



Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER

► CONGRATULATIONS!

The day you've been waiting for is almost here! Like pregnancy, the newborn period can be a time of excitement, joy, and exhaustion. Whether this is your first child or your fourth, every baby has a unique personality and individual needs. This issue of *Healthy Beginnings* addresses many of the questions new parents have. We hope our advice makes it easier for you to adjust to parenthood and your new baby.

► POSTPARTUM APPOINTMENT

Date: _____ **Time:** _____

Day: _____

Practitioner: _____

Notes: _____

Please arrive for your appointment on time. If you need to cancel, call at least 24 hours in advance.

If you have questions or concerns, call _____.

► Taking care of yourself after giving birth

POST-BIRTH PAIN RELIEF

Most women have some pain after giving birth. If you had pain medication during labor it will wear off within a few hours. It is best to control pain by staying ahead of it, so let your nurse know as soon as you are uncomfortable. Pain intensity varies from woman to woman. Be aware of your pain level so you and your nurse can find the best ways to manage it. Ice packs or "sitz baths" may give you some relief. If this is not enough, you may want to try over-the-counter pain medications such as ibuprofen or acetaminophen. If you need more relief, ask for a prescription pain reliever. Most prescription pain medications are safe to take while breastfeeding.

HEALING

Whether you've had a vaginal or cesarean birth, your body will need time to recover. It usually takes 4 to 6 weeks from the time you have a baby until you feel fully recovered. If you've had a cesarean birth, it may take even longer. Set up childcare for older siblings ahead of time and make sure there is another adult in your home for at least 2 to 3 days after you come home. You should feel better and stronger each day. For the first few weeks after you go home, it's very important to rest each day and slowly become more active. Pace yourself and try to nap when your baby naps. Try not to have too many visitors or do too many social activities. Avoid strenuous work, such as heavy lifting and housework. When you feel ready, start going for short walks, indoors and outdoors, to help your body recover.

VAGINAL DISCHARGE (LOCHIA)

The blood-tinged vaginal discharge that occurs after birth is called lochia. The discharge is bright red for a few days, gradually becomes lighter and pink or brown, and then often a yellowish white. You may have some lochia for up to 6 weeks. Use sanitary pads or pantyliners to absorb the flow. Do not use tampons until your practitioner tells you it's OK. If you have heavy vaginal bleeding and soak a sanitary pad in less than an hour, call your practitioner right away.

(continues on page 3)

► Your amazing newborn

In the first few weeks after birth, babies work hard to achieve a rhythm in their lives. They often have their days and nights reversed, and they haven't yet set a regular sleep pattern. Newborns will do things that worry new parents, such as crossing their eyes, spitting up, breathing irregularly, sounding congested, sneezing, and hiccupping. These are normal. If you're concerned, call the pediatric nurse to see if you need to make an appointment.

Crying is your infant's way of communicating with you. When you respond to your baby's crying, you're teaching your baby to trust you. It's normal for a baby to cry up to 2 to 3 hours a day. Some babies cry more and some cry less. A period of fussiness in the late afternoon or evening is common. Some babies are easier to soothe than others. Swaddling (wrapping your baby snugly in a soft blanket) and holding your baby close to your body while rocking will often help.

Some babies are soothed by "white noise" from a fan that hums, a vacuum, or a white-noise sleep machine for babies. Babies cry less over time, especially if they are held often and are responded to quickly. It's not possible to "spoil" a newborn,

what's inside

| | |
|---|----|
| Partner's corner | 2 |
| Staying healthy after pregnancy | 2 |
| Care and help at home | 3 |
| Breastfeeding your baby | 4 |
| Breastfeeding log | 5 |
| Postpartum depression | 5 |
| Vitamin D supplements | 5 |
| When to call your physician | 5 |
| Caring for your newborn | 7 |
| Infection in the newborn | 8 |
| Get your pertussis vaccination | 8 |
| Get your flu shot | 8 |
| Yellow coloring of baby's skin (jaundice) | 10 |
| Caring for late preterm infants | 10 |
| Signs of illness | 11 |
| Newborn hearing screening | 11 |
| Safe sleep and other safety concerns | 12 |

so hold your baby as often as you like or the baby needs. With all the attention that your baby needs, you might forget that new parents need attention, too. Limit visitors and rest as often as you can. You may need to set new priorities. Decide what must be done versus what is possible to do. Becoming a new parent is just as much of a new beginning for you as birth is for your baby.



▶ PARTNER'S CORNER

After you bring your baby home, you'll soon realize that life as you know it has changed forever. A first child may change the special closeness that you once shared with your partner. You may need time and open communication to bring the new baby into your relationship. Schedule special time alone with your partner. If you have other children, the way the entire family relates will change. Try to be sensitive and patient with older children. They may view the new baby as an intruder and someone who's trying to take their place in the home and in their parents' hearts. (See "Preparing older children" in *Healthy Beginnings*, Issue 7.)

You and your other children may have feelings of jealousy or being left out. You can prevent some of these feelings by helping with baby care, starting in the hospital. You and your other children can care for the baby in many ways. You can help by diapering, singing, burping, dressing, rocking, kissing, bathing, and caressing the baby.

Your partner is recovering from the physical and emotional challenges of childbirth and will appreciate all the help she gets.

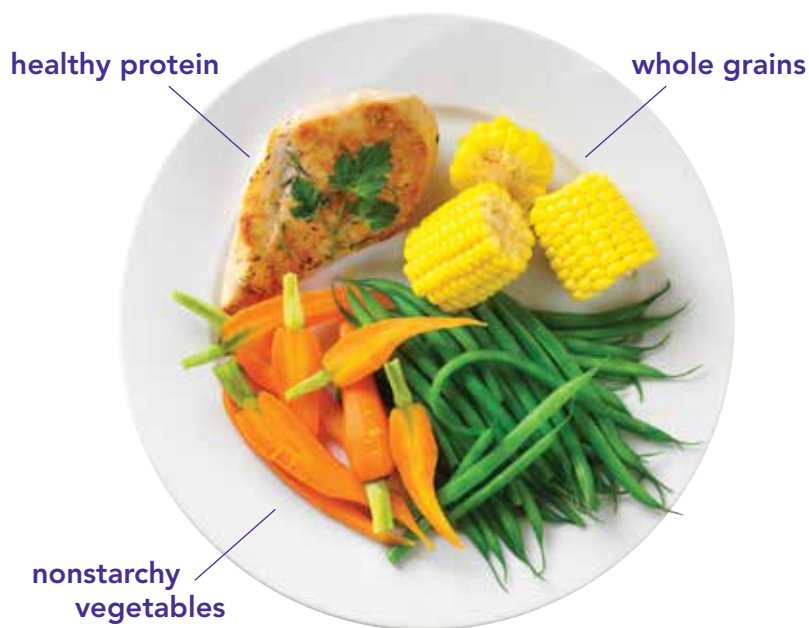
Here are some specific ways that you can help:

- Change your baby's diapers.
- Bring your baby to your partner for night feedings and take him or her back to bed.
- Burp your baby.
- Help around the house with chores and cooking.
- Quit smoking. If you or other household members do smoke, go outside the house. Before you hold the baby again, make sure to wash your hands and change your shirt. Contact your Center for Healthy Living (kp.org/centerforhealthyliving) if you need help to quit smoking.

The more time your partner has to rest, the sooner she'll recover and the sooner your life will get back to a healthy balance. (See "Partner's corner" in *Healthy Beginnings*, Issue 9, for suggestions on how to help the new mother recover.)

▶ Staying healthy after pregnancy

The healthy plate is a way to plan your meals in an easy, healthy way. Fill half your plate with nonstarchy vegetables. Add a serving of whole grains and a healthy protein.



Keep taking your prenatal vitamins or a multivitamin. All women of childbearing age should take a multivitamin with at least 400 micrograms of folic acid. If you're breastfeeding, it is very important for you to take prenatal vitamins and calcium supplements daily.

