

Emergency numbers

Emerson Hospital Maternity Department 978-287-3320

Emerson Hospital Emergency Department 978-287-3690

Poison Information Center 800-682-9211
or 617-232-2120

Parents Helping Parents Hotline (9–5) 800-882-1250

Parental Stress Hotline (24 hour) 800-632-8188

The Birthing Center at Emerson Hospital combines the best of both worlds: the personalized care of a community hospital, and the highest quality medical expertise and technology, just minutes from home.



The First Few Weeks: *A guide for new parents*

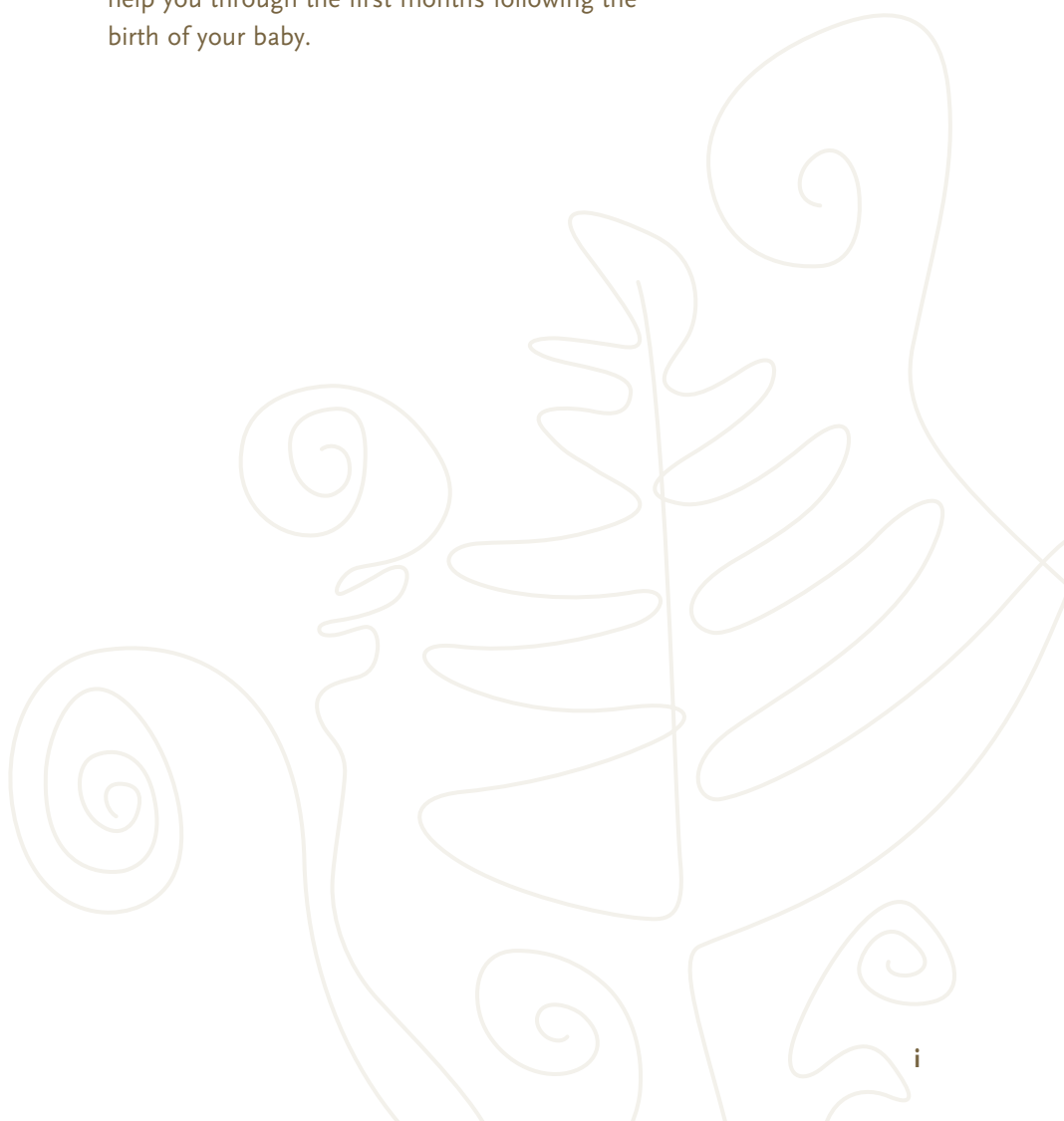
 **The Birthing Center**
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Concord, MA 01742
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◀ Feeding Record Chart

Introduction

The postpartum period is a time of transition. In these next few weeks and months your body, your emotions, your self-image, your lifestyle—literally every facet of your life—will be in a state of change. Postpartum transition bears many similarities to the transition stage of labor. Both are intense times when your physical and emotional endurance is tested. Both can cause you to feel insecure and unsure of your ability to cope. Fortunately, both of these transition periods last for a relatively short time before giving way to a calmer period of more tangible rewards. And, although not usually appreciated at the time, both periods provide new parents with the opportunity for growth as individuals, as well as couples.

This booklet will provide you with guidelines to help you through the first months following the birth of your baby.





Notes



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Notes



Maternal care

After your delivery

Uterine afterbirth cramps and vaginal bleeding

You may notice some cramping as your uterine muscles shrink back to their pre-pregnancy size. Cramps may be accompanied by a sudden flow of blood, especially when you are breastfeeding. Even though they are uncomfortable, these cramps are normal and beneficial. They may last up to seven days, and are usually much less bothersome after three days. Uterine afterbirth cramps are more noticeable with each pregnancy.

Comfort measures for cramping

- *Empty your bladder.*
- *Lie on your side with a pillow or folded blanket supporting your belly.*
- *Practice relaxation breathing.*
- *Take pain medication. (You should only need to do this for a few days after delivery.)*
- *Apply warm packs to abdomen.*

Vaginal bleeding

Bleeding can continue for six to eight weeks until the area where the placenta was attached to the uterus has healed. Many women have fairly heavy bleeding (like a period) for a week or two after delivery. During this time, it is normal to:

- Have a sudden flow of blood when standing or after urination.
- Have a surge or heavier flow while nursing.
- Have several small or one large clot (can be several inches in length) after bed rest.

Clots are considered normal if not followed by bright red bleeding and/or soaking a sanitary napkin in less than one hour.

Bleeding should gradually change from red to light red to brown, then taper off to a yellow or clear mucus-like discharge, which may continue for several weeks. If the flow has been darkening or has stopped for several days and returns as a surge or heavy red bleeding, it is usually a

Call your provider if...

- Resting doesn't slow the bleeding down.
- You are soaking one pad per hour. Call sooner if the bleeding is heavier, accompanied by clots and/or cramping.
- Bright red bleeding continues beyond two weeks.
- Bleeding or discharge has a foul odor.
- Fever of 100.4° F or higher.

sign that you have not been resting enough. This is your body's way of telling you that you are doing too much, too soon.

Care for the perineum

After delivery you may experience some swelling and soreness in the perineum (the area between your vaginal opening and rectum). The degree of discomfort varies greatly between women and is primarily due to stretching and bruising during pushing and delivery.

If you have stitches, this swelling will create tension on the area, increasing the pain sensation. For most women, discomfort peaks by the third to fifth day, and then gradually disappears over the next two weeks. The stitches will dissolve over the next few weeks and do not need to be removed.



Comfort measures

- *Apply cold packs (ice in a protective wrapper) to your perineum for the first 24 hours after delivery.*
- *After 24 hours, switch to warm sitz baths two to three times a day. Avoid scented oils or bubble bath until your episiotomy is healed.*
- *Some women find a cool sitz bath followed by an ice pack to be more comfortable.*
- *Experiment to find the most comfortable positions for holding your baby. You may find that lying on your side to nurse or cuddle is more comfortable for the first day or so. When it's time to change sides, hold the baby on your chest, and roll over slowly.*
- *Do the pelvic floor exercises (Kegel's) to hasten healing, strengthen and recondition your perineal muscles, and reduce discomfort when walking. These exercises can be done in any position. To locate the muscles involved, try to stop the flow of urine in midstream. Tighten these muscles for two to three seconds, then relax. Repeat three to five times, rest, and then repeat three to four more times. These exercises are also helpful if you've had trouble urinating.*
- *Decrease discomfort by tightening your buttocks when easing yourself into and out of a sitting position.*
- *Be sure to wipe your bottom from front to back, and use your peri bottle to rinse each time you go to the bathroom.*
- *Continue to use the products given to you in the hospital to help reduce irritation and itching.*

Call your provider if...

