compress to affected area.
- Frequent feedings.
- Hand express or gently pump after feeding.
- Massage the affected area toward nipple while nursing.
- Apply a cold compress if there is discomfort after feeding.
- Place your baby in a position where his chin is facing the blockage, allowing the suction to be maximized toward the area of blockage. (You may have to use some creative positioning to accomplish this, but when combined with the help of gravity, it is very effective.)

Mastitis

If the blocked duct persists and does not become relieved, it can become inflamed, and a breast infection may be possible. It is not the breastmilk that becomes infected, but the tissue surrounding the blockage. This needs immediate medical attention.

**Symptoms of mastitis:**

- Red, very sore, hard area.
- Fever and chills.
- Flu-like symptoms.
- Red streaking from the affected area or breast tissue may look pink over a large area.

**Treatment for mastitis:**

- Antibiotic therapy – finish the whole prescription – not just until you feel better.
- Applying warm compresses to the affected area.
- Massaging while nursing and pointing baby’s chin toward blockage; can gently pump after or between feedings to promote breast drainage.
- Nursing frequently.
- Apply cold compresses after feeding to aid in soothing the affected area.
- Getting plenty of rest.
- Drinking lots of fluids.

**Dietary Requirements for the Mother**

Nutritional requirements are similar to those of pregnancy as far as keeping your diet well-balanced. A nursing mother needs an additional 500 calories more per day. Milk production is independent of what you eat the first 4 weeks, because it derives the calories it needs for production from the fat accumulated from the pregnancy. A well-balanced, healthy diet is recommended.

Another important aspect of nursing is that you will find yourself very thirsty; the best advice is to drink to thirst. You must listen to what your body needs. The body takes water from your system to make breastmilk. Try to drink at least 6 to 8 glasses of fluid a day to prevent constipation. When you sit down to nurse, have water or juice so you get your daily requirements. No foods are universally restricted from your diet. Your baby will let you know! You can eat anything in moderation. Food affects your milk in 4 to 24 hours from the time it is eaten. Please note that the color of your breastmilk will vary with your diet. If you have any concerns or questions about your diet, call your lactation consultant or healthcare provider.
Storage of Breastmilk

Milk expression for storage can be accomplished by hand or pump. Prior to collecting your milk, your hands and breast pump should be rinsed after washing with soap and hot water. Make sure the containers you choose are clean and can be closed with airtight seals. You may find conflicting information on the best type of container to use when storing breastmilk, whether glass or plastic. In addition there are special storage bags for breastmilk that are available as well.

Tips for Stored Breastmilk:

- Label and date stored milk container with waterproof label and ink (also write name if going to daycare).
- Stored in small portions (2 to 4 ounces).
- Keep milk collected from one day separate from others.
- Several expressions from a single day can be combined to get the desired amount in a container (cool newly collected milk one hour before adding to previously collected milk).
- Oldest milk should be used first.
- Thaw milk by placing container in warm running water or a bowl of warm water.
- Do not microwave or boil breastmilk to thaw.
- Swirl milk in container to mix.
- Discard milk after feeding is complete (do not reuse).

Source: The Academy of Breastfeeding Medicine and CDC

You may find that, depending on what study or resource book you read, these storage tips may vary. Please ask your lactation consultant or healthcare provider for the best storage guidelines and recommendations.

If pumping and storing for a premature baby, please consult your healthcare team about proper storage.

Freshly Expressed Breastmilk Storage Guidelines (For Healthy, Full-Term Babies)

<table>
<thead>
<tr>
<th>Location</th>
<th>Temperature</th>
<th>Duration</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertop, table</td>
<td>Room temperature up to 77°F</td>
<td>6 to 8 hours</td>
<td>Cover container and keep as cool as possible.</td>
</tr>
<tr>
<td>Insulated cooler bag</td>
<td>5 to 39°F</td>
<td>24 hours</td>
<td>Limit opening cooler bag and keep ice packs in contact with milk containers.</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>39°F</td>
<td>5 days</td>
<td>Store milk in the back of refrigerator.</td>
</tr>
</tbody>
</table>

Freezer

<table>
<thead>
<tr>
<th>Freezer compartment of refrigerator</th>
<th>5°F</th>
<th>2 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freezer compartment of refrigerator with separate doors</td>
<td>0°F</td>
<td>3 to 6 months</td>
</tr>
<tr>
<td>Chest or upright deep freezer</td>
<td>-4°F</td>
<td>6 to 12 months</td>
</tr>
</tbody>
</table>

Reference: Academy of Breastfeeding Medicine, Princeton Junction, New Jersey
Breastfeeding Questions

**Are my breasts too small?**

The size of your breasts has nothing to do with milk production. Do not let anyone tell you differently.

**How can my partner find me the least bit attractive?**

Sexuality and recapturing closeness as a couple takes time. You and your partner may feel overwhelmed. Some women are embarrassed about all the changes to their bodies and feel unattractive and distant toward their partner. Men, do not take this temporary diminished interest in you as a rejection. Talk to each other about sex; laugh together and make time for yourselves away from the baby. Sharing feelings about sexuality is the most effective way to get back together both physically and emotionally. **Communication is the key!**

**Will my breasts leak all the time?**

It will not be uncommon for you to be out in public and hear another baby cry, causing your milk to let-down. Applying gentle pressure to the nipple will usually stop the flow of milk. Disposable or washable breast pads are available to wear on the inside of your bra to protect your clothes from wet spots. Make sure to change them as needed so the dampness does not break down your nipple tissue. Leakage becomes less problematic as time goes on.