FOODS TO ENJOY

- Fruits and vegetables: Eat a rainbow of colors! Try to include at least one fruit or vegetable with every meal and snack.
- Whole grains: Eat a variety of whole grains, and limit white or refined grains.
- Healthy protein: Choose fish, poultry, beans, and nuts, and limit red meat and cheese. While breastfeeding, eat 2 to 3 servings of foods with healthy fats each week to promote the baby's brain growth. This includes 8 to 12 ounces of low-mercury fish like wild salmon and sardines; DHA-enriched eggs; or walnuts and ground flaxseeds if you are vegetarian.
- Water: Drink 8 to 10 eight-ounce glasses of water a day to keep hydrated and to prevent or relieve constipation.

FOODS TO REDUCE

- Choose processed, packaged foods (soups, noodle mixes, chips, frozen meals) less often; they are often very high in fat and sodium.
- Drink water instead of sugary drinks. Add a splash of fruit juice for flavor.
- Cut back on added sugars in foods like cookies, cakes, and candies.

A HEALTHY LIFESTYLE

If you're breastfeeding, continue to avoid alcohol and drugs, including prescription and over-the-counter drugs, unless they're ordered by your physician. If you or someone in your family has a problem with alcohol or other drugs, call your physician.

If you quit smoking while you were pregnant, congratulations! It's important to stay smoke-free so you can get the full benefit of all the

hard work you've put in. Children from households with smokers are at risk for sudden infant death syndrome (SIDS), and they have more ear infections, allergies, asthma, and lung problems. It's best not to allow any smoking in your house or car. Keep your baby away from all cigarette smoke. Your local Center for Healthy Living has information and workshops to help you or your partner quit smoking or stay quit.

EXERCISE

Most new mothers are eager to regain their pre-pregnancy shape but they may be so tired that they don't want to exercise. Give yourself some time to recover from childbirth emotionally and physically before you begin exercising.

Most practitioners advise against starting a regular exercise program until 4 to 6 weeks after birth. Exercises to improve the muscle tone of your stomach and abdomen may be started about 2 weeks after a vaginal birth. If you've had a cesarean birth, you may start these exercises when your incision has completely healed and is no longer tender.

You can start pelvic floor (Kegel) exercises soon after birth to help you regain vaginal and pelvic floor muscle tone. Tighten your pelvic floor and vaginal wall muscles for 6 to 10 seconds. Repeat the exercise 40 to 60 times a day. You can start these exercises while you're still in the hospital. Ask your nurse for more information. (See "Relaxation exercises for pregnancy and beyond" in *Healthy Beginnings*, Issue 3.)

When your stitches from a vaginal birth or your incision from a cesarean birth have healed and you feel your energy coming back, follow these guidelines to start an exercise program:

- Go for walks. Walking is a great way to get back in shape, and you can take your baby with you.
- Find a local postpartum exercise class that is taught by a certified instructor. Take the time to prepare for class so you're not too rushed.
- If possible, sit your baby in an infant seat on the floor nearby when you exercise. Newborns love watching their moms work out.
- During the first 6 weeks postpartum, avoid full sit-ups, double leg lifts, squats, knee-to-chest exercises, or any other movement that puts strain on your incision or perineum (area between the vagina and rectum).
- Whether you are at home or in class, always warm up and cool down slowly.
- Exercise sessions should be frequent and brief, not infrequent and long or intense.
- Do exercises slowly and with good form and posture.
- Rest between exercises.
- Don't overdo it. If you start out too abruptly or exercise to the point of fatigue, you can injure yourself. You'll be more likely to exercise regularly if you keep it at a moderate intensity.
- Drink water often during exercise.
- Let your instructor know how recently you gave birth and if you had a cesarean birth.

► Taking care of yourself after giving birth (continued from page 1)

CRAMPS (AFTERPAINS)

You may have some cramps for a few days after giving birth. These are sometimes called “afterpains.” These cramps are caused by contractions of the uterus as it shrinks back to pre-pregnancy size. If this is your first baby, you will probably be only slightly aware of the cramps. However, if you have had a baby before, you will probably feel them more. These cramps may also increase during breastfeeding. Your doctor may have prescribed pain medication. These medications are safe to take while breastfeeding. Take pain medicines exactly as directed. If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.

PERINEAL DISCOMFORT

The area between the vagina and rectum (the perineum) is stretched during childbirth. It's common to feel perineal discomfort or soreness after a vaginal birth or if you had a difficult labor before having a cesarean birth.

To care for the perineal area:

- Apply witch hazel pads or Tucks Medicated Cooling Pads to the perineum to relieve swelling and pain.
- Using the peri-bottle that you received in the hospital, rinse the perineal area with warm water each time you go to the bathroom. Dry the area from front to back.
- Take a “sitz bath” (a warm-water bath taken while sitting up with only the hips and buttocks covered) for 20 minutes, several times a day.

To prevent infection, make sure you always wash your hands before and after caring for the perineal area. You may also take the pain medications prescribed by your doctor for discomfort.

HEMORRHOIDS

Hemorrhoids (dilated, twisted blood vessels in and around the rectum) can occur as a result of pushing during labor and birth. They can cause

pain, itching, and bleeding during a bowel movement, but usually improve without treatment shortly after birth. Here are some tips that may help:

- Keep your stools soft by drinking more water and eating more fresh vegetables, fruits, and other high-fiber foods. (You may be prescribed a stool softener when you are discharged from the hospital.)
- Avoid sitting for long periods of time.
- Lie on your side several times a day.
- Cleanse the area with soft, moist toilet paper, witch hazel pads, or medicated pads, such as Tucks.
- Apply ice packs to relieve discomfort.
- Sit in a “sitz bath” for 20 minutes, several times a day.
- Use Preparation H, Anusol, or 1% hydrocortisone cream to help relieve pain.

CONSTIPATION

Constipation is common after having a baby. Try these tips:

- Drink more water and eat more high-fiber foods, like fruits, vegetables, oats, brown rice, cereals, and dry beans.
- Try Metamucil, bran tablets, or Fiberall.
- Try an over-the-counter stool softener (Colace) as directed by your practitioner.
- Do not use a laxative (such as Ex-Lax) without first talking with your practitioner.

BATHING

At the hospital, you may shower or wash your hair at any time after talking with your nurse. At home, you may soak in your tub with warm water for soothing (don't use bubble baths). If you've had a cesarean birth, you may shower unless your physician or nurse says not to.

MENSTRUATION

Nursing mothers usually start their period (menstruate) again anywhere from 2 to 12 months after birth, while non-nursing mothers often begin in about 6 to 8 weeks. The first period might be

heavier or longer than your usual period. It may stop and then start again once or twice. Your cycle may take a few months to become regular but is usually fairly normal by the second period. It may differ in length from your past cycles.

RESUMING SEX

It usually takes 4 to 6 weeks for your body to heal after a normal vaginal birth and may take longer if your birth was complicated or was a cesarean birth. We recommend that you wait 6 weeks—or at least until your postpartum appointment—before having sex, depending on how well you are healing. You can get pregnant after childbirth no matter whether you are breastfeeding or you have a regular period. Remember to use birth control if you are not planning for another pregnancy. To prevent sexually transmitted diseases and infections, use a condom each time. (See “Sexual activity” in *Healthy Beginnings*, Issue 9.)

TRAVEL

Limit travel until 5 to 6 weeks after birth. If you must take a long road trip before then, make sure to get out of the car often and walk for several minutes to keep your blood flowing. Remember that babies and toddlers should always ride in a rear-facing car seat until they are at least 2 years old, or until they reach the highest height or weight allowed by your car seat's maker. Also remember that you will need to stop to breastfeed and change your baby's diaper, so plan ahead for the extra driving time.

