The Joy of Parenthood

your personal journey through newborn care
The Joy of Parenthood
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by
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The purpose of this publication is to provide general information and guidance for new parents. As with any new parent, there is a sense of ‘awe’ and amazement at the birth of a new baby. But with that excitement is also a sense of anxiety and an element of fear. Please know that these feelings are common and normal. You are not alone! Our hope is that the following chapters will help to answer many of your questions and reduce the anxieties you may be feeling.

Special thanks to the many people all over the country who helped with suggestions, advice and most of all support. Without their expertise and guidance, The Joy of Parenthood, your personal journey through newborn care could not have been achieved in an accurate and complete way.

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Thanks to the moms and their babies who have graciously agreed to be a part of this project.

Joy and Violet Larios
Misty and Zachary Lucina
Wendy and Cade Eubank
Zoriah and Gavin Pearson
Kim and Bryce Bateman
Elizabeth and Michael Garrity
Rebecca Arreola and Brayden Cook
Dee Lana and Bella Pierce
Tam and Hunter Hang
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**PLEASE NOTE:** For the purpose of clear and concise writing, the term “he” will be used to reference the baby.
Congratulations on the Upcoming Birth of Your Baby

What an exciting time it is for you and your new family. For the past 9 months your baby has been growing inside you. Now the baby is almost here and you and your partner may be feeling a bit overwhelmed and asking.

“Now what do we do?”

That very first time you hold your baby and look into his eyes is a moment you and your partner will never forget. It is an incredibly personal experience. Some mothers will have this instant and intense sense of love and excitement. While others may think...

“Who is that and where is its mother?”

Some new mothers will need time to adjust and bond. A mother’s feelings may be determined by the type of labor and birth she experienced. There may be a sense of detachment or disbelief until a mother has had a chance to recover from what may have been a long and difficult birth process. Whatever your feelings are at that moment, please know that they are normal.
Realistic Expectations

You will find that you have so much to learn over the next few weeks. Your life has just changed beyond measure. Although you may doubt yourself time and again, you will find that a lot of what you think you do not know will come naturally.

You may find yourself crying and feeling like you are climbing this ladder of inadequacy higher and higher with every cry from your baby.

Remember, this is a time of transition and growth. You and your partner will have a multitude of emotions from minute to hour to day to week. It is true, you will inevitably have questions.

Trust yourself; do not feel like a failure every step of the way. You will instinctively learn about your baby as your baby will learn about you.

Stop to enjoy this... Journey through Parenthood!

New Dads or Partners

As a new mother has an enormous rush of feelings and emotions, so do dads and partners. You may experience an intense love that is something rare and new. It could be an overwhelming feeling and a new sense of responsibility and anxiety may set in at the same time. Your sense of protection of this tiny being, though, is instantaneous.

Please know that it is normal if you have feelings of jealousy or a sense of exclusion at times. Everything is revolving around mom and your new baby. But, it is so important for you to have special time with your new baby, either through diapering, bathing or just cuddling.

This intimacy will allow you a pure sense of closeness and it will allow the baby to feel calm and secure in your care. It is a great way of decreasing personal doubts and fears that are so normal for dads and partners.

Talk, sing and coo to your baby. From the very beginning your baby knows your voice!
CHAPTER 1
Preparing for Your New Baby
Chapter 1 – Preparing for Your New Baby

Becoming a New Family

Did you ever think that this little person would change you on so many different levels? The strong connection that you feel with this child you just met can be overwhelming for both you and your partner. This transition affects you physically, socially, emotionally and financially.

Physically

Over the next few years, this little one will physically need you. There will be some days that you will find yourself still in your night clothes. You haven’t even had time to comb your hair or wash your face and it is 4 o’clock in the afternoon! You may feel exhausted and think you cannot make it through another day. You will have good days and challenging days. But, they go by so quickly that a day will come when you think to yourself “that wasn’t so bad.”

As with everything in life, it is what you make it. Expect parenting to be a process of change and growth; you will evolve day-to-day. You will find your role as parents will shift with your baby’s needs.

Socially

You may find yourself with a new group of friends who are just like you. You may have met them in your childbirth education class, a special event or at the local store. The commonality of your situation can be very empowering as well as fulfilling. These friends can be a wonderful support system for you and your partner.

Emotionally

You will find that your emotional state is the biggest change. Did you ever think you could love so deeply and fall in love so fast? You may be overwhelmed by the love and connection you feel for your new little one. In the beginning, your baby will demand most of your time and attention, as well as your partner’s. That is all part of being new parents.

In a very short period of time, you will see that you will become the authority in your baby’s cry, comfort measures and needs. You may feel, at first, as if you have no self-confidence regarding your baby. At the hospital, you will meet many healthcare providers who may exude knowledge, confidence and expertise in caring for your baby. Do not worry; it will become very apparent once you are at home that you are the expert! Do not have unrealistic expectations of yourself, your partner or your baby. Over time, you will reach a comfort level. There are no strict timetables or routines that you must follow. Together, with your baby, you will follow a flow that is natural and you will find yourself filling needs as they arise. Remember to trust your instincts – your gut feelings!

In no time at all, you will have a routine in place that is comfortable and works for you, your partner and your baby.
Financially

There is no doubt that this tiny baby will have a big impact on you financially. When it comes right to it, there is never a good financial time to have a baby. It seems that we are never without debt. For most people, money usually does not fit into the equation of having a baby. Let’s face it, if that were the case we all would be childless! This is something to be aware of, and think about from the very start. Set up a little nest egg for the baby. Put away a small amount each month. It is surprising how much you can save if you plan, even if it is $5 a month!

The transition from “you and your partner” to now a family of 3 or more can be stressful. There is a huge “everyday life that you are accustomed to” change that results with the birth of a child. It will affect your sleep (or lack thereof), sexual intimacy, conversation not regarding baby-related issues, and lack of communication regarding you and your partner’s needs.

It is recommended that you make time for yourselves as a couple. Do not let those lines of communication fall apart. It is so easy for that to happen in these early weeks.

Your whole world is revolving around your new baby. You may find yourself emotionally and physically exhausted and that alone can lead to stress! Make the time, even if it is 5 minutes, to nurture YOUR relationship. It will make this transition so much easier.

Single Parents

As was mentioned, it is hard just to be a new parent. When you are a single parent, it is an additional strain. Being the full-time caregiver can be exhausting and lonely. Please remember that your baby can read your emotions. If you are confident and happy, then your infant will be more relaxed in his environment. Together you will bond in a very special way.

*If you are feeling stressed and feel as if your days are out of control, then think about the following:*

- Make sure you find and develop a good support system for yourself. Friends, family and even your local church can provide you with some help so you can have time for yourself.
- Have regular time to “work in a workout” for yourself. Being physically fit allows you to feel more confident.
- Eat well! Do not rely on fast food for your nutritional needs. Plan and stick to good nutritional food. This will help to fight fatigue.
- Nap when your baby naps. If you find it hard to sleep, have a family member or friend come over and watch the baby so you can get some sleep.
Finding a Healthcare Provider for Your Baby

Before your baby is born, you must consider who will care for your new bundle of joy. Start looking around as early as possible for a healthcare provider or pediatrician. This information is needed by the nursing staff when you go to the hospital. This will allow them to contact your baby’s healthcare provider when the baby is born. Your decision largely depends on your insurance carrier. Talk to your friends who have a child, your fellow classmates in your childbirth or baby care class, or get a list of physicians from your healthcare provider. Your hospital may also offer a physician referral specialist who can assist you in your search for that perfect healthcare provider for your infant.

A lot of healthcare providers will set appointments with new parents who are searching for the right fit. Both parents should interview the healthcare provider and make sure they know and understand the views and character of the person. Get all your questions answered during this meeting. It is a good idea to write everything down on a piece of paper ahead of time so that you are prepared for your face-to-face consultation with the healthcare provider.

*Some questions you can ask:*

- What is the cost of a well-baby visit and is my insurance coverage accepted?
- How is the billing handled?
- Are weekend and evening office hours available?
- Are there specific call hours for new moms who have questions?
- Will my questions be welcomed by the telephone nurse?
- Is there a sick room set up for children who are not feeling well and is it separated from the well babies?
- Will I be supported by the healthcare team with my decision to breastfeed and is there a lactation consultant on staff?
- May I bring my baby in for weight checks?
- What are the advantages and disadvantages of circumcision?

*You may also want to investigate the following:*

- Does the office operate in an organized manner?
- How well does the staff treat you?
- Does the healthcare provider’s personality match yours?
- Is the office clean?
- Is your healthcare provider board certified in his or her area of expertise? (ie: Pediatrics, Family Care, General Practice)
- What newborn care books are recommended by your healthcare provider?

It is so important that you are comfortable with the healthcare provider you choose. You will know that it is the right fit when you walk away from the interview feeling as though this is a healthcare provider that you can trust. You make a lot of visits that first year of life, so feel good about your choice for your baby.

Weight Loss and Gain

The average newborn weighs approximately 7½ pounds at birth. Infants typically lose 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.
Preparing for the Office Visit

Each visit will allow your healthcare provider to make sure your infant is healthy and growing well. For the first 24 months of life, you will make frequent visits to your baby’s healthcare provider. It is often helpful to choose someone close by, so you do not spend much time in the car traveling back and forth.

Before you are discharged from the hospital, your baby’s healthcare provider will do a complete exam on your infant. You will be provided with specifics on care and have any questions answered. Your baby’s healthcare provider will tell you when to bring the baby for an office visit. It is usually within 48 to 72 hours after discharge especially if the baby was discharged before 2 full days after his birth.

Please know that you should always feel free to call your baby’s healthcare provider at any time for an emergency. If you feel something is wrong, then listen to your gut. As parents, even brand new ones, you may sense that there is a need to speak to someone directly. You will find that you become the expert in your baby’s needs. Your baby’s healthcare provider may not be able to answer your questions over the phone and may need you to take him in for a visit. Even if it turns out to be a minor problem, you will have peace of mind.
Things I Need to Do to Prepare for My New Baby:

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CHAPTER 2
Your Baby's Care at Birth
The Miracle of Birth

It was mentioned that having a baby will impact your life in so many ways. The fact of the matter is that it is also an incredible change for your baby. All he has known is the peace and warmth of your womb. Now, he must adapt to this brand new world, which is totally foreign.

Immediate Care

Once your baby is born, he may be wiped off with a clean towel to keep him from getting cold. This drying is also a good way of stimulating the baby to give a good cry. If your baby does not cry, do not worry. Some babies will take a bit of time to let out that first cry.

It is important to have contact with your newborn as soon as possible after birth. This contact will enable you to learn about your baby, while allowing him to learn your scent and the sound of your voice. Skin-to-skin contact is significant emotionally as well as physically and is very reassuring for both you and your baby.

When you and your infant are resting skin-to-skin, you will begin to learn about each other on many different levels. For you, the first minutes and hours after birth are a time when you’re open emotionally to bond with your baby and begin the new relationship. At the same time, your newborn is ready to accept his new family and his brand new world.

Apgar Score

At birth, your newborn will be scored on how he is transitioning to his surroundings outside the womb. He will be scored on 5 different areas, (as noted below), once at 1 minute after birth and again at 5 minutes. This is the first “test” your baby will have and it is called the Apgar Score.

For each area scored your baby will be given a 2, 1 or 0 on each of the above 5 responses. A score of 2 means that your baby has a healthy response to the area scored and a 0 means he is absent of a response. You may hear your nurse say “Apgar Score of 7 for first minute after birth and 9 for 5 minutes after birth.” Some scores will be higher, some scores will be lower. This depends on how well your baby is adapting to his new environment. Your infant may need closer observation or his airway cleared. A score of less than 5 usually suggests that your baby may need oxygen, additional monitoring or other special care. This may feel like a scary time, but once the healthcare team works with your baby you may see that score rise. A perfect score is a 10, but most babies score between 7 to 10. The score will be written as 7/9 meaning the 7 represents 1 minute score and 9 is the 5 minute score.

<table>
<thead>
<tr>
<th>AREA SCORED</th>
<th>SCORE OF 0</th>
<th>SCORE OF 1</th>
<th>SCORE OF 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Color</td>
<td>Blue in color</td>
<td>Body pink, feet and hands blue</td>
<td>Baby is pink</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>Absent</td>
<td>Under 100 beats/minutes</td>
<td>More than 100/minutes</td>
</tr>
<tr>
<td>Breathing</td>
<td>Absent</td>
<td>Slow or irregular</td>
<td>Good or crying</td>
</tr>
<tr>
<td>Muscle Tone</td>
<td>Limp</td>
<td>Some tone</td>
<td>Actively moving</td>
</tr>
<tr>
<td>Reflex Response</td>
<td>None</td>
<td>Grimace</td>
<td>Sneezing or coughing</td>
</tr>
</tbody>
</table>

The Apgar Score was named after Dr. Virginia Apgar who devised this way of assessing a newborn immediately following birth. This was the first consistent method for evaluating the newborn’s transition to life outside the womb. The score was presented in 1952 at a scientific meeting, and first published in 1953. This assessment tool is now used throughout the world.
Reflexes Present at Birth

Although your baby may appear to be fragile and defenseless, there are some built-in protective reflexes present at birth. Healthy newborns show certain reflexes that are checked for by your healthcare team. These reflexes are automatic responses to certain stimuli and help identify normal brain and nerve activity. Most of these newborn reflexes will disappear after a few months for some newborns, but can last as long as a year for others.

Some of the reflexes listed below are spontaneous movements that occur as part of the baby's everyday usual activity. Others are responses to certain actions.

**Moro Reflex**
The Moro reflex can be the scariest for new parents. It is often called the startle reflex and occurs when there is a sudden movement or loud noise. The baby will throw back his head, fling his arms and legs out and then quickly draw them in towards the chest. He will then let out a cry. Even a baby's own cry may elicit this response. When your baby is picked up, he may startle. You are not doing anything wrong. This is a natural, healthy response and will disappear over time.

**Rooting Reflex**
This reflex begins when the baby's cheek or corner of the baby's mouth is lightly stroked or touched. The baby will turn his head and open his mouth wide to follow or "root" in the direction of the stroking. This response helps the baby search for the breast or bottle so that he can eat. This is also a feeding cue.

**Sucking Reflex**
When the roof of the baby's mouth is touched, the baby will begin to suck. This reflex begins and can be seen on sonogram at 32 weeks of pregnancy. It is not fully developed until 36 weeks of pregnancy. That is why premature babies may have a weak or immature sucking ability.

It's very noticeable, once you are at home, that babies have a hand to mouth reflex. This action goes along with rooting and sucking reflex.

**Grasp Reflex**
There is nothing better than when you place your finger in your baby's hand and he holds on tight. What a joy! Stroking or touching the palm of your baby's hand will automatically make him clench his fist. This reflex is a guard against falling and thought to enable the baby to hang onto his mother. It lasts only a few months and is actually quite strong in premature babies.

**Babinski Reflex**
When the sole of the foot is stroked, the baby's big toe bends back toward the top of the foot, the foot turns inward and the other toes fan out. This is a normal reflex and lasts up to 2 years of life. It is thought that this response is also protective to insure against falling.
Step Reflex
You may observe your healthcare provider pick up your baby under the arms with the feet touching a flat surface. He will automatically put one foot in front of the other as if he were walking. This reflex is present at birth, disappears and then comes back when your child is ready for those first real steps on his own.