**Can I breastfeed if I have had breast surgery?**

Breast surgery, including augmentation as well as breast reduction with nipple relocation, can affect a woman’s milk production. Studies have shown that some women can still be successful with breastfeeding even though they have had these types of breast surgeries. A supplemental device could also be used to give a baby extra milk while at the breast. Discuss this with your lactation consultant. A baby’s weight should be carefully monitored to ensure proper weight gain.

**Can I breastfeed if I am taking certain medications?**

Many medications pass into the milk, although in very small amounts. Most do not pose a problem with breastfeeding. On occasion, a mom may need to pump and discard her milk while on a particular medication. Contact your healthcare professional or lactation consultant for the most updated information on a particular medication that you are taking.

**A Special Note to Dad or Partner**

Your role as caregiver to your new baby is a big addition to your life. It will demand an enormous change in you and your partner’s lifestyle, yet it is the most rewarding time of your life. Even though the first few weeks are overwhelming, you will find a growing excitement and joy with your new little one. There is a lot of attention directed toward the mother and the baby at first. This attention, along with the extreme closeness of a nursing mother and baby, may contribute to feelings of isolation or jealousy in a new dad or partner. This is not abnormal for some, but be patient with yourself and your partner. Talk about your feelings. Communication with one another is so important in allaying fears and negative feelings and making this time special.

There is no doubt that the role of the dad or partner is extremely important and an essential part in a new mother’s success with breastfeeding. Studies have shown that emotional as well as everyday support increases the mother’s confidence and enables her to provide your baby with a healthy milk supply. There are ways that you can become an important part of the daily routines with your baby. Diapering, bathing, cuddling and singing are great ways of feeling involved. Your touch is very important to your baby and a way he can learn about you.
Going Back to Work and Continuing to Breastfeed

Employers in the past have recognized 6 weeks as a reasonable time to recover after giving birth. On occasion, your healthcare professional may require that you stay home longer because of a special medical problem. Financial considerations may require that you return to work earlier. It is well-documented that the longer a woman can be with her baby and establish a good breastfeeding relationship with her child, the better she will maintain her milk supply with pumping while separated from the baby. This fact has motivated more and more new moms to work something out with their employers.

There are great breast pumps on the market today that can help support your decision to continue to breastfeed. Check with your hospital or lactation center for breast pump rental and purchase prices and with your insurance company as breast pumps are often covered. Your employer may be flexible and have several options for you. You should explore all the possibilities as soon as possible.

Hints for breastfeeding mothers who return to work:

• Discuss your needs with your employer.
• Organize your day to incorporate regular pumping sessions.
• Wear comfortable clothes with easy access for pumping.
• Find a place to store your breastmilk.
• Take healthy snacks and drink plenty of water.

Notes:

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Caring for Your Newborn

Chapter 3
Caring for Your Baby

When you welcome a new baby into your life, it can be overwhelming. You will find that you have so many new decisions to make at every turn. Plus, this tiny being has changed your life completely from your familiar routines. Now, your baby’s health and safety are your biggest responsibility.

Give yourselves time, and as the days move forward, you will find your confidence and strength increasing as you settle into routines with your new baby and your new schedule.

General Care

Your baby will be scheduled for regular well-baby exams to monitor his growth and development and allow you to talk about routine care with your baby’s healthcare professional. It is a good time for you to learn how to handle problems such as fever, vomiting, diarrhea, crying spells, or feeding problems. These visits are most frequently scheduled with routine immunizations for many of the preventable childhood illnesses.

Visitors

Many well-meaning friends and neighbors will want to visit you and the baby once you are home from the hospital. If you are not up for it, these visits can be taxing. Do not feel obligated to entertain. After birth, you should be taking time to enjoy your newest addition and resting.

Keeping your baby away from people that have a contagious illness is always the best policy. Keep the touching of your baby to a minimum and ask people who are going to hold your baby to wash their hands first.

Weight Loss and Gain

The average newborn weighs approximately 7½ pounds at birth. Infants typically lose weight (5 to 8% of their birth weight) in the first few days of life before they start to gain. Most regain their birth weight by day 10, double it by the sixth month, and triple it by 1 year.

How to Use a Bulb Syringe

Your nurse will show you how to use a bulb syringe before you are discharged from the hospital or birthing center. It is used to remove fluid from baby’s mouth or nose in case of spit-ups or runny noses. For the first few days of life, your baby may have excess mucus which may cause him to gag. To help him when he gags, turn him on his side and firmly pat his back, as if to vigorously burp your baby. If he still gags, the bulb syringe may be needed.

- Always squeeze the bulb syringe before inserting it into your baby’s mouth or nose to create a vacuum.
- Gently suction the mucus out of the lower cheek area, back of the throat or from the nose.
- Slowly release the bulb to suction out mucus.
- Remove the syringe and squeeze the bulb forcefully to expel the mucus into a tissue.
- Wipe the syringe and repeat the process, if needed.
- Clean by squeezing and releasing in soapy warm water.
- Keep the bulb syringe near your baby’s bed.
Sleep Patterns
Sleep patterns of infants can cause concern to new parents who often end up tired and exhausted because of their lack of sleep. On occasion, a baby will sleep through the night before 6 to 8 weeks of age, but that is not common. Each baby tends to establish his own pattern of sleep. Some fall asleep after a feeding, while others take only brief, occasional naps. Babies generally know how much sleep they require and virtually nothing you do will change that pattern. You should plan your "rest periods" to match your baby’s.