POSTPARTUM APPOINTMENT

You will be scheduled for a follow-up visit with your doctor within 6 weeks of your baby's birth. It's important to go to this visit (even if you feel fine) so your doctor can check that you're healing well. You'll also be able to ask questions, such as your options for birth control or help with managing pain.

► Care and help at home

After the birth of your baby, your emotions may range from joy to sadness to every feeling in between. This roller coaster of emotions could be caused by changing hormone shifts; fatigue from labor, birth, and the hospital stay; possible anxiety about becoming a mother; or many other factors. Your life will be different from before you gave birth to your baby:

- You'll get less sleep and eat at odd hours.
- You may be at home more than you used to be.
- You'll have less energy.
- You'll have much less time for yourself, your partner, friends, home, and hobbies.

Most of your life will revolve around the baby. Your main concerns will be how much your baby is sleeping and feeding, what each cry means, how many diapers you're changing every day, and how attached you've become in such a short time.

During these first few weeks you may need to simplify your life. You have four priorities:

- Love and care for your baby.
- Take care of yourself.
- Love your partner.
- Get to know your baby.

Things you can do to make your first few weeks at home easier:

- Wear a bathrobe or other loose, comfortable clothes.
- Discourage visitors the first couple days. Having fewer visitors will give you more time to get to know your baby and to rest.
- Cook and freeze meals ahead of time and have a stock of groceries on hand. Find out if there are any grocery delivery services in your area. Check out the restaurants in your neighborhood that offer healthy take-out.
- Arrange for a friend or family member to help with housework, errands, etc. Let people know what you need. Take people up on their offers to help.
- Nap when your baby naps.
- Be patient with yourself, your family, and your new baby—you're all adjusting to a major change.
- Remember that the lack of sleep and exhaustion is only temporary. In time, your baby will sleep through the night.
- Your baby will eventually grow more independent. For now, he or she needs you for everything.
- Ask your nurse or Social Services if you think you may need resources on how to care for yourself or your baby.

► Breastfeeding your baby

Your Kaiser Permanente health care team recommends that you feed your baby only breast milk for the first 6 months of life. You can then begin to add solid foods at about 6 months, and continue to breastfeed for a year and as long after that as you and your baby would like. Breastfeeding is the best way to give all the nutrition your baby needs for the first 6 months. It works on a supply-and-demand basis: The more your baby nurses, the more milk you will produce. Most nursing mothers can produce enough milk for their babies to thrive. You may hear different messages about how to breastfeed your baby, but remember there is no right or wrong way. It may take some time for your body to get into a rhythm, so be patient and keep at it. Breastfeeding is a learned skill and takes practice! Here are some tips for a good start.

BREASTFEEDING SERVICES

While you are in the hospital, our health care staff will help you and your baby learn to breastfeed.

Kaiser Permanente promotes pregnancy and breastfeeding education. We believe good health begins with breastfeeding. You will get clear information to help you make a fully informed choice about how to feed your baby. We will support you when you have made that choice.

GETTING TO KNOW YOUR BABY

Attachment and Bonding at Birth

Skin-to-skin care means holding your baby, dressed only in a diaper, on your bare chest. After your baby is born, your childbirth team will place your baby on your chest and give you time alone to get to know each other. This is a special time for bonding and attachment. You may wish to quickly introduce your baby to friends and family. After that, they will be asked to allow you time alone with your baby for this special time shortly after birth.

Benefits of skin-to-skin:

- It helps reduce the stress babies may feel from labor and birth.
- Babies stay warm and comfortable.
- Babies cry less, are calmer, and attach more strongly with parents.
- Babies latch on and breastfeed better.

If the mother cannot hold her baby skin-to-skin during the first hour after birth, it is helpful for the other parent or partner to do so.

BREASTFEED EARLY

Breastfeeding ideally begins during the first 1 or 2 hours after birth. Babies held skin-to-skin will often move themselves toward the breast and latch, many times with little or no help. When babies are allowed to breastfeed early, they tend to breastfeed better. Breastfeeding early and often helps the mother make more milk sooner.

COLOSTRUM—“NEWBORN MILK”

The milk your baby gets from these early feedings is called *colostrum* and is very important for the baby's immune system. Colostrum is the first milk for the baby; it is a rich, thick, yellowish milk. Your baby only needs small amounts of colostrum.

If the baby doesn't latch on right away, ask your nurse to show you how to hand-express drops that you can put on the baby's tongue. Your baby will enjoy the sweet taste of your first milk.

BREASTFEED OFTEN

Newborn babies feed very often. Sometimes they like to eat every half-hour, other times they will wait longer between feedings. As long as your baby feeds 8 to 12 times in 24 hours, this should not be a problem. For the first few days, some babies are sleepy and you may need to wake them to feed. After the first few days, most babies will begin to wake on their own for feedings when they are hungry. After the milk supply is established, babies may begin to stretch out their feedings a bit.

Frequent feeding is good for your baby and good for your milk supply. Frequent breastfeeding:

- Establishes and increases milk supply.
- Eases the change from colostrum feedings to mature milk, keeping breasts from feeling too full.

- Prevents the baby from losing too much weight during the first days after birth. (Some weight loss is normal for all babies.)
- Prevents jaundice caused by low milk intake.

HUNGER CUES

Baby-Led Latching

Watch your baby for signs of hunger instead of watching the clock. Remember, crying is a late sign of hunger.

Early signs of hunger, or feeding cues, are:

- Licking or smacking the lips
- Opening and closing the mouth
- Sucking on the tongue, hands, blankets, or your neck
- Searching with the mouth for something to suck on
- Putting fingers or hands in the mouth

BREASTFEED WELL

When a baby is breastfeeding well, you will notice long sucks with frequent swallows. By day 3, you should notice a lot of swallowing as the feeding begins, with fewer as the feeding goes on.

Let your baby feed for as long as he or she wants. If your baby is actively sucking and you hear swallowing, let the baby finish. This may take 10 to 30 minutes, depending on the feeding and the baby.

When your baby finishes the first breast, place him or her on your chest and give the baby a chance to burp. When the baby is ready, he or she will begin to search for the breast again. During the early days, encourage your baby to feed from both breasts. When babies get a little older, some are satisfied after feeding on one breast, while others like both breasts. Let your baby breastfeed until content and satisfied.

Nursing your baby is very calming. No matter how rushed or busy you are, try to slow down and enjoy the special time feeding your baby. Know that you are spending time doing the best thing for your baby. Notice how relaxed you feel while you are breastfeeding. Your glands release special hormones that help you rest and relax during feedings.

BREASTFEEDING HOLDS

Here are some positions you can use to hold your baby while breastfeeding. Choose the ones that make you and your baby feel most comfortable.

No matter which one you choose, make sure your baby's mouth is near your nipple and he or she doesn't have to turn his or her head to breastfeed. For most positions, your baby should be on his or her side with his or her whole body facing yours. This helps the baby to properly latch on to the nipple. Try using pillows under your arms, elbows, neck, or back, or under the baby for support.

Image source: Office on Women's Health in the U.S. Department of Health and Human Services



Cross cradle or transitional hold

This position is good for mothers just learning to breastfeed in the early days or weeks of the baby's life, for premature babies, or for babies who are having problems latching on. Hold your baby along the opposite arm from the breast you are using. Support the baby's head with the palm of your hand at the base of his or her neck.



Cradle hold

This hold is a commonly used position that is comfortable for most mothers. Hold your baby with his or her head on your forearm with the whole body facing yours.

