

Caring for yourself and your new baby



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Congratulations on the birth of your baby! This is a special time of excitement and joy – as well as challenges and new responsibilities. Taking a new baby home can be overwhelming. Many parents worry about doing the “right thing” in the “right way.” This booklet can help you care for yourself and your baby during the first weeks at home.

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Caring for yourself after childbirth

The first few weeks after childbirth is called the postpartum period. During this time, your body goes through many changes. The following information can help you understand these changes and offers suggestions about how to take care of yourself.

Uterus

After delivery, your uterus is about the size of a grapefruit and it can be felt below your belly button. It gets smaller each day after delivery and by day 10, you won't be able to feel it. You may have uterine cramping after delivery, especially while breastfeeding or if you've had several children. Cramping lessens after the first few days. Your provider might prescribe ibuprofen or a stronger medicine, or both to help with the pain.

Vaginal bleeding

Postpartum bleeding (called lochia or flow) is bright red, similar to a period, for the first 3 to 4 days. It gradually becomes lighter in color and less in amount, and is completely gone in 4 to 6 weeks. If you have a return of bright red bleeding after the color has become lighter, this could mean you're doing too much activity and need to rest more. If you saturate one or more pads in an hour (with or without clots), call your provider right away.

Perineum and pain

The perineum is the area between your anus and vagina. This area might tear or be cut by your provider during delivery. If you receive stitches, they will be absorbed by your body and do not need to be removed.

Warm baths and ice packs can help reduce pain and swelling. Use your peri bottle filled with warm water for about a week, rinsing your perineum during and after urination. Some stinging is normal. Try putting Tucks pads directly on the painful areas to cool and sooth a sore perineum. These pads also help with pain caused by hemorrhoids. Take ibuprofen as directed. It's important to take bowel medicine as directed to prevent constipation while your perineum is healing.

If you still have pain after trying these things, talk to your provider about other medicines that might work better.

Medicines in the hospital and at home

- While in the hospital, your care provider and nurse will work with you and explain medications you may need (like antibiotics) or medications you can use for pain control.
- When you go home, please follow the instructions you received when you were discharged. These were printed on your After Visit Summary (AVS).

Diet

Follow these tips to get the nutrition you need after childbirth:

- Eat a variety of healthy foods and include choices high in fiber and iron. These include fruits, dark leafy vegetables, whole grains, protein and low-fat dairy products.
- Most women need 300-500 more calories per day while they are breastfeeding.
- When breastfeeding, there is no need to avoid the food you normally eat due to concern of it being too spicy.
- Amniotic fluid (the fluid around your baby in the womb) takes on the flavors of the food the mother eats, such as garlic and spices. After your baby is born, he or she will continue to enjoy a variety of flavors in your breastmilk.
- **One exception of foods to avoid** is fish that contain mercury, such as tuna steaks, canned albacore tuna, swordfish, tile fish, and king mackerel.
- Drink enough liquids so that you don't feel thirsty and your urine is light yellow in color.

Treatment if you have a low blood count (anemia)

A diet high in iron will help rebuild your blood count. If you have low iron levels, there are things you can do to increase the iron in your blood. Eating certain foods and taking supplements can help with this. Take iron supplements only if your provider advises you to do so. Iron is constipating. Start taking iron supplements after you have had 1-2 normal bowel movements. You may need to take a stool softener (without laxative, such as Docusate) to treat constipation.

Iron-rich foods

Choose foods from the lists below:

Foods high in iron

Beef, chicken
Kidney or pinto beans
Liver (preferably organic)
Blackstrap molasses
Rice bran
Beet greens
Mustard greens
Lentils
Dried peaches
Prune juice
Plums
Asparagus
Broccoli
Raisins
Okra
Kelp
Parsley

Foods moderately high in iron

Lean meats (lamb, turkey, veal)
Cooked beet greens
Cooked dried apricots
Dates
Lima beans
Chili
Cooked spinach
Dry and fresh peas
Apples
Whole grains
Turnip greens
Yams
Bananas
Egg yolks

Follow these guidelines to help your body absorb iron from your diet:

- Take iron supplement with orange juice or vitamin C.
- Do not drink milk or have dairy products at the same time you take your iron.

If you have problems taking iron supplements, you might try an over-the-counter iron supplement called Slow FE®. This is a slow release iron that may be more gentle on your stomach.

Activity and exercise

Walking is a great exercise following childbirth. It can help you begin to get back to your pre-pregnancy shape. Walking can also help with mood, self-image, and building up energy. Mothers who delivered vaginally may begin mild exercise to restore abdominal tone 2 weeks after delivery. If you had a cesarean birth, wait 4 to 6 weeks before doing any abdominal exercises. See page 13 for gentle exercises following a cesarean section.

We encourage you to start Kegel exercises the day after delivery to improve vaginal and perineal muscle tone and shape. To do Kegel exercises, tighten the muscle that starts and stops the flow of urine. Hold this position for 10 seconds, then rest. Repeat a few times and do this several times a day. You can also strengthen the muscles around your rectum and vagina in the same pattern of tighten and rest. This will help tone your entire pelvic floor muscles.

Contraception

You can start having sexual intercourse when vaginal bleeding has stopped and it is physically comfortable for you. The bleeding generally stops about 4 to 6 weeks after delivery. Being physically comfortable with sexual intercourse can vary from woman to woman. Water-soluble gel can help with vaginal lubrication.

If you are breastfeeding, you may have a decreased sex drive. This is caused by hormones and is considered normal.

If you start having sexual intercourse before your postpartum check-up, you should consider using birth control. It is possible to get pregnant during this time. Your provider will talk with you about birth control either before your discharge from the birth center or at your postpartum visit. Your menstrual cycle may start in about 6 to 12 weeks if you are not breastfeeding and in 3 to 12 months if you are breastfeeding. However, variations to this can happen. **Breastfeeding is not a form of birth control.**

Breast care

The rewards of breastfeeding are great for you and your baby, but there can be challenges along the way. Some of these challenges could be engorgement, mastitis, and sore nipples. Information about these things are covered in the breastfeeding section on page 26.

Rest and emotional care

Sleep when baby sleeps. Problems are always worse when you are tired. Learning to feed and care for a newborn becomes even more overwhelming when you haven't had any sleep. If available, let family and friends help cook, clean and care for older siblings. Try to limit your activity to feeding and caring for the baby. Lie down and rest whenever your baby is sleeping, whether day or night. Often moms say that they are unable to sleep during the day; however, if you lie down, you may find it easy to nap. After a few weeks, you and your baby will be ready to gradually increase your activity.

Pregnant women and their friends, families, and clinicians expect the postpartum period to be a happy time, characterized by the joyful homecoming of the newborn. Still, most moms will have times when they feel teary, moody, or anxious. These feelings may be called postpartum blues and refer to a condition characterized by mild, and often rapid, mood swings from elation to sadness, irritability, anxiety, decreased concentration, insomnia, tearfulness, and crying spells. These feelings usually peak around the fifth day and should resolve within 2 weeks.

Postpartum depression

Women with postpartum blues are at increased risk of developing postpartum depression. Talk to your provider to get help promptly for postpartum depression if your symptoms do not go away within 2 weeks or if they get worse.

Signs of postpartum depression can include:

- Difficulty sleeping or sleeping too much
- Feeling irritable, angry, nervous, or exhausted
- Crying a lot
- Feelings of being a bad mother
- Low energy or trouble concentrating
- Lack of interest in baby, friends, or family
- Feeling guilty, worthless, or hopeless
- Eating much more or less than usual
- Thoughts of hurting the baby, yourself, or others

It is important for your partner to know what to watch for. If you have any of these symptoms for more than 2 weeks, or the symptoms are making it hard for you to enjoy life, call your provider. Call sooner if thoughts of hurting yourself or your baby persist. Postpartum depression will not last forever and it can be treated, but you must let someone know how you're feeling. For more information on postpartum depression, visit www.del.wa.gov/development/strengthening/speakup.aspx or call 1-888-404-7763.

Warning signs - when to call your doctor

Call your provider if you have concerns or experience any of the following in the few weeks after giving birth:

- Severe pain anywhere that is getting worse
- Vaginal bleeding that saturates one or more pads in an hour or a return of bright red bleeding (with or without clots) after vaginal discharge has become lighter or turned brown in color
- Vaginal discharge that has a foul odor
- Chills or a temperature of 100.4°F or greater lasting longer than 4 hours (check your temperature if you feel sick or have chills)
- Increased warmth, swelling, redness or tenderness of breasts, legs, stitches or abdominal incision
- Drainage of more than a small amount from abdominal incision
- Severe headache, blurred vision
- Pain, frequency, or urgency with urination that doesn't get better in 2 days, this might come with back pain on one side
- Red, warm, swollen area on your leg, or pain in your calf when you step down
- Severe mood swings, thoughts of harming yourself or baby

Recovery after a cesarean birth

Medicines

A cesarean birth is major surgery, and you will need pain medicine afterwards. The amount of pain medicine you will need is very individual. Most women take a narcotic pain reliever for the first few days, and some find that they need it for a week or more. Narcotics cause constipation, however, so take your stool softener (docusate) and laxative (senna) while you are on narcotics. Drinking a lot of water also helps with constipation.