Withdrawal Reflex
You will notice this response when blood is taken from your baby’s heel. It is a protective response against pain. The leg and foot will jerk backwards and the opposite leg and foot will push forward.

Tonic Neck Reflex
If you lie your baby on his back, you will notice the head turn to the side. His one arm will stretch out in the same direction as that of the baby’s head. The other arm flexes or bends up. This is often called the “fencing” position.

Physical Assessment
Besides the all important Apgar Score, a quick physical assessment of your baby will be done at the time of birth by the healthcare providers. His weight, head circumference and length will be done. Those are “vital statistics” that every new parent wants to brag about.

A more thorough exam will be done by the healthcare provider you have chosen for your infant. The hospital staff will contact your baby’s healthcare provider after he is born.

Vitamin K
Vitamin K is naturally made in the gut and is needed for clotting of the blood. Newborns lack the necessary bacteria that produce Vitamin K; therefore your baby will receive a shot of Vitamin K right after birth. The injection will be given into your baby’s thigh.

Eye Prophylaxis
Your baby’s eyes will be treated with a medicated ointment or drops. This is applied to your baby’s eyes within 2 hours of birth. This will protect him from contracting bacterial infections such as Chlamydia or Gonorrhea, which can be contracted during the birth. These conditions may be present in the mother without her exhibiting any related symptoms, so all newborns are treated.

Identification
After your baby is born, you and your baby will be given identification bracelets to wear. These have the same numbers on them. Some facilities have a three-band system where the partner is also given a bracelet. Foot printing may be done on a sheet along with the mother’s fingerprint, as well as the numbers from the identification bracelet. There will be no confusion as to whether your baby is yours.

You will be amazed at the resilience of your new baby. All the reflexes that you notice – a yawn, a wince, a jerk or the grasp of your finger – are part of your baby’s built-in survival responses at birth.
Becoming Acquainted with Your Baby

Years ago, babies would spend most of their hospital stay in the newborn nursery. Today, parents, as well as the healthcare team, know how important it is for babies to stay with their families as much as possible. Family centered maternity care is when the new mother and her partner keep the baby in the room with them at all times. One nurse cares for the mother and the baby together. You may hear this called rooming-in or rooming-together. Whatever your hospital calls it, you should not be expected to provide the total care to your newborn in the hospital room. This model of care does not expect the parents to give total care to the baby, but you have a nurse with you that helps and assists in getting to know your baby and learning how to care for your baby.

Research has shown that babies, minutes after birth, begin to interact with their parents and give “cues” as to what they need and want. Learning the “cues” your baby gives is vital to help his brain growth and development, as well as helping new parents gain experience and feel comfortable in caring for, and interacting with their new baby. Being able to ask questions of the healthcare team and having the availability of their skills if needed, allows new parents to feel more secure about the prospect of going home.

When you and your partner have the baby with you in the hospital room, you will find that you become comfortable with your baby early on. You will learn to recognize your baby’s smell, noises, expressions and movements. You will also learn how to handle and comfort your newborn. With the baby in your room at all times, it will be easier for you to recognize those early feeding cues. Your baby, on the other hand, learns you and your partner’s touch and how to feel safe in your arms. In addition, keeping mother and baby together is enormously beneficial for breastfeeding, as it facilitates infant led feedings.

It has been shown that a baby who stays in mom’s room is generally more content, cries less and seems to develop more regular sleep-wake cycles earlier. This is because you are recognizing your baby’s cues and sleep-wake cycles and feeding your baby frequently (at least 8 to 12 feedings within a 24 hour period). This is beneficial for early and plentiful milk production.

Mothers and babies should always stay together unless otherwise indicated or the mother makes a fully informed decision to allow the baby to reside in the nursery. If your baby rooms in with you, you actually tend to get more rest. Sleep when your baby sleeps.

Safety tips for rooming-together in the hospital:
• Call for help anytime.
• Remember to NEVER leave your baby unattended or alone for any reason.
• Pull the emergency cord or push the button if you feel a nurse is needed immediately.
• When you need to use the restroom or shower, and you are alone, wheel the crib to the restroom door and keep it open so you will be able to see and hear your newborn.
• Keep the baby close to your hospital bed – the furthest point away from the doorway.
• Do not give your baby to anyone you do not know or who has not properly identified themselves.

Most facilities offer and most parents choose to have their baby room-in the whole time they are in the hospital.
Newborn Screening

Newborn screening is designed to screen infants shortly after birth for a list of conditions that are treatable, but not clinically evident in the newborn period.

Metabolic Screening

Metabolic screening is an essential preventive health measure. It tests for developmental, genetic and metabolic disorders in the newborn. Certain conditions may not be apparent immediately after birth. If identified early, many of these rare conditions can be treated before they cause serious health problems in your child. Each state requires screening, but the specific test performed may vary. Some disorders are more common in some states, making these screenings even more important.

*How the test is performed:*

The sample is usually taken on the day of discharge or no later than 48 to 72 hours after birth. A few drops of blood are taken from your baby’s heel. The sample is then sent to the lab for analysis.

Hearing Screening

Of every 1,000 babies born, it is estimated that 1 to 3 will have serious hearing loss. Hearing screening for newborns before they leave the hospital or maternity center is becoming a common practice. It is recommended that all newborns be screened for hearing. If hearing loss is not caught early on, then there will be a lack of stimulation of the brain’s hearing center. This can delay speech and other development in your newborn. Hearing loss is the most common congenital disorder in newborns. Talk with your healthcare provider and the facility where you are going to give birth about this important screening tool.

Pulse Oximetry Screening for Congenital Heart Disease

Pulse oximetry is a simple, non-invasive procedure used to measure how much oxygen is in your baby’s blood. Being used when your baby is over 24 hours old before discharge, it has been found effective in screening for some congenital heart diseases in newborns. The device is placed on the baby’s hand and foot with a sticky strip and a small red light, or probe. The probe is attached to a wire that connects to a special monitor measuring the baby’s oxygen level in the blood and pulse rate. The test takes a few minutes to perform while the baby is still, quiet and warm. The probe does not puncture the skin and the measurement can usually be read in about 60 seconds. Federal health officials are recommending that all newborns undergo the screening and many hospitals have adapted the practice.

Notes:
Birth Certificate

- It is required that every birth is registered in the county and state in which the baby is born. You will be given a form after the birth to fill out that will be your baby’s official birth certificate.

- At this time, you can also indicate if you would like a Social Security Card for your baby. This will save you time and effort later down the road, especially since you will need this to claim your child on your federal income taxes.

- Your hospital or birth center will register the birth certificate and the original is kept in state or county offices. If you would like a copy, the state will send you a copy for your records. It may take up to 6 weeks to receive your copy. There may be a fee involved.

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 you are vigorously burping 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.

Notes:
Premature Babies

The birth of a baby is naturally a happy event, but when that baby is born too early or is very sick, it can be a frightening experience. The healthcare team understands how shocking and upsetting it can be. To help make it easier, they will work with the parents and other family members to help them understand what is happening and how they can be involved in the care of the infant. Parents are encouraged to spend time in the Neonatal Intensive Care Unit (NICU). Even the most fragile newborn needs the gentle touch and sound of mom and dad’s voice.

One of the hardest parts of having a premature baby is not being able to hold him right away. That first trip you take to the NICU may be intimidating. The lights will be low and you may see many machines blinking and beeping, isolettes holding tiny infants with tubes and wires and many healthcare providers all around. Your healthcare team wants you to be able to hold your baby when your baby’s condition allows it. As mentioned in Infant Massage on page 43, touch is important for growth and development. Put your hand on his back or stroke his face. Not only is it calming to your tiny little one, but for you as well.

A baby that is born before 37 weeks of pregnancy is considered to be premature. According to recent studies, the rate of premature births is rising, mainly due to the large numbers of multiple births in recent years. Twins and other multiples are about 6 times more likely to be premature than single birth babies.

Preterm generally refers to the length of pregnancy (preterm labor), while premature is more often used to describe the appearance and capabilities of the baby. Most people are familiar with the term “preemie.” Many premature babies weigh less than 51/2 pounds and may be referred to as low birth weight.

Kangaroo Care

When it is allowed, your healthcare team may talk to you about Kangaroo Care. This is extended, upright skin-to-skin contact, placing your infant on your chest. It is so beneficial and therapeutic for both you and your baby. You actually get to feel your baby breathe and sense the heartbeat right next to your own. Your baby 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 hold the baby this way as well.

Of course, any member of the family who is sick should avoid visiting and risking exposure to the infant. Rooming-in will not be an option as the baby will be under 24-hour supervision in the NICU.

Photo by K. Schroek and courtesy of Hamot Medical Center
Factors Contributing to Premature Birth

There are many factors linked to premature birth. Some cause early labor and birth, while others can make the mother or baby sick and require early delivery.

The following is a list of factors that may contribute to a premature birth:

Factors with mom
- Toxemia of pregnancy – also known as high blood pressure or preeclampsia
- Chronic medical illnesses
  - Diabetes
  - Chronic hypertension
  - Renal disease
- Infections
  - Group B streptococcus
  - Urinary tract infections
  - Vaginal infections
  - Infections of the fetal/placental tissues
- Illegal drug use
  - Problems with the growing uterus
  - Inability of the cervix, or mouth of womb, to stay closed during pregnancy (this is called incompetent cervix)
  - Previous preterm birth

Factors involving the pregnancy
- Abnormal or decreased function of the placenta
- Placenta previa (low lying position of the placenta)
- Placental abruption (early detachment from the uterus)
- Premature rupture of membranes (bag of waters or amniotic sac)
- Polyhydramnios (too much amniotic fluid)

Factors involving the baby
- Multiple gestation (twins, triplets or more)
- Inappropriate growth
- Fetal testing results

Premature babies are born before their bodies and organ systems have completely matured. They may need help breathing, staying warm, eating and fighting infection. Very premature babies, those born before 28 weeks, are especially vulnerable. Many of their organs may not be ready for life outside the mother's uterus and may be too immature to function properly.
Characteristics of a Premature Baby

Each premature baby may show different characteristics. The following are the most common characteristics of a premature baby, often weighing less than 5 1/2 lbs:

- Thin, shiny, pink or red skin
- Veins visible through skin
- Very little body fat
- Little scalp hair
- May have a lot of lanugo (soft body hair)
- Weak cry
- Weak body tone
- Genitals may be small and underdeveloped

Premature babies often need time to “catch-up” in both development and growth. In the hospital, this “catch-up” time may involve learning to eat and sleep, as well as steadily gaining weight. Quite often they will have an uncoordinated suck/swallow reflex. Your healthcare team may have an occupational therapist work with them to develop this reflex.

Depending on their condition, premature babies often stay in the hospital until they reach the pregnancy due date. If a baby was transferred to another hospital for specialized NICU care, he may be transferred back to the “home” hospital once his condition is stable. More than likely you will be discharged from the hospital before your baby is able to leave. Arrangements will be made for you and your family members to visit the baby while he is still hospitalized.

Support for Parents of Premature Babies

A premature birth can take a toll both physically, mentally and emotionally on you and your partner. Sometimes you may feel as if you did something wrong. Blame and guilt can quickly take over thoughts and feelings. There are multiple support groups for parents of premature babies. Ask your healthcare team or the social worker in the neonatal intensive care unit. They will be able to direct you to a group in your area.

Notes:

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Some premature babies may be very sleepy. Here are some tips to try to keep your baby awake for feeding:

- Undress to diaper
- Tickle feet
- Skin-to-skin
- Rub back

Do not be afraid to ask your healthcare team about being a part of your baby’s care; such as feeding, bathing and diapering.
CHAPTER 4
Newborn Appearance and Characteristics
What Will My Baby Look Like?

The day has arrived…what you have been waiting for over the past 9 months. You and your partner have spent all these months wondering, dreaming and talking about what your baby will look like. On the other hand, you will be no different from many other new parents in that you are not sure what to expect when meeting your baby for the very first time. You can consider this moment one of the most meaningful times in the lives of you and your partner.

Most newborn babies are not the beautiful, bouncing babies that we see on TV or in magazines. The reality is that they are wet, tiny little human beings when they come into the world. What is amazing is how your baby’s appearance may change even in the first hour after birth.

Color
The first thing you may notice is your baby’s color. Newborns may be gray or purple until they take their first breath and start to cry. Some babies will be crying as they are being delivered and may appear pink or red in color immediately. Either way is perfectly normal. Quite often you will find that your baby’s hands and feet appear to be bluish/purple in color. This is called acrocyanosis and is perfectly normal. Each baby is so different.

Vernix
You may notice your baby is covered in a thick, white, cheesy coating called vernix. Although it may look awful to you, it is an amazing substance that protects your baby’s skin. He has been floating in amniotic fluid all these months and the vernix keeps your baby’s skin from becoming wrinkled.

Dry Skin
If your baby is born after his due date, then he may be born with dry, wrinkly skin. The vernix, or protective coating on the skin, will start to slough off around 38 weeks of pregnancy, and after 40 weeks there may not be much left on the skin.

Lanugo
Some infants, especially those born before their due date, may be covered with fine hair. This is called lanugo. It grows on your baby as he develops in the womb and is another protection for the growing fetus. Your baby will not grow up hairy! You will notice that in a week or 2 it will start to slough off.

Eyes
You may be surprised how alert your bundle of joy may be! For your baby, suddenly there are new sensations, sights and sounds, not to mention a cold, bright room! This is a brand new world for your little one. If you shade your baby’s eyes, he may look at your face and study it. Although his vision is blurry, he can see up to 12 to 14 inches. He must learn about this new environment. You may find that your baby is alert and inquisitive the first hour of life. This is why the first hour of life is the best time to breastfeed your baby. The alert period lasts 1 to 2 hours, and then he may fall off to sleep. Just like the new mom, the baby has been through a long, tiring process and needs some rest time.
Facts about your baby's eyes:

• Your baby's eyes are typically gray-blue in color. You will not know for 9 months to a year what the true color of his eyes will be.

• Even though a baby cries, there are no tears and they may not be present for up to 3 months of age.

• In the first few weeks after birth, your baby's eyes may appear crusty. The healthcare team will instruct you on the proper care for your baby's eyes at the time of discharge.

• Sometimes you may see red spots in the whites of your baby's eyes. Do not let this frighten you. These are broken blood vessels that occur during the birth process and will disappear in the first week or so. They have no lasting effects or consequences to the health of your baby's sight.

The Shape of Your Baby's Head at Birth

A newborn's head is usually the largest part of his body and may seem misshapen immediately after birth. The skull bones aren't firmly set and may be somewhat molded together from moving through the birth canal. The shape of the baby's head has to do with the length of labor and the type of birth he encountered.

If it was a cesarean birth, the head may be perfectly round. If it was a long, second stage of labor where the baby's head had to mold to your pelvis, then your baby may have a 'cone' head or an odd-shaped head. This will change. The head will go back to normal shape in a relatively short period of time.