Nighttime sleeping patterns may change at 4 to 8 weeks of age. Some babies may start sleeping through 1 or 2 nighttime feedings, allowing you 5 to 8 hours of uninterrupted sleep. Understand the time that the baby chooses to sleep may not coincide with your nighttime sleeping pattern. It is considerably more difficult to change the baby’s sleeping pattern than it is to change your own. At about 5 to 6 months of age, some infants begin to wake at night. This may be relieved by the feeding of solid foods. Check with your baby’s healthcare provider before resorting to this technique. Be patient!

Teething
Most babies begin teething at 6 to 7 months, but a few may begin teething at 2 to 4 months. Most babies are not troubled by this process, but some eat poorly, become irritable and fussy and may have problems with sleep. Teething toys may be helpful. Consult your baby’s healthcare professional if your baby is troubled by teething.

Bowel Function
Babies frequently have changes in the number, color and consistency of their stools. These changes are of no concern as long as the newborn is eating normally and has no symptoms of an illness. Stool color and consistency may vary from day-to-day. Formula fed babies generally have stools that are yellowish-tan. Breastfed babies have more liquid, runny, mustard colored stools that are seedy in consistency. All babies can have stools that vary from gray, green, to brown in color on occasion. The number of stools can vary from 6 to 8 each day to one every other day.

Constipation in newborns is present when stools are small, firm and pebble-like. The number or frequency have nothing to do with constipation as in adults. Babies often grunt, strain and turn red in the face during normal bowel movements. This is usually not an indication of constipation.

Diarrhea is characterized by stools that are usually frequent and associated with excessive water. Call your baby’s healthcare provider if diarrhea persists more than one day or is associated with bleeding.

Diaper Rash
Prevention is the best cure! Change the diaper as soon as possible after the baby wets or has a bowel movement. Wash the baby’s bottom with warm water and apply a diaper rash cream or petroleum jelly.

Skin Care
Newborn babies are often prone to a variety of harmless skin blemishes and rashes. A common condition is newborn acne, which mimics the teenage variety, and is likewise caused by hormones. However, in this case, it is simply evidence of the mother’s hormones and will lessen in the first few weeks.

Your baby’s skin may be dry and peeling, particularly on the feet, hands and scalp. This is simply the shedding of dead skin and is best left alone since lotions tend to slow the elimination of these layers.
Sponge Bath

Your healthcare provider may instruct you to sponge bathe your baby until the umbilical cord is healed and, if you have a boy, the circumcision is healed. The first bath you give your baby after you get home from the hospital may be scary. Your whole family and the neighbors may be there for support. You will find that it may take you an hour to bathe this tiny little thing that is not even dirty. This is a new experience, plus the "crowd" telling you everything you are doing wrong does not help. Please know that in time you will be able to do a sponge bath in minutes. Your confidence and skills as new parents will kick in rather quickly.

Some steps to help you:

• Bathe the baby before a feeding. With all the jostling, he may spit up.
• Pick an area in the house where you will be comfortable bathing.
• Make sure all of the bath supplies are in reach. Make it a rule to never leave your baby unattended.
• Choose an area that is draft free.
• Lay your baby on a towel and undress him. Cover up with a second blanket and only expose the area you are washing.
• Start with the eyes. With a clean corner of a washcloth, wash from the inner aspect of the eye to the outer aspect using warm water. Repeat with the other eye, this time using another corner of the washcloth.
• Wash the baby’s face with clean water. You may choose to use a washcloth or your hand.
• Wash around the nose and ears. Never insert a cotton swab up your baby’s nose or into his ear. You are only asking for problems if you attempt to do this. You can cause extensive damage, especially to the eardrum.
• Wash the baby’s body making sure you get into every fold and crevice.
• Check the umbilical cord for proper healing. Keep the stump clean and dry as it shrivels and eventually falls off. Use clean, warm water unless advised otherwise by your healthcare provider. Also, roll the diaper below the cord to keep urine from soaking the dried stump. You may see a few drops of blood on the diaper around the time the stump falls off; this is normal.
• Babies are born with fingernails that are tissue-paper thin, but these nails can be sharp and scratch your baby’s face. Right after birth it may be difficult to tell where the nail ends and the skin starts when using baby clippers or scissors. You may want to start with an emery board at first and file the nails when he is sleeping. Plan to trim the nails about once a week.
• Use clean water on the genitals. Little girls will have a lot of discharge. Always wash from front to back so not to introduce infection into the bladder. Little boys that are circumcised need the penis cleaned with clean, warm water until the area is healed.

Supplies Needed

• Changing mat
• Baby bath towel
• Cotton balls
• Baby soap
• Baby shampoo
• Diapers
• Clean clothes
• Your baby’s healthcare provider will give you instructions on the care of the circumcised penis before you are discharged. If your son was not circumcised, do not force the foreskin back to clean the penis. Warm water and soap is all that is necessary. Ask your baby’s healthcare provider about the care if you have questions.

• If the baby has soiled the diaper, take an unsoiled corner of the diaper and wipe away the excess stool. Using a washcloth, wash the baby’s bottom with warm water to cleanse thoroughly.