Generally, you will continue to take the same pain medicines you were using in the hospital. This typically includes ibuprofen and a supplemental narcotic. Ibuprofen works best when taken regularly every 4-6 hours.

Some women find it helpful to alternate taking ibuprofen with their narcotic medicine. Take enough pain medicine, within the prescribed limits, that allows you to move around, use the bathroom, feed your baby, etc. You may still have some discomfort around your incision while taking pain medicine, but you should not have severe, burning pain. As you heal, you will be able to switch to more ibuprofen and less narcotics, and then to stop the narcotics altogether.

If your provider ordered iron for you to take at home, and you are on narcotic pain medicine, wait to start your iron until you have had 1 or more bowel movements, as iron can also cause constipation.

If you have any questions about the amount of pain you are experiencing, or how much pain medicine you should take, talk to your provider. We do not want you to be in pain, and you have a right to be comfortable after your cesarean birth.

Incision care

After surgery, you will need to take care of the incision as it heals. Your provider used stitches, absorbable staples, or tape strips to close the incision. You will need to keep the area clean, change the dressing according to your provider's instructions, and watch for signs of infection.

Some drainage from the incision can be expected for the first few days after surgery. If the discharge does not decrease after a few days, becomes bright red with blood, or contains pus, contact your provider.

Stitches or staples normally cause some redness and swelling where the stitch enters the skin. Bruising and a small lump may also form. You may have mild irritation, soreness, itching, tingling or numbness. These are normal and no cause for concern.

Tips for reducing the risk of infection:

- Change the dressing if it gets wet or soiled.
- Between the 5th and 7th day, remove all dressings and let incision be open to air.
- Do NOT shower for at least 48 hours.
- Do NOT take a bath during the first 7 days.
- Do NOT scrub or rub the incision.
- Do NOT use lotion or powder on the incision.

Signs of infection - call your doctor if you notice any of the following:

Signs of an infection, such as:

- A yellow or green discharge.
- A change in the odor of the discharge.
- A change in the size of the incision.
- Redness or hardening of the surrounding area.
- The incision is hot to the touch.
- Fever over 100.4 F.
- Increasing or unusual pain.
- Excessive bleeding that has soaked through the dressing.

Changing a dressing if it gets wet or soiled:

1. Be sure your skin is clean and dry.
2. Wash your hands with soap and water.
3. Get the new dressing ready by opening the package.
4. Gently remove the old dressing.
5. Look at incision for signs of infection (see list above).
6. Carefully apply the new dressing. Be sure to NOT touch the incision with your hands.
7. Throw old dressing away and wash your hands.

Diet, constipation, and gas pain

Frequent small meals are often better tolerated following surgery and will also help with your milk production. Focus on including high fiber foods to help prevent constipation, and drink plenty of fluids including water and juice. Foods that are iron rich will help to rebuild your blood. **For a list of these, see section on diet and iron-rich foods on page 7.**

Surgery and narcotics slow digestion. This can cause abdominal gas and bloating that is often painful. Gas pain can be relieved by:

- Walking about in your home several times a day
- Drinking warm peppermint tea or warm water
- Avoiding very cold beverages and carbonated beverages
- Taking the recommended amount of ibuprofen for pain – this limits the amount of narcotics you need
- Placing a warm pack on your abdomen

Activity and exercises

For the first two weeks, your activity level should be minimal. Eat, sleep, feed and care for your baby and yourself. Do not lift anything heavier than your baby and limit stair climbing as much as possible. Do not do housework or shopping. You can start driving when you are no longer taking narcotic medicines and you are moving easily without pain. This is so you can respond to a driving emergency and hit the brake without hesitation. Take walks based on your energy level to help your recovery and boost mood and self-image. The gentle exercises that follow can be started within the first few days as you feel able. Don't start rigorous abdominal exercises until at least 4 to 6 weeks postpartum.

Deep Breathing

Purpose: Prevent the lungs from becoming congested, which can happen when confined to bed.

1. As soon as you are able, take 2 to 3 deep breaths. Take the air in slowly and fill the lungs.
2. Relax to let out the air.
3. Repeat every half hour while awake for the first 24 hours.

Shoulder Circling

Purpose: Relieve stiffness in the neck and shoulder region that can result from being in one position for a long time.

1. Sit upright and stretch the top of your head upwards.
2. Rotate shoulders 20 times in both directions, making circles as large as possible.
3. Relax when finished.
4. Repeat 20 circles each way every hour. Do this exercise when you feel tension in your neck and shoulders.



Prolonged Expiration

Purpose: Combine deep breathing with gentle activity of the abdominal muscles.

1. Lie with knees bent up. This exercise can also be done in a sitting or standing position.
2. Take a deep breath.
3. Let the air out and at the same time, suck your tummy in towards your backbone. Continue until you have no air left in your lungs and hold for a slow count of five.
4. Relax.
5. This exercise can be done throughout the day (two or three times every hour.)
6. There will be a pulling sensation on the incision, but doing this exercise will not cause any harm.



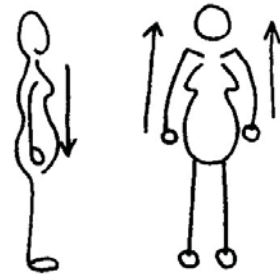
Posture Correction

Purpose: Avoid hunching or bending that may lead to backache. You may hunch over as you walk because of the tension and discomfort in the incision area. Try to be in an upright posture when standing.

Gentle Stretch

Purpose: Increase flexibility of the incision area.

1. Starting position: Stand upright against a wall.
2. Raise both arms slowly and gently above your head with both hands as high as you can until you feel a stretch in your abdomen. Then go a little further.
3. Hold for a count of five.
4. Relax.
5. Repeat 5 to 10 times every day.



Caring for your baby during the first few weeks

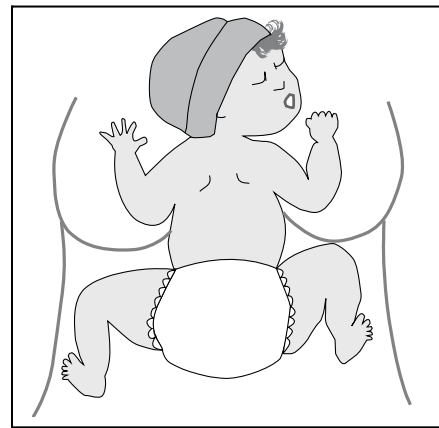
Skin to skin: Comforting your baby

Holding your baby on your chest is the best place for your baby to adjust to the outside world. This is sometimes called ‘kangaroo care’, and it is the best start for breastfeeding. Holding your baby near you this way stimulates your breast milk production. Babies held skin to skin cry less, are calmer, and stay warmer. This position is good for both breastfed and bottle-fed babies.

Start doing this as soon as possible after your baby is born.

To cuddle your baby skin to skin:

- Dress her only in a diaper and lay her belly-down directly on your chest with her face turned to either side.
- Have your baby’s arms flexed upward, with hips in a ‘frog-like’ position.
- Baby’s tummy should rest above your navel (belly button).
- Place a blanket over both of you, making sure it doesn’t cover your baby’s face.



Babies can also cuddle skin to skin with mom in a side lying position. Lay with your lower arm extended forward creating a protected space for your baby below your arm and near your breast for easy breastfeeding.

Snuggle your baby this way as often as possible during your hospital stay and during the first weeks at home. Partners can also hold the baby skin to skin.

For babies:

- Better at regulating heart rate and breathing
- Improved blood circulation
- Restful sleep cycles
- Rapid weight gain
- Decreased crying
- Improved breastfeeding
- Better temperature control
- Helps keep blood sugar normal
- Decreased infection
- Reduced pain during blood draws

For parents:

- Improved connection and closeness with your baby
- Increased milk supply if you are breastfeeding
- Improved confidence in your baby care skills
- Increased participation in comforting and caring for your baby

Feeding your baby

Breastfeeding during the first week

Breastfeeding during the first week is different from breastfeeding the second week and beyond. During her first week of life, your baby will want to feed more often than you could ever imagine. **This is normal.** These frequent feedings are intense and may feel overwhelming to you; however, the hard work in the first week will reward you and your baby in the weeks that follow by creating a large milk supply. Your baby will be satisfied, gain weight, and most likely cry less. Your baby will be able to gradually space feedings further apart and begin to sleep longer.

How often your baby should eat

Babies need to eat 8 to 12 times a day to gain weight and grow. However, this doesn't mean they feed exactly every 3 hours. At birth, a baby's tummy is very small. It holds only 1 to 2 teaspoons. A baby will often want several feedings close together before she is satisfied and sleeps. This is called cluster feeding. Some babies may eat for 45-60 minutes several times in a row with only a brief rest in between and then finally sleep for up to 3 hours. Other babies may eat for 10-15 minutes, but feed every 30-40 minutes around the clock. Cluster feeding is normal, but most intense during the first week. As a group, babies tend to eat most frequently between 9 p.m. and 3 a.m. This is why it is important to nap during the day when your baby naps.