- **Your perineum continues to be noticeably painful after the first week.**
- **You notice a lump or new swelling or tenderness.**
- **The stitches look infected.**
- **You have a fever of 100.4° F or higher.**
- **You have vaginal discharge with foul odor.**

Changes in urination

In the first week after your delivery, you may notice some changes in urination, including a decrease in feeling the need to urinate, mild burning, or difficulty starting to urinate.



Comfort measures

- *Empty your bladder every two or four hours.*
- *Gently spray warm water from the peri bottle as you urinate.*
- *Try to urinate in the shower or in your sitz bath.*

Hemorrhoids

These annoying anal protrusions may have been present during pregnancy or may have become more prominent during delivery. Hemorrhoids can cause a persistent feeling of rectal pressure and can be painful. It is not unusual for them to bleed and itch, especially after moving your bowels.

Fortunately, hemorrhoids usually disappear completely or become less of a problem within the first two weeks after delivery. Let your provider know if they are getting worse, or if they continue to be bothersome a month or so after discharge.



Comfort measures

- *Continue taking warm sitz baths.*
- *Apply an ice pack or cold witch hazel pads to the anal area.*
- *Use the provided foam three to four times per day.*
- *Apply a commercial hemorrhoid cream to the area.*
- *Colace, a stool softener, may be used at home twice daily as needed.*
- *See Constipation, page four.*

Bowel movements and constipation

The first bowel movement often becomes a worrisome event because of anticipated pain and fear of damaging the stitches.

Constipation

Constipation means hard bowel movements that are infrequent and difficult to pass. Rather than worrying if you don't have a bowel movement every day, follow your normal pattern.

Guidelines for avoiding constipation:

- Drink at least six to eight glasses of fluid each day.
- Eat one to two servings of a high fiber food each day. Good sources include bran cereals, whole grain breads and crackers, fruits and vegetables (particularly if eaten without removing the skins), nuts and seeds.
- Daily use of non-stressful exercise each day in the early weeks, such as a 15 to 20 minute walk.
- Attempt to maintain a regular, unhurried time for elimination.
- Use a stool softener or mild laxative.
- If the measures outlined here fail, please consult your provider.

Aches and pains

Many women experience general muscle discomforts during the first few days. This is due to pushing efforts and positions assumed during labor and/or cesarean surgery.



Comfort measures

- *Warm showers, massage and a heating pad may be used to relax sore muscles.*

Breast engorgement and bottlefeeding

Once the baby and the placenta are delivered, your body will begin the process of milk production. Within two to three days, your breasts may feel heavier, warmer, swollen and tender. The skin may look flushed and tight. These changes, known as engorgement are temporary, usually lasting for one to four days. Your body will not continue its effort to make milk unless your breasts are stimulated and emptied several times each day.

Emotional life after childbirth

Feeling irritable, restless and anxious can be common after the birth of a child. The “baby blues” are very common after delivery. Up to 70% of all new mothers will experience this. “Baby blues” do not impair your ability to care for yourself or your baby. These feelings typically go away by the end of the first week after the birth of your baby.

Many factors contribute to a new mother’s feelings such as broken sleep, overwhelming demands on you and your time, your role and routines change both at work and at home, hormone and physical changes, and more. Postpartum depression is caused by changes in hormones and can run in families. Some symptoms of postpartum depression include sadness, anxiety, lack of energy, trouble concentrating, feelings of guilt and worthlessness, lack of interest in baby, or fear of harming yourself or your baby. You do not need to have all of these symptoms to be experiencing postpartum depression. A degree of postpartum depression affects 1 in 10 new mothers and can happen anytime within the first year after childbirth. Some mothers are at increased risk of experiencing postpartum depression. If you have a history of depression, a family history of depression, or have had premenstrual problems, you are at higher risk. New mothers who have little support from friends or family, problems with the pregnancy or birth, and relationship or financial problems can also be at increased risk.

If you, your partner, a family member or friend thinks you may have postpartum depression, it is important that you seek help. Seeking treatment is important for both you and your baby. Contact your obstetrician, mid-wife, primary care or mental health provider. This is a key step to you becoming the best mom you can be for your baby.

Rest and recognize when you need help

One of the best things that you can do to hasten recovery is to rest for the first two weeks. This is not an easy thing to do. It’s often hard to admit that you need help. Recognize that it takes about three months to regain your strength and to fully recover! Even if you are feeling great, don’t give up naps or get back into your old routine too quickly. Fatigue has a way of suddenly catching up with you, making you feel exhausted, irritable, and unable to cope.

Call your provider if...

- Your feelings of sadness, anxiety, or anger are more often than not.
- Your feelings are affecting the way you interact with your baby.
- You feel out of control and unable to cope with daily events.
- You have difficulty sleeping at night.
- You feel alone and isolated.
- As the weeks go on, you have no warm, loving feelings toward your baby.
- You are afraid of harming yourself and/or your baby.

Every woman should have help the first one to two weeks. This is especially true if you have had a cesarean delivery. Aside from assistance with chores, it is reassuring to have someone available to offer emotional support and encouragement. Your partner may be the most ideal helper, if arrangements to take time off from work can be made. A friend or relative may also be able to help.

Whomever you choose, it is important that he or she understand your need to take care of yourself and your new baby, as well as your expectations for help with meals, household chores, and care for other family members.

Take care of yourself

Be sure to take time to eat, drink and rest. Do not schedule major projects at this time. Organize a “baby care station” nearby so that you will only need to go up and down stairs a few times each day. Bring the telephone close to the most comfortable chair. If you have an older child, keep a basket of play items nearby for use while you feed the baby.

Until you are sure that you’re ready, limit visitors to close friends and family. Your partner/helper can act as a buffer between you and potential visitors by answering the phone or doorbell and being the “heavy.” You’ll be rewarded with a faster, smoother recovery.

Concerns following a cesarean section

Incision care and healing

It is important to keep your incision clean and unbandaged. You may feel a lumpy ridge under the incision line that usually disappears within a few months. The scar will gradually fade in color and size and become less noticeable with time. Avoid activities that cause strain or discomfort until your incision is completely healed. This may take several weeks.

Call your provider if you have...

- increased redness
- swelling
- increased pain
- incision discharge
- a temperature of 100.4° F or greater

Recuperation—physically and emotionally

Women who deliver by cesarean section need extra time to rest and recover. Help at home for the first two or three weeks is important. In addition to all the conflicting feelings you may have about becoming a parent, you may have mixed feelings about your cesarean delivery. You may feel a sense of disappointment, anger, or even guilt. Talk about your feelings.

Review your labor and birth experience and try to put all the pieces together in your mind. Jot down questions and talk with your doctor, mid-wife or nurse practitioner.

Resuming sexual activity

Becoming parents affects your relationship. Both of you have feelings and concerns that can interfere with your sexual relations and increase tension between you, especially if they are not discussed. The emotional depletion that you feel at the end of the day, coupled with the fatigue felt normally during this time, hardly creates a positive climate for sex!

When can you resume intercourse? It is generally recommended that you wait until the bleeding has stopped, and your episiotomy has healed. It is natural for some women to worry and feel tense about intercourse after childbirth. However, once your incision has healed, intercourse should not be painful, although tenderness at the episiotomy site may continue for several weeks or months.

A common cause of discomfort is vaginal dryness, which is present until your hormones are readjusted. Use a water-soluble lubricant, such as K-Y jelly, Astro-glide, or a contraceptive cream to counteract this dryness.

Help your partner understand what you are feeling emotionally and physically. Talk about your feelings, concerns and needs before you begin lovemaking. Focus on touching and caressing, with the understanding that intercourse will not occur until you are ready. Make time to talk, to relax together and above all, to have fun.

If you are breastfeeding, you may find that any stimulation of the breast tissue may cause you to have a letdown reflex. Nursing before lovemaking may minimize the amount of leaking that occurs during sexual arousal. Keep in mind that there are many ways to express love. Give yourself the time you need to adjust to the changes that come with new motherhood.

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Resuming menstruation

The length of time before menstruation varies. Some breastfeeding mothers will not menstruate at all while they are breastfeeding their babies. If you are not breastfeeding your baby, menstruation may resume within four to six weeks after delivery.