(continues on page 6)



► Postpartum depression

The “baby blues” are common during the first 1 to 2 weeks after birth and can be a normal part of the childbirth process. They are caused, in part, by the change in hormones after birth. There may be times when you cry and feel sad or irritable for no reason. The baby blues usually go away fairly quickly. Here are some ideas that may help:

- Rest as much as you can. Sleep while the baby naps and don't let visitors keep you from getting the sleep you need. Turn off your phone and put a sign on the door when you are napping.
- It's normal for your baby to feed often during the night for the first 2 to 4 weeks at home and once or twice a night for the following months. Take a daytime nap so you don't get too tired.
- Go outside. Take the baby for a walk.
- Talk with friends and spend time with your partner.
- Go to a support group for new parents.
- Call the Behavioral Health Care Hotline if you need help: **1-800-900-3277**.

The first month after birth is an important adjustment period. Your role and your partner's role in your family have changed. Each of you needs time to get used to the changes. During this time, sad or blue moods may last longer and can be more intense. These could be symptoms of postpartum depression. If your feelings of depression worsen or last beyond a few weeks, call your doctor. All symptoms of postpartum depression are treatable with self-help, support, or professional guidance. **If at any time you feel like hurting yourself or your baby, tell someone and go to the Emergency Department for specialized care or call 911.**

► Vitamin D supplements

To help prevent rickets (a bone-softening disease), babies should be given vitamin D drops once a day starting in the first 2 months of life. Check with your baby's pediatrician for the best time to start giving your baby supplements. You can find vitamin D drops over the counter and in multivitamin drops. Use the medicine dropper supplied with the drops to make sure that your baby is getting the correct amount. If you are breastfeeding, keep taking daily prenatal vitamins to make sure you are getting enough vitamin D.

When to call your physician

Call now if you have:

- Fever (temperature of 100.4° or higher)
- Shaking chills with fever over 100.4°
- Breasts with hard, red, or tender areas
- Urgent or frequent need to urinate, along with a burning feeling
- Excessive pain, tenderness, or swelling in the vaginal or episiotomy area (between the rectum and vagina)
- Vaginal discharge with a foul odor or heavy bleeding that soaks through a sanitary pad in less than 1 hour
- Severe pains in your chest, abdomen, back, or legs
- Severe headaches, spots before your eyes, or you faint
- Feelings of severe despair, great anxiety, or inability to cope

► Breastfeeding log

Use this breastfeeding log during the first week of feeding. Circle the time you begin each breastfeeding. Check off a box for each wet diaper and a circle for each bowel movement. (See sample entry.) The goal for each day is the lowest number of wet diapers and bowel movements your baby will have if he or she is feeding well.

Sample entry:

| Day 2 goals: 8–12 feedings, 2 wet diapers, 2 bowel movements | |
|--|-------------|
| feedings: a.m. 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12 p.m. 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12 | Supplements |
| wet diaper: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | |
| bowel movement: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | |

Breastfeeding log:

| Day 1 goals: 8–12 feedings, 1 wet diaper, 1 bowel movement | |
|--|-------------|
| feedings: a.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 p.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Supplements |
| wet diaper: <input type="checkbox"/> | |
| bowel movement: <input type="checkbox"/> | |
| Day 2 goals: 8–12 feedings, 2 wet diapers, 2 bowel movements | |
| feedings: a.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 p.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Supplements |
| wet diapers: <input type="checkbox"/> <input type="checkbox"/> | |
| bowel movements: <input type="checkbox"/> <input type="checkbox"/> | |
| Day 3 goals: 8–12 feedings, 3 wet diapers, 3 bowel movements | |
| feedings: a.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 p.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Supplements |
| wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Day 4 goals: 8–12 feedings, 4 wet diapers, 3 bowel movements | |
| feedings: a.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 p.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Supplements |
| wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Day 5 goals: 8–12 feedings, 5–6 wet diapers (6–8 cloth diapers), 3 bowel movements | |
| feedings: a.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 p.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Supplements |
| wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| (for cloth diapers:) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Day 6 goals: 8–12 feedings; 6–8 wet diapers (7–10 cloth diapers); 3 bowel movements | |
| feedings: a.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 p.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Supplements |
| wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| (for cloth diapers:) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Day 7 goals: 8–12 feedings, 6–8 wet diapers (7–10 cloth diapers), 3 bowel movements | |
| feedings: a.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 p.m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Supplements |
| wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| (for cloth diapers:) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |



Clutch or football hold

This position is good for mothers with large breasts or inverted nipples, or who had a cesarean birth. Hold your baby at your side, lying on his or her back, with his or her head at the level of your nipple. Support the baby's head with the palm of your hand at the base of his or her head.



Side-lying position

This position allows the mother to rest while the baby nurses. It is useful for mothers who had a cesarean birth. Lie on your side with your baby facing you. Pull the baby close and guide his or her mouth to your nipple.



Laid-back, or straddle hold

Lie back on a pillow. Lay your baby against your body with your baby's head just above and between your breasts. Support your baby's head and shoulders and your baby will latch when ready to feed.

LATCH

A good latch is important for the baby to be able to get lots of milk from the breasts. A good latch also makes breastfeeding comfortable for the mother. When latching the baby, be sure the baby takes enough of the nipple and areola into the mouth.

- Place your nipple just below the baby's nose. Gently touch the area between the nose and the upper lip with your nipple. This will stimulate the baby to open wide, commonly called the "rooting reflex."
- When the baby opens wide, hug the baby close by pressing the baby's chin into your breast. This will help the baby to latch deeply.
- A deep latch feels better for the mother and allows the baby to get milk out more easily.
- The nipple should be deep in the baby's mouth, resting just in front of the beginning of the soft palate. About 1 to 1½ inches of nipple and areola are usually in the baby's mouth. (You can feel how far back this is in your own mouth by running your tongue along the roof of your mouth until you feel it turn from hard to soft.)
- A shallow latch may feel like pinching or biting. When the nipple touches the baby's bottom lip, the baby may latch to the nipple only, causing the shallow latch.
- If you feel the baby's gums moving on the nipple, the nipple is not far enough back.
- The baby's chin and cheeks should be touching the breast. The nose should be near the breast but not pushing into the breast.

Here are other ways to help the baby latch onto the nipple:

- Gently shape your breast with your hand so it better fits your baby's mouth.
- The baby's lips need to be open wide like a yawn. If your baby's upper lip seems to be tucked in and pulling on the nipple, pull up on the top lip a little to flare the upper lip out. If the bottom lip is tucked in and pulling in on the nipple, pull down on baby's chin. If this doesn't work right away, stop and try again.

- If the latch hurts, break suction and try again. To break suction, place a clean finger inside the baby's mouth between the gums and slide your nipple out, or press down on the lower gum to break suction before taking the baby off your breast. Do not get into a "tug of war" over your nipple with the baby.

As your baby is learning to breastfeed in the early weeks and months, avoid bottles and pacifiers. When your baby is breastfeeding well, 3 to 4 weeks after birth, having your partner or other family member offer a bottle of breast milk or a pacifier once in a while should not get in the way of feeding at the breast or you making milk.

MILK SUPPLY

Establishing a good milk supply occurs during the first 2 to 3 weeks of breastfeeding. Newborn babies breastfeed often, usually 8, 10, 12, or more times in 24 hours. Babies should be allowed to feed whenever they show early feeding cues. Don't wait until the baby cries to feed. Crying with hunger cues means your baby is very hungry.

Feed your baby on the first breast for as long as the baby is actively sucking with swallows. Watch for signs that the baby is ready to change sides (falling asleep, no longer swallowing, coming off the breast and going back on many times). Gently squeezing your breast and/or stimulating the baby to suck if sleepy may help the baby do a better job of finishing feeding.

Allow the baby to "finish" the first breast. This is important because the baby gets the first milk, called foremilk, and the later milk, called hind milk. The hind milk has more fat and calories than the foremilk. This will help the baby feel fuller and help the baby grow and develop.

Give the baby a chance to burp. Offer the second breast if the baby still seems hungry. After the first week or so, some babies only feed from one breast per feeding. If the baby has been gaining weight; is having at least 6 wet diapers and 2 to 3 loose, yellow stools every day; and is not interested in feeding from the second breast, it is okay.