Burping your baby

Not all babies need burping, but it can be very helpful for some. Burp your baby during her feedings – in the middle and again at the end. Burping gets rid of the air your baby has swallowed while sucking and crying. Swallowed air will make your baby feel full and she won't feed as well. Once she's burped the air out, she'll have room for more milk in her tummy. Some babies will feed better if they are burped at the beginning of their feeding, especially if they've been crying.

To help your baby not to swallow air during breastfeeding, make sure she is comfortable and has a good seal on the areola. If you are bottle-feeding, make sure the nipple is full of milk.

The easiest way to burp a baby:

- Sit the baby on your lap and support her chin with your hand.
- Hold the baby against your chest with her face over your shoulder.

Either way, pat or rub your baby's back gently for 2 or 3 minutes. If your baby does not burp after a few minutes, lay her down on her side for a minute or two. Changing positions might help move the air bubble. Then baby can be placed 'back to sleep.'

Spitting up

Many babies spit up a small amount of their feeding. It is common for your baby to have a teaspoon or two of milk dribble out of her mouth. The baby usually isn't bothered by spitting up. Frequent burping and slowing down how fast your baby takes her feeding may help minimize spitting up. Keeping your baby in a more upright position and not pushing her knees up high onto the abdomen during diaper changes can prevent some spitting up. As your baby gets older, she will quit spitting up.

Call your baby's doctor if your baby has forceful vomiting where her feedings seem to shoot out of her mouth or your baby seems to have pain when spitting up.

If your baby appears to be choking, stop the feeding and sit her up and lean her forward as if you were burping her, or turn her to her side in a lying down position so that the milk she was choking on can come out.

Feeding cues – how to know when your baby is hungry

During the first week, your baby's tummy slowly stretches and is able to hold a larger volume of food. At the same time, your milk will come in and provide your baby with more food at each feeding. Feed your baby whenever you see early feeding cues, such as opening her mouth and turning her head side to side as she looks for food, or sucking on her hands.

Try not to wait until your baby is crying to feed her. Crying is the very last sign your baby has to tell you she is hungry. A crying baby is less patient at learning how to latch on to the breast and this may cause the feedings to be more stressful for you and your baby. An average feeding lasts about 20-40 minutes with some pauses. The baby's jaw should move well enough to wiggle her ears during the feeding. The shortest feeding is about 10 minutes of continuous sucking with wide jaw movements. Swallowing can be heard.

Leave the baby on the first breast until it is completely emptied. The milk the baby gets at the end of the feeding contains the fat that your baby needs to grow. It also helps the baby to feel full and satisfied with the feeding. When the baby has completely emptied the first side, offer the other breast and let your baby finish her feeding on this side. Most babies will feed on both breasts at each feeding.

At the next feeding, start with the breast you finished with at the previous feeding so you're not starting every feeding on the same breast.

How you know that your baby is getting enough to eat

Check for two things to know if your baby is getting enough to eat during your first week home: the number of feedings per day and your baby's diaper.

Your baby should be eating well at least 8 to 12 times every 24 hours. Check for wet diapers and stools in your baby's diaper. If your baby is getting enough food, you should see her stools change from being greenish black (called meconium) on the day of birth to green or yellowish by 4-5 days old.

Guidelines for stools and wet diapers

Day 1	Birth – 24 hours old	1 stool – black or dark green	1 wet diaper
Day 2	24 hours – 48 hours	2 stools – black or dark green	2 wet diapers
Day 3	48 hours – 72 hours	3 stools – black or greenish	3 wet diapers
Day 4	72 hours – 96 hours	3-4 stools - greenish or yellowish	4 wet diapers
Day 5	More than 96 hours	3-4 stools - yellow stools	6-8 wet diapers

If your baby is still passing black meconium stools after day 4 (96 hours old), call your baby's doctor for an appointment. When a baby is breastfeeding well, her stools should begin to change from black to greenish by day 3 or 4. Her mouth, eyes, and skin will be moist.

There is one exception when your baby may not have stools in this pattern. Some babies pass meconium before birth into the bag of water or have several large meconium stools at birth or soon after. It is normal for this baby to have less stools in the next few days. At 72-96 hours old, your baby should resume with 3-4 stools per day that are green to yellow in color with no more black stools after 96 hours old.

Feeding a sleepy baby

Some babies may be sleepy and not interested in feeding, or fall asleep within the first few minutes after starting her feeding. If this happens, there are things you can do to wake your baby up and encourage a feeding.

Undress your baby and keep her skin to skin near you. She may wake with the undressing. The close contact with you will encourage your milk supply and keep the baby close to the breast for any early signs of feeding interest.

If your baby remains sleepy and doesn't feed, change her diaper and wash her bottom even if the diaper is clean. This activity will help wake your baby. If your baby wakes for a feeding, but falls asleep too soon after feeding, change her diaper when she falls asleep as a way to wake her.

Rub the soles of your baby's feet firmly to help keep her awake and interested once she has latched to the breast.

If these things don't work, try holding your baby on your lap in a sitting position and rub and pat her back firmly. Walk your fingers up her spine. This will often wake a baby or cause a burp, which may make your baby more interested in feeding.

If your baby remains sleepy, is feeding poorly, or hasn't had enough wet diapers or stools, call your baby's doctor.

Position and latch for breastfeeding

It is best for your baby's first feeding to happen right after birth. That is when babies are usually awake and ready to discover your breast. It is easiest to position your baby at your breast without blankets. Your body will keep your baby warm.

When you lift your breast toward your baby and let your nipple touch your baby's face, you will probably notice that the nipple stands out a bit. Your breast is getting ready for the feeding. The nurse or midwife will show you how to wait for your baby to open his mouth wide before bringing him to your breast. Many babies will then take hold and suck for several minutes.

When your baby is latched onto your breast correctly, you will probably feel a strong pulling and any discomfort should improve after the first few sucks. If strong discomfort continues after the first 30 seconds, your baby is probably latched incorrectly. See the next few pages for help in getting a better latch.

Your baby's body should be rolled in close to you with his tummy touching yours and the tip of his nose touching your breast. This will not interfere with his breathing.

You should see your baby's lips rolled out and you should be able to tell that more than just the nipple is in your baby's mouth. Sucking usually feels rhythmic, with short pauses and sucking in bursts. When your baby is done, he will stop sucking and take his mouth off your breast.

Sometimes positioning your baby for breastfeeding takes more effort from you, your baby, and your helper. Some babies need more time to learn to latch to the breast and suck properly.

Though breastfeeding is natural, it is not always easy. We have chosen to show you two positions first – cross-cradle and football. They can be most helpful if you are having difficulty with the latch. We will cover the third position – side-lying – last. It will be most helpful to read and follow the steps in the order they are written, from start to finish.

Cross-cradle position

This position allows you to support, prepare, and compress your breast so it will fit better into your baby's mouth. This position also allows you to have control of your baby's head. It is best to have a helper with you to assist with pillows and your baby.

Most mothers find that cross-cradle works well for both breasts, but for our example we will describe it for your **left** breast.

After you are sitting upright, place a pillow on your lap. You may need to use two pillows to position your baby high enough so that your baby and your breasts are at the same level.

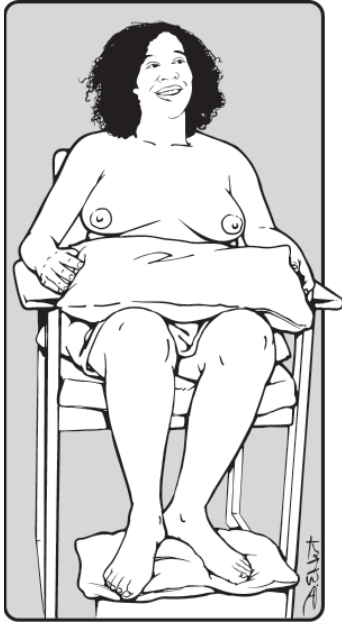


Figure 1: Mother sitting up.

Figure 1.

- For both positions, it is best to sit up as straight as you can in bed or in a chair. It is worth taking some time to make sure you are as comfortable and relaxed as possible.
- Sit on an extra pillow or use some extra back support if needed.
- Your helper can tend to the baby while you get settled.
- Your feet should touch the floor and your knees should be bent at a right angle so you can put a pillow on your lap. Many women find a footstool or a box for their feet helps make this position most comfortable.

Figure 2.

- Scoop up your left breast with your left hand.
- Position your hand under your breast with your left thumb pointing upward on the outside border of your areola (the dark area surrounding your nipple).
- Your index finger should be curved to the inner border of your areola opposite your thumb.
- It is important to form this “U” shape with your hand position. It will help you shape your breast to fit in your baby's mouth.
- Keeping your hand in this position, try to express a drop or two of milk by pressing your finger and thumb inward toward your chest, then together behind the areola.
- If you hold that pressure for a moment, you will probably see some colostrum or milk. Your baby will smell and taste that milk and it will help her focus on feeding.