The first two or three menstrual periods may not follow any predictable pattern. The bleeding may stop and start, the flow may be heavy or light, lasting a day or two or longer.

Contraception

Remember, ovulation may occur before menstruation resumes. It is possible to get pregnant within the first month after delivery. Breastfeeding is not a reliable method of birth control. Discuss methods of birth control with your partner and your healthcare provider. If you do not want to risk another pregnancy, use condoms and contraceptive

Remember, ovulation may occur before menstruation resumes. It is possible to get pregnant within the first month after delivery.

foam or jelly every time you have intercourse. If you plan to resume use of a diaphragm, make sure that the fit is checked after the vagina and cervix returns to the pre-pregnant condition. Bring the diaphragm with you when you come for your postpartum checkup.

Breast self-exam

Starting one month after delivery, the American Cancer Society strongly recommends continuation of monthly breast self-exams (BSE). Whether bottle or breastfeeding, you should notify your doctor if you detect a lump that lasts more than 48 hours. If you are breastfeeding, the texture of your breast is different from when you are not nursing. Changes within the breast may be more difficult to notice. It is important to learn the technique of BSE and become familiar with the feel of your own breast in order to detect subtle changes.



In the shower

Examine your breasts during bath or shower; hands glide easier over wet skin. Fingers flat, move gently over every part of each breast. Use right hand to examine left breast, left hand for right breast. Check for any lump, hard knot or thickening.



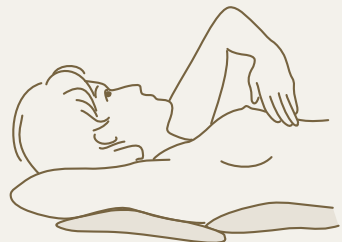
Before a mirror

Inspect your breasts with arms at your sides. Next, raise your arms high overhead. Look for any change in contour of each breast, a swelling, dimpling of skin or changes in the nipple. Then, rest palms on hips and press down firmly to flex your chest muscles. Left and right breast will not exactly match—few women's breasts do. Regular inspection shows what is normal for you and will give you confidence in your examination.



Lying down

To examine your breasts lying down, put a pillow under your shoulder on the same side as the breast you are examining and place the arm on that side behind your head.



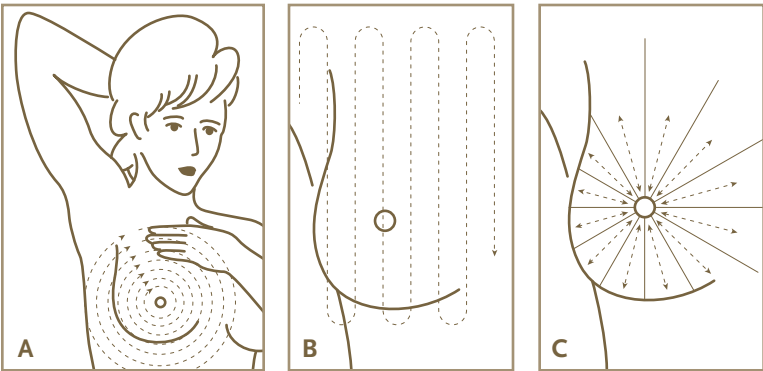
Mammography guidelines recommend a first (baseline) mammogram between ages 35–39, one every one to two years between ages 40–49 and yearly after age 50. Routine mammograms are best planned at least six months after your delivery or six months after you’ve stopped nursing your baby.

A guide for breast self-exam follows:

The best time to do BSE is about a week after your period, when breasts are not tender or swollen. If you do not have regular periods or sometimes skip a month, do BSE on the first day of every month.

Follow steps 1 through 5:

1. Use the finger pads (top third of each finger) of your three middle fingers to feel for lumps or thickening.
2. Press firmly enough to know how your breast feels. Try to copy the way your health care provider uses the finger pads during a breast exam. A firm ridge in the lower curve of each breast is normal.
3. Move around each breast in the same way every time. You can choose either the circle (A), the up and down line (B), or the wedge (C).



4. If you find any changes see your doctor right away.
5. Finally, squeeze the nipple of each breast gently between thumb and index finger. Any discharge, clear or bloody should be reported to your doctor immediately.





Breastfeeding your newborn

Breastfeeding your newborn in the early weeks

We support you in your choice to breastfeed your baby. Your choice to breastfeed your baby means that your baby will receive your milk which is specifically designed just for her needs. Your breast milk contains active and passive immunities that help your baby fight infection. Breastfed babies have fewer ear infections. They experience lower rates of respiratory and diarrhea infections. Breastfed babies are at lower risk for some diseases like lymphomas and childhood diabetes. Breastfeeding can reduce the severity of food, skin and respiratory allergies that your baby might experience. Every major health organization including the American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of your baby's life. Our staff is available to assist you as you begin this relationship together. We encourage you to ask for assistance with feedings until you feel confident on your own.

Your body is ready to breastfeed.

Your body begins to prepare for the birth of the baby by producing colostrum. In the beginning there is just the right amount of colostrum to fill your baby's tummy. In the beginning your baby's tummy is tiny, like the size of a cherry pit. Babies need to feed frequently in the beginning. The colostrum is so perfectly matched for your baby it is easily digested. Colostrum helps your baby get rid of anything that doesn't belong in their tummy. It is a natural emetic and a natural laxative. Colostrum is the perfect food to help your baby's digestive tract work efficiently. The more the baby breastfeeds, the more milk your body will make.

One of the best things you can do for yourself and your newborn is to keep your baby close to you. Babies thrive in the environment of their mother's body. We encourage you to keep your baby skin to skin as much as possible following your birth. This will help you both recover from the delivery. The benefits of skin to skin care are innumerable. Baby's who are skin to skin with their moms, are more likely to latch on, and latch on well. They are more likely to have a stable temperature, heart rate and blood pressure. They are less likely to cry. They are more likely to breastfeed and exclusively breastfeed for longer. They are more likely to self wake when hungry. Skin to skin care can help lower their stress hormones. It helps them to know your scent, your heartbeat, and they are right where they need to be when they are ready to eat.

Your baby is ready to breastfeed.

Babies have been described as being “hard wired to breastfeed.” They have natural instincts which enable them to breastfeed well. If left skin to skin, many babies can self attach. Ask your nurse to learn more about this technique of baby led feeding.

If you or your baby is having some difficulty latching onto the breast, ask for help. Our staff have years of experience working with breastfeeding families.

Positions for breastfeeding a newborn

It is important that you are comfortable when you breastfeed your baby. When you learn a new skill, it takes practice. Create the environment for you and your baby to learn this new skill together. Some mothers will be comfortable breastfeeding in front of family and friends from the beginning, others will need more privacy when they first start out. Ask your husband to help support you and the new baby as you are beginning this new relationship. Limiting visitors may help reduce your fatigue. Sleeping or resting when the baby sleeps will do wonders for your recovery. Finding the support of other mothers who are getting started with breastfeeding can help build your network.

The important points for the first few days or weeks:

You need to be comfortable. Find a comfortable spot in your home where you plan to breastfeed during the waking hours.

Pillows are helpful to support the weight of the baby in the early days. You will need enough pillows to bring the baby up to breast height. Your baby will be able to breastfeed better when they feel supported in your arms and on the pillows as they are learning to breastfeed.

A wide awake baby helps both of you learn to breastfeed. Babies who are awake feed better. They find the breast with more ease, open wider and are eager to feed. Full term healthy newborns will breastfeed better with a clean diaper, and without the warmth and tight swaddle that the blanket provides. Try breastfeeding them without their swaddle wrap. Once they are latched on comfortably, you can drape a blanket over the back of the baby.

There are 5 basic positions to use for breastfeeding a baby

Cradle hold, cross cradle hold, football hold, and side lying and baby led.

The cross cradle and football hold offer you the best opportunity to help your baby latch in the beginning. The cradle hold is the most common hold for breastfeeding when you and your baby are comfortable and able to breastfeed in that position. Baby led is a newer technique where you start with the baby upright against the skin of your chest. You are skin to skin with your baby. When your baby is ready you will notice them licking their lips, sucking on their fingers or starting to move right down towards your breast. You can support them and assist them as you see how their instincts guide them, many will self attach. It is exciting to see your baby use their instincts to guide them to successful breastfeeding.

While you are in the hospital, ask your nurse to assist you with positioning until you feel confident on your own.