Soft Spot

The soft spot may cause some new parents a sense of uneasiness. It feels soft and only a membrane and scalp cover this area of the head. The skull of the newborn is made up of bony plates. These plates join to form the skull, which protects the brain. The points where the plates join are called sutures or suture lines. At birth, the spaces where the suture lines come together are called fontanels. There are two which are noticeable at birth. The anterior soft spot is the larger of the two and is located on the top of your baby's head. The other is located in the back of his head. The fontanels are designed for the bones of the baby's skull to be flexible and movable making the birth of the baby possible. Your baby's head needs to mold, or change shape, to accommodate the birth canal and your pelvis. How amazing is the human body and its design!

The fontanels allow for growth of the skull during an infant's first year. Fontanels gradually become fixed and close becoming solid bony areas. The average time for the anterior fontanel to close is 18 months, but the timing varies widely. As early as 9 to 12 months is considered normal.
Milia
The nose of your baby may appear to be flat. It is usually covered with milia. These are small, white, pimple-like bumps and are immature oil glands. You may also notice milia on the cheeks and forehead of your baby. Do not pick or squeeze them. They will go away without treatment.

Swollen Breasts and Genitals
Your baby’s breasts and genitals may look a little swollen in both boys and girls. The breasts may also secrete a small amount of fluid. Do not worry. This is normal and due to the mother’s hormones. After a few days the swelling will go away.

Little girls may have a little blood-tinged discharge. This, too, is normal. It is also due to the mother’s hormones and may be frightening for the person who is changing her diaper!

Stork Bites
This is a playful name for birthmarks. Babies are born with an assortment of common marks on their bodies. They are small red to pink patches that will usually disappear within the first year of life.

Strawberry Hemangioma
These marks start as red spots and grow to red, raised areas on some infants. They are tufts of extra blood vessels. They may grow or shrink over the first year of life, and often will disappear by age 10. Depending on where this mark appears, it may be troubling to some new parents. Talk with your healthcare provider to alleviate your fears or concerns.

Infantile Acne
Many new parents are not ready for their beautiful newborn’s face to be broken out like a teenager. This is called baby acne or infantile acne. New parents believe it is their fault somehow, but it is not. These red bumps look worse than they are. Do not pick or squeeze them. You will only make it worse! These too are due to the hormones that cross the placenta during pregnancy. “Baby acne” can be present at birth, but most frequently will occur 3 to 4 weeks after his birth. Cleanse your baby’s face according to your healthcare provider’s direction. If it looks to be getting worse, please call your baby’s healthcare provider’s office for a visit.

Port-wine Stains
Port-wine stains vary in color from pink to red to purple and are malformed, dilated blood vessels in the skin. These patches are often irregular in shape. They are most commonly found on the face, forehead or cheek region and are superficial. They do not fade over time. Talk with your baby’s healthcare provider about port-wine stains.

Mongolian Spots
These flat birthmarks are very common among dark-skinned babies of Native American, African, Asian, or Hispanic descent. They can be deep brown, slate gray, or blue-black in color. They are sometimes mistaken for bruising, but they are not related to that in any way. Some marks can be small and others can be up to 6 inches or more in diameter. They are usually found on the shoulders, lower back or buttocks area and will usually fade after the first year of life.

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Cradle Cap

Cradle cap is another one of those “embarrassing moments” new parents may feel. They thought they were properly bathing and caring for their infant. It is a feeling that rates right up there with infantile acne.

In actuality, it is nothing you are doing wrong. Cradle cap is a crusting and scaling rash found on the scalps of many healthy babies. In infants, the skin cells on the scalp grow faster than they can fall off. This leaves a layer of this dandruff-like sloughing of skin. Generally, cradle cap does not need any special treatment. Use shampoos that are mild and are recommended by your healthcare provider. If it appears to be getting worse with more reddened areas or weeping of the scalp, call your healthcare provider. A topical medication may be prescribed in addition to your daily routine care of your infant.

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 substance called bilirubin.

Newborn babies have extra 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 in removing it from the baby’s system. 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 one week. 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 to be certain that the bilirubin level is correct.

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

If you see yellow skin and possibly yellow eyes in your newborn, call your healthcare provider for instructions right away.
Notes About Newborn Characteristics:

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CHAPTER 5
Getting to Know Your Newborn
Newborn Senses

Your newborn baby enters this world with all his senses functioning. Sometimes, as a new parent, it is hard for you to know and understand what it is he feels, sees and needs. You know that he cries, sleeps, eats and you change his diapers a lot! Below are some of the ways your newborn will express himself. Hopefully this will allow you to have a better understanding and awareness of your newborn’s senses. Your insight to this little person starts from the moment you hold him in your arms.

What Your Baby Sees

Your baby will see what is most important to him at birth…your face. He can see up to 12 to 14 inches, and gets to know your face as he gazes up into your eyes.

Babies can see further, but it is hard for them to focus on any one object. They are aware of movement and may follow that movement with their eyes the first few weeks. They certainly know light and dark, but do not see color at first. Sometimes the bright lights at birth may cause them to close their eyes tight. If you shade their eyes, they will open them up and focus on your face.

The muscles in the eyes are not fully developed. Often a baby will appear to be cross-eyed and this can give new parents a scare. This is normal. If you have any concerns, you should address them with your baby’s healthcare provider. Over time, these muscles will develop properly and you will no longer see these uncoordinated movements of the eyes.

You will notice that there are many toys and play objects on the market that are black and white geometric patterns. These large patterns keep your baby’s attention better than objects with similar colors. Be sure to change or move your baby around in his surroundings. This will provide him with a scenery change that is important for stimulating the maturing brain.

What Your Baby Hears

Your baby was listening to your heartbeat in the womb. He was listening to the music you were listening to, and quite often will recognize mother’s voice as well as dad’s voice at birth…you have been talking to him for many months! Many babies will turn their head towards a voice. Eye contact may not be coordinated with listening quite yet, but know he is studying your voice. Pay close attention to how he listens and can be attentive. You will find that in no time he will know that you bring him warmth, comfort and all the things he needs. It is amazing that this little one can be so observant!

What Your Baby Tastes

In the womb, taste buds are developing. What is known is that newborns prefer sweet tastes to bitter tastes. If you are breastfeeding, make sure you put your baby to breast within the first hour after his birth, or as soon as possible. The colostrum (or your first milk which is sweet tasting) is important for him to become accustomed to. It is known that babies show a strong preference to breastmilk and breastfeeding. If a bitter taste is offered, a baby will turn away and cry.
What Your Baby Smells
We assume that a baby has a keen sense of smell because we know that they can taste. These 2 senses are very closely intertwined. The brain’s olfactory (smell) center also forms early in the womb during an infant’s development. In the early days, an infant will show preference to his mother, and especially her breastmilk. This is another reason it is important to get him to the breast as soon as possible.

Touch
At first, all your baby wants is to be warm and snuggled. You have to remember the environment he just came from. He is brought into this world that is cold and bright and it is quite a shock after floating in an even temperature for the past 9 months. Touch is vital for brain development. So, hold and cuddle him and give him many kisses. You cannot spoil him! What you want to do is let him know that he is in a safe place!

Questions for Your Healthcare Provider:

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Infant Behavior

Babies learn to understand their parents relatively fast. From the tone of your voice to the way or rhythm in which you say things to your infant, he is learning to respond to you. All the small differences of your particular communication style are what capture his attention…it is what he learns to know as comfort and safety early on.

It is also amazing how fast you learn to know your baby. Before you are discharged from the hospital, you may think to yourself, “How will I ever know what my baby wants or needs?” In a short amount of time you will feel a comfort level that develops between you and your baby.

There is a wide variation of normal behavior. Just as we are all unique and different, so are babies. There are a few behaviors, though, that are consistent between newborns.

**Sneezing** – This is how your baby keeps his nose clear of dust, lint and mucus. Do not be alarmed if he sneezes many times a day.

**Hiccupping** – Do you remember the rhythmical bumping you felt the last months of pregnancy? That was your baby hiccuping inside the womb. When he is in his new environment, you will notice that he will hiccup often. This is nothing to worry about and there is nothing you need to do. Hiccups will go away on their own.

**Chin trembling** – When you see that chin tremble or lip quiver, it tugs at your heart. These are actions due to the immature nervous system of the newborn.

**Straining during bowel movements** – Often you will see your infant strain, get red in the face, and grimace during a bowel movement, even if it is the breastfed type of stool that is runny. He will make faces and sometimes cry. He is experiencing different sensations! It is normal for him to pass gas and spit up and for you to hear his little stomach rumble as well.

**Irregular breathing patterns** – This can be frightening to new parents if they are not aware of how a newborn breathes. There may even be short pauses between breaths. If your baby is content, not restless, and has good coloring, then this is your baby’s normal breathing.

**Noises during sleep** – These can keep new parents awake and make them fearful when they hear all these little noises at night. This is normal.

**Fussy time** – You will find that your baby may have a fussy time every day. It usually occurs in the early evening. It may be stressful to some parents but please know it is normal. (See Techniques to Soothe a Crying Baby on page 48.)

Try to not have strict schedules according to hours of the day. Your baby has his own inner clock to which he sleeps, wakes and eats. Allow him to have his own rhythm for eating and sleeping.

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Babies tend to love certain routines. For example, if you like to bathe him in the morning, stick to that practice. It lets your baby know what to expect. It also allows him to become more comfortable with his environment, as well as with you.
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.

Bathing and Care

Sponge Bathing

Until your baby’s umbilical cord is healed, and if you have a boy, the circumcision is healed, your healthcare provider may instruct you to sponge bathe your baby. The first bath you give your baby as you get home from the hospital may be scary. Your whole family and the neighbors may be there for support and to help you out. You will find that it may take you an hour to bathe this tiny little thing that is not even dirty.

Your mothers and grandmothers will tell you that they bathed their babies every day. What is known now is that it can be harsh to your baby’s skin to expose him to water and soap every day. You are essentially washing the “dirty parts” every time you change a diaper. Let’s face it, your little one is not getting very dirty at this point. A bath every few days will be fine. Check with your healthcare provider for a routine that is best for your baby’s skin.

Bathing your baby is another new experience for you, especially if you have never been around newborns. Please know that in no time you will be able to do a sponge bath in minutes. Your confidence and skills as new parents will kick in rather quickly.

Steps to help you with bathing your baby:

• 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 the bath supplies are in reach. Make it a rule NEVER to leave your baby unattended. He could roll off the surface you have him on.
• Choose an area that is draft free.
• Lay the baby on a towel and undress. Cover him 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 the ear. You are only asking for problems if you attempt doing this. You can cause much damage, especially to the ear drum.
• 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.

Supplies needed:

• Washcloths
• Warm tap water
• Cottonballs
• Towel
• Diapers, cloth or disposable
• Baby shampoo
• Baby soap

It is important for you to check with your healthcare provider on how to take care of your baby’s umbilical cord. You may be instructed to use nothing at all.
• Babies are born with fingernails that are tissue-paper thin, but those 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. 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 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 “football” 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. By avoiding the soft spots and not stimulating the skin for proper circulation, cradle cap, a scaly patch on the scalp, may occur. 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 skin care products out on the market. However, as with anything, if you are concerned about your baby’s skin you should consult your baby’s healthcare professional.

• Dress your baby and swaddle him in a blanket to prevent him from becoming chilled. See pages 47 and 48 for more information.

**Umbilical Cord Care**

The umbilical cord was your baby’s lifeline while he was growing inside of you for 9 months. After the birth of your baby, your healthcare professional or your partner cut the cord (there are no nerve endings in the cord so you or your baby did not feel this). A clamp was placed on it to keep it from bleeding. A small stump remains and becomes the baby’s navel or belly button. It is important to care for this area properly until the stump falls off. This usually happens within 7 to 10 days.

Keep the area clean and follow your healthcare provider’s directions for cord care. Be sure not to cover the navel area with the diaper. The moisture of the diaper and the lack of air circulation will delay the drying process and it may take longer for the cord to fall off and the area to heal. Follow your baby’s healthcare provider’s advice for daily care. This may fluctuate from one healthcare provider to another, or your baby’s specific needs. Call your healthcare provider if the skin around the navel gets red or irritated, if there is a foul smell or a greenish-yellow discharge, or if the cord does not fall off in 10 days.
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 questions and usually the first your baby’s healthcare provider will ask when you call about a problem or concern. A digital thermometer may be used to take a temperature rectally (in the bottom), orally (in the mouth) or axillary (under the armpit). Today’s digital thermometers feature soft, flexible tips and display the results in seconds. Your healthcare team will tell you how they want you to take your baby’s temperature. Have them show you how before going home. Another nifty gadget is the ear thermometer, that 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 your 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.

According to the American Academy of Pediatrics, it is important to keep these guidelines in mind when taking your child’s temperature unless your healthcare provider has given you other specific instructions:

• For children younger than 3 years, a rectal digital thermometer gives the best reading. Lubricate the tip with petroleum jelly or a water-soluble lubricant and insert it ½ inch and never force the thermometer if there is resistance. (Diaper-changing position is ideal.) Hold the thermometer in place loosely with 2 fingers, keeping your hand cupped around your baby’s bottom. Keep it there for about 1 minute or until the temperature registers or beeps.

• For children older than 3 months, underarm (axillary) temperature may be taken, but it will not be as accurate as a rectal reading.

• For children 4 or 5 years old, temperature may be taken with an oral digital thermometer.

Caution: Never use a mercury thermometer to take your child’s temperature. If you have a mercury thermometer in your home, remove it to prevent accidental exposure to this toxin.

For more information go to: www.healthychildren.org/English/health-issues/conditions/fever/pages/default.aspx

How to Diaper Your Baby

Getting ready:

• Newborns typically wet at least 6 to 8 diapers a day. Breastfed newborns should be stooling at least twice a day and may stool following each feeding. Change cloth diapers more often than disposables. (i.e. 6 disposable diaper changes are equivalent to 8 cloth diaper changes.)

• Make sure you have all you need within reach. This includes diapers and diaper wipes. A covered trash can/diaper pail is great to have at the changing area for quick disposal!

• Always keep 1 hand on your baby. He can roll when you least expect it.

• Never leave your baby unattended.
Getting started:

• Undo the tabs of your baby’s diaper.

• If you have a boy, always remember to place a cloth or diaper over his penis to keep from getting a surprise shower!

Cleaning up:

• If your baby had a bowel movement, gently wipe off as much as you can with a clean portion of the diaper. Always remember to wipe front to back.

• Use a baby wipe or washcloth to clean your baby’s bottom thoroughly. Pay special attention to all the little folds, nooks and crannies. Again, wipe only front to back.

• Lift both of his legs up so you can get all areas that might be soiled.

Putting a clean diaper on:

• Lay the diaper under your baby.

• Bring the front of the diaper up, covering your baby and overlapping on the sides.

• To fasten the diaper, pull the tabs and stick to the front of both sides of the diaper.

Things to remember:

• When cleaning your baby boy, do not pull the foreskin back if he is not circumcised.

• If you have a baby boy, make sure his penis is pointing down when you put on his diaper.

• Fold the diaper below the umbilical cord to allow it to stay clean and dry.

• If your baby has a bowel movement, place the stool into toilet.

• Place the used diaper in your diaper pail.

• Do not forget to wash your hands!

Changing your baby's diaper should be a special time between you and your newborn. Make eye contact, talk and coo with him. It is a time for him to learn more about you and you about him. Through gentle touch and a warm smile he will sense much security and love.