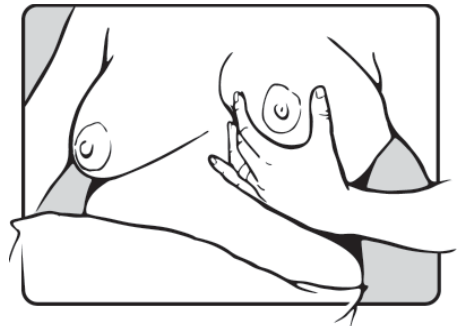


Figure 2: U-position, hand at breast.

Figure 3.

- Next, have your helper stand by your right shoulder.
- Your helper can place your baby (without blankets) on the pillow(s) on your lap. Your baby should be turned on his side with his nose directly across from your left nipple.
- Place your right hand on your baby's upper back with your right thumb and fingers grasping near his ears.
- Your right arm should not be under your baby. It is your hand that supports his neck.
- Hold your baby so that his nose is tipped up just a bit. This is sometimes called a "sniffing" position. Your baby's arms can be free to "hug" your breast, one on either side. Let your baby's body stretch out on the pillow.
- Your right arm should support your baby from behind so you can pull him in close, skin-to-skin.



Figure 3: Front view, preparing to feed.

Figure 4.

- Do not be in a hurry to get your baby to latch on.
- Hold her head away a little bit so that her mouth is just close enough to tickle her upper lip with your nipple. This should cause her to open wide to search for your breast.
- This searching, with tongue down and mouth wide, is called rooting. Your hand should still be in the "U" position.
- Compress your breast by moving your finger and thumb together as you did to express the drops of milk. Sometimes this is called "sandwiching" the breast.
- During the widest phase of your baby's rooting, when her mouth is wide open and her tongue is forward, use your right hand to quickly pull your baby forward. Press on her back, and bring her body toward you.
- Lead with her chin and keep the baby's body uncurled in the slight "sniffing" position. She should get a big mouthful of breast.
- Sometimes it takes several tries for your baby to latch on well. If you need to try again, you should break suction by sliding your index finger into the side of your baby's mouth.

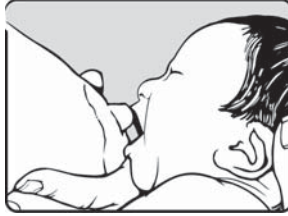


Figure 4: Sandwiching the breast, waiting for rooting.



Figure 5.

- You will know he is on when you feel a strong rhythmic pulling.
- Make sure that his lips are curled out, the tip of his nose is touching your breast, and more than just the nipple is in his mouth.



- If you are not sure he is well latched-on, try letting his head come away from your breast, just slightly. A well latched-on baby will not let your nipple slip out.

Figure 5: Looking down on proper cross-cradle hold.

Football position

This position can be helpful if other positions aren't working. With football hold, a helper can easily see what's happening. This position also gives you control of your breast and your baby's body. It works best if you are able to sit up quite straight. Again, we will explain the position using your **left** breast as an example. Your helper should stand by your left side.

Figure 6.

- Sit up as shown in Figure 1. Move the pillow(s) from the center of your lap to the left against your side. Football position is uncomfortable if your baby is too low, so it is usually helpful to use two pillows.
- Scoop up your left breast with your right hand. Your fingers should be under your left breast and your thumb should be on the upper border of your areola (the dark area surrounding your nipple).
- Make sure that your thumb is across from your baby's nose and your index finger is across from her chin.
- Keeping your hand in this position, try to express a drop or two of milk by pressing your finger and thumb inward toward your chest, then together behind the areola.
- If you hold that pressure for a moment, you will probably see some colostrum or milk. Your baby will smell and taste that milk and it will help her focus on feeding.
- Have your helper pass you your baby and place her on the pillow with her feet toward the back of the chair and her head in your left hand.
- Make sure her body is turned toward your breast and supported on the pillow.
- Do not try to hold your baby on your arm. Instead, slide your left hand down to hold the base of her neck with your thumb and fingers grasping close to her ears.
- Hold your baby so that her nose is tipped up just a bit. This is sometimes called a "sniffing" position.
- Your baby's arms can be free to "hug" your breast, one on either side.



Figure 6: Mother with baby in football hold.

Figure 7.

- Do not be in a hurry to get your baby to latch on. Hold his head away a little bit so that his mouth is just close enough to tickle his upper lip with your nipple. This should cause him to open wide to search for your breast.
- This searching, with tongue down and mouth wide, is called rooting.
- Compress your breast by moving your finger and thumb together as you did to express the drops of milk. Sometimes this is called “sandwiching” the breast.

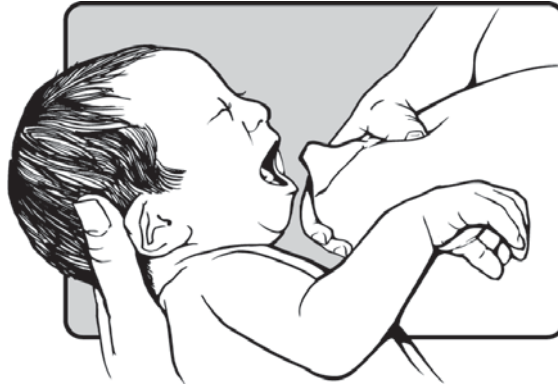


Figure 7: “Sandwiching” breast while baby rooting.

Figure 8.

- During rooting, when your baby’s mouth is at its widest position, aim your nipple toward the roof of her mouth.
- Use your left hand to bring your baby’s shoulders in close so her chin lands on the underside of your breast.
- Her top lip should come up beyond your nipple and curl onto your areola.
- Sometimes it takes several tries until your baby gets hold of your breast. You will know she is on when you feel a strong rhythmic pulling.
- Make sure that her chin indents your breast, her lips are curled out, the tip of her nose is close to your breast, and more than just the nipple is in her mouth.
- If you are not sure she is well latched-on, try letting her head come away from your breast, just slightly. A well latched-on baby will not let your nipple slip out.



Figure 8: Feeding in football position.

Side-lying position

This position can be helpful for moms who need to lie down for a feeding. It is a position that, in the early days, requires a helper. This is usually not the first choice for position when latching is a problem. In the hospital, it may be best to have the nurse help you with this position. Mothers have less control of the baby's head and less control of their breast. Later, when your baby has learned to latch and breastfeeding is going smoothly, side-lying position is great for night feedings or napping during feedings. For our example, we will describe the position for your **left** breast. We will use terms you have read in the previous pages. You will need a helper and three pillows.

Figure 9.

- Lie down flat on your left side with a pillow under your head. You should be so far onto your left side that your left breast is on the bed.
- Have your helper place a pillow firmly behind your mid-to-low back.
- Bring your right leg forward a little and bend your knee and have your helper place a pillow under it.
- Curl your left arm up and place your hand by your face or under the pillow.
- Now your helper should place your unwrapped baby on his right side so that you and your baby are “tummy-to-tummy.”
- You can place your right hand behind your baby's shoulders, allowing him to be in the “sniffing position.” Most women need a helper to “sandwich” the breast while waiting for the wide latch we have described before.
- When your baby is rooting most widely, quickly guide your baby forward and onto your breast. He should get a big mouthful of breast. It may take several approaches to achieve a good latch with more than just the nipple in his mouth, lips curled out, and nose touching breast.
- Once latched, it is often helpful to place a rolled baby blanket behind your baby for support.



Figure 9: Feeding in the side-lying position.

Laid-back position*

Laid-back breastfeeding means getting comfortable with your baby and encouraging your own and your baby's natural breastfeeding instincts.



- Dress yourself and your baby as you choose.
- Find a bed or couch where you can lean back and be well supported. You don't want to be lying flat, but comfortably leaning back so that when you put your baby on your chest, gravity will keep your baby in position with baby's body molded to yours.
- Have your head and shoulders well supported. Let your baby's whole front touch your whole front.
- Since you're leaning back, you don't have a lap so your baby can rest on you in any position you like. Just make sure baby's whole front is against you.
- Let your baby's cheek rest somewhere near your bare breast.
- Help baby as much as you like, and help baby do what he or she is trying to do.
- Hold your breast or not as you like.
- Relax and enjoy each other.

* Adapted with permission from La Leche League International, *The Womanly Art of Breastfeeding*, 2010.

Hints for any position

- Baby's mouth should take more than just the nipple.
- Remember to keep your breast "sandwiched" while baby is attempting latch and throughout the whole feeding.
- Hold baby's head in "sniffing position" so baby's chin is not pushed down toward her chest.
- Encourage wide rooting by expressing drops of colostrum or milk near mouth and nose.
- Be quick when pulling baby toward breast.
- The tip of baby's nose should be close to your breast while sucking and her chin should press in deep.