The “latch”

The latch describes the position of the baby’s mouth on the breast. It is important for two reasons. When the baby is latched on comfortably, breastfeeding will be more enjoyable, and your baby will transfer milk better. When the baby is not latched on well, you will have nipple tenderness which persists after the first minute of the baby breastfeeding. When this occurs, you have a higher possibility of developing sore nipples. A deep latch is important for effective breastfeeding. If you have nipple soreness which persists after the first minute of breastfeeding, ask for help with positioning.

If your baby is latched on well, the baby’s mouth will be open wide, the chin will be against the breast, and the baby will have most or all of the areola in their mouth. You will be able to hear soft swallows when they feed in the early days. As the milk comes in you will hear louder sounds of swallowing almost like a soft sigh or a quiet gulp. It is important to know what swallowing sounds like before you leave the hospital. It is the most reliable indicator that your baby is getting the milk you made for them into their tummy. If you need help identifying the swallowing, ask for help.

In the beginning, patience and perseverance are needed in these situations to overcome some of the challenges of breastfeeding.

During the day and during the night

Breastfeeding during the day *and* the night is important to establish your milk supply and to provide your baby with enough milk to grow. In the beginning, because the baby's tummy is so tiny they will need frequent feedings. Offering your breast when ever your baby cues to feed is ideal. It can also be helpful to wake your baby to feed if they have not woken to feed on their own. In the early weeks it is recommended that you wake your baby to feed every 3 hours around the clock to insure an adequate milk supply and enough milk for your baby.



You can successfully breastfeed your baby

You will be able to tell that you and your baby are off to a good start when you note,

- *Your baby has fed 8–10 times in a 24 hour period*
- *You have heard swallowing when they were breastfeeding*
- *You see adequate signs of hydration.*

Adequate signs of hydration in the early days of breastfeeding

- In the first 24 hours of life, your baby needs to have 1 urine and 1 bowel movement.
- In the second 24 hours of life, your baby needs to have 2 urine and 2 bowel movements.
- In the third 24 hours of life, your baby needs to have 3 urine and 3 bowel movements.
- If you delivered your baby vaginally, your breasts will usually begin to fill with larger volumes of milk on the 2–3 day after delivery. At that time, your baby will have closer to 6–8 urine and 2–5 palm size amounts of stool in 24 hours.
- If you delivered by Cesarean Section, your breasts will usually begin to fill with larger volumes of milk on the 3–4 day. At that time, your baby will have closer to 6–8 urine and 2–5 palm size bowel movements in 24 hours.
- You will be able to judge what goes into their tummy by what comes out in their diapers! It's easy to keep track with the feeding record included in the resource section.

When the milk “comes in”

Once your baby is breastfeeding frequently and effectively your breasts will respond to this stimulation with a generous milk supply. The more your baby breastfeeds, the more milk you will make. Your breasts will make milk like a factory that never goes off line. Once you are breastfeeding well, you are always making milk. At no time are your breasts “empty” and your baby unable to breastfeed.

When your breasts fill with milk, you may be surprised by the fullness and shape of your breasts. This fullness usually lasts for 48 hours. Frequent breastfeeding is the best remedy. Cool compresses of frozen vegetables in a freezer bag placed over the entire breast area for 10 minutes after each feeding will help to relieve the extra swelling in the tissue of the breast. After the 48 hours of fullness, your sensation of breastfeeding will change. You will have fuller breasts at the beginning of the feeding and after your baby feeds well, your breasts will be softer. This usually lasts 48 hours and frequent feedings can be very helpful in relieving the situation. If your engorgement is not relieved in 48 hours, it is time to call for help. Try your lactation consultant, or your pediatrician or your provider.

This is normal

It is normal for your baby to have weight loss while they are in the hospital. The average weight loss is about 7%. When babies lose more than 7%, it can be helpful to breastfeed more often, and to ask for help. Your pediatrician will let you know if any intervention is needed until the milk is more plentiful.

Frequent feedings are normal when you are a new baby and a new breastfeeding mother.

Most babies breastfeed for an average of 15–30 minutes on each side, but we encourage you to follow their lead. If they want to breastfeed for longer, that’s great. Breastfeeding babies who feed frequently and feed until they are full help to establish good milk volumes in the early weeks. These babies help their mother’s milk to come in faster and they tend to be happier more content babies.

You can be successful breastfeeding your baby. There are resources to help you.

When you are beginning to breastfeed, it is more common to need help getting started than to be able to do this by yourself. If you know this, it will be easier to pick up the phone and ask for help. Try a phone call before you go to the computer to solve your situation. The internet has lots of helpful information, but your pediatrician and your lactation consultant can give you information that is specific for you and your baby because they know you.

When you get home, if you have questions about breastfeeding you can call the lactation consultant, your pediatrician, or the nursery. You might also benefit from a personal consultation with a board certified lactation consultant. A lactation consultant is a health professional who has specialized training to work with breastfeeding mothers and babies. Lactation consultants work with you to improve breastfeeding technique, build milk supply, and help babies grow with their mother's milk. Choosing to work with a lactation consultant can be a beneficial experience for you and your baby. You can find a listing of International Board Certified Lactation Consultants at these websites, www.zipmilk.org, or www.ILCA.org.

You can stay at home and breastfeed or you can return to work and continue to breastfeed. Either way, you and your baby can enjoy the benefits of breastfeeding.

The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months. Exclusive breastfeeding allows you to give your baby milk that is made just for them. It is perfect nutrition, it gives protection against disease and infection, it provides closeness and attachment, warmth and comfort. It can be one of the sweetest relationships you'll share.

You can learn to pump milk for your baby.

There are many breast pumps on the market. Speak with your lactation consultant or pediatrician to select the one that is right for your situation. We do not recommend that you use anyone else's breast pump. Breast pumps that you can buy are intended for single use, just like a toothbrush, just for one person. Once you have selected the pump, read the directions and sterilize the parts that should be cleaned, you can begin to pump breast milk for your baby. If you have questions, just ask for help. See the resource section for milk storage guidelines.

Your baby can learn to take breast milk from a bottle at 4 weeks

We suggest that you pump to give your baby the opportunity to learn to feed from the bottle when your baby is 4 weeks old. At that time, they are ready to make the distinction between how to nurse from the breast and how to feed from the bottle. Offering your baby one bottle of pumped breast milk each day can help them to keep up the skill of bottle feeding. Most Dads are looking forward to that first and second and all of those bottle feedings as a special time to share with their baby.

Fathers can be an integral part of the breastfeeding experience.

There are bottles and nipples that may work better than others

The current recommendation is to select a nipple that is closest in form to the human breast. It has been noted that a perfectly round nipple with a broad base and a slow flow are preferable for the breastfeeding baby. They help the baby's tongue and jaw motion to more closely mimic the way that they breastfeed. If you would like more information about how to select an appropriate bottle and nipple please speak with your pediatrician or lactation consultant.

Occasionally, a problem develops

If you have an area on your breast which is warm and tender to touch, you may have a plugged duct in the breast. This can occur when the baby has gone a longer stretch without eating, or if you have worn a bra which is too tight and it has put some pressure on the breast, or perhaps you are wearing an underwire bra. The remedy for this situation is to use heating pad, or hot water bottle to that area when possible, until the plug softens. It can be helpful to change nursing positions to help that area of the breast empty better. Plugged ducts usually take 24–48 hours to release.

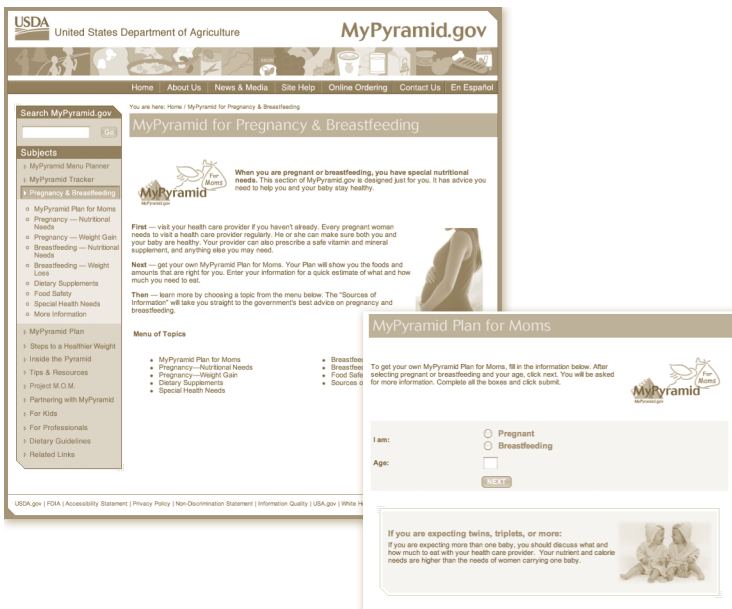
If you have an area on your breast which is warm and tender to touch and you have a fever, chills and flu like symptoms, you may have a breast infection called mastitis. If this happens to you, you need to call your physician as soon as possible. If this is an infection, your physician will decide the correct treatment for you. Mastitis is treated with antibiotics. Remember to take all of the antibiotic prescription that is given to you to fully treat the infection. Warm compresses, hot water bottle or heating pad to the area will be helpful and comforting. Rest and frequent feedings can help to restore the breast to health. If you have a mastitis infection you can and should continue to breastfeed through the treatment for the infection.