You may choose to use cloth diapers for your baby.

Different reasons people choose to use cloth diapers:

• Saves money

• Better for the environment

• Some feel cloth diapers are better for their baby

The Basics

• 4 to 5 dozen diapers (there are some already pre-folded)

• 6 to 7 plastic pull-over pants

• Diaper liners

• Diaper pins (if not using diapers with snap or velcro fasteners)

• Diaper pail
Diaper Rash
Parents may feel as if they are terrible or doing something wrong when a diaper rash appears on their newborn. The truth is, sometimes even the most attentive parents may find their baby with a diaper rash. A diaper rash is mainly due to skin irritation. This irritation may be caused by diapers that rub against the skin, fit too tightly or are left on for too long. Perhaps your baby’s skin is sensitive to the type of soaps you use, baby wipes or even the perfumes that are in the diapers that you use. You may want to consider using unscented diapers.

Appearance of Diaper Rash
Diaper rash usually causes mild redness and scaling where the diaper touches your baby’s skin. In more severe cases, the rash may have pimples, blisters and other sores. These sores and blisters may lead to an infection due to bacteria and other germs. Small red patches or spots may spread beyond the main part of the rash, even outside the diaper area in some instances. If your baby’s diaper area is bright red, the skin appears swollen, and nothing seems to be working, then contact the baby’s healthcare team.

If you are using cloth diapers, quite often the plastic pants that fit over them may raise the temperature and moisture in the diaper area. There may be a decreased airflow to that area due to the plastic. Heat, moisture and irritated skin make it easier for diaper rash to start and for germs to grow.

Tips on preventing and treating diaper rash:
• Make sure your baby’s diaper is checked frequently. Change your baby’s diaper as soon as it is soiled or wet.
• Use warm water (never hot) to clean your baby’s bottom during diaper changes.
• If the baby has soiled his diaper and you need to use more than warm water, use very mild soap, or what your healthcare provider has instructed you to use.
• Make sure your baby’s diaper area is fully dry before applying another diaper.
• Ask your healthcare team what protective ointments to use to protect your baby’s skin from moisture.

Bowel Function
Babies frequently have changes in the number, color and consistency of their stools. These changes are of no concern if the newborn is eating normally and has no symptoms of an illness. Stool color and consistency can vary daily. Formula fed babies generally have stools that are yellowish-tan. Breastfed babies have more liquid, runny, mustard color stools that are seedy in consistency. All babies can have stools that vary from gray, to green, to brown in color on occasion. The number of stools can vary from 6 to 8 each day to one every other day. Babies often grunt, strain and turn red in the face during normal bowel movements so this is usually not an indication of constipation. (See Infant Behavior on page 35.) Constipation in newborns is present when stools are small, firm and pebble-like. The number or frequency has nothing to do with constipation as in adults.

Meconium – The first day or 2 you will notice your baby’s stool to be a dark greenish-brown color and very sticky. This is called meconium and was in your baby’s bowels as he was growing inside the womb.
Circumcision and Care

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 the 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 2, 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.

What are the Risks of Circumcision?
With any surgical procedure, there are always some risks. It is important to know the risks and benefits to your infant and discuss them with your baby’s healthcare team. For the most part, the rate of problems after circumcision is minimal. The most common problems related to circumcision are bleeding or infection. Often, the skin of the glans (this is the head of the penis that is exposed after circumcision) becomes irritated by the pressure or rubbing of the diaper. Also, your baby’s urine may aggravate the penis due to the ammonia in his urine. The irritation is usually treated by placing a petroleum ointment such as Vaseline directly on the area. After a few days of healing, this irritation will diminish and go away.

Caring for the Circumcised Area
Gently clean the area with warm, clean water every day and whenever the diaper area becomes soiled. Some swelling of the penis is normal after a circumcision. A clear to yellow crust may form over the healing area. This is normal. It takes 7 to 10 days for the penis to heal after a circumcision.

Both the CDC and the American Academy of Pediatrics (AAP) agree that a circumcision has health benefits and healthcare providers should counsel parents on these benefits of the procedure.
When to Call Your Healthcare Provider

Your healthcare team needs to know if the following things occur after you return home from the hospital:

- The circumcision does not stop bleeding.
- There is not a wet diaper within 6 to 8 hours after the procedure is performed.
- The redness and swelling around the tip of the penis does not go away or becomes worse after 3 to 5 days.
- There is a foul smell or heavy discharge coming from the area.
- There is oozing from the site.
- A Plastibell device, if used, does not fall off within 10 to 12 days.
- Your baby is running a fever.

First Tub Bath

Bathing your baby can be a very enjoyable time for both you and your partner, as well as your baby. Once the belly button has healed, then a tub bath can be done. With little boys, you will also need to wait until the circumcision is healed as well.

Have all your supplies readily available before starting the bath. You will need many of the same supplies as stated before.

- Put the tub on a flat surface or floor.
- Make sure the room is warm and draft free.
- Place 2 inches of water in the tub. It should always be tested (with your elbow) before placing him in. It should feel warm to the touch.
- Kneel, sit or stand to bathe your baby. Whatever is most comfortable for you (and your back).
- Once everything is ready, bring your baby to the tub area and undress him.
- When you place him in the tub, make sure you support his head and neck with your forearm and your hand holding his far shoulder firmly. This will allow you to have a good grip on your baby throughout the bath. He can be quite slippery!
- Make sure you talk and laugh and coo to your baby. Try to be as calm and comfortable as you can. The baby can pick up the fact that you are tense. It will only take 2 to 3 minutes to wash his body.
- Bring him out of the tub and place him in a warm, soft towel to dry him.
- Wash your baby’s hair outside the tub. Usually once a week with a gentle shampoo will be fine.
- Swaddle him and place him in a football hold.
- Pour clean, warm water over his scalp and hair.
- Rinse well to remove any shampoo.
- Pat his head dry with a clean towel.

Supplies needed:

- Baby bath tub
- Changing mat
- Baby bath towel
- Cotton balls
- Baby soap
- Baby shampoo
- Diapers
- Clean clothes

Never leave your baby in the tub alone or turn your back. It only takes a second for a baby to drown.
Infant Massage

It was just mentioned in the previous section how vital human touch is to newborns for brain development, as well as proper growth and development. Infant massage takes that to another level. What an amazing way to learn about your baby and his particular needs! Massage has been done for centuries in other cultures. It is only recently that this technique has been brought to the western culture. The benefits as well as the rewards are too numerous to count!

Newborns need positive touch to feel secure. It is amazing how a newborn can sense stress, tension, fear and anxiety all in their parent’s touch. As new parents, you may feel challenged on a daily basis and insecure in your ability to be a good nurturer. Everyone feels a sense of inadequacy at first; this is normal. Through touch, your baby will learn about you as you will learn about your baby. Each day you will gain confidence in handling your newborn. You will learn to interpret your baby’s reaction to your touch along with his likes as well as dislikes. How you respond to your baby determines how he in turn learns the sense of security. This relationship, developed through touch, becomes very positive and allows parents to enjoy watching and recognizing their infant’s reaction.

**There is no right or wrong way to massage your baby. It is about being together and spending precious moments that are physical but yet powerfully emotional.**

**Benefits of massage for your baby:**
- Develop a sense of security and connection.
- Important for physical growth and development.
- Important for brain development.
- Wonderful for learning social skills.
- Beneficial for total overall well-being of the newborn.

**Benefits of massage for the parents of a newborn:**
- A confidence booster.
- A way to become relaxed with your new one.
- A way to learn non-verbal communication skills.

‘Only in recent years has this technique come to the Western world. Parent-infant massage is a wonderful way to begin a loving relationship with your baby,’ noted Avery Short, Certified Infant Massage Instructor. Short also said, ‘The benefits of infant massage include the stimulation of a baby’s development, the fostering of a strong parent-child bond, helps babies to sleep more soundly, and reduces the levels of cortisol – the stress hormone. Research shows that the massage may help to relieve pain associated with gas, colic and teething, as well as help the healing process during illness by easing congestion.’

For parents interested in learning more about infant massage, there are many wonderful books available and most areas now offer infant massage classes.
CHAPTER 6
Your Baby's Communication
What Your Baby’s Cry Means

Crying plays an important role. It is your baby’s way of “talking” or communicating with you, as well as a way to release stress and tension. It is how babies express their needs and desires. With that said, knowing all that does not make listening to your baby’s crying easier! Let’s face it. It could be very stressful and there may be some days that the crying will be difficult for you to handle. Research has shown that a newborn may spend anywhere from 1 to 5 hours throughout the day crying. Understanding some of these causes may allow you to better handle your baby’s fussy times. Below are reasons why a newborn will cry.

Causes of Crying

I am hungry! The first and foremost reason for a newborn’s cry is usually HUNGER. Most babies will want and need at least 8 to 12 feedings in a 24-hour period. You will see this pattern of feedings up to or around 3 months of age. If this is truly why he is crying, he will nestle into the breast and be very happy and content.

Then there are the ones who wake up frenzied because they are so hungry. These babies are often so upset that they will not eat well at all. The best thing to do is try to calm them before attempting to feed them. Gently rock or coo to them. Once they are settled and have caught their breath they will eat much better without gulping and swallowing so much air, which could lead to belly ache. Crying is the last sign of hunger. Be watchful of feeding cues.

I do not feel well! Discomfort is another reason for crying. It could be intestinal gas or indigestion brewing. They often will draw their legs to their chest and have a more distinct cry that says pain. You will be amazed at how quickly you will be able to distinguish between the different cries.

Change my diaper! You would cry too! Do not let them sit in soiled diapers for very long. Their skin is so delicate and can break down very quickly when their diapers are soiled.

I am too cold or too hot! A good rule of thumb is to dress a baby as you would dress yourself. If you are too hot, perhaps your baby is as well. The same goes for when you feel chilly.

I am bored! Sometimes a baby just needs to change his position. Give him something else to look at, feel or hear.

I need to be held! He may want and need to be close to you, or hear your heartbeat. It may be a simple rocking back and forth that will soothe him. He was inside of you all these months and feels secure that he is in your arms. You cannot spoil a newborn! There are neat devices on the market that allow you to carry your baby around in a “papoose” style sling. It gives him a sense of security and comfort. Swaddling your baby in a blanket sometimes works as well.

I need to suck! Your baby needs to suck. It is a natural way of soothing and comforting himself. He was sucking in the womb – his fingers, toes or anything he could get into his mouth. Sucking also reduces stress and tension. If a baby is agitated or restless, sometimes you will see him looking for, or trying to get his fist into his mouth.

Most babies wake up and make you aware that they are hungry. There are some babies, though, who are “quiet babies” and you have to be aware of their feeding cues, which could be mild fussiness or hand to mouth sucking. These cues are their messages to you that they are hungry.
Overstimulation

Have you ever been in a crowded place such as an airport or store, and you hear a baby just crying so hard that it either breaks your heart or makes you want to run the other way? The parents are trying everything to quiet the newborn. You see them trying to feed, walk, rock, and talk to the baby, and nothing seems to console him. This is a common occurrence in newborns and is called overstimulation.

**Signs of overstimulation:**
- Shrill cry
- Clenched fists
- Arched back
- Inconsolable
- Face grimace
- Irritability
- Frowning
- Stiff and extended arms and legs
- Turning away from eye contact

If you think your baby is overstimulated, it is so important to take him to a quiet place where there is no hustle and bustle, lights and noise. Turn the lights down low. They just need rest, sleep and quiet!

Colic

**What is Colic?**

A baby is considered “colicky” if the crying is continuous for 3 or more hours a day. It usually is seen by new parents as well as healthcare providers beginning at age 1 to 3 weeks. The most intense time for colicky babies is usually in the evening but can be seen at other times of the day. Their cries are piercing and nothing seems to console them. They may stop for a minute or 2, but start right up again. Colic may last for 3 to 4 months.

There have been many theories why some babies have colic. Some believe it is due to digestive disorders or trapped gas. The reason though is unknown. Recent research suggests that it may be just an extreme form of normal crying. Always consult your healthcare provider if you think that your infant may have colic. It is important to have the baby’s physician rule out any illness.

**Coping with Colic**

Even though you know it will pass, what do you do in the meantime? It can certainly be a challenge for new parents. They may blame themselves or believe they are doing something wrong. Let’s face it! Crying can be draining, physically and emotionally; not to mention sapping all your energy. Please know that if you get tense and irritable, your baby will pick up on this and that just makes matters worse. When you need a break, take one. Put your baby in a safe place and take a moment for a big, deep breath to calm yourself.

**Suggestions for coping with a colicky baby:**
- Ask for what you need…this does not mean you are a failure or a terrible parent. We all have limitations.
- Arrange for personal “time-outs” for yourself.
- Have family and friends available for help when you need it.
- Sleep when your baby sleeps even if it is the morning or afternoon. It is amazing how just a bit of rest helps you to better cope with a crying infant.
- Take a breath before picking up your child.
- Make sure you are calm.
Soothing Your Baby

A crying newborn can be a challenge for new parents. They may blame themselves or believe they are doing something wrong. Dr. Harvey Karp, noted pediatrician and author, has researched what works best with fussy babies. He has found that recreating the reassuring sensations of the womb turns on a “CALMING” reflex that all babies are born with. Using different techniques combined with his own research, Dr. Karp has developed the “Five S” system that activates this reflex:

1. **Swaddling** – Snug wrapping provides the continuous touching the fetus experiences within the womb and keeps a baby’s hands from flailing. This is fine to settle your baby.

2. **Side/Stomach Position** – Place the infant on his side or stomach to provide reassuring support. This switches on the calming reflex.

   “**AVOID OVERHEATING YOUR BABY AND HAVING LOOSE BLANKETS IN BED WITH YOUR INFANT,**” cautions Karp. Also, never use the side or stomach position for putting your baby to sleep. Sudden Infant Death Syndrome (SIDS) is linked to stomach-down sleep positions. When a baby is in a stomach-down position, do not leave him – not even for a moment.

3. **Shushing Sounds** – These imitate the continual loud whooshing sound made by the blood flowing through arteries near the womb.

4. **Swinging** – Newborns are accustomed to the swinging motions within their mother’s womb, so entering the gravity-driven world of the outside is like a sailor adapting to land after 9 months at sea. Rocking, car rides, and other swinging movements all can help. “**OF COURSE, NEVER SHAKE A BABY OR SWING HIM WHEN YOU ARE ANGRY,**” says Karp.

5. **Sucking** – “Sucking at the breast or rubber nipple is deeply satisfying for babies,” notes Karp. “It releases natural chemicals within the brain AND triggers the calming reflex.”

Thanks to Dr. Harvey Karp for his contribution and his study of what new parents can do to calm their fussy babies and help them sleep.


If your baby is crying during the night and he just cannot seem to settle down, check the following:

- Does he need his diaper changed?
- Is he too hot or cold?
- Could he be sick, teething or have discomfort from diaper rash?
- Could he be anxious with new surroundings or a change in a normal routine?
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 usually he will 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 ride, walk with the baby or take a stroller ride. You can also try swaddling.

The American Academy of Pediatrics (AAP) says that when swaddling is done correctly, it 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.

Remember...no matter how tired, angry or beside yourself you 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. If you think your baby has been shaken...go to the emergency room.