Practice makes it easier

- Often the first few sucks can be uncomfortable, but then it feels better as your baby adjusts to a correct sucking pattern. Pain that continues with sucking usually means your baby's mouth is incorrectly positioned and you should break suction with your finger and begin again.
- Working on the latch in the first week or so is worth the effort. A good latch can prevent nipple damage. A baby who is latched properly gets more milk from your breast.
- After some practice sucking in a correct position, your baby will probably need less and less help latching. Soon, you will put the baby close and he will just do it!

Breast care: Engorgement, mastitis, and sore nipples

If you are breastfeeding

Frequent regular feedings starting at birth will reduce engorgement. At about 72 hours postpartum, your breasts will begin to feel full, warm, and sometimes tender. They may become so full that the breast and nipple feel firm and overly swollen. It is important to empty the breasts by feeding the baby 8-12 times a day or by pumping. Putting a warm compress on the breasts for five minutes before feeding can help. Gently massage or compress the breast as the baby feeds to help drain the milk. Sometimes it is necessary to hand express or pump the breast for a few minutes to soften the nipple so the baby can latch well.

At the end of a feeding, you can put a cold compress on the breast for 5-20 minutes to ease discomfort. Going long periods without removing milk may cause your breasts to stop producing milk and may increase the chances for breast infection, called mastitis. A symptom of mastitis is a hard, red tender area on the breast. This can happen with or without a fever. You may also have chills and flu-like symptoms. Call your provider if this happens. Antibiotics may be necessary to treat the infection. It is usually safe to breastfeed while you are taking antibiotics for mastitis. Remind your provider that you are breastfeeding.

If your nipples are dry and scabbed, apply warm wet compresses for a few minutes before you feed your baby. Massage the areola (the dark part around the nipple) to soften it by removing some milk. Latch your baby carefully. If it hurts after one minute, take the baby off and try again. Allow the baby to suck actively – if her sucking slows with long pauses, end the feeding. Comfort nursing for the baby is not good when your nipples are sore.

After the feeding, apply colostrum, breast milk, vegetable oil, or medical grade lanolin to the nipple. Hydrogel pads that are placed on the nipple can be purchased at some maternity stores and pharmacies. As an alternative, you can use a thin film of non-prescription antibiotic ointment, like Polysporin or Bacitracin, after feedings.

The most important thing for sore nipples is to correct the cause of the pain. Talking with a lactation specialist may be helpful.

If you are bottle-feeding

Wear a supportive bra for comfort. Apply ice packs to engorged breasts to help with pain, and take ibuprofen. Avoid any stimulation to the breasts, such as hot showers or washing the chest. Medicines are generally not used to dry up a milk supply. Engorgement will ease within a few days.

Collecting and storing your breast milk

Mother's milk is the best food for your baby. Breast milk changes to meet the needs of your baby as she grows. No matter what your baby's age, the special contents of your milk are not in formula.

You can feed your baby breast milk even when you and your baby are apart. By learning to pump, collect, and store your milk, you can provide your baby nutrients when you're not available to breastfeed.

Reasons to pump and collect breast milk

There are several reasons you might want to pump and collect breast milk:

- **To increase your milk.** Pump after each nursing session.

- **To collect milk if you plan to miss a feeding.**

Here's how:

- Pump before the feeding you will miss.
- Pump between nursings or after nursing your baby. Collect milk every day for several days to obtain enough milk.

- **To build a supply of breast milk so you can return to work or school.**

Here's how:

- Pump daily for 4 to 6 weeks before your planned return.
- Pump at work at least every 4 hours or on your baby's feeding schedule.
- Some mothers nurse their baby on one breast while pumping the opposite breast.

Getting started

Practice expressing milk by hand or by pump to help your body learn to have a 'let-down response.' It might take time to feel comfortable and sure of yourself. Read the manufacturer's directions for your pump before using the pump and collection kit.

Always start by washing your hands well. Sit where you can relax. Then follow these steps:

1. Attach the collection kit to the pump. Protect your lap with a towel.
2. Place a warm, moist pack on your breast for 1-3 minutes, if you can. Massage your breast in a circular motion, working towards the nipple. Stroke from the outer areas of the breast toward the nipple.
3. Place the clean collection flange over the areola. Center your nipple. If the flange does not seal against your skin, moisten the edge with tap water. A tight fit may indicate you need a larger flange.
4. Begin pumping with the least pressure. Your nipple should move freely back and forth in the flange tunnel.
5. Pump at low pressure until you can see milk in the flange tunnel. Increase the pressure setting gradually to the highest comfortable level.
6. Control the pressure to your comfort level and to keep the milk flowing.
7. Turn off the pump before you take the flange from your breast.
8. Label the container of milk with name, date, and time.
9. Clean the pump parts in the dishwasher or scrub with dish detergent, brush, and hot water. Rinse well and air dry. Do not wash the tubing on electric pumps unless milk has gotten inside.

Collect your milk in small amounts of 2-4 ounces. If you plan to freeze the milk, leave about ½ inch space at the top of the container for it to expand. Use BPA-free bottles and a solid cap on the container.

Pumping your breasts for milk

The more you pump, the more milk you will make. It will take about 20-30 minutes to pump one breast at a time. Pumping both breasts at the same time will take about 10-15 minutes. For twins, use both breasts and double the time.

Feeding your baby breast milk from a bottle

- Use the oldest milk first.
- To thaw the milk:
 - Put the bottle or container into a pan or bowl of cool water. Warm the water until the milk is room temperature.
 - Do not let water run under the lid.
 - Do not microwave or overheat breast milk.
- Test a few drops of milk on your wrist to make sure it is not too hot. Shake the milk to remix it.
- Hold your baby for feeding; never prop the bottle. Stroke the baby's lower lip with the bottle nipple; when he opens wide, put the nipple in his mouth. If the baby won't take the nipple, let him mouth it first and then try again.
- Tip the bottle up to keep milk in the cap.
- Your baby will suck in a rhythm and swallow after each 1-2 sucks if the nipple works the way it should.
- Burp the baby in the middle of the feeding. Move baby to your other arm to finish the feeding, then burp him again.
- Stop feeding when he stops swallowing.
- Throw milk left in the bottle away if not take in 90 minutes.
- Never refreeze thawed milk.

Storing breast milk

- To keep your milk safe, always collect milk with clean hands and clean equipment.
- Breast milk that has not been chilled or heated has more nutrients and infection-fighting properties.
- Use glass or hard plastic containers to store your milk. You may use special breast milk freezer bags. Do not re-use these bags. Do not use soft plastic bags, commercial baby bottle bags, or zip-lock bags to freeze human milk.
- Use a separate container for fresh pumped milk. Do not add warm fresh milk to cold milk.
- Refrigerate your milk as soon as possible if you can't use it within the following guidelines. To take your milk other places, keep it on ice in a cooler.

Follow these guidelines for storing milk

- Fresh milk at 70°F — Use within 10 hours
- Fresh milk at 79°F (25°C) — Use within 4 hours
- Fresh milk at 59°F (15°C) — Use within 24 hours
- Refrigerated milk (back of fridge at 32-39°F) — Use within 4-7 days
- Thawed — Use within 24 hours
- Freezer section of a refrigerator — Use within 2 weeks
- Self contained freezer unit of a refrigerator (store milk away from door and fan in self-defrosting units) — Use within 3 months
- Stand-alone freezer at 0°F — Use within 6-12 months
- Never refreeze milk

Guidelines while in the hospital

- If you or your baby are in the hospital:
 - Use the sterile cups hospital staff give you.
 - Label the milk container with name, medical number, date, and time of collection.
 - Tell your provider or your baby's doctor about any medicines, alcohol, or drugs you have taken.
 - Clean the outside pump casing, control buttons and levers with disinfectant. Wash your hands after using disinfectant.
 - Use a fresh container each time you collect.
- The guidelines for storing breast milk are stricter in the hospital:
 - Feed milk you express at baby's crib within 1 hour or refrigerate it as soon as you collect it.
 - Refrigerate or freeze milk you collect somewhere else.
 - Use refrigerated milk within 48 hours (2 days).
 - Use thawed milk within 24 hours (1 day).

When to call your provider or lactation consultant

Call if you have any of the following problems:

- Fever, chills, flu-like symptoms
- Breast redness or deep achy pain
- Nipple redness, pain, burning, itching, rash, or lesions
- You are not making milk 4 days after your baby's birth
- You can't let-down to the pump
- You are making less milk than before
- You have questions or concerns

Jaundice

What it is

All babies are born with extra red blood cells. After birth, the extra red blood cells break down and release a substance called bilirubin in the baby's blood. When there is too much bilirubin in the blood, the baby becomes jaundiced and her skin looks yellow. Jaundice also causes your baby to be sleepy and she may not feed well. Your baby gets rid of bilirubin in her stools. When your baby is feeding well, she will have frequent stools that will remove bilirubin from her system.

Why it is important

It's very important to watch your baby for jaundice during the first week home. Most newborns become a little jaundiced – this is normal. However, some babies will have a higher level of jaundice that is more serious and requires monitoring and/or phototherapy treatment. Untreated jaundice that becomes too high may cause brain damage.