If your baby takes only one breast at a feeding, start the next feeding on the other breast.

HOW TO TELL IF YOUR BABY IS EATING ENOUGH

- The baby is sucking with audible swallowing sounds.
- The baby is allowed to set the length of the feeding, which may be 10 to 30 minutes on each breast. After a few months, babies get more efficient and spend a shorter amount of time at the breast.
- Breasts feel full and heavy before the baby feeds and softer after he or she finishes.
- Some mothers, especially in the early months, may sense the milk "letting down." This can range from a warm or tingling feeling to a somewhat painful tightening in the breast. Others may not feel this at all. If you don't feel it, watch your baby to see that he or she swallows regularly.
- Milk may drip from one breast while the baby feeds on the other breast.
- The baby's urine and stool output increases from day 1 to 5.
- The baby has an average weight gain of 1 ounce a day after day 5. All babies lose a little weight the first 3 to 5 days of life.
- The baby should be happy and content after most feedings.

DAY-TO-DAY CHANGES

As your baby adjusts to life outside the womb and develops a breastfeeding relationship with you, watch as your newborn changes each day.

Day 1: Your baby will be placed skin-to-skin shortly after birth for the first feeding. Babies are often alert for the first 2 hours after birth, which helps them to want to nurse for the first time. After breastfeeding for the first time, most newborns will be sleepy for several hours. This is normal. Expect your baby to feed at least 8 to 12 times a day.

Day 2: Your baby will start to wake up and want to feed more often, especially at night. Frequent feedings help you make more milk. Feed your baby whenever he or she shows hunger signs, such as mouthing, rooting, lip smacking, and sucking, about 10 times every 24 hours.

(continues on page 8)



► Caring for your newborn

Bringing home a new baby can be an exciting yet overwhelming responsibility. Just knowing the basics will help you gain confidence as you care for your baby.

PROPER HANDWASHING

It's important to use proper handwashing techniques before handling your baby. Wash your hands using soap and warm water and rub very well for at least 15 seconds. If you're using alcohol-based sanitizers, rub the sanitizer all over your hands.

STUFFY NOSE

Sneezing and coughing are normal ways for your baby to clear the airway of mucus. If the baby's nose is stuffy, you may use a bulb syringe with some saline drops to gently suction out the baby's nose.

BURPING

Babies often swallow air during feedings, which can cause them to become fussy. Here are some suggestions on how to prevent fussiness by burping your baby after each feeding:

- Hold your baby upright with his or her head on your shoulder. Support your baby's head and back while gently patting his or her back with your other hand.
- Sit your baby on your lap. Support your baby's chest and head with one hand and gently rub his or her back with the other.
- Lay your baby tummy-down on your lap, and gently pat or rub his or her back.

UMBILICAL CORD CARE

- Clean the area where the cord attaches to the skin very well. Keep the diaper folded below the cord and keep the cord clean and dry.
- Clean the area at the base of the cord daily with warm water or as recommended by your baby's pediatrician.
- Use a damp washcloth to give your baby sponge baths until the cord falls off. The cord will drop off on its own, usually between 1 and 2 weeks.
- Check for a foul smell or oozing discharge, and report it to your baby's pediatrician.

CHANGING YOUR BABY'S DIAPERS

You can expect to change about 7 to 10 diapers a day once your baby is about a week old. When changing diapers, never leave your baby alone on the changing table and make sure everything you need is within reach. It's important to clean your baby each time you change his or her diaper.

- Use a warm, wet cloth to wash off urine and stool, using a front-to-back motion.
- Be sure to clean all the folds of the skin in the genital area.

PINK URINE

In most infants, urine is usually light to dark yellow. In the first week of life, you may notice a pink stain in the diaper that can be mistaken for blood. This is typically from more concentrated urine and is no cause for concern. If pink urine continues for more than a couple days, consult your baby's pediatrician.

DIAPER RASH

To avoid diaper rash, be sure to clean your baby's bottom during each diaper change and allow the skin to air dry. If a rash develops, use a diaper ointment. Call your baby's pediatrician if the diaper rash has not improved in 2 days. Avoid using any type of baby powder or talcum powder.

BOWEL MOVEMENTS

At first, your baby's stools will be black, tarry, and sticky. By about day 3, the stools will become less sticky and will be green or brown. By day 5, the stool should turn to a mustard-yellow color and be liquid and seedy.

Some babies, especially those who breastfeed, have several bowel movements a day. Other babies have 1 to 2 a day, and still others have one every 2 to 3 days. Breastfed babies tend to have loose, yellow bowel movements that are low in odor, while formula-fed babies have more formed stools with a stronger odor. If your baby has pellet-like stools, he or she is constipated. If you notice this for more than 2 days, call your baby's pediatrician.

BATHING

You don't have to bathe your baby every day but your baby will sleep better after a bath. Bath time is also a good time to check your baby's skin for rashes.

- Use a damp washcloth to give your baby sponge baths until the umbilical cord falls off.
- Clean creases around the neck, underarms, legs, and genitals especially well with mild soap and warm water.
- Babies don't really need lotions and oils. If you do buy them, choose brands that are mild and hypoallergenic and use a small amount. Avoid baby powder as it is not safe for the baby's lungs.
- Never leave your baby alone in the bath even for a moment, no matter how little water there is.
- Check the water temperature on the inside of your wrist. Water should be lukewarm but not hot.

NAIL CARE

If your baby's nails are getting long, you can use a soft emery board, baby nail clippers, or round-end nail scissors. It's best to cut nails while your baby is asleep.

(continues on page 11)

► Infection in the newborn

Newborn babies can get infections easily because their defenses against them are not fully developed. When a baby first develops an infection, he or she might:

- Not feed well
- Be very sleepy and not even wake up to eat
- Be irritable and not settle down after feedings
- Breathe fast (more than 60 breaths a minute)
- Have trouble keeping a normal temperature (a normal rectal temperature is 97.5° to 100.4°F; a normal underarm temperature is 97° to 99.4°F)

Many healthy newborns have these symptoms at times. However, if a baby continues to have these symptoms, he or she needs to be checked. If the infection gets worse, a baby might:

- Have pale or grayish skin
- Work hard to breathe
- Have a bluish color around the lips and mouth
- Have a low body temperature (rectal temperature under 97.5°F or underarm temperature under 97°F) despite normal wrappings with clothes or a blanket
- Have a high body temperature (a rectal temperature over 100.4°F or underarm temperature over 99.4°F)
- Some newborns may have an infection in a specific part of their body. In these cases you might see:
 - Redness or swelling of skin, particularly around the umbilical cord or circumcision area, along with a foul smell
 - Redness, swelling, or yellowish discharge from the eyes
 - Blisters on the skin

► Get your pertussis vaccination

Whooping cough (also called pertussis) is a contagious disease that can spread easily from person to person through coughing. It's very serious for babies. If you didn't get a Tdap booster shot during pregnancy, protect your baby by getting the booster shot soon after your baby is born. It's safe to get the vaccine while you're breastfeeding. Your partner and other family members should get the vaccine as soon as possible. If you have a preteen child, he or she should get a booster shot at his or her 10- to 12-year-old well-child visit. Talk to your doctor if you have any questions or if you are not sure whether you need the booster shot.

► Get your flu shot

Help prevent the flu by getting a flu shot each year. October or November is the best time to get it. The flu vaccine is recommended for adults and children at least 6 months old. Children under 6 months should not get the flu vaccine.

► Breastfeeding your baby *(continued from page 6)*

Day 3 and beyond: Each day your baby will become more awake and alert as well as have fussy times, often at night. Babies suck for comfort and for hunger. As you get to know your baby, you will be able to tell the difference between cries of distress and hunger signs. When you see hunger signs, feed your baby soon. If your baby is fussy and not showing hunger signs, he or she may be sleepy, overstimulated, hot or cold, bored, or lonely. Your baby may have a wet diaper or may feel sick. Putting your baby to your breast will meet his or her hunger needs and may also comfort and calm some of the baby's other needs. As you learn about your baby's needs, you will feel more confident in your parenting.