• To wash the hair, save a little container of clean water. Wrap your baby in a towel and place him in a “clutch” hold. Pour some of the clean water over his scalp. Place a small amount of shampoo on the scalp and wash, making sure you stimulate the entire scalp even over the soft spots. If you avoid the soft spots and do not stimulate the skin for proper circulation, cradle cap may occur. This is a scaly patch that can appear on your baby’s scalp. Your baby’s healthcare provider will advise you on the care of cradle cap.

• Your baby’s delicate skin may be very sensitive to certain lotions or products that are highly perfumed. There are plenty of gentle skincare products on the market. However, as with anything, if you are concerned about your baby’s skin, you should consult your baby’s healthcare professional.

• Bath time is a wonderful time for baby to learn your touch. This is also a great time to assess your infant’s skin, rashes, healing of the umbilical area and overall general appearance of your baby.

• Dress your baby to prevent him from becoming chilled.

When to give a baby the first tub bath is a matter of some debate. It is still general practice to advise parents to sponge bathe baby until the cord falls off and the circumcision heals. There are some healthcare providers that question the necessity of this advice, thinking that an immersion bath does not increase the risk of infection. Please check with the healthcare provider that is caring for your baby and follow the directions that are given to you on tub bathing.

Umbilical Cord

The umbilical cord will fall off by itself after 1 to 4 weeks. As it heals, it will have the appearance of a scab. Remember to roll the diaper below the drying cord to allow it to stay clean and dry. Do not pick at it, cut or pull it off. You need to allow it to fall off on its own. Care for the healing cord according to your baby’s healthcare provider’s instructions. Clear or slightly blood-tinged discharge can occur from the navel after the cord falls off. This should not be a concern to you. If the oozing persists more than a couple of days or is associated with a foul odor, redness in the surrounding skin, or fever, report it to your baby’s healthcare provider immediately.
Circumcision

Circumcision is the removal of foreskin that surrounds the head of the penis. It is encouraged that new parents discuss the benefits and risks of circumcision with their healthcare provider and make an informed decision about what is in the best interest of their child. If you choose not to have your son circumcised, check with your healthcare provider for a recommendation on care.

The choice for circumcision is a personal one. This decision is usually based on religious, cultural or traditional factors. Some other reasons may be health and hygiene issues, or if the father of the baby has been circumcised.

The procedure is usually performed on the day of discharge from the hospital. You will have to sign a consent form before the circumcision is done. Analgesia has been found to be safe and effective in pain relief associated with circumcision. For the next hour or two, your baby will be closely observed by the nursing staff for bleeding. You should then check him frequently during diaper changes over the next several hours to detect any unusual bleeding or as directed by your nurse or healthcare provider.

There are different techniques used for circumcision. Your nurse will teach you about care of the circumcision at the time of discharge. Petroleum jelly or whatever ointment your healthcare provider recommends is usually applied to the tip of the penis with each diaper change for the first few days. The tip of the penis may appear red and have yellow crusts in spots. Do not try to wash off this yellow substance. It is part of the healing process. If there is any unusual swelling, oozing or bleeding, call your baby’s healthcare provider.

Benefits of circumcision:
- Easier hygiene.
- Decreased risk of urinary tract infections.
- Decreased risk of sexually transmitted infections.
- Prevention of problems with the penis, such as inflammation.
- Decreased risk of penile cancer.

Risks of circumcision:
- Bleeding and infection.
- Pain.
- Side effects from anesthesia.
- The foreskin might be cut too short or too long.
- The foreskin might fail to heal properly.
- The remaining foreskin might reattach to the end of the penis, requiring minor surgical repair.

Jaundice

Jaundice, which simply means “yellow,” is common in newborn babies. It causes a yellow appearance of the baby’s skin and eyes and results from a normal body chemical called bilirubin.

Newborn babies have additional red blood cells reserved for the birth process. One of the breakdown products of red blood cells is bilirubin. The liver in the newborn is fully developed, but not 100% efficient. Therefore, extra bilirubin is transferred to the blood and stored in the skin until the liver breaks it down. This is called physiologic jaundice.

Physiologic jaundice is not harmful and will usually respond without any medical treatment. This may last up to 2 to 3 weeks if you are breastfeeding. There are other cases of jaundice that may call for specialized treatment.

Jaundice could become dangerous and cause permanent and inevitable brain damage if the level of bilirubin becomes too high. The baby’s healthcare provider will monitor your baby’s bilirubin and treat it as necessary. You may need to make extra visits to the healthcare provider’s office or the lab in order to be certain that the bilirubin level is correct.

The treatment of this disorder is varied depending on its underlying cause and severity of jaundice. Phototherapy, or the bililite, is used widely to treat many infants. Baby’s eyes are covered and his skin is exposed to special fluorescent lights that lower the bilirubin buildup. Exchange blood transfusions may be reserved for the more severe cases of jaundice.

Call your healthcare provider for instructions immediately if you observe:
- Yellow skin or the body becomes more yellow.
- Eyes are yellow.
- Your baby is hard to wake up.
- Is fussy.
- Not nursing well.
- Stops wetting diapers.
- Unusual or high pitched cry.
Soothing/Calming a Fussy Baby

It is important to respond promptly to your baby’s crying during the first few months. You will not spoil your baby by giving him attention. There are many ways to soothe or calm a crying baby. If your baby is warm, dry and fed he will usually be content. If he continues to cry, you can try rocking, swaying, singing or talking. Some parents have also found it helpful to take a car or stroller ride or walk with the baby. You can also try swaddling.

The American Academy of Pediatrics (AAP) says that when done correctly, swaddling can be an effective technique to help calm infants and promote sleep. It is also important to know the risks of swaddling.