When a baby has jaundice, you will see it first in the face and as it increases, you will see it on the baby's chest, tummy, and legs. You may also notice that the white area of your baby's eyes look yellow. Your nurse will do a skin test with a bilimeter to check your baby for jaundice before you go home after delivery. If it is elevated, the doctor will order a blood test. Once you go home, continue to watch your baby for jaundice. Pay attention to skin color changes, alertness, feeding, and stooling.

What to do

Hold your baby in natural light in front of a window and notice the color of her skin as you press down on her nose, chest, and thigh. If your baby is of light complexion, notice whether the skin looks yellow instead of creamy-white under where you pressed. If your baby has a naturally darker complexion, color changes may be more subtle. Look at your baby's eyes and check to see if the white area looks yellow.

Encourage your baby to eat often. Breastmilk contains colostrum, which has a laxative effect. Frequent breastfeedings starting at birth will help your baby get rid of bilirubin in her stools. When your baby does not pass her meconium stools, the bilirubin can build up in her system causing the jaundice to increase.

Most jaundice typically goes away in 1 to 2 weeks; however, some babies will need phototherapy to treat the jaundice. If your baby's skin looks yellow, if she is sleepy and/or not feeding well (8-12 feedings per day) or stooling well (at least 2-4 stools per day by day 4), call your baby's doctor. He or she will do a blood test to measure the bilirubin level and decide if your baby needs phototherapy.

Sleep positions

When you put your baby down to sleep, the safest position is on her back. Sudden infant death syndrome (SIDS) has declined more than 50 percent since babies started sleeping on their backs instead of their tummies. Place your baby on her back on a firm, flat mattress in the crib.

Dress your baby in an extra nighttime sleeper for warmth rather than covering her with loose blankets. Using a single swaddling blanket is OK. Do not put pillows or toys in the baby's bed that could cover her face. Having a fan turned on in your baby's room may also be helpful in lowering the risk of SIDS for your baby.

The American Academy of Pediatrics (AAP) recommends babies sleep in their own bed or a co-sleeper bed near you. If your baby does sleep with you, lay down in a side-lying position with your lower arm extended forward creating a protected area for your baby below your arm. Your arm will prevent you or your partner from rolling over onto your baby. Turn your baby onto her back and make sure no blankets cover the baby. There shouldn't be any space between the bed and the wall or headboard that your baby could slip through.

It is important that you do not smoke, drink alcohol, or take other drugs because these activities are associated with a higher risk for injury for your baby while sleeping with you.

Tummy time

Your baby should have "tummy time" every day. Place your baby on her tummy when she is awake and someone is watching her. Tummy time gives your baby the chance to lift and turn her head. This strengthens her neck and shoulder muscles so she can learn to hold her head and roll over. It also helps to prevent flat spots on the back of the baby's head.

Umbilical cord care

Your baby's umbilical cord will dry up and fall off within 1 to 3 weeks. During this time, keep the area around the cord clean and dry. It is fine to bathe your baby during this time. Simply dry the area around the cord after bathing. Your baby's belly button will be drawn deep into the abdomen by the cord drying. Don't worry if it doesn't look like a normal belly button during the healing period. You can only tell what it is going to look like after the cord falls off.

As the cord dries, you may notice an odor. This is normal and not a problem. Also, as the cord is coming off, there may be dried blood at the site, or oozing, the same as when a scab comes off. This is also normal and may last 3 to 4 days. After the cord falls off, you may see dried blood left inside the belly button, which you can wash off gently with warm water.

Infection in the cord area is very rare. If the cord is infected, it will be tender when you touch it, be swollen or have a large area of redness around it, or there will be pus coming out of the site. If you think the cord is infected, call your doctor's office.

Temperature

Your baby wants to be at a comfortable temperature, just as you do. It is possible for a baby to be too hot or too cold. If your baby is held up against your body, he will absorb warmth, just as you would, so he or she probably won't need any extra layers of clothing or blankets. If your baby is lying on a bed, she will need more layers of clothing to stay warm. Newborns have very small bodies, and don't produce much heat themselves, but they readily absorb heat when they are held.

If your baby is too hot, he or she may perspire. Check your baby's hairline or the back of his neck to make sure he is not sweating. If your baby is too cold, his skin may feel cool. Babies who are dressed and swaddled, or who have hats on and mittens covering their hands, can be too hot.

Check your baby's temperature if you have any questions. It's best to take an infant's temperature under his arm (axillary). Hold the arm firmly down over the thermometer until it beeps. If the result doesn't seem correct, take it under the other arm.

Taking the temperature in the baby's ear (tympanic) isn't recommended, as it is hard to get good readings using this method. In addition, taking the temperature by feeling across the baby's forehead or using a temporal artery thermometer isn't recommended, as this requires using another method to confirm baby's temperature is higher than normal.

Normal newborn temperature is around 97.8 to 98.8°F (axillary). If your baby is warmer than this, think about whether or not he is overdressed, adjust the clothing, and recheck the temperature within 30-45 minutes.

If your baby continues to have a temperature of 100.0°F or higher on two separate readings, he has a fever and you need to call your provider for guidance.

Warning signs for baby during the first two weeks home

Call your health care provider if you have any concerns about your baby or if your baby has any of these signs:

- Baby is feeding less than 8 times per day.
- Baby does not have enough wet or dirty diapers according to the number of days old. See "Guideline for stools and wet diapers" on page 18.
- Baby seems to struggle to breathe, makes grunting noises or flares her nostrils when breathing, or takes more than 60 breaths per minute.
- Baby's sleeping periods last more than 5 hours after the first day of life.
- Baby's skin color is bluish around the mouth, or skin color turns yellow.
- Baby is shaking or irritable and cannot be comforted, or is sleepy and difficult to wake.
- Baby's temperature is below 97.5 or above 100.0°F (axillary) in two separate readings taken 30 minutes apart after adjusting clothing and room temperature.
- Baby is vomiting forcefully and it projects several inches away from the baby. Don't confuse this with normal spitting up that happens when some milk dribbles out with burping.

You may notice a pinkish or rust colored stain in your baby's diaper. This is normal for the first 3 to 4 days. It is caused by uric acid crystals that occur when the baby's urine is concentrated and indicates that it is important to feed your baby as often as possible. You do not need to call your provider for this.

Understanding what your baby does

Your baby's senses

Most newborn babies will open their eyes and look around soon after birth. They can focus on things 8 to 10 inches away. Newborn babies have a natural liking for the human face. Looking at mom or dad's face while being held is very fun and comforting for your baby.

Newborns have a good sense of smell. Studies show that at birth, babies have a preference for the smell of amniotic fluid, and within a day or two, they prefer the smell of breastmilk. Babies know the smell of their mothers within a few days of birth. Try to avoid strong-smelling soap or perfume while your baby is young so these preferences can develop.

Your baby hears well, and will respond to sounds she heard in the womb, such as voices and music. He or she will like hearing the familiar sound of your heartbeat.

Your baby will have a hearing test while you are in the hospital to check her hearing.

Sleeping and waking

During the first week, your baby might sleep much of the time. Sometimes, it will be a very sound sleep, where your baby lies very still except for a few mild startles or twitches. Your baby will be very hard to wake up while in a sound sleep.

At other times, your baby will move during sleep—she may suck or make little crying sounds. Her eyelids may flutter. Your baby will be easier to wake up, but the fussing does not mean she is hungry or that she needs attention.

Sometimes your baby will be awake but calm, with bright, shiny, wide-open eyes. At these quiet, wakeful times, babies are very alert and ready to play.

Your baby will focus on your face or a bright, moving object. Babies just a few days old can yawn, frown, and smile. Your baby will like the sound of your voice and familiar music.

Your baby will like some things more than others. You and your baby will get to know each other over time. You will know when your baby is ready to look at you, to listen, to cuddle, and to eat.

Crying

All babies cry. During the first week your baby is losing weight, and crying almost always means hunger. After your baby has more of an eating 'schedule', you may notice your baby crying when you are pretty sure he or she is not hungry. Crying at this point may mean your baby is uncomfortable, has a wet or dirty diaper, is overstimulated or frightened, needs burping, or is sick. It can be frustrating to comfort a baby when you don't know what she needs. When you stay calm, it helps your baby feel calmer. Take a deep breath and try to relax. Talk to your baby as you try to figure out what it is that she needs.

Calming a crying baby

The first thing to do when your baby cries is to make sure that her basic needs are being met – she’s not hungry, she has a dry diaper, she doesn’t need burping, and she’s not too hot or cold. Your baby might be comforted if you cuddle her against your chest or swaddle her. If your baby is bottle feeding, you can also offer her a pacifier.

Movement is often soothing for a baby. You can rock her in a chair, place her in a baby swing, hold her snug in your arms while sitting on a birthing ball and gently bounce up and down, or walk with her in your arms, a front pack, or a stroller.

Some babies calm down when they hear the hum or feel the vibration of household appliances like your dryer or dishwasher. You can put your baby in a baby seat or car seat and place the seat near or on the dryer or dishwasher. Someone needs to be with the baby at all times if you place the seat on the dryer or dishwasher. For some babies, riding in the car will put them to sleep.