QUESTIONS ABOUT BREASTFEEDING

- Are you concerned that breastfeeding may be a problem for you?
- Are you concerned that your nipples are too small, too flat, too big, or not right for breastfeeding?
- Have you had breast surgery and are worried it may keep you from breastfeeding?
- Do you have a health problem that may affect your breastfeeding?

If you have any concerns about being able to breastfeed, talk to your doctor or midwife. Call your lactation consultant before your baby is born to discuss your concerns.

NIGHT FEEDINGS

Babies feed often during the night. During the first 1 to 2 weeks, babies often feed more during the night than they do during the day. If possible, new parents should rest whenever their baby sleeps so the night feedings will be easier to manage. This stage passes as the baby gets older. You can try to wake the baby more often during the day to help him or her transition to better night sleeping, but this will be a gradual change over the first days and weeks.

SLEEPY BABIES

Many babies are sleepy in the first few days after birth. If your baby sleeps more than 3 hours, gently wake him or her up to feed. Watch for early signs of hunger (licking the lips, putting hands and fingers to the mouth, moving arms and legs).

Tips to wake a sleepy baby:

- Undress the baby down to just a diaper before feeding time.
- Hold the baby close (skin-to-skin) with the baby's head on your chest, belly on your belly, or heart to heart.
- Gently massage the baby's back, arms, and legs.
- Stroke your baby's cheeks, lips, and mouth with your finger.
- Change the baby's diaper.
- Talk or sing to your baby.
- Walk your fingers up and down the baby's back.
- Hand-express your milk onto your baby's lips to taste and smell.
- Tickle your baby's chin.
- With the baby sitting in your lap, gently lean the baby back and then bring the baby to a sitting position. Do this several times.

Some babies fall asleep after only a few minutes of feeding. If your baby is falling asleep at the breast during the first week without feeding for very long or swallowing very much, try these tips for waking your baby to finish feeding:

- Start doing breast massage and compressions. Gently squeeze your breast and hold until you hear swallows then release the breast. Repeat as needed, watching your baby for increased interest in feeding and increased swallowing.
- Dress your baby only in a diaper during feedings. Add a light blanket as needed over the baby if he or she wakes and is actively sucking with swallowing.
- Rub your baby's feet, head, and/or back to wake him or her.

If none of this works, try to wake the baby again in an hour or so. If the baby skips more than two feedings, express your milk by hand or with a breast pump and feed your baby using a dropper, soft cup, or a syringe. Using a bottle too early can cause nipple confusion. Try breastfeeding again at the next feeding. Contact a lactation consultant or your baby's physician if this lasts for more than two feedings in a row, you notice fewer wet diapers, or the problem lasts for more than one day.

FEEDING PATTERNS FOR BREASTFED BABIES

One Breast per Feeding or Both

Babies each have their own unique pattern of feeding. Some babies like to feed from one breast per feeding. Others like to feed from one breast, wait 10 minutes, and then feed from the other breast. Still other babies like to feed from one breast, then the other breast, and then back to the first breast, three sides per feeding. Some babies eat a lot during the morning, nap well in the afternoon, and then feed a lot during the evening hours. Other babies like to feed less in the morning and then eat all afternoon.

Feeding patterns change over time. What your baby is doing this month may be very different next month and the month after. Follow your baby's lead. Feed your baby when he or she is hungry, and keep an eye on the number of diaper changes you are doing. Weight checks will also help reassure you that your baby is getting enough to eat.

Cluster Feedings

Babies feed often for lots of reasons. Cluster feeding is common in the early weeks for most babies. Once or twice a day, your baby may want to feed from both breasts 2 or 3 times in a row, or have 2 to 3 feedings in a very short period of time. This is normal and is the baby's way of getting the milk at the end of the feeding that has more fat and calories. Think of this as dessert for your baby. After a cluster of frequent feedings, most babies will sleep their longest stretch of the day.

Growth Spurts

When babies are getting ready to have a growth spurt, they need more milk. The baby will take in more milk by feeding more often for a day or two and then go back to a more normal routine. Frequent breastfeeding gives babies more milk for them to grow. It does not mean your milk has dried up or that your milk is inadequate in any way. Your baby's first growth spurt may occur when he or she is about 6 days old, again at about 2 to 3 weeks, and then every several weeks over the first year or so. Just relax and enjoy these days, knowing that your body will take care of the baby's needs. If you become concerned, count the baby's diapers. If there are lots of diaper changes, your baby is getting plenty to eat. If you feel your milk supply is low, try these steps to increase production.

- Put warm, moist towels on your breasts for 10 to 15 minutes before feedings. This can help your milk to begin flowing; it is often referred to as "letdown."
- Feed your baby at least 8 to 12 times in 24 hours. If your baby seems hungry more often, breastfeed more often to meet your baby's needs.
- Latch the baby deeply so the mouth is open wide, covering the nipple and 1 inch or more of areola.
- Listen for the baby to swallow frequently.
- Drink enough water—at least 1 glass every time you feed the baby and more if you are still thirsty.

BREAST ENGORGEMENT

For the first week after the birth of your baby, your body is going through many changes. One of these changes is the beginning of mature breast milk production. Two to five days after birth, many women notice breast fullness, while others experience breast engorgement.

Difference Between Breast Fullness and Breast Engorgement

Breast fullness is related to the beginning of mature milk production. This is sometimes talked about as "the milk has come in." Breast fullness rarely causes a baby to have trouble latching on and breastfeeding. When the baby has finished feeding, the breast usually feels softer, lighter, and more comfortable.

Breast engorgement means the breasts are hard to the touch, swollen, and painful. While the breast is hard and swollen, the baby may have trouble latching and cannot drain the milk from the breast well. Some mothers get a slight fever (below 100°F) for a short time. To prevent engorgement, breastfeed early, breastfeed often, breastfeed well, and breastfeed exclusively.

How to Treat Breast Engorgement

- Breastfeed often, at least every 2 to 3 hours. Do not limit your baby's time at the breast.
- Avoid using pacifiers, bottles of formula, or water (unless recommended by your baby's doctor).
- Warm showers are helpful. While in the shower, massage your breasts to help soften them.
- If the baby is unable to latch, unable to soften the breast when feeding, or has fewer than 5 wet diapers in 24 hours, you will need to express your milk by hand or use an electric breast pump. Use the milk you express to feed your baby.
- If your breasts are still hard after breastfeeding or expressing your milk, apply ice compresses to your breasts for 10 to 15 minutes. This will help reduce the engorgement further. (Bags of frozen peas work well.) Make sure you have a thin cloth layer between your breasts and the ice packs.
- Ibuprofen or acetaminophen may help reduce pain. Ibuprofen may help reduce swelling. These are safe to take while breastfeeding.
- If there is no improvement after 24 to 48 hours, contact your lactation consultant for advice. If you have a fever above 100.4°F, notice redness or warmth in one area, or feel ill, you may have an infection. If you cannot reach a lactation consultant, see your primary care physician or go to Urgent Care.

WHEN BREASTFEEDING HURTS

Sore Nipples

If breastfeeding is painful and hurts, this could mean that there is something wrong. Blisters, scabs, cracks, or bleeding are not normal when breastfeeding and are signs that there is a problem. Read the following information and see a lactation consultant right away.

Early Days of Breastfeeding

Many women have some nipple tenderness during the early days of breastfeeding. This is usually a sign that the baby is not latching correctly. Review the latch tips on page 6. If you don't get relief, a lactation consultation can help. Call and schedule an appointment.