Every day life

Foods to eat, celebratory drinks, and medications

It is advisable to continue to select foods from a variety of sources and to enjoy a healthy diet. If you would like to know more about food selection while breastfeeding go to www.mypyramid.gov, find the Search box at the top left corner and type in “pregnancy and nursing moms” click search.

If you have three balanced meals a day, add a morning snack and a late afternoon snack this will help you keep your energy level constant. It is recommended that you continue to take your prenatal vitamins while you are breastfeeding.



Eat whatever you like in moderation and watch your baby for any sensitivity to the food. It takes 4–12 hours for what you eat to pass through to your breast milk and into your baby. It is possible that over time you may find that your baby is particular and does not like something that you are eating. Some babies let you eat anything you like, and other babies have a sensitive tummy. If you notice that your baby is sensitive to a particular food, keep in mind that what might be bothersome to your baby this week they may not notice it if you try it again next week. This can happen because your baby’s digestive system is becoming more mature as he grows. Some babies can be sensitive to some foods, and others might not notice what you eat. Enjoy a balanced diet in moderation.

Everyday drinks

You can enjoy coffee, tea, carbonated beverages again. You don't need to drink milk to make milk, but you do need to drink fluids to make milk. Drink to quench your thirst. Some mom's find it easy to have some water with each breastfeeding. This keeps them well hydrated.

Celebratory drinks

We suggest that you use alcohol responsibly. Studies have shown that babies who are consistently exposed to alcohol can have delayed motor development. If you plan to drink, try breastfeeding your baby first and then wait 2 hours per drink before you breastfeed again. This allows your body to process the alcohol and reduces the exposure to your baby.

Medications

Anytime you take medication, prescription or over the counter, you want to be aware that the medication could pass through your breast milk and affect your baby. If your physician prescribes a medication, make sure that he knows you are breastfeeding. Tell your physician the age of your baby and how frequently you are breastfeeding. Usually physicians will be able to select a medication that will not interfere with your breastfeeding.

Words of encouragement

Ask for help when you need it. There is support for you as you are learning about breastfeeding your baby. Your pediatrician, your lactation consultant, an experienced breastfeeding friend, breastfeeding support group and new mothers groups are wonderful places to ask your questions and receive support.

Many mothers feel that the breastfeeding relationship they shared with their baby was a very special and meaningful part of their experience of motherhood. Providing your baby with your breast milk that is perfectly designed to meet her individual needs is something no one else can do for her. Your breast milk contains active and passive immunities that help her to fight infection. Breastfed babies have fewer ear infections. They experience lower rates of respiratory and diarrhea infections. Breastfed babies are at lower risk for some diseases like lymphomas and childhood diabetes. Breastfeeding can reduce the severity of food, skin and respiratory allergies that your baby might experience. There's nothing quite like your breast milk to protect your baby in her tender first years of life.

There's nothing quite like your breast milk to protect your baby in her tender first years of life.

In the beginning breastfeeding may not be as easy as it looks. but with a little help, practice and patience, most mothers and babies find breastfeeding to be a very satisfying experience. We hope that this information will help you to be one of these moms too.

Support for breastfeeding moms

Websites

www.breastfeedingmadesimple.com

www.healthychildren.org

www.massachusettsbreastfeedingcoalition.org

www.llusa.org/MARIVT/Massachusetts

LaLeche League groups meet at different days and different towns. Each group has its own style. Try different groups until you find the one that is right for you.

Lactation consultants

www.ILCA.org

www.zipmilk.org

Breast pumps

Medela products: 1-800-835-5968 or www.medela.com

Ameda products: www.ameda.com

Breast milk collection and storage guidelines for healthy full term infants

To collect your breast milk, first wash your hands well with soap and water. Pump or express milk into clean collection containers or into breast milk storage bags. It is a good idea to leave a little room at the top of your container or bag to allow for the expansion of milk when it freezes, and then seal tightly. Label the container with the date and the amount of breast milk inside. When offering breast milk to your baby, the first choice is to offer your baby freshly expressed breast milk, if none is available thaw the oldest milk first for this feeding.

Fresh breast milk can be stored for four hours at room temperature and for 24 hours in a cooler with frozen gel packs.

Fresh breast milk can be stored in your refrigerator for seven days at 39° F.

Fresh breast milk can also be stored in a home freezer for 3 months and in a deep freezer at -20° F for 12 months.

Previously frozen milk, thawed in the refrigerator but not warmed yet, can be stored at room temperature for 4 hours and in the refrigerator for 24 hours.

Previously frozen milk that has been brought to room temperature should be used for this feeding and then at the end of the feed, it should be discarded. Previously frozen milk that has been brought to room temperature can be stored for 4 hours in the refrigerator.

If you do not intend to use your expressed breast milk within a few days of pumping it is best to freeze immediately. Freeze your breast milk in varying amounts like two and four ounce amounts to start out. You can continue to add small amounts of cooled breast milk to the same container throughout the day. Chill the milk first and then add only half the amount of milk that has already been frozen. Freeze the breast milk in the coldest section of the freezer. Do not place it next to the self defrosting sides of the freezer or on the freezer door.

Thawing your frozen breast milk

It can take 8–12 hours for your milk to defrost in the refrigerator. You can move frozen breast milk from the freezer into the refrigerator the night before you plan to use it and it should be thawed by the morning.

You can also thaw your breast milk in a pan of warm water. This can take around 30 minutes to thaw. Do not use hot water for this process because it may destroy some of the protective properties of the breast milk.

Once breast milk has been thawed it is not recommended to refreeze it.

Once breast milk has been frozen, thawed and prepared for use, it is recommended that you discard any breast milk that is not taken at a feeding.

It's normal

Breast milk varies in color, consistency and odor depending on what you have eaten. You may also notice that the milk can separate leaving cream at the top of the container. This is normal. Just gently shake the milk to mix the layers together.

It's a good idea to let your partner and care givers know about the possibility of the milk separating so that if they are assisting you in preparing milk for the baby they will not think that the milk has “spoiled” and discard it when they see the separate layers of milk.

Important points to consider

It is never recommended that you use a microwave to thaw or warm breast milk. Microwaving breast milk can not only cause hot spots in the milk which can burn your baby's mouth, it can also lower the vitamin C content of the breast milk and damage its anti infective properties.



Bottlefeeding guidelines

Formula preparation

During your hospital stay, your baby will receive formula as recommended by your pediatrician. Although all formulas are similar, they are not identical. The choice of a specific formula often depends on your baby, so it is wise to wait at least a week or two before buying cases of any particular brand. Always check the expiration date on the label prior to feeding your baby.

Because iron-deficiency anemia can be a problem, iron-enriched formula is advised for the first year of life. Check with your pediatrician.

Whole, low-fat and skim milk are not recommended for the first 12 months of a baby's life because they are harder to digest and do not contain the necessary nutrients. Juice or water supplements should not replace formula feedings. Your pediatrician should be consulted before any changes are made in your baby's diet.

Your pediatrician should be consulted before any changes are made in your baby's formula.

Bottles and nipples

There are many types of bottles and nipples available. Read the packages carefully when choosing the appropriate kind for your baby. Have a supply of small bottles (about four fluid ounces) available for baby's first few weeks, as well as eight ounce bottles. Nipples vary according to the kind of liquid being fed. Double check the hole size. It should be large enough so that your baby does not have to work to get the formula into his mouth, but not so big that formula flows too fast and your baby chokes or has to gulp to keep from choking.