During the first few months

Your baby may cry more during the first few months of life than any other time in their infant life. Sometimes this is called colic, but this crying isn’t an illness or condition. This is a normal part of your baby’s growth and development.

During this time, your baby’s crying has certain things you can watch for. The crying will get worse up until about 2 months of age, and then gradually get better until about 4-5 months of age. Your baby may cry without any reason and not be soothed no matter what you try. The crying can last for several hours each day. During this period, your baby may cry more later in the day and into the early evening.

If you become frustrated or feel exhausted, it’s OK. Make sure your baby’s needs are met and put him or her down for a few minutes. Walk away and take a few minutes to calm yourself. Just know this crying won’t last too long and it’s normal for most babies.

Shaken baby syndrome

Shaken baby syndrome is head trauma that happens when a caregiver “shakes” or “slams” a child, usually to stop him from crying. When this happens, the brain slams against the skull causing bleeding and swelling.

The symptoms of shaken baby syndrome can vary based on the age of the child and how often and how hard the baby was shaken. Symptoms include irritability, sluggishness, vomiting, and poor appetite. More serious symptoms include trouble breathing, seizures, coma and death. Another symptom is bleeding in the eye that happens when blood vessels in the retina are torn and begin to bleed. The long-term effects on the baby can include brain damage, learning problems, mental retardation, blindness, deafness, seizures, paralysis, or death.

The only protection against shaken baby syndrome is to not let it happen. If a caregiver has done everything to help a baby stop crying and the baby continues to cry, the caregiver should put the baby in a safe place and walk away. Children don’t get hurt by crying, but they can be severely injured by a frustrated caregiver who takes frustrations out on a baby. The caregiver should take time to calm down before

returning to the baby.

If you feel frustrated with your baby, remember these things:

- Never shake, slap, or hit your baby on the face or head.
- Put your baby in her crib for a few minutes if you feel like you are going to lose control.
- Call someone to stay with your baby if you need to get away for a little while.
- Carefully screen anyone who provides care for your baby when you are away, and talk to them about shaken baby syndrome.

Taking care of your baby

Your baby's follow-up visits

Follow-up visits after you leave the hospital are scheduled when the baby is 3-5 days old and 7-14 days old.

When you leave the maternity unit, you should have selected a medical center and a doctor for your baby. If you haven't made a decision, the nurses taking care of you and your baby can help with this.

You have several choices. If you saw your family doctor for prenatal care, he or she can probably care for your newborn. You also may choose a pediatrician or another family doctor for your baby.

Bathing your baby

Your baby needs a bath once or twice a week. She can be fully bathed even if the umbilical cord is still attached. Your baby will be more comfortable with her bath if you warm the temperature in the room you bathe her in to 75°F.

Gather towels, soap, a diaper and clean baby clothes before you start. It is often easier to bathe your baby if you have two people doing the job.

Fill the sink or bathing tub with water that feels comfortably warm to your elbow, but not hot. Put in enough water to cover your baby so she doesn't get cold. Gently ease your baby into the water holding her securely in your arm. There are a couple of different ways to hold your baby for a bath and you can choose what is most comfortable for you. One way is for your baby's head to rest in the bend of your elbow or on your forearm with your hand holding her arm securely. The other option is to support your baby's head in your hand and have her body submerged in the bath.

Wash your baby's face and eyes with water only, no soap. You may add a bit of mild baby soap to the bath water and wash her body next. You can wash her hair next. Scrub her head with a soft nailbrush (you can take the brush that is used in the hospital to wash your baby's hair.) Scrubbing your baby's head with a little soap and this brush twice a week will help control cradle cap from occurring. You can also wash your baby's hair after drying her from the bath.

Wrap her in a warm towel (heated in the dryer) and then hold her head near the faucet and wet and wash her hair. This will help keep her warm. Be sure to dry your baby's umbilical cord, skin, and hair well.

Dry skin

Many newborns have some areas of dry skin that goes away on its own. During the newborn stage, babies usually do not need additional lotion on their skin. Some babies have skin that is very dry and splits, especially around the ankles and hands. You can put olive oil, Vaseline®, or A&D® ointment on those areas.

If you want to use lotion, choose one that does not have perfume or dyes, such as Aquaphor® or Eucerin®. Bathing and soap are drying to your baby's skin, so don't bathe your baby too often and use only a small amount of soap on your baby's skin.

Fingernails

Baby's nails are very fine, but can also be very sharp and scratch her face. Use a nail file or emery board to shorten and smooth the nails. This is the safest method. Another option is to trim nails carefully with baby scissors that have blunt rounded tips or baby nail clippers. Do NOT use adult-sized nail clippers, as you could clip the tip of the baby's finger or toe instead of the nail.

Since baby's nails grow quickly, you may have to cut the fingernails at least once a week. You may only need to cut the toenails a couple of times per month. A good time to trim your baby's nails is when she is sleeping and you have good lighting to see her nails well.

Diapering

Clean your baby's bottom with a warm washcloth and wipe with every diaper change. For a baby girl's diaper, clean from front to back. Clean gently between the folds of skin. A white vaginal discharge is normal and does not need to be scrubbed away. Some girls may have a bloody discharge caused by maternal hormones. This is temporary and doesn't need treatment.

For a baby boy, be careful to get all of the creases and folds clean. If your baby's penis is not circumcised, do not pull the foreskin back when washing. The foreskin will pull back naturally between 4 and 8 years of age. No special care is needed until then. If your baby boy was circumcised, you will receive care instructions at the time of the circumcision. When putting the diaper on, try to keep it folded below the umbilical cord. Keep the cord dry to help it to fall off sooner.

You may notice a pinkish or rust colored stain in your baby's diaper. This is normal for the first 3 to 4 days. It is caused by uric acid crystals that occur when the baby's urine is concentrated and indicates that it is important to feed your baby as often as possible.

Clothing

Babies are usually comfortable with a diaper, T-shirt, gown, and a single blanket in a room at 70°F. If the room is cooler than this, your baby may also need a hat or more clothing. As your baby gets older, you can gradually lower the temperature at night. Do not lower it below 62°F.

When babies are dressed too warm, they feel hot to the touch (hands, feet, back, and face) and may be sweaty. This can cause a heat rash. At the right temperature, your baby's hands and feet feel cool and the rest of the body is warm. A good rule of thumb is to dress your baby in one more layer than you are wearing.

Taking your baby outside

It is best to keep your baby away from large crowds whenever possible. This lowers the risk of your baby getting a virus and becoming sick. Also avoid having your baby around people who are sick during the first few weeks. This is especially important during flu season, between the months of November and March.

Common concerns about your baby

Head shape

Your baby's head shape may be uneven or odd looking. Movement through the birth canal might cause swollen or bruised areas on her head. Her eyes may be puffy and her ears and nose may be flattened. If she was positioned breech in the uterus, her head may appear flat on top. Don't worry – these things won't last. Your baby has 'soft spots' you can feel on her head. There is one on top and one in back where the bones of her head have not grown together yet. These 'soft spots' are very strong. They will grow together over the next several months.

Rashes and baby's skin

Newborn rash: During the first week, some babies get a rash on their body. This is normal. Parents often think it looks like a bug bite. It will look like red splotches with a waxy yellow or white pimple in the middle. The rash, called erythema toxicum, is harmless and goes away without treatment.

Diaper rash: To prevent diaper rash, change your baby's diaper frequently and wash her bottom well with each diaper change. Blowing her bottom dry with a hair dryer set at warm heat will also help to prevent diaper rash. To treat diaper rash, apply Vaseline® or A&D® ointment and consider changing the type of diaper you use. If the rash does not go away, talk with your baby's doctor.

Other marks on baby's skin

Milia: These are small white spots that might be on your baby's nose, chin, and cheeks. These spots are caused by blocked oil glands. Just wash your baby's face with water and they will go away in a few weeks.

Stork bites: These are patches of deep pink commonly found on a baby's eyelids, nose, forehead, or the back of the neck. When the baby cries, they become more intense in color. They are the most common birthmark and usually fade or disappear over several months.

Slate grey patches (Mongolian spots): Dark areas of the skin that look blue (like a bruise) that appear on the buttocks or lower back of some babies. These spots are usually found in dark-skinned babies. They are common and gradually disappear by age 4.

Sneezing and stuffy nose

It is normal for your newborn to sneeze. She is clearing her nasal passages of fluid and mucus from the birthing process. Sometimes your newborn baby will have a stuffy nose. As long as it does not interfere with your baby's feeding, it is OK. If your baby's stuffy nose causes her to pull away from the breast or bottle in order to take a breath, call your baby's doctor.

Enlarged breasts

Some babies, both boys and girls, will have enlarged breasts and perhaps a milk-like substance coming from the nipple. This is normal. The hormones that enlarge the mother's breasts during pregnancy also act on the baby's breast tissue. The swelling will go away and doesn't need to be treated.

Bowed legs and turned-in toes

Almost all newborns have bowed legs or turned-in feet and toes. This is caused from the curled-up position during pregnancy. This is normal.