(continues on page 10)



► Yellow coloring of baby's skin (jaundice)

Newborn jaundice refers to the yellow color in the baby's skin, a condition that often appears within a few days of birth and goes away within a few weeks. This is a normal process and is usually not a cause for concern. This yellow color is caused by bilirubin, a byproduct of the breakdown of red blood cells in the newborn. All of us have "old" red blood cells that break down, but newborns have more of them. Since a baby's liver is not fully developed, the baby's skin color turns yellow. However, babies that appear very yellow may need a blood test and possibly treatment.

Call the pediatric advice nurse if:

- You're concerned about your baby's skin color.
- Your baby's skin appears to be becoming more yellow.

How is jaundice treated?

- Your baby's pediatrician will decide if treatment is needed.
- If no treatment is needed, jaundice will usually decrease after a week and disappear within 2 weeks.
- Some newborns with jaundice may need to be placed under special lights in the hospital or at home. The light helps to remove the bilirubin from the body.

► Caring for late preterm infants

Late preterm infants (LPI) are born between 34 and 36 weeks gestation. These infants are at a greater risk for health problems because they were born early. If born early, your baby may need care in the hospital for more than 1 or 2 days. Every newborn needs special care but late preterm infants need extra care to fully develop and grow.

- Protect your baby from germs—wash your hands often.
- Feed your baby often; breastfeed at least 8 to 12 times in 24 hours.
- Watch out for jaundice.
- Keep track of your baby's soiled diapers (count both stool and urine diapers).
- Keep your baby warm, with his or her skin against yours, as much as possible.
- Be sure to make and go to all appointments for your baby's safety and treatment.

Call your baby's pediatrician if your baby:

- Is eating fewer than 8 times in 24 hours
- Is having fewer than 6 wet diapers by the sixth day
- Is having fewer than 4 yellow stools in 24 hours by the fourth day
- Is becoming increasingly yellow (jaundiced)
- Is gaining fewer than 8 ounces a week
- Has a temperature

Call 911 if your baby has trouble breathing.

► Breastfeeding your baby (continued from page 9)

Pain Management

To treat your pain until you can get help, follow these steps:

- Begin each feeding on the least sore breast. If both breasts are sore, put a warm, wet washcloth on the breast and use gentle massage (going from the chest wall toward the nipple) to start the flow of milk.
- If needed, breastfeed more often (every 1 to 2 hours) and for shorter periods of time (10 to 15 minutes or until the breast is soft).
- Express a small amount of milk or colostrum onto the sore area after the feeding. Air-dry your nipples after feedings.
- Pure lanolin cream can help protect nipple tissue. Do not use vitamin E or other creams or oils.
- Gel pads can provide relief and protection. They can be cooled and, like lanolin, will keep your nipples moist. Gel pads are available where breastfeeding supplies are sold.
- Avoid soap on your nipples when breastfeeding; just rinse with water during your daily shower.
- If breastfeeding is too painful, pump your breasts every 2 to 3 hours for about 15 to 20 minutes on each breast, or longer if the milk is still flowing. An electric breast pump is the easiest, most effective pump for this use. Ask about breast pump resources at your Kaiser Permanente Healthy Living Store. You can feed your expressed milk to your baby until your nipples heal and you can see a lactation consultant for help. **Don't quit breastfeeding because it hurts. Get help!**

BREAST MILK HAND EXPRESSION

Expressing breast milk by hand has many advantages. It:

- Is natural; no pump needed
- Can relieve breast engorgement
- Increases milk supply
- Can be used to give milk to newborns who may be having trouble breastfeeding

Hand expression takes a little practice. To increase milk flow:

- Sit up and lean forward a little—gravity helps.
- Apply a warm, moist washcloth to the breasts for a few minutes. It can help relax milk ducts and help the milk letdown.
- Gently massage the breast with your hands or a soft towel.
- Place your fingers on opposite sides of your breast, about an inch away from your areola with thumb on top and fingers on bottom in the shape of a "C."
 - Press back toward the chest.
 - Compress the fingers toward each other, drawing slightly toward the nipple but not sliding skin.
 - Release pressure and relax your hand.
 - Repeat the press-compress-relax pattern several times.
 - Don't expect anything right away; relax and the milk will come.
 - Shift your hand to a different part of the breast to move milk from other ducts.
- For newborn colostrum, collect drops on a clean plastic spoon or clean medicine cup.
- For mature milk, express milk into a clean cup or large bowl.

FOOD AND MEDICATIONS

In general, there aren't any foods you should avoid while nursing, except the fish high in mercury you avoided during pregnancy. Avoid shark, swordfish, king mackerel, and tilefish, and limit tuna. It's important not to diet while nursing because you're eating for both yourself and your baby. The best rule is to eat and drink enough to satisfy your hunger and thirst.

Alcohol, tobacco, marijuana (weed), and illegal drugs pass through your milk and can endanger your baby. Limit caffeine as it may make your baby fussy.

Most medicines that were safe for you to take during pregnancy are safe during breastfeeding. Before taking any herbal, over-the-counter, or prescription medications, check with your lactation consultant or practitioner on their safety when breastfeeding.

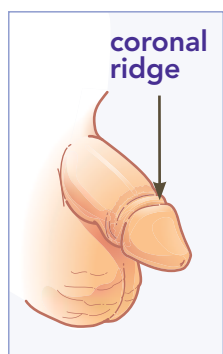




► Caring for your newborn *(continued from page 7)*

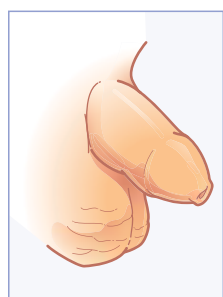
LAUNDRY

Wash all baby clothes before using them. You can use any mild detergent, but avoid fabric softeners because many babies are sensitive to them. Wash soiled cloth diapers daily as recommended by the manufacturer.



CARE OF THE CIRCUMCISED PENIS

- Always wash your hands before and after touching the circumcision area.
- The penis may have petroleum jelly (Vaseline) and gauze on it. If there is gauze on the penis, gently remove it when the diaper is soiled or by 24 hours. You should not soak the gauze first.
- Use a cloth moistened with water to clean bowel movements from the circumcision area. You do not need to use soap. **Do not** use alcohol or hydrogen peroxide—these will injure the baby.
- Apply Vaseline to the entire head of the penis (glans), including just below the coronal ridge, at every diaper change. This prevents the cut edge of the foreskin from sticking to the glans and the diaper from sticking to the penis. You should use Vaseline for at least 3 days and can stop when the circumcision appears well healed (about 7 to 10 days).
- For the Plastibell method: The ring should fall off 4 to 10 days after the circumcision. Don't pull the Plastibell ring off because this can cause bleeding.
- Nursing staff will teach you how to pull down on the healed edge of the foreskin to just below the coronal ridge to expose the entire head of the penis. After the circumcision is fully healed, you should do this once a day for the entire first year of your baby's life to prevent the skin from sticking to the head of the penis.



CARE OF THE UNCIRCUMCISED PENIS

If you decide not to circumcise your baby, taking care of his penis is easy. Do not pull back the foreskin to clean it for the first year of life. After 1 to 2 years of age, you can try to pull back the foreskin partially for cleaning, but it should never be forced. When your child is 5 or 6 years old, teach him to pull back his foreskin partially and clean underneath it at least once a week.

HOW TO TAKE A TEMPERATURE

When your baby is sick, you'll need to check his or her temperature. You can take your baby's temperature in the rectum or under the arm. Rectal temperatures are more accurate than underarm temperatures for your baby's first 2 months of life.

To take a rectal temperature:

1. Use a digital thermometer.
2. Put a little petroleum jelly (Vaseline) on the sensor end of the thermometer.
3. Place your baby across your lap on his or her stomach with the buttocks up.
4. Separate your baby's buttocks and gently push the thermometer ¼-inch into the rectal opening.
5. Hold the thermometer with one hand and use your other hand to hold your baby.
6. Wait 2 minutes or until it beeps.
7. Remove the thermometer. A normal rectal temperature range is 97.5° to 100.4°F.