How to Swaddle Correctly

- To swaddle, spread the blanket out flat with 1 corner folded down.
- Lay your baby face-up on the blanket with his head above the folded corner.
- Straighten the left arm, wrap the left corner of the blanket over the body and tuck it between the right arm and the right side of the body.
- Tuck the right arm down and fold the right corner of the blanket over the body and under the left side.
- Fold or twist the bottom of the blanket loosely and tuck it under 1 side of the baby.
- Make sure his hips can move and that the blanket is not too tight. You should be able to get at least 2 or 3 fingers between the baby’s chest and the blanket.

It is recommended that swaddling be stopped by approximately 2 months of age, before the baby is able to roll.

Shaken Baby Syndrome or Abusive Head Trauma

Shaken Baby Syndrome (SBS) or Abusive Head Trauma (AHT) are severe forms of head injury that occurs when a baby is shaken forcibly. This causes the baby’s brain to bounce against his skull. This may cause bruising, swelling, and bleeding of the brain, which may lead to permanent, severe brain damage or even death. The condition is usually the result of non-accidental trauma or child abuse.

Although there usually are no outward physical signs of trauma, there may be broken, injured or dislocated bones and injuries to the neck and spine from the forcible shaking. See page 98 for more information.
Grandparents

Grandparents can be an invaluable resource, as well as tremendous help, when you first come home with your new baby. It gives them an opportunity to know their new grandchild. Allow them to do house cleaning, cooking, laundry and perhaps watch your other children so that you can focus on your new baby. Make the most of their help!

Take a break! Grandparents are usually delighted to take over for an afternoon. This allows them to bond with their grandchild and gives you and your partner time to nurture your relationship.

Siblings

It was mentioned that having a baby is a huge adjustment for mom, partner and baby. This new little one can be a big adjustment for your other children as well. For a while, they were your focus of attention. Now that focus shifts, and they may have difficulty with their feelings. Although you may find that children will react differently to a new sibling, it is important to get them involved in the growing family. Reassure them that they are loved, secure and are now a big brother or sister.

Suggestions to help siblings:
• Let them choose a special gift for the new baby.
• Read books to them about their new role as big brother or sister.
• Allow them to help you take care of the new baby (getting diaper supplies, picking out an outfit or folding baby clothes for you). Welcome, but do not insist on their help.
• Let them know it is important for them to talk about their feelings (jealous, angry, lonely or need more attention from parents).

Make sure that you have special days for just you and your other children so that they can feel and sense security in your love for them.

Today, families come in all different sizes, shapes and forms. Whether you are married, single, work, or are a stay at home caregiver, please know that parenting is not a “one size fits all” skill. Over time you will find what works best for you and your child. What is of greatest importance is the relationship you presently have with your family and the new bond you develop with your little one.
CHAPTER 7
Growth and Development
Sleep Patterns

Sleep patterns of infants often 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 much sooner, but that is not common. Each baby tends to establish his own pattern of sleep. Some drop off to sleep after feeding, while others take only brief and occasional naps. Babies generally know how much sleep they require and virtually nothing you can do will change that pattern. You should plan your rest periods to match your baby’s.

Nighttime sleeping patterns will change at 4 to 8 weeks of age. The majority will start sleeping through 1 or 2 nighttime feedings allowing you 5 to 8 hours of uninterrupted sleep. One morning you will wake up in a panic to find that your baby slept through the night!

Understanding that the time the baby chooses to sleep may not coincide with your nighttime sleeping pattern helps you to manage your awake and rest periods more effectively.

Signs that your baby is ready for sleep:
• Yawning
• Rubbing eyes
• Fussing
• Looking away

Play

You may be wondering how can a baby play? Play is necessary for your baby because it is how he learns the world around him. As mentioned before, all his senses are functioning and he is taking in the sounds and sensations all around him. He learns through your playful voice tones, your gentle touch and your many smiles and kisses. For right now, you provide all the amusement your little one needs. Your face is his favorite toy the first few weeks of life.

Importance of Tummy Time

Because of the significance of the “Back to Sleep” campaign and its recommendations, your baby will be spending most of his time on his back. A baby that is put on his back for naps and sleep has been proven to reduce the risk of SIDS. (See page 94 for more information.)

Your baby’s skull is made of several movable plates. If he is placed in one position all the time, the skull plates may move in such a way to create a flat area on the back of his head. Tummy time will give your baby the chance to experience a different position. Your baby needs time on his tummy to develop strength and body awareness. Make sure that tummy time with your baby is a time when he is awake, because he must always be supervised.

Research has shown that babies who spend time on their bellies will roll over, sit without support and crawl on all fours earlier.

Tummy time also helps with:
• Strength
• Hand use
• Balance
• Eye-hand coordination
• The ability to roll over (belly to back is the first way most babies roll)
What to Expect the First Few Months

Keep a diary or write in your baby book when you notice different milestones that your baby is achieving. Documentation of these events will be so special to share with your child as he gets older. It also helps your healthcare provider know that your child is developing properly. On the next several pages is listed what to expect over the first 3 months of life. There is a place to record the dates that you notice these milestones.

Notes:

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### Baby’s 1st Month

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes your face</td>
<td></td>
</tr>
<tr>
<td>Follows objects briefly</td>
<td></td>
</tr>
<tr>
<td>Raises his head when on belly</td>
<td></td>
</tr>
<tr>
<td>Lays quietly and listens intently to your voice</td>
<td></td>
</tr>
<tr>
<td>Turns head toward direction of sound</td>
<td></td>
</tr>
<tr>
<td>Responds to sounds</td>
<td></td>
</tr>
</tbody>
</table>
Baby’s 2nd Month

Vocalizes sounds

Likes to look at black and white or colorful patterns

Holds head up for short periods of time

Gurgles and coos responsively

Follows objects intently

Smiles spontaneously
Baby’s 3rd Month

Can laugh and smile. (There is nothing better than that first belly laugh!)  
Date_________________

Some babies may roll over  
Date_________________

Holds head steady  
Date_________________

Movements become smoother  
Date_________________

May watch and play with hands  
Date_________________

May lift head and shoulders while on belly  
Date_________________
CHAPTER 8
Feeding Your Newborn
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. Besides being a great nutritional start, breastfeeding also contributes to the emotional development of your baby. Breastfeeding will also promote wellness in your infant 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.

Suggestions to support successful breastfeeding:

- Become well-informed about breastfeeding through information you obtain from a lactation consultant or your healthcare provider's office or take classes on breastfeeding from your healthcare provider's office or hospital.
- Contact a local lactation consultant who can listen to you if you have any nursing questions or problems.
- Attend a breastfeeding support group meeting.

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. As the baby is delivered 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 footprinted. A new family would peer through the nursery window to see a line of cribs and try to identify which baby was theirs!

Exclusive Breastfeeding

UNICEF and the World Health Organization (WHO) recommend exclusive breastfeeding for the first 6 months of a baby's life. This is based on scientific evidence that shows benefits for infant survival and proper growth and development. Breastmilk provides all the nutrients that an infant needs during the first 6 months. Exclusive breastfeeding may also reduce infant deaths caused by common childhood illnesses such as diarrhea and pneumonia and hastens recovery during illness.
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.

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

- Stable and normal skin temperature
- Stable and normal heart rate and blood pressure
- Stable blood sugar

In addition, the baby will:

- Cry less
- Latch-on the breast better
- Exclusively breastfeed longer

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 one of our 5 senses, is real and has been proven as an important part of bonding at birth and beyond.
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.
- Place the front of baby’s body to 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 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 uterine, endometrial or ovarian cancer.
- May reduce the risk of heart disease.

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

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first 6 months of a baby’s life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for as long as mutually desired by mother and baby.
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 causes 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 squeeze 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.

Milk Producing Cells

Milk Ducts

Nipple

Areola

Milk Producing Cells
Sensations of let-down that you may notice:

- Tingling sensation.
- Warm upper body sensation.
- Feeling your breasts become full.

It may take the baby a minute to several minutes of suckling until the milk ejection reflex occurs. Please know that emotional upsets, fatigue or tension and pain may slow down the let-down response. Some mothers only know that their milk has let-down by seeing milk in the baby’s mouth.

Things other than nursing that may cause the milk to let-down:

- Your baby crying.
- Thoughts 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. This fluid, known as colostrum, is the “first milk.” It is the first milk the baby will receive until your higher volume milk is produced, which usually takes 3 to 5 days after birth.

Facts about colostrum:

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

Colostrum provides a nursing infant with essential nutrients and infection-fighting antibodies.
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 60, 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 not properly fit.
- 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 advise. 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.

If you are having concerns about breastfeeding, contact your birth center and ask if they provide a breastfeeding support group that you can attend.
Breastfeeding Relationship

A good breastfeeding relationship takes time. As a new mom, you may have unrealistic expectations of yourself and your newborn. You may become discouraged if things are not going well. Although a lot of reactions and responses are innate, breastfeeding is a learned experience and will take time for both you and your baby to be comfortable with each other. Readiness is important and before you start breastfeeding, there are 3 "C's" you should review.

The 3 "C's"

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

**Comfortable**  Sit in a comfortable chair with pillows for support and elevate your legs – either with a little stool or a stack of newspapers. This will take pressure off your bottom and help you feel more comfortable.

**Close**  Hold and position your baby close. Have enough pillows to bring the baby up to the level of your breast instead of leaning over. Skin-to-skin contact will help him stay warm and interested in breastfeeding. 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 your nurse or lactation consultant watch you latch the baby on so you can feel comfortable going home and confident that you know and understand the proper techniques.

There are different positions to hold your baby while nursing. These different positions, shown on the right, prevent the same pressure points on your nipples and help with more even breast-draining throughout the day. Try the positions shown and find the one that is best for you and your baby.

Watch for early feeding cues such as lip smacking, mouth opening and hand to mouth. In the early days some babies are sleepy and do not often cry when they are hungry so stay attentive to the cues.

Good positioning promotes a good latch.
Correct Latch-On

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 onto 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.

Guidelines to help you properly position and latch the baby onto your breast:

• Prepare yourself by washing your hands, getting comfortable and selecting a feeding position.
• Position your baby’s chest next to your tummy and align his nose with your nipple. You want him to extend his neck to have his jaw open wide.
• Gently lift and support the breast. Make sure your fingers are well away from the areolar tissue.
• Place your nipple and run it 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. Do not allow the baby to only latch onto your nipple! This will cause your nipples to break down and become sore and cracked. It can be very painful if the baby only sucks on the nipple!
• Aim your nipple toward the roof of his mouth with his head slightly tilted back.
• Baby’s chin should approach the breast first.
• Lower lip should be positioned further away from the nipple than the top of the lip. This is called an asymmetrical or ‘off-centered’ latch.
• When the baby opens wide, quickly and gently pull him toward your breast.
• A good latch-on is a learned response. Be patient with yourself and your baby.

Signs of a good latch-on:

• The entire nipple and as much of the areola as possible are in baby’s mouth.
• Lips flanged or turned out.
• Tongue over lower gum.
• Absence of pinching or biting pain.
• Baby stays on breast.
• Listen and watch for milk transfer or swallowing.

To take baby off the 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.

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.

Effective ways of burping:
- Over the shoulder.
- Lying belly down across your lap.
- Sitting in your lap and with chin supported.

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 feed on cue.

Most babies need and naturally request at least 8 to 12 feedings in a 24-hour period.

In the early sleepy days, the baby tends not to request feeds often enough.
- Watch for feeding cues.
- Put baby skin-to-skin before feeding time to encourage breastfeeding.
- Keep him interested and awake during feedings.
- You may want to massage and compress your breast during a feeding to increase milk flow to the baby. This will gently “remind” him to continue sucking.

Nurse until baby shows signs of being full.
- Self-detaches.
- Sucking less vigorously.
- Becomes sleepy and relaxes body.
- Breasts 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 to 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 of 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 the baby interested in feeding. 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. If he is very sleepy, try undressing him down to his diaper. The skin-to-skin contact may help keep him awake. Talk to your baby while you are nursing. This also may help to keep the baby interested in finishing the feeding. Take cues from the baby; he will let you know!

Is My Baby Getting Enough to Eat?
The most common concern that you will have is if the baby is getting enough to eat. Unfortunately there are no ounce markers on the breast for you to measure the exact amounts your baby is eating. This can be unnerving at times. There are many clues, though, that indicate that everything is going well.

**Be attentive to the following:**

- Baby eating at least 8 to 12 times every 24 hours
  - Be attentive to baby’s 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 is light yellow in color once milk is in greater supply
- Baby will be passing meconium for the first 1 to 2 days
- Stool changing to mustard color, runny and seedy in texture once the milk is in greater supply
  - 3 to 4 of these stools per day in the first month. In the first month, may stool a little after each feeding as well

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!

**Other positive signs once milk is in greater supply:**

- 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. This is called self-detachment.

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.

Weight gain is an important clue to your baby’s healthcare provider that the baby is feeding well.

Growth Spurts
You may find that your baby will experience days that he wants to breastfeed more than usual or cluster feed. 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 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 his feeding cues. As long as you do not hold back your baby’s need to breastfeed, your milk supply should be sufficient.
Time of Awareness

Engorgement
Your breasts may become heavier 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.

Effective treatment measures for engorgement:
- Breastfeed frequently.
- Breast massage has been shown to reduce engorgement.
- 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.
- 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, draining and soothes any discomfort. Never apply an ice pack directly on the skin.

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.
- 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 key with massage is to trigger the let-down response or milk ejection reflex.
• Warm compresses may help the milk let-down.

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 until all the sinuses have been emptied.
• 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 place the date on the container.

Always remember, as with everything, practice will help you begin to 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. 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 healthcare provider or lactation consultant and be knowledgeable on how to use it before heading home.

Common Nipple Concerns When Breastfeeding

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.

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 of cracked nipples are correcting the improper positioning and latch-on and properly breaking the suction before removing the baby from the breast. Clean the breast of your baby’s saliva and dab some expressed breastmilk onto the area and allow it to air dry. Wearing breast shells in your bra between feedings can further protect your tender skin and keep the lanolin on your nipples instead of your bra.
Blocked Ducts
These are felt as pea-size or larger lumps, under the skin and in the substance of the breast and are sore to the touch.

Possible causes of blocked ducts:
- Change in frequency of feedings or skipping feedings.
- Nursing from only 1 breast.
- Overabundant milk supply.
- Heavy breasts, not well supported.
- A tight bra or underwire bra that puts too much pressure over a duct.
- Nursing the baby in the same position every feeding.
- Breast surgery.

Treatment for blocked ducts:
- Warm shower or compress applied to affected area.
- Frequent feedings.
- Hand express or gently pump after feedings.
- 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 towards 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.
- Red streaking from the affected area or breast tissue may look pink over a large area.
- Fever and chills.
- Flu-like symptoms.

Treatment options:
- Antibiotic therapy – finish the whole prescription – not just until you feel better.
- Nursing frequently.
- 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.
- 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 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. If you do not eat properly from the beginning, you will find yourself being very fatigued. The baby gets what he needs – you are the one who suffers! Ask your healthcare provider if you should continue taking vitamins.

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 fluids per 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 healthcare provider or lactation consultant.