- It may decrease a baby’s arousal so that it is harder for the baby to wake up. Decreased arousal in newborns can be a problem and may cause an increased risk for SIDS.
- The blanket could come unwrapped and cover your baby’s face which could increase the risk of suffocation.
- It can increase the chance your baby will overheat.

In order to allow healthy hip development when your baby is swaddled, his legs should be able to bend up and out at the hips. He should not be wrapped so his legs are straight and unable to bend or move. When your baby’s legs can move freely, the hip joints can develop naturally.

Keeping Your Baby Safe

The best way to relax and enjoy these early months with your baby is to anticipate any risks ahead of time and take certain precautions. If you haven’t been around a small child, it can be astounding to learn the number of innocent household items that need to be considered harmful. Here is a reminder list of safety measures:

- Never leave an infant (even when sleeping) alone on a bed, table or surface where he could fall.
- Check the air flow and temperature of a baby’s room, particularly if it is heated.
- A baby’s sleeping area should be free of strings on sleepwear and bedding. Pillows, comforters or sheepskins should not be used under the baby.
- Keep soft objects, toys and loose bedding away from your baby.
- Keep small objects out of reach including edible items like nuts, carrots or candies, as well as buttons, beads or anything that could come loose and be swallowed.
- Keep all plastic bags out of reach.
- Install gates at stairwells.
- Use safety plugs on all unused wall sockets.
- Always double check the temperature of the baby’s bath water to be sure it isn’t too hot; and, of course, never leave him alone at bath time.
- Do not hold your baby while cooking. Hot food or liquid could splash on him or a hot pan could touch his skin.
- Anchor furniture to the wall or floor to avoid tipping or falling on your child.
- Place TVs on sturdy, low bases to prevent injury.
- Keep TV and cable cords out of reach.
- Space heaters, radiators, fireplaces and other appliances that produce heat should be off limits to babies and toddlers.
- Supervise children where any of these safety tips have not been followed.
- When your baby is ready for a high chair, select one with a sturdy base that cannot tip over.
- Anything sharp should be kept in child-proof containers, and out of reach.
- Safety locks should be installed on all doors.
- Keep guns locked, unloaded, and out of reach.
- Hot ashes from cigarettes can burn the baby’s skin and smoke can be harmful to his lungs.
- Avoid significant direct sun exposure.
- If you are preparing a meal on the top of the stove, always turn the pot handles inward.
- Never leave your baby or small child alone in your car. It is illegal in many states. On hot days, the temperature can rise fast on the inside of a car and your child could suffer heatstroke.

Safe Swaddling Tips for Parents

- Never put or allow a swaddled baby to sleep on his stomach.
- Do not swaddle baby too tightly. Babies should be able to bend legs freely and breathe without restriction.
- Choose arm/hand positions. Some experts recommend swaddling with arms by sides and others with hands by face.
- Supervise your baby while swaddled. Replace loose blankets and return him to his back if he rolls over.
- Sleep sacks and footed sleep pajamas are recommended instead of blankets in a crib.

It is recommended that swaddling be stopped by approximately 2 months of age, before the baby is able to roll over on his own.
Chapter 3 – Caring for Your Newborn

Shaken Baby Syndrome

During the past 20 years, evidence about the dangers of shaking babies has mounted. NEVER SHAKE YOUR BABY! REMEMBER...no matter how tired, angry or frustrated you may feel, NEVER SHAKE OR TOSS YOUR BABY INTO THE AIR. Any of these can cause brain damage, blindness or even worse, death. Always protect your baby’s head from any jerking movements. See page 45 for more information.

Car Seat Safety

A baby needs a child safety seat from the moment he takes his very first ride home from the hospital and every ride thereafter. Although you may feel like it is safer to hold your baby in your arms, IT IS NOT! It is also against the law. An infant child safety seat should state that it complies with the Federal Motor Vehicle Safety Standard 213. The American Academy of Pediatrics (AAP) recommends that infants ride in a rear-facing child safety seat for at least 2 years. New research indicates toddlers are more than 5 times safer, according to the AAP, riding rear-facing in a convertible child safety seat until they reach the maximum height and weight recommendation for that particular model. Never place a rear-facing car seat in the front seat of a vehicle that has a front passenger air bag. If the air bag inflates, it will hit the back of the car seat, right where your baby’s head rests, and could cause serious injury or death. The safest place for all children younger than 13 years to ride is in the back seat. The “best” child safety seat is one that fits your newborn, your vehicle and the one you will use correctly each and every ride. Be sure to review your vehicle’s owner manual instructions for where they allow you to place the child safety seat within the vehicle and how to use either lower anchors or seatbelt systems.

For more information, visit healthychildren.org. Then go to “Safety and Prevention”. Click on “On-the-Go” and then “Car Seats”.

Immunizations

Immunizations, sometimes referred to as shots or vaccinations, are a way of protecting your child against a variety of diseases that can be prevented. Immunizing your child will guard him from the following harmful diseases:

- Hepatitis B (HepB)
- Diphtheria (DTaP)
- Tetanus or lockjaw (DTaP)
- Pertussis or whooping cough (DTaP)
- Polio (IPV)
- Hib (H. influenzae type b) disease (Hib)
- Influenza
- Hepatitis A (HepA)
- Measles (MMR)
- Mumps (MMR)
- Rotavirus (RV)
- Rubella or German measles (MMR)
- Varicella zoster or chickenpox
- Pneumococcal disease (PCV)

These vaccinations can begin at birth. Your child will need several other vaccinations before he is 12 to 18 months old. They will continue at different times for the rest of his life. Follow your healthcare provider’s schedule for when your child’s immunizations are needed. You will be given a record of every shot your child receives. This record will prove to be important as he enters school, even college, so keep your records in a safe place.