Most companies specify the nipples recommended age range on the product label. Sterilization is not necessary, but extreme cleanliness is. Vigorously wash bottles and nipples with a bottle brush in hot, soapy water. Rinse well, squeezing water through the nipples. They may be placed in a dishwasher after scrubbing. You might purchase a couple of small baskets that come with a snap down lid that fits on the top shelf of the dishwasher. They will hold the nipples, bottle rings, and pacifiers, and prevent the small pieces from flying through the cycles. Have on hand a couple of extra bottle brushes. Remember, repeated use and dishwasher cleaning can cause nipples to deteriorate. It is important to examine the bottle nipples; if the rubber feels sticky, discard them at the first signs of wear, and replace.

Preparing the formula

Discuss with your pediatrician the brand of formula to be used for your baby. If you think your baby does not like the formula or may have problems digesting it, call your baby's health care provider. Formula comes in several different forms: ready to feed (most expensive, least prep time), concentrated (mid-priced, some prep time), and as a powder (least expensive, most prep time). Make sure to prepare the formula according to manufacture's instructions. Do not alter the amount of formula or water recommended as it can lead to significant health problems. Always check the expiration date before purchasing and upon using.

When preparing formula, be sure your hands are clean and the bottles, nipples and measuring utensils are clean. Wash the top of the formula can before opening. Add the right number of scoops of formula using a clean knife to level off the scoop. Do not pack down the formula into the scoop. Tap water (to mix concentrate or powder) from a municipal source should be safe to use without boiling. Running the tap water for a few minutes will assure that the water has not been stagnant in lead pipes. If you have any concerns, have it tested or boil it for five minutes before mixing with formula. Some towns add fluoride to the water supply. If your town does not, ask your pediatrician about fluoride supplements.

Prepare a 24-hour supply of bottles, filling each with one ounce more than the amount your baby usually drinks. Refrigerate all prepared bottles and use refrigerated, opened, ready-to-feed and prepared bottles within 48 hours.

Do not take a bottle out of the refrigerator and allow it to sit on the counter to warm gradually. Throw away formula left in the bottle after a feeding since germs from baby's saliva multiply in the warm formula. Partially used bottles should be emptied and rinsed immediately after a feeding. Discard prepared formula that has been at room temperature for an hour or more. Always check the temperature of the formula on your wrist before feeding the baby. If you hear your baby stirring, take the prepared bottle out of the refrigerator and start to warm it. Then, by the time you are ready to feed your baby, the bottle is ready. Shake the bottle after it is warmed to distribute the formula. Remember, do not heat a bottle in the microwave. It can result in uneven temperatures that may burn your baby's mouth.

Getting started

Sit in a comfortable position with your baby, while sitting on a couch, rocker, or armchair. Try a pillow under your arm for support. Wrap your arm around your baby's upper body and support his head with your arm. Hold your baby in a semi-sitting position. Look at your baby, relax and smile while you speak softly to him. This will help him learn to look forward to feedings because feeding time is so special.

You may need to encourage your baby to put the nipple into his mouth by taking advantage of the baby's natural rooting instinct. As your baby opens his mouth, gently insert the nipple, making sure that his tongue is underneath. To prevent the swallowing of air, hold the bottle so that the formula fills the bottle neck and covers the nipple. Do not prop a bottle or leave the baby unattended. Never lay a baby down with a propped bottle—your baby may choke and have no one to help him. A baby is at higher risk of getting an ear infection if he is lying down while drinking milk or juice since the liquid can flow into his middle ear and cause an infection. Do not let your baby go to sleep with a bottle of milk or juice; the fluid may pool around his teeth, leading to dental problems. Most of all, enjoy every feeding with your new baby. They grow so fast.

How long and how much

Bubbles in the bottle indicate that the holes in the nipple are working properly. If no bubbles appear, or if your baby takes longer than 30 minutes for a feeding, the holes may be blocked or the cap too tight. If your baby chokes, gulps, or seems to take in a lot of air, sit him up, take the nipple out of his mouth, and try a new nipple.

A newborn should be able to finish a feeding within 20–30 minutes. During the first week you should prepare and offer a bottle with two to three ounces of formula every three to four hours. A baby will gradually work up to six to eight ounces every four to six hours by four months of age. Call your pediatrician if your baby is not feeding regularly or there is a change in the feeding pattern.

Burping

Your baby swallows air during feeding time. This may cause your baby to be fussy. Air in your baby's stomach may make him feel full before he is finished eating. Burp your baby after two to three ounces of formula even if he is not fussy. Burp your baby more frequently if he is unhappy or spitting up formula. Try any of the following positions to burp your baby:

- **On your shoulder** Put a clean cloth or clean cloth diaper on your shoulder to catch spit-up from your baby's burp. Hold your baby with his chin resting on your shoulder. Put a hand under your baby's bottom. Gently rub or pat his back with your other hand.
- **Sitting up** Place your baby on your lap in a sitting position, with his head forward. Support his chest and head with your hand. Gently rub or pat his back with your other hand. Do not let your baby's head flop backward.
- **Face down on your lap** Place a clean cloth or cloth diaper on your lap. Place your baby on your lap and turn his head sideways. His head will rest on one leg while his stomach will rest on the other leg. Gently rub or pat his back with your hand.

Call your caregiver with any questions or concerns regarding your baby.

About your baby

Newborn care

Hearing screen

All newborns are tested at the hospital to check for concerns with his or her hearing. A screening machine shows if your baby responds to sounds. This test is simple and does not hurt. You will get the results before you leave the hospital. Even if you have had your baby's hearing tested, you should look for signs that baby is hearing well.



Your Baby's Hearing Checklist

Birth to 3 months

- *Quiets or diminishes activity when approached by sound (hears parent's voice)*
- *Is started by loud sounds (startle=blink, body jerk, cessation of sucking, sudden cry, etc.)*

3 to 6 months

- *Looks to speaker's voice*
- *Turns head to search for source of a voice*
- *Enjoys rattles, noise-making toys*
- *Anticipates feeding by familiar sounds (bottles rattling, spoon in dish, etc.)*

6 to 10 months

- *Reacts to music by cooing*
- *Responds to own name*
- *Looks to right person when words "Mommy" and "Daddy" are said*
- *Shows understanding of common words such as "no," "all-gone," "bye"*
- *Babbles (sounds like: da, ba, ma)*

10 to 15 months

- *Knows names of favorite toys and can point to them when asked*
- *Likes rhymes and jingles*
- *Imitates simple words and sounds*

15 to 20 months

- *Can follow simple directions ("Go get your shoes, jacket.")*
- *Recognizes hair, nose, eyes, and any parts of body when named*
- *Asks for wants by naming "blanket," "cookies," or "teddy bear"*
- *Speaks 10 to 20 words*

Umbilical cord care

When the umbilical cord is cut, it leaves a stump, which then dries, heals, and within 1 to 3 weeks falls off. During the time the cord is healing it should be kept as clean and dry as possible. In order to keep the cord dry, sponge bathe your baby rather than submersing him in a tub of water. Wash the area around the cord with soap and water at least once a day, and as needed if it becomes soiled.

Keep the cord on the outside of the baby's diaper. Some newborn-size diapers have special cut-outs for cord area, but you can also fold down the top edge of the diaper.

Call your baby's physician if there is:

- bleeding from the end of cord or the area near the skin
- pus (a yellow or white discharge)
- swelling or redness around the navel
- signs that the area is painful to your baby.

Diapering

Change wet/soiled diapers as soon as possible. Babies' skin is quite sensitive, and constant wetness will cause a skin breakdown (diaper rash). Gently wash the baby's bottom after each bowel movement and wipe him clean after each wet diaper. Wipe the baby's bottom from front to back to avoid contamination by bacteria normally found in the anal area. If using soap, be sure that the area is rinsed well with clean water. The use of powder is not recommended.

If you notice your baby has developed a diaper rash, call your pediatrician.

Babies should have at least six to eight wet diapers a day.

Diapering your baby

- Change your baby as soon as possible.
- The use of powder is not recommended.
- Babies should have at least six to eight wet diapers a day.

During the first five to six days, bowel movements range in color from black to green, then to yellow. They can occur with every feeding or just once every few days. The stools of breastfed and bottlefed babies are different in color and frequency. Most breastfed babies have two to five bowel movements a day (although some may have only one to two). Formula fed infants tend to have less frequent bowel movements.

Female genitals may appear red and swollen and some infants will have a vaginal discharge or bleeding. This is due to maternal hormones and is normal. The outer labia should be gently spread and cleaned daily, wiping front to back.