Notes:
Storage of Breastmilk

Make sure when storing breastmilk that you label and date the container so that you can be sure that your baby is receiving breastmilk that is not outdated. You may want to store breastmilk in 2 to 4 ounce amounts to cut down on waste. Please make sure that the containers you choose to use are clean. You may find conflicting information on the best type of container to use when storing breastmilk, whether to use glass or plastic. Ask your hospital lactation consultant about the advantages and disadvantages of each and choose accordingly. There are also special storage bags for breastmilk that are available as well.

Never microwave or boil breastmilk. Using a microwave could cause “hot spots” in the milk because it heats unevenly and could potentially burn the baby’s mouth and throat. Also, it can alter the protein make-up of the breastmilk and may destroy the antibody composition of the milk. All you need to do is run the milk under warm, tap water. You can also place it in a bowl of warm water to thaw or warm the milk, bringing it to room temperature. Roll the bottle gently between your hands to evenly distribute the thawed breastmilk. It will separate on storage and the creamy portion of the milk needs to be redistributed.

### 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>3 days</td>
<td>Store milk in the back of refrigerator.</td>
</tr>
</tbody>
</table>

**Freezer**

- Freezer compartment of refrigerator: 5°F, 2 weeks
- Freezer compartment of refrigerator with separate doors: 0°F, 3 to 6 months
- Chest or upright deep freezer: -4°F, 6 to 12 months

Store milk in back of freezer to keep a constant temperature.


Notes:

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

Are my breasts too small?
Breast size 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 both 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 with each other, 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 obvious 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 progresses.

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 Note to Dad or Partner
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. 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.

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.
Going Back to Work

Employers in the past have recognized 6 weeks as a reasonable time to recover from the birth of the baby. 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.

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.

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. Your employer may be flexible and have several options for you. You should explore all the possibilities as soon as possible.

Early Feedings

First 24 Hours

• Many babies are sleepy in the first 24 hours after birth and are in recovery mode from the birth. Be attentive to baby’s cues.
• Healthy term newborns are born with sufficient fluid stores, therefore they do not need anything other than your breastmilk unless there is a medical problem.
• Unwrap the baby and remove the hat and hand covers and place the baby skin-to-skin on your chest or next to your breast to help wake the baby.
• Once the baby is positioned, a blanket over the baby will prevent a chill while the mother’s body keeps the baby’s temperature stable.
• You may need to continue with some “gentle” stimulation to keep your baby nursing, such as stroking their legs, feet and back.
• Some babies will wake easily when you unwrap them or change their diaper.
• A newborn’s sleep cycle is about 45 minutes to an hour so try again then or anytime the baby shows feeding cues.
• Unrestricted feeding in the first 24 hours is important as the baby is learning how to breastfeed and is establishing your milk supply.
24 to 48 Hours of Age

- Babies during this period begin to be more awake and alert and breastfeed better.
- Offer the breast anytime the baby starts exhibiting feeding cues.
- Attempt to nurse your baby at least 8 times in 24 hours. Many babies will breastfeed 10 to 12 times in a 24 hour period.
- Allow baby to breastfeed as long as they desire.
- Allow your baby to self detach from the breast unless you become uncomfortable and need to change position.
- After long periods of sleep some babies will go through a “marathon nursing phase” where they want to nurse “all the time” and cannot be put down. This is a good sign as the baby is allowed to stimulate the mother’s body to establish an adequate milk supply. It is NOT because you do not have enough milk.
- If your baby does finally fall asleep during this frequent feeding phase, you can usually get a break from nursing if your baby is held or cuddled. If you put him down, he may soon awaken and want to nurse again not because he is hungry but because this is comforting and as close to “home” as he can get.
- Your little one has realized that he is no longer in the warm comfortable environment of your womb where they listened to your heartbeat, tummy rumbles and breathing. The most comforting place to your baby is at your breast.

48 to 72 Hours of Age

- This is the time that your milk will begin transitioning from colostrum to mature milk.
- The breast will become heavier and fuller over the next few days as the volume increases.
- Milk volume is related to frequency and duration of feeds as well as effectiveness of the baby at the breast.
- You should be hearing more swallows from the baby at this time.
- Do all pacifying at the breast. Continue to avoid pacifiers or artificial nipples until your baby is nursing reliably and gaining weight.
## My Baby’s Daily Record

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Goal: At least 8 to 12 nursings</th>
<th>12 1 2 3 4 5 6 7 8 9 10 11</th>
<th>Wet diaper: W</th>
<th>Black tarry soiled diaper: S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 2</td>
<td>Goal: At least 8 to 12 nursings</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>Wet diaper: W W</td>
<td>Brown tarry soiled diaper: S S</td>
</tr>
<tr>
<td>Day 3</td>
<td>Goal: At least 8 to 12 nursings</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>Wet diaper: W W W</td>
<td>Green soiled diaper: S S S</td>
</tr>
<tr>
<td>Day 4</td>
<td>Goal: At least 8 to 12 nursings</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>Wet diaper: W W W W</td>
<td>Yellow soiled diaper: S S S S</td>
</tr>
<tr>
<td>Day 5</td>
<td>Goal: At least 8 to 12 nursings</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>Wet diaper: W W W W W</td>
<td>Yellow soiled diaper: S S S S</td>
</tr>
<tr>
<td>Day 6</td>
<td>Goal: At least 8 to 12 nursings</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>Wet diaper: W W W W W W</td>
<td>Yellow soiled diaper: S S S S</td>
</tr>
<tr>
<td>Day 7</td>
<td>Goal: At least 8 to 12 nursings</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>Wet diaper: W W W W W W W</td>
<td>Yellow soiled diaper: S S S S</td>
</tr>
<tr>
<td>Day 8</td>
<td>Goal: At least 8 to 12 nursings</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>Wet diaper: W W W W W W W W</td>
<td>Yellow soiled diaper: S S S S</td>
</tr>
<tr>
<td>Day 9</td>
<td>Goal: At least 8 to 12 nursings</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>Wet diaper: W W W W W W W W</td>
<td>Yellow soiled diaper: S S S S</td>
</tr>
<tr>
<td>Day 10</td>
<td>Goal: At least 8 to 12 nursings</td>
<td>12 1 2 3 4 5 6 7 8 9 10 11</td>
<td>Wet diaper: W W W W W W W W</td>
<td>Yellow soiled diaper: S S S S</td>
</tr>
</tbody>
</table>

**Please be advised:** Some babies may have more wet or soiled diapers per day.

If on a certain day your baby has less wet diapers and/or less dirty diapers than listed on your breastfeeding log, contact your baby’s healthcare provider or lactation consultant.

This log is designed for use with a well, full-term newborn. Ask your baby’s healthcare provider what you need to know about breastfeeding your premature or special-needs newborn.
CHAPTER 9
Taking Care of You
The New Mother

The arrival of a new baby is like no other experience in life. 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.

Realistic Expectations

Remember to keep your expectations realistic. There is no such thing as a "super-mom." Everyone has limitations. It is being aware of them and asking for the help that you need that is important. Do not feel bad about accepting help from neighbors and family. They are more than willing and excited to be of help!

It is important to understand that you may need to “recharge” your batteries, so to speak. Never feel as if you are a failure for needing some “me” time. It is only natural that you need and desire that personal space. This is a common scenario. You plan for a get-away one afternoon. As you drive away, you already miss your little one and feel this pang of guilt. You find yourself driving around the block just to drive right back into your own driveway! You will find that your connection with your baby is so strong. Sometimes you may feel as if no one else can take care of your baby. It is true, no one can take care of your baby the way you can, but your family and friends can handle the baby just fine. TAKE THE TIME TO TAKE CARE OF YOU!

Baby Blues

The arrival of a baby is like no other experience in life. 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, what your race is or culture you come from, any woman can develop these disorders. Postpartum depression is the most well-known of these conditions. Many 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 perinatal mood and anxiety disorders are real conditions and help is available.

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 connect you 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.
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.

The New Father or Partner

Believe it or not, your role is no less complicated or stress free than the new mother’s. Even though you did not carry your child for the past 9 months, once the baby is here, it hits you….I am now responsible for this new life in so many ways. You will find that your love and admiration for your wife or partner is like never before. Watching her give birth is like no other experience. You may be filled with a sense of pride and joy for your new family.

At the same time, you are already adding up what you make financially and how much it will take to raise this child over the next 20 years! Talk about putting pressure on yourself. Please know that this roller coaster of emotions is normal. You may even experience some conflicting emotions. Some new dads or partners feel a sense of being a spectator rather than an involved participant especially if mom is breastfeeding. There are many things you can do to be a part of your new baby’s everyday routine.

Suggestions for father or partner:

- Take turns getting up in the middle of the night. You can get the baby, change his diaper and take him to mom for a feeding. When he is done, change his diaper and put him back in his crib. This helps to decrease burnout. It is awfully hard for only one person to always be the one getting up in the middle of the night!
- Choose a time during the day that you can be involved in bath time.
- Take the baby for a walk if the weather permits. This gives you one on one time with your infant and allows mom that special alone time.
- Know that you also need some personal time for the things you like to do. Together you can work out a schedule that benefits both of you.

Do not fall into the stereotype of thinking that you are the man and taking care of baby is “women’s work.” You will miss the most rewarding and remarkable times with your baby.
Take Time for Yourselves

You may find it hard to find the time to spend as a couple but it is vital to plan. There will be stress and strain on your relationship due to the new routine, lack of sleep and fatigue.

_Suggestions on ways to make time to nurture your relationship:_

- Set time aside for a weekly get-away. Have a babysitter available on the same evening of every week to do something special for you.
- Your parents may be thrilled to watch their grandchild so you can have a long weekend get-away.
- If it is possible, have someone help with chores around the house.

Parenting Tips

- Have meals in the freezer for those evenings you have run out of time to cook.
- Ask a neighbor or high school student to watch the baby while you shower, do laundry or just take a quick nap.
- While you are feeding your newborn, put a note on the door “do not disturb” and take the phone off the hook. Uninterrupted time helps to cut down on exhaustion and fatigue.
- Know that the dusting may just have to wait another day!
- Learn to say “no thanks” if you are not up for a visit.
- Take time away from the baby. It is OK to have time to yourself. Take a walk around the block, make a trip to the grocery store or read that book you wanted to get to.

Notes:
CHAPTER 10
Baby Basics
Getting Ready at Home

Where do you start when considering what to buy for your new bundle of joy. Thank goodness for baby showers! You will receive most of what you need from family and friends.

The following are items that you will need once the baby is born. Check off the items below, and feel less stressed about what all you need. This will get you through the first weeks at home.

Baby Gear

Soft, easy to change outfits are the best. You will find that you will be changing your baby quite often every day. Make sure that the clothes that you purchase are not all newborn size. It is amazing how quickly he will grow out of the clothes you have. The clothes you choose should be machine washable. Do not wash them in harsh detergents. They may irritate your baby’s skin.

Clothes

• One-piece outfits or body suits with snaps in the crotch (5 to 7)
• One-piece nightgowns or stretch suits (5 to 7)
• Socks and booties (2)
• Cotton undershirts (5 to 7)
• Sweater or jacket for outdoors or if it is cool inside (1)
• Sun hat and/or warm hat to conserve body heat and shield baby from the sun (2)
• Mittens for baby’s hands to keep him from scratching himself (1 to 2)

Diapers

• Diaper pail
• Figure on 10 to 11 disposable diapers a day
• Diaper wipes

Miscellaneous

• Baby monitor
• Bulb syringe
• Sling for baby
• Brush and comb
• Front carrier for baby
• Nail scissors or file

Furniture

Safety is an important issue when it comes to your baby’s furniture. Make sure you know and understand the guidelines outlined by the U.S. Consumer Product Safety Commission and the National Safety Council before purchasing or using hand-me-down items from family or friends.

Bassinet or Cradle

These are items that new parents usually begin with, and are helpful the first few months. It allows new parents to have their infant in the room with them. For safety reasons, make sure your bassinet or cradle has the following recommendations:

• A wide and sturdy bottom so that it will not tip over.
• All surfaces are smooth (no staples, nails or other hardware that would hurt an infant).
• A firm mattress that fits snug in the bassinet or cradle.
• If there are legs, make sure they lock so they do not collapse while in use.
The Consumer Product Safety Commission (CPSC) recommends that you not place your baby’s crib near draperies or blinds where a child could become entangled in cords. When a child reaches 35 inches in height, or can climb over the side rails, then the crib should be replaced with a bed.

**Crib and Proper Mattress**
- Make sure that the mattress fits snugly next to the crib so that there are no gaps. A good test is if you can place 2 fingers between the mattress and the crib, then the mattress is not fitting properly. Dispose of the mattress and get a new one that will meet the proper standards for safety.
- Use a fitted bottom sheet specifically made for crib use.
- Use a sleeper instead of a blanket.
- Do not put pillows, quilts, comforters, sheepskins, pillow-like bumper pads or pillow-like stuffed toys in the crib. These may be a hazard to your baby.
- Place your baby on his back in a crib with a firm, tight-fitting mattress.

Do not use plastic packaging materials, such as dry cleaning bags, shower curtains, plastic shopping bags or anything of the like as mattress covers. Any plastic may cling to a baby’s face and should never be in or near the crib. Put your baby to sleep on his back in a crib with a firm, flat mattress. There shouldn’t be soft bedding underneath.

For infants under 12 months of age, follow these guidelines to reduce the risk of SIDS (Sudden Infant Death Syndrome) and to prevent suffocation. See page 94 for more information.

**Crib Accessories**
- Teething rails that are damaged should be fixed, replaced or removed immediately.
- Mobiles and crib gyms are fun and are meant to be hung over or across the crib. They should be removed when your baby is 5 months old, when he begins to push up onto his hands and knees or when he can pull himself up. Removing them will help to prevent the possibility of your baby getting caught.
- Keep the crib clear of plastic sheets, pillows and large stuffed animals or toys. These can be suffocation hazards or can allow youngsters to climb out of the crib.

**Crib Safety**
- Dispose of antique cribs with decorative cutouts, corner posts or lead paint.
- The space between the slats should be spaced no more than 2 ⅜ inches apart to prevent infants from getting their head stuck between them. Cribs manufactured after 1974 must meet this and other strict safety standards.
- The corner posts should be the same height as the end panels, or less than 1/16 of an inch higher than the end panels.
- No cut-out areas on the headboard or footboard so a baby’s head cannot get trapped.
- The top rails of crib sides, in their raised position, should be at least 26 inches above the top of the mattress support at its lowest position.
- As soon as the child can pull himself to a standing position, set and keep the mattress at its lowest position.
- Stop using the crib once the height of the top rails is less than ¾ of the child’s height.

*U.S. Consumer Product Safety Commission Recommendations*

Safety advocates recommend not to use bumper pads.
Crib Environment

- It is important not to place the crib next to a window. Not only is it drafty, but drapery and blind cords pose a hazard. Also window screens are not intended to keep a child in, only insects out!

- Please have smoke detectors installed. Follow the manufacturer’s directions for installation. Check at least once a month to make sure the battery and smoke detector are in good working condition.

- Lead is a health hazard, especially to young children. It can be found in old paint on walls, toys and hand-me-down furniture. Please make sure that all your baby items are safe.