To take an axillary (underarm) temperature, place the thermometer under your baby's arm for 1 to 2 minutes or until it beeps. A normal underarm temperature range is 97° to 99.4°F.

► Signs of illness

You'll learn your baby's patterns and notice behaviors that seem unusual. Never hesitate to call a doctor if you feel that there's something wrong or if you have questions. If you note any of the following symptoms in your baby, call your baby's pediatrician:

- **Behavior:** marked change, very fussy, very sleepy, or restless
- **Eyes:** redness or discharge
- **Mouth:** white patches on the roof and sides of the mouth and/or tongue (thrush)
- **Umbilical cord:** redness or swelling, a foul smell, pus drainage
- **Bowel movements:** you see blood or mucus
- **Feedings:** loss of appetite, a lot of sweating with feedings
- **Breathing:** trouble breathing, fast breathing
- **Fever:** rectal temperature above 100.4°F or underarm temperature above 99.4°F
- **Low temperature:** rectal temperature under 97.5°F or underarm temperature under 97°F
- **Vomiting:** frequent and/or excessive
- **Skin:** color that appears to be very yellow or has a pumpkin-orange tinge

► Newborn hearing screening

You will be offered hearing screening for your baby while you are still at the hospital. The hearing screening will take only a few minutes and is done while your baby is sleeping. You will get the results of the screening before you leave the hospital. Your baby will either receive a "pass" or a "refer" on the hearing screening.

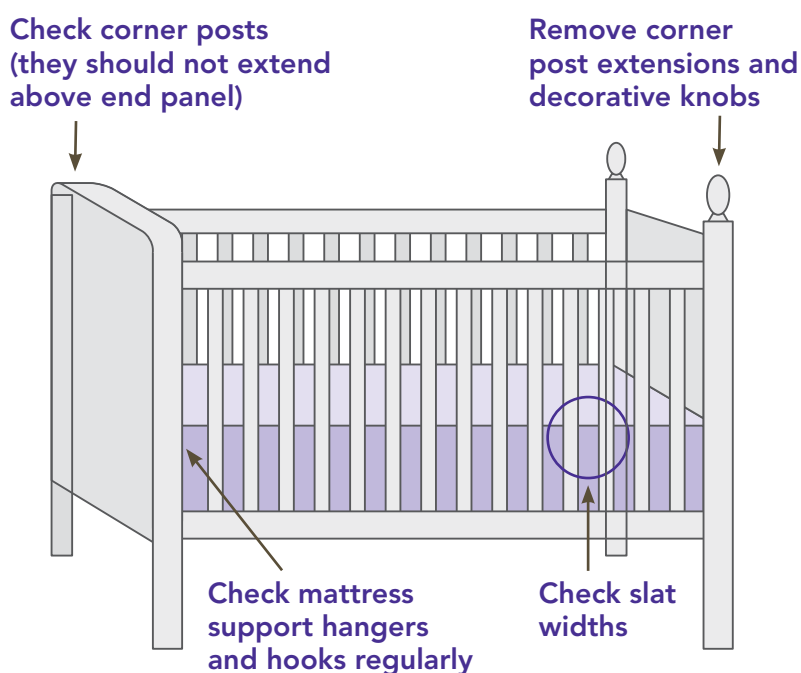
► Safe sleep and other safety concerns

Sleeping safely focuses on reducing the risk of sudden infant death syndrome (SIDS) or sudden unexplained infant death (SUID), sometimes called “crib death.” This is the sudden or unexplained death of an infant under 1 year old. The “Back to Sleep” and “Safe to Sleep” campaigns have greatly reduced the number of SIDS deaths. You and your baby’s caregivers can help reduce the risk of SIDS and other sleep-related causes of infant death by following these tips:

- Always place your baby on his or her back to sleep for every sleep. (Make sure your baby has “tummy time” for play every day when awake to strengthen the arm and leg muscles.)
- Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.
- Have the baby share your room, not your bed. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
- Keep soft objects, such as pillows, stuffed toys, loose bedding, and crib bumpers out of your baby’s sleep area.
- Breastfeed your baby.
- Once breastfeeding is going well, after about 2 to 4 weeks, you can offer your baby a pacifier at night and for naps. Don’t force your baby to take a pacifier if he or she doesn’t want it.
- Do not smoke during pregnancy, and do not smoke or allow others to smoke around your baby. Secondhand smoke greatly increases the risk of SIDS. For help quitting, contact your Center for Healthy Living (kp.org/centerforhealthyliving) for resources.
- Use a fan in your baby’s room.
- Put your baby in a warm sleeper or baby garment and use no other covering. This will help keep the baby from getting too warm.
- Make sure your baby’s caregivers are aware of these tips.

Crib recommendations:

- To keep your baby’s head from getting stuck in the crib, slats should be no more than $2\frac{3}{8}$ inches apart.
- Remove corner post extensions and decorative knobs.
- Tighten all nuts, bolts, and screws every few weeks.
- Don’t string toys across the crib—they can choke your baby.
- Be sure the paint is lead-free.
- The baby’s mattress should be firm and fit tightly against the edge of the crib.
- Older cribs may not meet current safety standards.



FIND OUT MORE ABOUT SAFE SLEEP

- Kaiser Permanente: kp.org (search for “safe sleep”)
- The National Institutes of Health Safe to Sleep campaign: nichd.nih.gov/sts or **1-800-505-CRIB (2742)**
- American Academy of Pediatrics: aap.org

OTHER SAFETY TIPS

- **Honey:** Do not give honey to a baby before 1 year of age. Honey can make babies sick.
- **Falling:** Falling causes many baby injuries. Even if you think your baby is not mobile, don’t leave him or her alone on any surface from which he or she might fall. Before you change the baby’s clothes or diapers, have everything in arms’ reach. If you use your car seat as an infant carrier, always have your baby buckled in. Do not leave your baby alone in an infant carrier on a high surface.
- **Security:** Security for your infant begins at the hospital and needs to continue at home. Never leave your baby alone.
- **Burns:** Lower your water heater’s temperature to warm or low (below 120°F). Do not warm milk or bottles in a microwave.
- **Smoke alarms:** Use smoke and carbon monoxide alarms in all sleeping rooms of your house. Test alarms monthly by pressing on the test button.
- **Car seats:** Using a car seat for your baby is the law. Car seats can save your baby from injury or death. Use a rear-facing car seat in the back seat only, every time your baby is in the car. Never use a car seat in a front seat with an airbag. Make sure the car seat is installed correctly. Follow the instructions in the car seat owner’s manual very carefully. For questions about car seats, call the Vehicle Safety Hotline at **1-888-327-4236**.
- **Parked cars:** Never leave children alone in a car. Make sure vehicles parked at home are locked to prevent children from accidentally getting trapped inside.
- **Shaking:** Never shake your baby. Shaking or spanking a baby can cause serious injury, brain damage, or death. If you are feeling overwhelmed, ask for help when you need time for yourself. Take short breaks and naps whenever you can. You can call 1-800-4-A-CHILD (**1-800-422-4453**) for support or go to childhelp.org to get help now.
- **Pet safety:** Never leave your baby or small children alone with any pet. Talk to your veterinarian or pediatrician if you have any concerns.
- **TV:** Children under age 2 shouldn’t watch TV or videos. They learn best when playing and talking with parents, siblings, caregivers, and other children.

Babies are a physical and emotional challenge but also great fun. Time with your baby passes quickly, so we hope you cherish every moment!



The information in *Healthy Beginnings* is not intended to diagnose health problems or to take the place of medical advice or care you receive from your practitioner. If you have persistent health problems, or if you have further questions, please consult your practitioner. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.