You will find an immunization schedule on the next page to keep your baby’s personal records.

Tdap Vaccination for Pregnant Moms

The Centers for Disease Control and Prevention (CDC), and the Advisory Committee on Immunization Practices (ACIP) recommends all pregnant women receive a Tdap vaccine between 27 through 36 weeks of pregnancy. Mothers are the primary source for infant transmission of pertussis. By getting vaccinated during pregnancy, antibodies are transferred to the newborn, likely affording protection against pertussis in the infant’s early life. DTaP or Tdap (depending on the family member’s age) is recommended for all family members and caregivers of the infant, at least 2 weeks before coming into close contact with him.

Women, including those who are breastfeeding, should receive a dose of Tdap in the immediate postpartum period if they have not previously been vaccinated or the status of the vaccination is unknown.
## Immunization Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunizations</th>
<th>Age Ranges</th>
<th>Date Given</th>
<th>Adverse Reactions</th>
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<tbody>
<tr>
<td>Birth</td>
<td>HepB #1</td>
<td>Birth</td>
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<td>2 Months</td>
<td>DTaP #1</td>
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<td></td>
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<td></td>
<td>IPV #1</td>
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<td></td>
<td>HepB #2</td>
<td>1 to 2 months</td>
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<td></td>
<td>PCV #1</td>
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<td></td>
<td>RV #1</td>
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<td>4 Months</td>
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<td>Hib #3</td>
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<td>Influenza</td>
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<td>2nd dose at least 6 months after</td>
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<tr>
<td>24 Months</td>
<td>HepA*</td>
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Infants who did not receive a birth dose should receive 3 doses of Hepatitis B (HepB) on a schedule of 0, 1 and 6 months.

*Hepatitis A (HepA) vaccine is recommended for all children 12 through 23 months of age.

Your healthcare provider may use a vaccine that is a combination of some of the injectable vaccines.

This schedule is approved by the Advisory Committee on Immunization Practices – www.cdc.gov/vaccines/acip/index.html

Baby’s Warning Signs and Reportable Symptoms

Reportable Symptoms
Even experienced parents may feel worried as they adjust to a new baby’s habits, needs and personality. It is important to remember that most of the common physical problems that occur during a given 24 hours with a baby are normal situations or problems with simple answers.

If the following symptoms of illness occur, a call to your baby’s healthcare provider is in order:
• Blue lip color is a 911 call!
• Blue or pale colored skin.
• Yellow skin or eyes.
• Patches of white found in your baby’s mouth.
• Eating poorly or refusing to eat.
• No stool for 48 hours and less than 6 wet diapers a day.
• Redness, drainage or foul odor from the umbilical cord.
• Does not urinate within 6 to 8 hours of circumcision.
• Temperature of 100.4˚F or more.
• Difficulty breathing.
• Repeated vomiting or several refused feedings in a row.
• Listlessness or is hard to wake up.
• Crying excessively with no known cause or an unusual or high-pitched cry.
• Very fussy.
• An unusual or severe rash (other than prickly heat).
• Frequent or successive bowel movements with excess fluid, mucus or unusually foul odor.
• Signs of dehydration.

If you are breastfeeding, call your lactation consultant or healthcare provider if you observe the following:
• If your baby is not effectively nursing at least 8 to 12 feedings each day.
• If the baby has less than 4 wet diapers in a 24-hour period in the first week of life, and less than 6 wet diapers in a 24-hour period after the baby is 7 days old.
• If your baby is not stooling 3 to 4 times a day once your milk is in greater supply.
• If the baby refuses to eat for 6 to 8 hours.

Taking Your Baby’s Temperature
An essential item in the nursery is a baby thermometer. The baby’s temperature is one of the most important (and usually one of the first) questions your baby’s healthcare provider will ask you when you call about a problem. The baby’s temperature can be taken axillary (under the arm). Have your healthcare team show you how to take your baby’s temperature before going home from the hospital.

Another nifty gadget on the market is the ear thermometer, which gives you a reading in no time. Some of the units are not meant for newborns and your healthcare provider may want you to wait until the baby is older. Opinions will vary about the ear thermometer, so before going out and spending a lot of money, always follow the guidelines of your baby’s healthcare provider.

Dehydration
Dehydration can be serious. Babies are more likely to become dehydrated if they have a fever, are vomiting or have diarrhea. If you have been outside with your baby for a prolonged amount of time and it is very hot, be aware of signs of dehydration.

Watch for any of these signs and report them to your baby’s healthcare provider right away:
• Decreased amount of urine (fewer wet diapers).
• Urine that looks darker or smells stronger than usual.
• Dry or cracked lips.
• Dry skin.
• Lethargy.
• Dry or rough tongue.

Signs of more serious dehydration:
• Sunken eyes, dark circles around eyes.
• Soft spot on head may feel or appear sunken.
• Increased sleepiness or irritability.
• Weight loss.
A Safe Sleeping Environment, Sudden Unexpected Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS)

Awareness is Key
The CDC estimates that nearly 3,500 infants die suddenly and unexpectedly each year in the United States. These deaths are called Sudden Unexpected Infant Deaths or SUIDs. About 50% of SUID deaths are due to Sudden Infant Death Syndrome or SIDS, which are unexplained sudden deaths after a thorough investigation. SIDS is the leading cause of SUID for infants under 1 year old, especially from birth to 4 months.