Changing Table

Changing tables offer an easy place to change your baby. The CPSC recommends that you NEVER leave the baby on the table unattended. Look for a changing table that has drawers for easy access to clothes and diapers so you do not have to turn your back to your baby for a moment.

Rocking Chair or Glider

These can be so comfortable for you and comforting for your baby. Look for a chair with arms wide enough that you will be comfortable holding or feeding your baby.

Playpen

There are mesh-sided cribs or playpens, so look for the following before purchasing or borrowing from a friend or family member:

- The mesh is less than ¼ of an inch in size, so baby fingers or buttons on clothes can not get caught.

- The mesh does not have tears, holes or loose threads that could trap a baby.

- The mesh is securely fastened to the top rail and bottom of crib or playpen floor.

- Make sure that the top rail cover has no tears or holes. If nails, staples or other sharp objects are used to attach the padding of the rail, make sure they are not missing, loose or exposed in any way that could hurt the baby.

Strollers or Carriages

There are so many strollers and carriages on the market. How do you choose the one that is the best for your baby? Below are the guidelines that are recommended for safety:

- A wide base so there is no chance of tipping.

- The seat belt and strap attach securely to the frames.

- A seat belt buckle that is easy to use, so that you will use it!

- Brakes that securely lock the wheels.

- If there is a basket on the back to hold items, make sure it is low and directly over the back wheels for stability which prevents the stroller or carriage from tipping back.

Please check U.S. Department of Safety Products for more important information.
CHAPTER 11
Car Seat Guidelines
Proper Installation of Your Baby’s Car Seat

Basic Guidelines

Every state requires that infants and children ride buckled up. Using a car safety seat correctly can help prevent injuries to your infant. The biggest mistake new parents make is keeping the new car seat they received as a shower gift in the box. Many new dads come to the hospital with it STILL IN THE BOX for the nurses to help put it in the car. THEY WILL NOT.

It is your responsibility to know the proper installation of your baby’s car seat. Go to a car seat safety class at your hospital or clinic. If they do not offer this class, check with your car dealership to see if they can guide you to a class. The National Highway and Traffic Safety website, www.nhtsa.gov, has child safety inspection station locations. Take the time to know how important it is for proper installation of the seat, harnesses and buckles, and how to position them. Car seats can be hard to install and use correctly without instruction and help. It is a good idea to practice installing and adjusting the car seat before the birth of your baby. If you have trouble at first, you have time to practice and get the proper help that you need.

A baby needs a safety car seat from the moment he takes his very first ride home from the hospital. Although you may feel like it is safer to hold that baby in your arms, IT IS NOT! An infant car seat should state that it complies with the Federal Vehicle Safety Standard 213.

The American Academy of Pediatrics (AAP) recommends that children should ride in rear-facing child safety seats as long as possible. New research indicates toddlers are more than 5 times safer, according to the AAP, riding rear-facing in a convertible car safety seat until they reach the maximum height and weight recommendation for that particular model, or at least to the age of 2. For more information, visit www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Updates-Recommendation-on-Car-Seats.aspx.

The “best” car safety seat is one that fits your newborn and can be set up the right way for your car. You must use it EVERY time you take your baby in the car. Using a car seat correctly makes all the difference in the world. It does not matter if it is the most expensive...if it is not installed properly, it may not protect your baby.

Facts about baby’s car seat safety:

- An infant in a rear-facing seat should not be used in front of an active airbag.
- The safest place is in the middle of the back seat (depending on the car).

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- An infant in a rear-facing seat should not be used in front of an active airbag.
- The safest place is in the middle of the back seat (depending on the car).

It is a good idea to practice installing and adjusting the car seat before the birth of your baby. If you have trouble at first, you have time to practice and get the proper help that you need. Look for a Safety Inspection Site.
What are the Basic Guidelines for Proper Safety Seat Use?

Hints on using your infant car seat correctly:

• Tightly install child seat in back seat, facing the rear. The infant seat should not move more than an inch side-to-side at the seat belt pathway.
• Infant seat should recline at approximately a 45-degree angle.
• Harness straps/slots should be at or below shoulder level (lower set of slots for most convertible child safety seats).
• Harnesses should be a snug fit. You should only be able to fit one finger between your child and the harness.
• Be careful about attaching toys to harness straps or using mobiles to keep the infant occupied. The addition of hard objects is not recommended as they can injure the child if there is a crash or sudden stop.


A new car safety seat is best. However, if you must get a used seat, shop very carefully. To tell if a used car safety seat is safe, keep the following points in mind:

Do not use a car safety seat that:

• Is too old. Look on the label for the date it was made. If it is more than 5 years old, it should not be used. Some manufacturers recommend that car safety seats only be used for 5 to 6 years. Check with the manufacturer to find out how long the company recommends using their seat.
• Was in a crash. It may have been weakened and should not be used, even if it looks fine. Do not use a car safety seat if you do not know its full history.
• Does not have a label with the date of manufacture and seat name or model number. Without these, you cannot check recalls.
• Does not come with instructions. You need to know how to use the car safety seat. Do not rely on the former owner’s directions. Get a copy of the instruction manual from the manufacturer before you use the seat.
• Has any cracks in the frame of the seat.
• Is missing parts. Used car safety seats often come without important parts. Check with the manufacturer to make sure you can get the right parts.

Has Your Car Safety Seat Been Recalled?

• You can find out by calling the manufacturer or the Auto Safety Hot Line at 1-888-DASH-2-DOT (1-888-327-4236), from 8:00 am to 10:00 pm ET, Monday through Friday.
• If the infant car seat has been recalled, follow the instructions to fix it or return it.
• Another good resource is NHTSA at www.nhtsa.gov.
• Get a registration card for future recall notices for your model.
• Send in your registration card.
Chapter 11 – Car Seat Guidelines

A Review

Basics of Car Safety Seat Use

• Always use a car safety seat, starting with your baby’s first ride home from the hospital, and always use your own seat belt. Help your child form a lifelong habit of buckling up.

• Read the car safety seat manufacturer’s instructions and always keep them with the car safety seat.

• Read your vehicle owner’s manual for important information on how to install the car safety seat correctly in your vehicle.

• The safest place for all children to ride is in the back seat.

• Never place a child in a rear-facing car safety seat in the front seat of a vehicle that has an active passenger airbag.

You will find that infant-only car safety seats lock into shopping carts, but please DO NOT DO THIS. Although infant seats may help prevent falls from shopping carts, injuries may occur if the cart tips over. The weight of an infant alone in a car seat placed high in a shopping cart makes the cart top-heavy and more likely to tip over. You will find built-in infant seats in some stores’ shopping carts. They have also been known to tip over. Instead, consider using a stroller while shopping with young infants.

Many thanks to Trianna Hunter, RN, Jen Findlay, Marie Bevins, RN and Certified Child Passenger Safety Technicians for their knowledge and expertise in car safety.

Notes About Car Seat Guidelines:
CHAPTER 12
Keeping Your Baby Safe
Safety Measures

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 have not 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 infants (even when sleeping) alone on a bed, table or surface where they could fall.
- Install gates at stairwells.
- Crawl on the floor at the level a child would crawl to look for unsafe objects. Any small object can pose a threat to a baby…this includes edible items like nuts, carrots or candies, as well as coins, buttons, beads or anything that could come loose and be swallowed.
- Plastic garbage and garment bags should be out of reach.
- 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, bedding or pacifier.
- When baby is ready for a high chair be sure to select one with a sturdy base that cannot tip over.
- Anything sharp should be kept in child-proof containers, put out of reach or in some cases removed from the home.
- Be sure all unused wall sockets are capped with safety plugs. Sockets are objects of great curiosity for crawling babies.
- Always double check the temperature of baby’s bath water to be sure it is not too hot; and of course, never leave baby alone at bath time. Leave your water heater below the hottest settings.
- A baby should have a safety car seat for the very first ride from the hospital plus every ride thereafter. Although the tendency is to hold a new baby in your arms, this is not at all safe if there is an impact. An infant’s car restraint should have the words “dynamically or crash tested”, and state that it complies with the Federal Vehicle Safety Standard 213. The car seat should be placed in the middle of the back seat.
- Always keep the car window closed and the door locked nearest the baby.
- 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.
- Keep guns locked and unloaded out of reach.
- Safety locks should be installed on all doors to a pool area.
- Do not hold baby while cooking. Hot food or liquid could splash on the baby or a hot pan could touch his skin. Always turn pot handles inward.
- Put wall attachments on the backs of chest of drawers and stoves to prevent them from toppling.
- Hot ashes from cigarettes can burn babies’ skin and smoke can be harmful to their lungs.
- Babies exposed to second-hand smoke may develop more ear infections and upper respiratory problems.
- Avoid significant direct sun exposure during the first few months of life.
- During the past 20 years, evidence about the dangers of shaking babies has mounted. **NEVER SHAKE YOUR BABY!** It only takes 1 shake to have a lifetime of damage.
A Personal Home Safety Checklist

It is never too early to prepare your home for your new arrival. Take the time to review this list and plan to complete the following:

- You should have at least 2 working smoke detectors on each floor of the house. Be sure to test your smoke detectors at least once a month and plan to change the batteries every year. Pick a date each year that will be easy for you to remember to change them out!
- Space heaters, radiators, fireplaces, and other appliances that produce heat should be off limits to babies and toddlers.
- Have a working fire extinguisher, especially in the kitchen.
- Have cover plates for all electric switches and outlets. Keep all electric cords out of your child’s reach.
- Secure cabinet doors with latches. Keep medicines, cleaning supplies and any other dangerous substances up and away from little hands.
- Place screens or safety rails on fireplaces.
- To prevent choking, do not allow any small items in your baby’s play or sleeping area.
- Never leave your child unsupervised in or around ANY body of water.
- Keep all buckets up and out of the way to prevent drowning. Keep toilet seats down and bathroom doors shut. Always fence or cover pool areas with childproof equipment.

It is a good idea to have a few sets of EMERGENCY NUMBERS. Here are some suggestions as to where to put these important numbers:

- On your refrigerator.
- In your diaper bag.
- Near phones.
- In your car.
- Give to family and friends.
- Give to caregivers and neighbors.

Pet Safety

Your pet is often your “first baby” and is accustomed to getting all the attention. When a baby comes along, it can be confusing for your pet because they are no longer the head of the “pack”.

It is important to be aware of the energy that you are emitting. Pets tend to mimic those emotions. Some animals are very curious and others may be very wary and want nothing to do with the new baby. Your child’s safety comes first!

Here are a few tips for preparing your pet:

- Claim your baby’s scent. Bring an item that contains your baby’s scent, such as a baby blanket, from the hospital before bringing home the baby. Until you know how your pet reacts, it is crucial that you set clear boundaries. Have your pet sniff from a distance while you hold the baby blanket. When you do this, it tells your pet that the baby blanket belongs to you and they need to follow your rules. This step helps start the process of creating respect for the baby.
- Establish boundaries around the nursery. At first, the nursery should be off-limits. Train your pet to understand that there is an invisible barrier that needs to be respected. Once your newborn is home, you can allow your pet to explore and sniff certain things in the room when you are there. Do this activity a few times before the baby comes home so your pet knows that you are in charge of the room at all times.
- Control the introduction. Make sure that your pet has plenty of exercise on the day you bring your baby home. Before the introduction, make sure your pet is calm. Your pet will pick up the energy and scent right away. The scent should be familiar since you have introduced the scent beforehand. It is important that whoever holds the baby stays calm and not make a fuss. Allow your pet to sniff from a distance. Until you know how your pet will react, keep your baby a safe distance from your pet. Eventually, your pet can get closer, but you are teaching your pet to respect the baby. As your baby grows and becomes curious, begin to teach your child the importance of being respectful toward your pet. They are never too young to learn.
- Do not forget the dog. Your pet needs your love, so maintain their routine of walks, playtime and your attention. This will help your pet to continue to feel safe and secure even though there is a new little person in your home.
# Medical History Form

<table>
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Immunizations

Immunizations, sometimes called 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.

**RV – Rotavirus vaccine (3 doses)** – Rotavirus is the most common cause of severe diarrhea among children, resulting in the hospitalization of approximately 55,000 children each year in the United States and the death of over 600,000 children annually worldwide. This vaccine is an oral (swallowed) vaccine.

**HepB – Hepatitis B Vaccine (3 shots)** – The Hepatitis B vaccine protects your child against the Hepatitis B virus which can lead to liver damage and even death. The American Academy of Pediatrics recommends that all infants be routinely immunized against Hepatitis B starting at birth. A consent form will need to be signed before the injection is given to your baby. Most hospitals require this consent. Ask your healthcare provider or pediatrician about the risks and benefits of the vaccine.

**DTaP – Diphtheria, Tetanus, Pertussis Vaccine (5 shots total)** – The DTaP vaccine protects your child against 3 diseases. The “a” in DTaP stands for acellular, which means there are no whole bacteria in the vaccine. It was introduced in 1997 and has less adverse reactions compared to the DTP.

  - **Diphtheria** – A bacterial infection that causes a thick gray coating at the back of the throat.
  - **Tetanus** – A bacterial infection that causes severe and painful muscle spasms, seizures, and paralysis. Tetanus used to be called “lockjaw.”
  - **Pertussis or Whooping Cough** – This is one of the most contagious diseases known to humans. It’s a bacterial infection that causes coughing spells so bad it’s hard for children to eat, drink, or breathe for weeks at a time.

**Hib – Haemophilus Influenza Type B Vaccine (4 shots total)** – The Hib vaccine protects your child from the Haemophilus Influenzae Type B bacteria, which can cause severe swelling in the throat that makes it hard to breathe, a serious form of pneumonia, and a disease called bacterial meningitis.

**IPV – Injectable Polio Vaccine (4 shots total)** – The polio vaccine protects your child against the Poliovirus, which used to paralyze and kill thousands of people every year in the United States. Polio seems to have been eliminated from the Western hemisphere due to the polio vaccine. There are still other countries with crippling polio. There has not been a case of natural polio in the United States since 1979.

**MMR – Measles Mumps Rubella Vaccine (2 shots total)** – The MMR vaccine protects your child against 3 viruses: Measles, Mumps, and Rubella (German Measles).

  - **Measles** is a highly contagious virus that was once common in children. Its most prominent symptoms are a high fever and an uncomfortable rash.
  - **Mumps** is a viral infection that typically causes a mild fever and a swollen jaw.
  - **Rubella or German Measles** is characterized by a pinkish-red rash (starting on the face), a mild fever, and swollen lymph nodes. It’s a mild illness that runs its course in about 3 days but if a woman gets it during the first trimester of pregnancy, her child has an 85% chance of blindness, deafness, heart defects, or mental retardation.

**Varicella – Varicella Vaccine (2 shots)** – Chicken pox presents as itchy, painful blisters accompanied by fever and fatigue. This vaccine will protect your child from the worst of this illness. About 10% of vaccinated children may still get chicken pox, but will have only very mild symptoms.

**PCV – Pneumococcal Vaccine (4 shots total)** – This vaccine protects against pneumococcal disease, which is caused by pneumococcus bacteria. Pneumococcal bacteria can be transmitted by coughing, sneezing, even talking, and diseases such as meningitis and pneumonia can crop up within days of becoming infected with the bacteria.