Male genitals may appear swollen due to maternal hormones. If you have chosen to have your son circumcised, gauze will be loosely wrapped around the surgical site. After the gauze falls off the penis, you may apply petroleum jelly to the circumcised area or diaper to minimize irritation until healing is complete. This usually takes seven to ten days.

The circumcised area may look raw and have a yellow discharge for a few days. This discharge is normal; do not attempt to wash it off. Sponge the area off as necessary for diaper changes. Avoid using soap on the area and soaking in the tub.

Call your pediatrician if persistent bleeding occurs, if you think the area is infected, or if your baby isn't urinating within 24 hours after circumcision.

The penis of the uncircumcised infant requires little care. Do not attempt to pull the foreskin back from the glans (the head of the penis). The age at which the foreskin begins to retract varies considerably from baby to baby. Check with your pediatrician when you should start gentle retraction of the skin.

Bathing the baby

Your baby does not need a complete bath daily, especially if his skin is dry. Daily sponging of the face, neck and diaper area, however, is important. Pick a time when you will not be rushed or distracted. Most parents choose a time before a feeding rather than right after one. That way the baby can fall asleep after the feeding. An evening bath often helps the baby relax and sleep better.

You may start tub baths after the cord (and circumcision) has completely healed. The room should be warm and draft free. Use a mild, non-drying soap such as Neutrogena or Dove. Gather all the supplies that you will need. Everyone develops their own style for bathing their baby, but here are some general guidelines:

Call your pediatrician if...

- there is persistent bleeding after circumcision.
- the area looks infected.
- urination has not occurred within 24 hours after circumcision.
- there is discharge with foul odor.

An evening bath often helps the baby relax and sleep better.



Bathing guidelines

- Always start with the eyes and face, do not use soap, clean the outer ear with a damp cloth, do not use Q-tips.
- Wash your baby's arms, legs and body with soap next, ending with the diaper area.
- Be sure that all of the soap is rinsed off, and then dry your baby carefully, paying special attention to the folds of the skin.
- Shampoo your baby's head (even if she has no hair) two or three times a week.
- If you are sure that the area is warm enough, let your baby take an "air bath."
- Never leave your baby unattended while being bathed.

Skin care

Dry skin is common for newborn babies in the first few days of life as they are adjusting to a new environment. Do not use oily preparations that may clog the skin pores.

Babies will also sometimes develop a rash in the first few weeks of life, called a *newborn rash*. This may appear as red blotches and does not require treatment.

A flaky, whitish scale may occur on the scalp, called *cradle cap*. Daily shampooing with a soft cloth may help prevent it.

Rashes which are oozing or last more than 24 hours should be seen by your pediatrician.

For the first few weeks, babies' nails are soft and pliable and should be left alone. Once the nails harden they may be trimmed carefully with baby nail scissors. Many new parents wait until the baby is asleep to try this the first time.

Jaundice

Jaundice refers to the yellow discoloration of the skin and the sclera (whites of the eyes). Jaundice is not a disease. The yellow color of the babies' skin and eyes is a result of the breakdown of extra red blood cells. One of the waste products of the red blood cells is a substance called bilirubin. Normally, bilirubin is broken down by the liver and released from the body through the babies' urine and bowel movements. In some cases the liver is not mature enough to handle all of this activity, and the bilirubin (and its yellow color) are channeled to the skin and whites of the eyes.

Most babies get a *physiologic jaundice*, which peaks by day three or four of life. If it occurs before day two, or is severe, the problem may be more serious. The bilirubin level may need to be monitored. This can be done easily by a blood test. Pediatricians may order phototherapy when necessary for treatment.

Call your pediatrician if...

- the jaundice increases in intensity.

Call your pediatrician if the jaundice increases in intensity. It is also important to report poor feeding or excessive sleepiness accompanying the jaundice to the pediatrician.

Dressing

When dressing your baby, a commonsense approach works best. In order to keep your baby at a comfortable and safe temperature, dress the baby in as many layers of clothing as you would dress yourself—only add one more layer.

It is not necessary to change the temperature of your house, but it should not be below 65° F at night.

Crying and fussy periods

Although many babies sleep most of the day, most babies will not establish a predictable pattern for several weeks. Most babies are restless sleepers and may startle, wake from time to time, and make noises. Give your baby a chance to settle back to sleep if it is not a feeding time. Keep in mind that some babies will have a wakeful period at night which may last for a couple of hours.

No two babies are alike. Some are extremely active, while others are calm and quiet. Your baby has her own personality from the start. Babies don't always follow your schedule. What works one time to comfort your baby may not work again. Your baby is not trying to be difficult.

Most new parents do not expect their babies to cry. However, you must remember that crying is the most effective way for babies to communicate. Babies cry for many reasons. Some of the reasons will be easier than others for you to identify. For example, you may be more likely to know if the baby is hungry or needs changing, but there are other less obvious reasons. She may be crying because of discomfort, she's either too hot or too cold, she may be sick or have a fever, or there is a change in her routine or overstimulation.

Not knowing what to do when a baby cries is one of the most frustrating problems that new parents face. As weeks go by and you get better acquainted with your baby, you will be able to distinguish most of her cries.

Most experts believe that every cry is the expression of a need. Whenever possible, you should go to your baby without fearing that you will spoil her. We are not suggesting that you should always drop what you are doing and race to your baby at the first whimper, or when she is fussing. However, we feel that you should go to her when she cries and try to comfort her.



Tips to console a crying baby:

- *stay calm*
- *swaddle your baby*
- *walk or rock your baby*
- *check your baby's temperature*
- *take your baby for a ride in her car seat or stroller*
- *turn on some music or other rhythmic noise*
- *observe tummy time*
- *massage your baby*

Remember: never shake your baby!!

Most babies have a fussy period at the end of the day. Crying seems to be at its worst between three to eight weeks. It usually decreases considerably by three months as the baby becomes more interested in her body and surroundings.

There are other behaviors that, while disturbing at first, are normal for your baby. These include sneezing and hiccuping. You may also notice that your baby may jump in her sleep and that her breathing may be irregular.

Most babies will also spit up after feeding. This should not be a problem as long as your baby is gaining weight.



How to Swaddle a Baby

1. Lay the blanket out on a flat surface in the shape of a diamond.
2. Fold down three or four inches of the top edge of the blanket.
3. Place your baby on the blanket so that his head is overlapping the top edge you turned down.
4. Tuck your baby's right arm into the flap made by the folded down edge of the blanket and the right corner of the blanket. Pull that corner across his body, tucking it behind the opposite side of his back.
5. Bring the bottom corner of the blanket up and tuck it inside the blanket near his chest.
6. Tuck your baby's left arm into the flap made by the folded down edge of the blanket and the left corner of the blanket. Pull that corner across his body, tucking it behind the blanket on his back.

Pacifiers and thumbs

In 2005, The American Academy of Pediatrics made a recommendation in the interest of Sudden Infant Death Syndrome (SIDS), that parents should begin offering a pacifier every time a baby is put down to sleep. This practice should begin at one month of age and be limited to the first year of life. This includes the peak ages for SIDS risk and when the baby's need for sucking is the highest.

Sick baby care

Caring for a sick baby can be a frightening experience for any parent. Be sure that you know what to look for in your baby and when to call your doctor. Your pediatrician will help you identify those symptoms that he or she feels require medical attention.

When calling the pediatrician, know the following and have a paper and pencil ready to take notes:

- What is your baby's rectal temperature?
- Does your baby have a rash?
- Is your baby having difficulty breathing?
- Are there any behavior or appetite changes?
- When was the last wet diaper?
- How well is your baby feeding?
- The name and dose of any medication and the pharmacy phone number.

Pediatricians prefer that parents take their baby's rectal temperature. Clean the thermometer with alcohol. Lubricate the tip of the thermometer with Vaseline, lay the baby on her stomach or side, and gently insert the thermometer about 1/2 inch into her rectum for about two minutes.

Caring for a sick baby can be a frightening experience for any parent. Be sure that you know what to look for in your baby and when to call your doctor.

Remember, you can prevent illness by not exposing your baby to individuals who are sick or crowds where infection is likely to be present.

When to call your pediatrician

These are ONLY guidelines. Please ask your pediatrician about his guidelines for calling the doctor.