One of the best ways to reduce the risk of SIDS is to place healthy infants on their backs when putting them down to sleep at nighttime or naptime. Since the American Academy of Pediatrics (AAP) recommended all babies should be placed on their backs to sleep in 1992, deaths from SIDS have declined dramatically.

Sleep-related deaths from other causes, however, including suffocation, entrapment and asphyxia, have increased. The AAP has provided recommendations for a safe sleeping environment. Parents and caregivers, follow these important steps to help protect your baby from SIDS and SUID.

Always keep the following points in mind for your infant:

- Always place your baby on his back for every sleep time – nighttime and naptime.
- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- Do not feed your baby on a sofa or cushioned chair, in case you fall asleep. Always try to return your baby to his crib or bassinet.
- The baby should sleep in the same room as the parents, but not in the same bed (room-sharing without bed-sharing).
- Keep soft objects, loose bedding and toys out of the crib. This includes pillows and blankets. Bumper pads should not be used in cribs. There is no evidence that bumper pads prevent injuries, and there is a potential risk of suffocation, strangulation or entrapment.
- Devices designed to maintain sleep position or to reduce the risk of rebreathing such as wedges and positioners are not recommended since many have not been tested sufficiently for safety.
- Pregnant women should receive regular prenatal care.
- Do not smoke during pregnancy or after birth and do not allow others to smoke around your infant.
- Avoid alcohol and illicit drugs during pregnancy and after birth.
- Breastfeeding is recommended and is associated with a reduced risk of SIDS.
- Consider using a pacifier at naptime and bedtime. For breastfeeding infants, delay pacifier introduction until breastfeeding is firmly established. For all babies, offer a pacifier when putting down to sleep. Do not force a baby to take a pacifier. If the pacifier falls out of the baby’s mouth, do not put it back into the mouth. Do not put any sweet solution on the pacifier. Pacifiers should be cleaned and checked often and replaced regularly.
- Do not use home cardiorespiratory monitors to reduce the risk of SIDS.
- Keep your baby’s head and face uncovered during sleep. Use sleep clothing with no other covering over the baby.
- Do not let your baby become overheated during sleep. Keep the temperature so it feels comfortable for an adult. Dress your baby in as much or little clothing as you would wear.
- Schedule and go to all well-baby visits. Infants should be immunized. Evidence suggests that immunization reduces the risk of SIDS by 50%.
- Supervised, awake tummy time is recommended daily to help with baby’s head, shoulder and muscle development and minimize the occurrence of your baby’s head becoming flat.

Be sure to share these important recommendations with babysitters, grandparents and other caregivers. It is also important for parents and all caregivers to take an infant CPR course.

Resources available at both the AAP and CDC websites at: http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938, http://www.cdc.gov/sids/aboutsuidandsids.htm
Shaken Baby Syndrome or Abusive Head Trauma

If you are a parent of a new baby, there may be times when you will become frustrated and maybe even angry when your baby cries. You may have tried everything to comfort him, but nothing seems to help. Sleep is hard to come by and you may find yourself very frustrated.

Shaken Baby Syndrome (SBS) or Abusive Head Trauma (AHT) is when a baby is violently shaken. The movement of the baby’s head back and forth can cause bleeding and increased pressure on the brain. A baby’s neck muscles are not strong enough to tolerate this “whiplash” type motion, and the brain is too fragile to handle it. SBS is one of the leading forms of child abuse. Many babies die. Many others have irreversible brain damage. Those who survive may have visual disturbances or blindness, mental injury, paralysis, seizure disorders, learning and speech disabilities or neck and back damage.

If you are feeling as if you cannot deal with your baby’s crying and you have met the baby’s basic needs (clean diaper, fed, appropriate clothes, gently rocked, held, etc.) then stop, think and reach out for help if you need it. There may be times when nothing you do will stop the crying…this is normal. DO NOT SHAKE YOUR BABY. If you think your baby has been shaken, go to the emergency room.

Here is a list of things to think about if you become frustrated:

- **REMEMBER – NEVER THROW OR SHAKE YOUR BABY NO MATTER WHAT.**
- Take a breath.
- Close your eyes and count to 10.
- Put the baby down in his crib and leave for a few minutes to gain composure.
- Ask a friend, neighbor or family member to take over for a while.
- Give yourself a “timeout.”
- Do not pick the baby up until you feel calm.
- If you feel he is ill, call your healthcare provider right away or take him to the hospital.

**Signs and symptoms of Shaken Baby Syndrome include:**

- Irregular, difficult or stopped breathing.
- Extreme irritability.
- Seizures or vomiting.
- Difficulty feeding.
- Difficulty staying awake.
- No smiling or vocalization.
- Inability of eyes to focus or track movement.

If you or a caregiver has violently shaken your baby because of frustration or anger, the most important step you can take is to seek medical attention **IMEDIATELY.** Do not let fear, shame or embarrassment keep you from doing the right thing. Getting the necessary and proper treatment without delay may save your child’s life.