**MCV4 – Meningococcal Vaccine (1 shot)** – In February of 2005 the Advisory Committee of Immunization Practices (ACIP) to the CDC has recommended this to be a routine vaccination for young adolescents. It will help to protect against a severe form of bacterial meningitis called Neisseria meningitides.

**HepA – Hepatitis A (2 doses)** – Hepatitis A is a liver disease caused by the Hepatitis A virus. Good personal hygiene and proper sanitation can help prevent Hepatitis A. Vaccines are also available for long-term prevention of this infection in persons 12 months of age and older. HepA is recommended for all children aged 1 year (12 to 23 months). The 2 doses should be administered at least 6 months apart.

**Influenza Vaccine (yearly starting at 6 months)** – The flu shot is an important immunization for many people, both young and old. The flu is responsible for around 36,000 deaths a year in the U.S. Rates of infection with the flu are highest among children. The American Academy of Pediatrics and the Advisory Committee on Immunization Practices are encouraging that the flu vaccine be given yearly to all healthy children starting at age 6 to 59 months.
### Immunization Schedule

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<th>Age</th>
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<td>Hib #1</td>
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<tr>
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<td>IPV #1</td>
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<tr>
<td></td>
<td>IPV #3</td>
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<td>Influenza</td>
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<td>15 months</td>
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</table>

*Hepatitis A (HepA) vaccine is recommended for children and adolescents in selected states and regions and for certain high risk groups. Consult your healthcare provider.

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.

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

Sudden Unexpected Infant Death (SUID), Sudden Infant Death Syndrome (SIDS) and a Safe Sleeping Environment

Awareness is Key

The CDC estimates that nearly 4,000 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 aged 1 to 12 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.
• 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 or loose bedding 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 the baby is 1 month old to establish breastfeeding. 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.
• 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 immunizations may reduce 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.

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 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 baby’s mouth.
- Eating poorly or refuses 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.
- Fever of 100.4°F or more.
- Difficulty breathing.
- If the baby has a congested cough, running eyes or running nose.
- Repeated vomiting or several refused feedings in a row.
- Listlessness.
- Crying excessively with no known cause.
- An unusual or severe rash (other than prickly heat).
- Frequent or successive bowel movements with excess fluid, mucus or foul odor.

*Call your baby’s lactation consultant or healthcare provider right away if the baby shows any of the following symptoms:*

- Blue lip color is a 911 call!
- 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 8 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.
- If the baby experiences drastic behavior changes such as increased irritability, excessive crying without a cause, extreme sleepiness or floppy arms and legs, call your healthcare provider immediately.
Infant CPR (under 1 year of age)

The thought of having to do CPR on your baby is very frightening. However, there is nothing worse than not knowing what to do in case of such an emergency. An understanding of what to do is so important even with the hope that you never have to use the training.

It is highly recommended that you take an Infant CPR class. It is usually offered as part of your childbirth education class, but if it is not, you can call your local American Heart Association, American Red Cross or go online to find a schedule of classes close to you.

Remembering these letters make it easier to recall what to do in an emergency. Keeping all 3 elements in mind, here are the basics for infant CPR. Infant CPR is a little different from adult CPR, but the concept is the same.

Check to make sure the baby is conscious and is breathing.

1. If your baby is not conscious, try to arouse him. NEVER shake your baby! Instead, try tapping the bottom of his feet or rubbing his back. Babies do not like this and will usually respond quickly.

2. If you are alone and there is no response (crying or stirring), begin giving compressions. If someone is with you, have them call 911 at this time. Begin compressions by placing 2 fingers in the center of his chest, 1 finger width below the nipple line. Compress at least 1/3 the depth of the chest (approximately 1½ inches) to get the heart to pump blood for CIRCULATION.

3. Do 30 compressions, at a rate of 100 per minute, and then briefly check the AIRWAY. Do this by placing the baby on a hard surface (NOT the crib) and tilt his head back in a neutral position. Do not tilt the baby’s head back too far because you will block the airway.

4. If the baby is not BREATHING, cover the baby’s nose and mouth with your mouth and gently puff 2 times. Look to make sure the chest is rising when you give the puffs of air. A baby’s lungs are smaller than an adult’s, so remember to give only puffs of air, not full breaths.

5. Continue to do 30 compressions to 2 puffs of air. It should take 2 minutes to do 5 cycles.

6. If you are alone, and have not done so, notify 911 at this time.

7. Continue CPR until help arrives.

Special thanks to Lanny Dowell, Certified CPR Instructor, and Kimberly Wilschek, Certified CPR Instructor, for their assistance and expertise on this subject.

CPR Illustrations by ADAM.
Infant Choking (under 1 year of age)

Choking can be scary...IF IT HAPPENS! Little ones tend to put anything they can get their hands on into their mouths. If a small object gets lodged in the windpipe and your baby cannot cough, breathe or cry, it is important to dislodge it as soon as possible.

The following will help you understand how to help your baby if he is awake (responsive) and choking:

1. Place your baby face down along your arm. Support the head by holding his jaw. Make sure his head is lower than his body.
2. With the heel of your hand, deliver 5 quick back slaps between the shoulder blades.
3. Turn the baby over onto your other arm. Your baby is now facing up.
4. While supporting the head and body, deliver 5 downward chest thrusts using 2 fingers positioned a finger width below the nipple line. Make sure his head is lower than his body.
5. If you do not dislodge the object, repeat with 5 back slaps and 5 chest thrusts until the object is dislodged or the infant becomes unresponsive.
6. If the infant becomes unresponsive, begin CPR as outlined on page 96.
7. Between giving puffs of air, look into the baby’s mouth to see if the object is visible. If the object is not seen, do not attempt a blind finger sweep. Continue with CPR.

Call out for help and direct them to dial 911.
If you are alone, dial 911 after 2 minutes of trying to clear his airway.

Notes:

Special thanks to Lanny Dowell, Certified CPR Instructor, and Kimberly Wilschek, Certified CPR Instructor, for their assistance and expertise on this subject.

Choking Illustrations by ADAM.
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.

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 up the baby 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 IMMEDIATELY. 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.
Conclusion

Each baby is unique. Much of how you nurture and love your child will come naturally. Please know that parenting is a process that requires you to learn constantly. You will discover new skills and insights along the way that will allow you to learn what works for you, your baby and your family. Parenting is possibly the most challenging job you will ever have. You will realize very quickly that parenting is one of the most defining and rewarding responsibilities that outweighs any of life’s challenges you may face in the future.

When it comes to raising a child, it is amazing how fast the time flies. Embrace every moment, and yes, even the tough times, because you will never get those moments back. Reflect with your partner on your parenting skills. More than ever, communication with your partner is crucial on what style of parenting is working and what is not. Together you can choose what is best for your child.

A question that always arises is “How do I know I am doing a good job?” Please know that you will make mistakes and stumble from time to time. You are only human but trust your instincts! Watching your child grow and become more secure in his surroundings and the world around him will tell you how effective you are in raising your child.

At the end of the day, it comes down to love. Your love for this precious life will guide you in making the right decisions. Your protective instincts come naturally. You have everything you need within you to be the best nurturer and parent.

Notes:
Resources

Please know that this publication or resources listed are not intended to substitute or replace the professional medical advice you receive from your child’s healthcare provider. The content provided here is for informational purposes only, and was not designed to diagnose or treat a health problem or disease. Please consult your child’s healthcare provider with any questions or concerns you may have about your child’s condition.

The information was compiled from a variety of sources including the resources listed below and on the following pages, but is not intended to substitute or replace the professional medical advice you receive from your child’s healthcare provider.

We hope you find these sites helpful, but please remember we do not control or endorse the information presented on these websites, nor do these sites endorse the information contained here.

Resource Websites
American Congress of Obstetricians and Gynecologists
www.acog.org
American Academy of Pediatrics (AAP)
www.aap.org
American Academy of Pediatrics Immunization Information
www.aap.org/immunization
American Heart Association
www.heart.org
Centers for Disease Control and Prevention (CDC)
Early Hearing Detection and Intervention Program
www.cdc.gov/ncbddd/hearingloss/index.html
Centers for Disease Control and Prevention (CDC)
Childhood and Adolescent Immunization Schedule
www.cdc.gov/vaccines
International Board of Lactation Consultant Examiners
www.iblce.org
International Lactation Consultant Association
www.ilca.org
La Leche League International
www.lalecheleague.org
March of Dimes
www.marchofdimes.com
National Safety Council
www.nsc.org
National Center for Hearing Assessment and Management
www.infanthearing.org
US Consumer Product Safety Commission
www.cpsc.gov

Resource Organizations
Depression Awareness, Recognition and Treatment Program
National Institute of Mental Health
5600 Fishers Lane, Room 15C-05
Rockville, MD 20857, Toll Free: (800) 421-4211

National Institute of Child Health and Human Development (NICHD)
National Institutes of Health, DHHS
31 Center Drive, Bldg. 31, Room 2A32 MSC 2425
Bethesda, MD 20892-2425
www.nichd.nih.gov
Toll Free: (800) 370-2943

The Arc of the United States
1825 K Street NW, Suite 1200, Washington, DC 20006
Info@thearc.org, www.thearc.org
(800) 433-5255

ThinkFirst Foundation
National Injury Prevention Program
1801 North Mill Street, Suite F
Naperville, IL 60563
thinkfirst@thinkfirst.org, www.thinkfirst.org
Toll Free: (800) THINK56 (800-844-6556)

Postpartum Stress Center
1062 Lancaster Avenue, Suite 2, Rosemont, PA 19010
www.postpartumstress.com
(610) 325-7527

Postpartum Support International
6706 SW 54th Avenue, Portland, OR 97219
www.postpartum.net
Toll Free: (800) 944-4PPD (800-944-4773)

American Red Cross
2025 E. Street NW, Washington, DC 20006
www.redcross.org
Toll Free: (800) GIVELIFE (800-448-3543)

First Candle
2105 Laurel Bush Road, Suite 201
Bel Air, MD 21015
(443) 640-1049

Parents Without Partners
1100-H Brandywine Blvd., Zanesville, OH 43701-7303
www.parentswithoutpartners.org
(800) 637-7974

National Highway Traffic Safety Administration
1200 North Jersey Avenue SE, West Bldg.
Washington, DC 20590
www.nhtsa.gov
Toll Free: (888) 327-4236
Glossary

**acrocyanosis**: A bluish appearance of the hands and feet seen in the newborn for the first few hours after birth.

**analgesia**: Pain relieving medications.

**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 after birth with milk that causes both pain and swelling of the breast.

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

**circumcision**: The cutting of the foreskin of the penis.

**coagulation**: Clotting of blood.

**cord**: Cilic is a condition that occurs in early infancy where a newborn baby will have bouts of crying, apparent abdominal pain, and marked irritability. The onset of colic usually occurs a few weeks after birth and it disappears by 3 to 4 months of age.

**colostrum**: It is the forerunner to breast milk 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 breast milk is established.

**cradle cap**: A form of dermatitis that occurs in infants and is characterized by heavy yellow crusted rash on the scalp.

**crowning**: The appearance of the infant’s head at the vaginal opening.

**fontanel**: Any of the soft membranous gaps between the incompletely formed cranial bones of a fetus or an infant. Also called soft spot.

**gastration**: The period of time a baby is carried in the uterus. It is usually described in weeks and days and is full term.

**gonorrhea**: A sexually transmitted disease that affects the lining of the genital tract. The infection can infect the baby’s eyes at birth.

**group B streptococcus (GBS)**: Group B streptococcus is a type of bacteria that is found in the vagina of the rectum of healthy women. About half of all GBS disease occurs in newborns and is acquired during childbirth when a baby comes into direct contact with the bacteria carried by the mother. Many healthcare providers will check an expectant mother at 35 to 37 weeks to see if she is a carrier of the bacteria.

**infant massage**: A healthy touch activity between parent, caregiver and baby that promotes healthy family development by strengthening the physical and emotional well-being of infants, young children and all family/caregiver members involved.

**insomnia**: The inability to sleep.

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

**kangaroo care**: Skin-to-skin contact of baby and parent. Has many therapeutic benefits for baby and parents.

**lanugo**: Fine hair that covers the baby’s body and evident at birth.

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

**local anesthesia**: The numbing of the perineum with anesthetic medication.

**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 and is normally expelled after birth. It can stain an amniotic fluid expelled before birth.

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

**mogulon spot**: A bluish pigmented area on the terminal or near the base of the spine that is present at birth especially in Asian, southern European, American Indian and black infants and that usually disappears during childhood.

**moo reflex**: A reflex reaction of infants upon being startled (as by a loud noise or a bright light) that is characterized by extension of the arms and legs away from the body and to the side and then by drawing them together as if in an embrace.

**mucus plug**: A thick mucus plug that develops in the cervix early in pregnancy due to hormone shifts. It protects the pregnant uterus from bacteria present in the vagina.

**newborn screening**: A simple blood test to identify many life-threatening genetic illnesses.

**NICU**: Neonatal intensive care unit.

**olfactory**: Connected with the sense of smell.

**overstimulation**: When a baby’s crying is inconsolable meaning that he needs less rest or sleep.

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

**perinatal mood disorder**: A condition that can occur in up to 10% of women 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.

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

**port-wine stain**: A flat birthmark varying from pink to purple.

**post-term pregnancy**: A pregnancy more than 42 weeks gestation. (40 weeks is full term).

**premature infant (preterm)**: An infant born before 37 weeks gestation.

**prophylaxis**: A prevention of a condition.

**prostaglandin**: A chemical substance that causes uterine contractions.

**Rh factor**: A marker found on the red blood cells. If you have the marker you are Rh-positive. If you are missing the marker, you are Rh-negative. If you are not the positive and carry a positive baby, your body may develop antibodies against the baby's blood which could lead to a problem in the baby.

**rhogam**: An injection given to pregnant Rh-negative mothers at 28 weeks and sometimes after birth to minimize problems associated with Rh incompatibility between mother and newborn.

**rooming-in**: A term used when the newborn baby and her partner give total care to the newborn in the hospital room.

**rooting**: The tendency of an infant to open his mouth and turn toward an object. It can be elicited by gently stroking his cheek or corner of his mouth.

**shaken baby syndrome**: A syndrome in infants in which brain injury is caused by shaking of such violence that the child’s brain rebounds against the skull, resulting in bruising, swelling, and bleeding of the brain and often leading to permanent, severe brain damage or death.

**soft spot**: see Fontanel.

**stork bites**: Playful name for birth marks.

**strawberry hemangiomia**: A congenital bright red superficial spot on the baby’s skin resembling a strawberry; tends to decrease in size during childhood.

**swaddle**: A way of wrapping your infant that provides the continuous touching the fetus experienced in the womb.

**tummy time**: Placing your baby on his tummy when he’s awake and you’re there to help. This position is known to promote trunk stability, limb coordination and head control. When the baby is sleeping or resting it is advised that they be on their backs.

**umbilical cord**: Structure that contains blood vessels that connect the baby to the placenta.

**umbilicus**: Belly-button or navel.

**vernix**: A greasy white material that coats the baby at birth.

**vitamin K**: Needed for the clotting of blood and is naturally made in the gut. Newborns lack the necessary bacteria that produce Vitamin K, so an injection of it is given to a newborn 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________________________