Crossed eyes

Most babies will sometimes have crossed eyes during the first 4 to 6 months of life.

Hiccups

Most babies have hiccups. They won't interfere with the baby's sleep or feeding, and they do not bother your baby. Don't worry about them; they will go away after 5 to 10 minutes. They become less frequent as your baby gets older.

Cigarette smoke

Cigarette smoke hurts your baby. It contains carbon monoxide and many other harmful chemicals. Here are important things to know about smoking and secondhand smoke:

- Children from birth to 2 years old are especially at risk because their lungs are not fully developed.
- Even if you quit smoking while you were pregnant, starting smoking after your baby is born makes your baby twice as likely to die of SIDS.
- If you breastfeed and smoke, your baby will get nicotine with every meal. Nicotine stays in the breast milk for up to 5 hours.
- Blowing smoke away, going into another room to smoke, or opening a window will not protect your baby or others from the dangers of secondhand smoke.
- Babies and children who live with smokers are more likely to get:
 - asthma
 - allergies
 - bronchitis
 - coughs
 - colds
 - sore throats
 - ear infections
 - pneumonia
 - reduced lung function
 - SIDS

Protect your baby's health. Don't let anyone smoke in your house or car. Stay away from places where there is cigarette smoke. Avoid having anyone who's smoked hold your baby. Smoke chemicals linger on clothing and can cause problems for the baby.

If you smoke, talk to your provider about programs to help you quit.

Marijuana use

Marijuana can reach high levels in breast milk and may affect your baby. Marijuana:

- Delays your baby's motor development
- May cause problems with your ability to produce breast milk
- May affect your ability to care for your baby well

While we do know about babies having delayed motor development due to marijuana in the breast milk, there may be other unknown effects to these babies, especially long term. Ideally, if you are going to be breastfeeding your baby, you should not use marijuana due to the potential impact it could have on your baby's health.

Car seat safety

Tips about how to install your car seat for safe travel

- Use a rear-facing car seat until your baby is 2 years old **and** 20 pounds*. Follow the weight/height limits provided with the car seat.
*Children are 5 times safer riding in rear-facing car seats until age 2.
- The center of the back seat is the safest position.
- Never place car seat in front of an air bag.
- Install at a 45-degree angle (see picture). Check car seat manual for instructions.
- Handle should be down and locked when traveling.
- Car seat should move no more than 1 inch in either direction at belt path.
- It is unsafe to use products such as fleece inserts, headrests, attachable toys, and belt tighteners that were not installed by the manufacturer.
- Call 1-800-BUCK-L-UP (1-800-282-5587) for the most up-to-date information about car seats. Or visit their Web site at www.800buckleup.org.



Tips for placing your baby in the car seat correctly

Retainer clip placed at armpit level.

Harness straps locked and threaded correctly, without twisting.



Harness straps at or below baby's shoulders. Snug fit at collarbone – one finger should fit under strap.

Rolled towels placed along sides to support head, if needed.

Blanket placed over baby after strapping baby into car seat. Do not wrap baby in a blanket or bulky garment before strapping into seat. Never use extra padding behind or under baby.



Rolled towel placed between lower harness and crotch area to keep baby from slipping, if needed.

Immunizations and tests before your baby leaves the hospital

Immunizations

Immunizations (vaccines) help protect your baby against certain diseases. We recommend a hepatitis B vaccine for your baby before she leaves the hospital. This vaccine protects against hepatitis B, which can damage the liver, cause liver cancer, and lead to death. This vaccine is given in 3 doses. The last 2 doses are given at future well-child visits.

Newborn screening tests

Your newborn baby will have two screening tests before leaving the hospital. The tests are the Washington State Newborn Screening and a hearing screening test. Both tests are discussed below and are an important way to make sure your baby gets the best possible health care.

Washington State Newborn Screening

This test can find problems we wouldn't know about otherwise. Once found, they can be treated. If they aren't found and treated, these problems can cause severe illness and mental retardation. Treatment can prevent or reduce the effects of these health conditions.

The first blood test is done before your baby leaves the hospital, by state law. This way, babies who need treatment can start as soon as possible.

Under Washington State law, parents have a right to refuse the screening tests for their baby if it goes against their beliefs or practices. If this is true for you, tell the hospital staff and your doctor as soon as possible. You will sign the back of the lab slip to confirm and record your decision.

We recommend a second blood test at your baby's first well-child visit because there is a small risk that a problem could be missed during the first 3 days.

How we test your baby

A simple blood test (done by taking a few drops of blood from your baby's heel) gives you and your doctor information about your baby's health.

Health conditions we screen for in your baby

The newborn blood screen checks your baby for a number of health conditions. Some of these conditions include:

- **Congenital hypothyroidism (CH)** is a disorder that is caused by the absence or abnormal development of the thyroid gland. To treat it, you can give your baby the hormone medicines he needs for his brain and body to develop normally. Without treatment, CH can cause mental retardation and poor growth.

- **Phenylketonuria (PKU)** is a disorder caused when the body isn't able to break down a chemical (phenylalanine) found in our diet. It can cause mental retardation. If PKU disease is found in the first month of life, we can prevent mental retardation by feeding the baby a special diet. For the test to be accurate, the baby needs to have been feeding well for a few days. We will take this test again at your baby's first well-child visit.
- **Congenital adrenal hyperplasia (CAH)** is a disorder that happens when the adrenal glands cannot make normal amounts of certain hormones. With treatment, the baby can be healthy. Without treatment, this disorder can lead to severe illness or even death.
- **Sickle cell disease** happens when hemoglobin doesn't form or develop normally. Hemoglobin is a substance in red blood cells that contains iron and carries oxygen to body tissues. Treatment with antibiotics reduces the risk for serious infections that threaten babies and young children who have sickle cell disease. Without treatment, this disease can cause severe illness or even death.

If the tests show that your baby might have any of these problems, we will recommend that you have the tests done again. Sometimes a healthy baby will have a positive test result.

Hearing screening

It's unlikely your baby will have a hearing loss, but if there is one, it's important to find out as soon as possible. The first two years of your child's life are very important for learning speech and language. A hearing loss can keep your baby from learning how to talk and understand words. That's why it's so important to find hearing problems early. We will do a hearing test before your baby leaves the hospital.

How the test is done

Your baby will have an evoked otoacoustic emissions test (EOAE). This test is very safe, and won't hurt your baby. Most babies sleep through the test. For this test, a soft earpiece is put in your baby's outer ear. This earpiece makes a soft clicking sound. Healthy ears will "echo" the click sound back to the earpiece, where it is sensed by a monitor.

Getting a second hearing test

Some babies need a second test to check hearing. This is not unusual. It doesn't mean your baby has a hearing loss. It may just be caused by fluid or debris in the ear canal or middle ear space which may be temporarily blocking the sound.

For the second test, an audiologist will do the EOAE test and a brainstem auditory evoked response (BAER) test to check your baby's hearing. During the BAER test, special sensors are placed on your baby's skin. A soft rubber earphone sends a series of quiet sounds into your baby's ear. The sensors measure the responses of your baby's hearing nerve. If your baby is referred for a second test, it's important to have this test as soon as possible.

What does the test result mean

If your baby passes the hearing test, you can be assured they have normal hearing at this time. However, hearing doesn't always remain normal.

Some things that could cause hearing loss as a baby gets older include:

- frequent ear infections
- serious infection
- ongoing illness
- family history of hearing loss

If you have concerns about your baby's hearing, tell your baby's doctor right away. The doctor can refer your baby to a specialist for further testing to check your baby's hearing.

Screening your newborn for heart problems

The American Academy of Pediatrics recommends that all newborns get screened for heart problems before they go home from the hospital. About 1 in 100 babies born in the United States is born with a heart problem. Some of these babies will have a condition called critical congenital heart disease (CCHD). Congenital heart diseases are the most common problems of the heart and blood vessels that can be found at birth.

Why is screening important?

Babies born with CCHD can appear normal at birth. Screening soon after a baby is born can help us find heart problems that might become serious if they're not found in time. When we diagnose CCHD early, we can begin treatment right away to give babies the best chances for a healthy life. That's why we screen for CCHD as part of standard care for all babies.

What happens during the exam?

The screening, called a pulse oximetry screening, is simple and painless. It uses a special tool called a pulse oximetry skin sensor that we put on your baby's hand and foot. The tool uses a light to measure your baby's oxygen levels without having to prick your baby's skin. The screening usually takes less than 15 minutes and is done by the nurse in your baby's room. The results of this screening can let us know if we need to do more screening.

What do the screening results mean?

A negative result means the screening didn't find any signs of serious heart problems and no more screening is needed.

A positive result means the screening found that oxygen levels in the blood are lower than normal. Low oxygen levels can be a sign of serious heart or lung problems. However, there are other reasons for low oxygen levels in the blood. If your baby's screening is positive, we will need to do more screening before you and your baby leave the hospital. Additional screening will help us find out what is causing low oxygen levels in your baby's blood.