Temperature/fever

Every baby has her own normal body temperature. Generally the following rectal temperatures constitutes a fever:

- ▶ temperatures greater than 100.4° F (38° C) or less than 97.5° F (36.4° C)

If your baby feels warm to you, or is not acting the way you think she should, (including decreased energy, decreased appetite, pale, drowsy, or vomiting) take a rectal temperature and call your doctor.

Jaundice

If your baby's skin or the whites of the eyes look yellow, or if your child is not waking for feedings or acting more sleepy than usual, call your doctor.

Feeding

Your baby should wake frequently for feeding. See breastfeeding and bottlefeeding sections for specific guidelines.

Urine and stool

Most diapers should contain urine or stool. See breastfeeding and bottlefeeding sections for specific guidelines. If this is not the case, call your doctor. If there is a significant change in color, consistency or frequency of your child's stools, call your doctor.

If you have older children

The arrival of a new baby requires emotional adjustments for every member of the family. A child equates love with attention and a new baby is strong competition. The older child may worry that there is not enough love to go around. She may feel angry, sad, and threatened by all the changes. In response to these feelings, she may become aggressive, noisy and demanding. Or she may attempt to hide her hurt and anger by withdrawing and becoming unnaturally quiet. She may also return to baby-like behavior. Such behavior can be very frustrating to parents, especially when they are also on overload emotionally.



Helping an older child adjust

- *Expect behavior changes. Try not to punish her when she is demanding.*
- *Keep in touch with her while you are in the hospital. If possible, have her visit you there. Keep her picture at your hospital bedside, or in the new baby's crib as the "big brother" or "big sister."*
- *Do not be overly concerned if she ignores you when you come home. She is punishing you for "deserting" her. It will pass.*
- *Continue her routines, such as meals and bedtimes. Avoid other big changes in her life at this time, such as crib to bed, or potty training.*
- *Let her help with the baby's care (getting diapers, winding up toys), and praise her for her help.*
- *Spend some time alone with your older child each day. During some of the baby's feedings or naps, read to your child or encourage her to play nearby. Try to find ways to let the older child know that her needs come first at times. For example, say, "Just a minute baby, I want to get Tommy some juice."*
- *Make being the "big boy" or "big girl" special: the older child has ice cream, but the baby does not. She goes out on errands, but the baby is "too little."*
- *Let her talk about her feelings without fear of rebuke or anger. Make it clear that it's OK for her to talk about her feelings, but not to act upon them.*
- *Assure her that you care about her as well as the baby. Love can grow without boundaries, and that is precisely what happens between members of the family!*
- *Above all, realize that it will take time for her to begin to like this new addition. Close relationships take time to develop.*

Newborn safety

- *Infant abduction is a national problem. Never leave your baby alone, in a store, in the car, or in your home. Do not ever leave your baby in the care of a stranger—even for a minute or two. Consider the risk you may be taking when you allow your infant's birth announcement to be published in the newspaper or when you place ribbons, balloons or banners on your mailbox or front door.*
- *Inspect toys carefully for small removable parts that may cause choking. Stuffed animals should be kept away from the baby's head and pillows should not be used.*

- Never leave your baby unattended on a changing table or bed as she could move unexpectedly and fall.
- Immunizations are required for all children entering Massachusetts day care centers and schools. Your pediatrician will discuss a schedule with you.

Child safety seats

Car seats are required by law in all 50 states. All infants should always ride facing the back of the car until they have reached 1 year of age and weigh at least 20 pounds. A child who weighs more than 20 pounds and is older than 1 year may face forward.

Two kinds of safety seats are made for babies:

1. Small, lightweight “infant only” safety seats are designed for use rear facing only. This kind can be used only as long as the baby’s head is enclosed by the top rim of the seat. The label on the seat gives the upper weight limit.
 2. Larger “convertible” seats usually fit children from birth to about 40 pounds. It may be turned around to face the front when the baby is about one year old and at least 20 pounds.
- Use the lowest harness slots for a newborn infant. Keep the straps in the slots at or below the baby’s shoulders for the rear-facing position.
 - Harness straps must fit properly on the baby’s shoulders and between the legs. Dress the baby in clothes that keep the legs free.
 - Keep harness straps very snug and flat on baby’s shoulders, not arms. If the harness is even slightly loose, the baby can be thrown out of the seat.
 - Place the plastic harness retainer clip near the child’s armpits to hold the harness straps on the shoulders. Check instructions if the seat doesn’t have a harness clip.
 - Always buckle baby in the seat first, then place blankets OVER the harness.
 - If baby needs support, fill empty spaces with small, rolled blankets on each side of the baby’s shoulders and head. A rolled diaper or small towel can also be put between her/his legs behind the crotch strap.
 - Thick padding should **not** be put under or behind the baby.
 - Babies must ride sitting in a semi-reclined (halfway back or a 30–45 degree angle from vertical) to keep the airway open.

Not all car safety seats fit properly in all vehicles. When the car safety seat is installed, be sure it does not move side to side or toward the front of the car. It is your responsibility to be familiar with the use and installation of your particular seat before discharge from the hospital. More information can be obtained from the National Highway Traffic Safety Administration at 888-327-4236.

Practice buckling the seat into your car before your baby's first ride.

Safe sleep

- Put your baby to sleep on their back ALL the time—at night and for naps.
- New parents often want to be close to their babies at night, but sharing a bed may put your baby at risk for suffocation. Let your baby sleep in their own crib but keep the crib close enough to know when your baby when your baby needs you.
- Your baby's crib should have a firm mattress. Fluffy pillows, quilts, and toys are not safe for sleep, but you can use a blanket if you tuck it in snugly under the crib mattress, no higher than your baby's chest. You can also just dress your baby in warm pajamas and put your baby to sleep without a blanket.
- Before you put your baby to sleep in a used crib, check to be sure the crib meets safety standards. To Find out, call the consumer Product Safety Commission at 800-638-2772.
- Don not let you baby sleep on the couch or armchair—your baby could get stuck in the cracks.
- Your baby should not sleep or nap in the same bed with siblings, babysitters, or anyone else.

Germs come from people

Try to have your new baby see as few people, especially children, as possible. To minimize the risk of infection make sure that everyone washes his or her hands before they touch the baby.

Pets

Preparing your pet for the new baby can be important. Ask your veterinarian for ideas about developing a safe and healthy relationship between your dog or cat and your baby and be sure your pet is up-to-date on his immunizations.



Resources

Breastfeeding support

Breastfeeding support services

Outpatient visits for breastfeeding mothers, telephone conversations and support groups.

Contact our lactation consultant at Emerson Hospital, 978-287-3317.

Lactation consultants

Many mothers require additional assistance with breastfeeding once they return home. We would like to encourage you to consider working with a lactation consultant. A lactation consultant is a health care professional who provides education, support and guidance when challenging breastfeeding situations occur. Many lactation consultants are available to make home visits.

For a listing of lactation consultants in your area call 978-287-3317.

La Leche League

La Leche League is a non-profit organization that provides breastfeeding information and support to nursing mothers by telephone and monthly meetings. Accredited by La Leche League International, volunteer leaders are experienced breastfeeding mothers who are familiar with the practical, physical and psychological aspects of breastfeeding.

For information call 800-525-3243.

Breast pumps

A breast pump can be of great assistance to the breastfeeding couple in the early weeks of breastfeeding. There are many good pumps available. A good breast pump will have pressures which stimulate and empty the breast without hurting the breast tissue. A good pump will mimic the infant's suck and release pattern at the breast. In a normal pattern of suckling, the infant will suck and swallow an average of 48–52 times a minute.

One of the breast pumps which have appropriate pressures and adequate cycling is the Medela brand. You can call 800-835-5968 for the closest representative to you. Other pumps may be purchased through the La Leche League.

Support / Education

Emerson Hospital <i>main number</i>	978-369-1400
Breastfeeding Support	978-287-3317
CPR Certification <i>adult, infant and child</i>	978-287-3050
M.O.M.S. (Mothers Offering Mothers Support)	978-287-3176
New Mothers Group	978-287-3176
Tender Beginnings (infant/child)	978-287-3268
First Connections	978-287-0221
<i>First Time Mothers Group—weekly meetings for 8 weeks</i>	
Minuteman Early Intervention	978-287-7800
<i>services for children at risk for developmental delays—up to three years of age</i>	
Massachusetts Mothers of Twins	781-989-3222
WIC (Massachusetts Women, Infants and Children Nutrition Program)	800-WIC-1007