**Postpartum Support International (PSI)**
www.postpartum.net
1-800-944-4PPD (toll free)
(1-800-944-4773)

**The National Center on Shaken Baby Syndrome**
mail@dontshake.org
www.dontshake.org
1-888-273-0071 (toll free)
1-801-447-9360

**The Shaken Baby Alliance**
info@shakenbaby.org
www.shakenbaby.org
1-877-6ENDSBS (toll free)
(1-877-636-3727)

**National Institute of Child Health & Human Development**
NICHDInformationResourceCenter@mail.nih.gov
www.nichd.nih.gov
1-800-370-2943 (toll free)

**The ARC**
info@thearc.org
www.thearc.org
1-301-565-3842

**Prevent Child Abuse America**
mailbox@preventchildabuse.org
www.preventchildabuse.org
1-312-663-3520

**Think First Foundation**
thinkfirst@thinkfirst.org
www.thinkfirst.org
1-800-THINK-56 (toll free)
(1-800-844-6556)

**Childhelp**
Crisis counselors available 24/7
www.childhelp.org
1-800-4-A-CHILD (toll free)
(1-800-422-4453)
acrocyanosis: A bluish appearance of the hands and feet seen in the newborn for the first few hours after birth.

afterbirth pains: Pain from the uterus contracting after birth that feels like “mini” labor pains.

anesthesia: General or localized pain relief.

apgar score: A rating or score given to newborns at 1 and 5 minutes of age. The score is based on 5 categories; color, cry, muscle tone, respiration and reflexes. There is a possible 0 to 2 points for each or a maximum total score of 10.

areola: The dark area around the nipple.

bilirubin: A yellowish substance formed during the normal breakdown of old red blood cells in the body.

breast engorgement: Filling of the breasts postpartum with milk that causes both pain and swelling of the breasts.

cesarean section: The method used to birth a baby through a surgical incision in the mother's abdomen and uterus.

cervix: The neck-like lower part of the uterus that dilates and thins during labor to allow passage of the fetus.

circumcision: The removal of the foreskin of the penis.

colostrum: It is the forerunner to breastmilk and may be yellow to almost colorless. It is present in the breasts during pregnancy and the initial fluid that baby will receive for approximately 3 days until breastmilk is established.

contractions: The rhythmical tightening and relaxation of the uterine muscles that cause changes to occur to cervix.

episiotomy: A surgical incision of the perineum that enlarges the vaginal opening for birth of the baby.

fundus: The upper, rounded portion of the uterus (womb).

gravida: The total number of times a woman has been pregnant during her lifetime.

hemorrhoid: A dilated blood vessel inside the anus and beneath its thin lining (internal) or outside the anus and beneath the surface of the skin (external).

hormone: A chemical substance produced in the body that is carried through the blood stream and causes the function of another gland.

insomnia: The inability to sleep.

involution: The process of the uterus returning to its normal size after birth.

jaundice: A newborn condition caused by excess yellow bilirubin pigment. Treatment may be required but it is generally not necessary.

kegel exercises: An exercise contracting the pelvic floor muscles that improves pelvic floor muscle tone and helps prevent urinary incontinence.

lanugo: Fine hair that covers the baby's body and is evident at birth.

let-down response (milk ejection reflex): The release of milk from the milk glands stimulated by the baby during nursing.

lightening: The sensation of the baby “dropping” as the baby descends into the pelvic cavity.

linea nigra: A line running from the navel to the pubic hair line that darkens during pregnancy caused by hormonal changes.

lochia: The discharge from the uterus during the 6 week postpartum period.

mastitis: Infection of the breast causing breast soreness, fever and flu-like symptoms.

milia: White spots on the baby's nose and cheeks that disappear over time.

meconium: A greenish material that collects in the bowels of a developing baby that is normally expelled after birth. It can stain amniotic fluid if expelled before birth.

molding: The shaping of the fetal head during labor to adjust to the size and shape of the birth canal.

multigravida: A woman pregnant with her second or subsequent child.

multipara: A woman who has given birth to more than 1 child.

oxytocin: A hormone in a woman's body that contributes to the start of labor and later stimulates the “let-down” response.

pelvis: The basin shaped ring of bones at the bottom of the body that connects the spinal column to the legs. It is composed of 2 hip bones (iliac) that join in the front (pubic bones) and back (sacrum).

perinatal mood disorder: A condition that can occur in up to 10% of women who recently delivered babies. It most likely results from changing physiology, particular hormones and other changes such as self-image, lifestyle, stress and fatigue. It is a treatable condition.

perineum: The layers of muscles and tissues between the vagina and rectum.

phototherapy: Treatment of jaundice in the newborn through light therapy.

umbilicus: Belly-button or navel.

uterus: The muscular organ that contains the products of conception – the baby, placenta, membranes, amniotic fluid and umbilical cord. It contracts during labor to move the baby through the birth canal. It is commonly referred to as the womb.

vagina: The lower part of the birth canal that is normally 5 to 6 inches long.

vernix: A greasy white material that coats the baby at birth.
Important Phone Numbers

HEALTHCARE PROVIDER

Address
Phone

EMERGENCY 911

POISON CONTROL 1-800-222-1222 (national)

YOUR LOCAL POISON CONTROL

FIRE DEPARTMENT

POLICE DEPARTMENT

MOTHER
Address
Home Phone Cell Phone
Work Phone Alt. Phone

FATHER
Address
Home Phone Cell Phone
Work Phone Alt. Phone

GRANDMOTHER
Address
Home Phone Cell Phone
Work Phone Alt. Phone

GRANDFATHER
Address
Home Phone Cell Phone
Work Phone Alt. Phone

FRIEND
Address
Home Phone Cell Phone
Work Phone Alt. Phone