



The First Few Weeks:

A guide for new parents

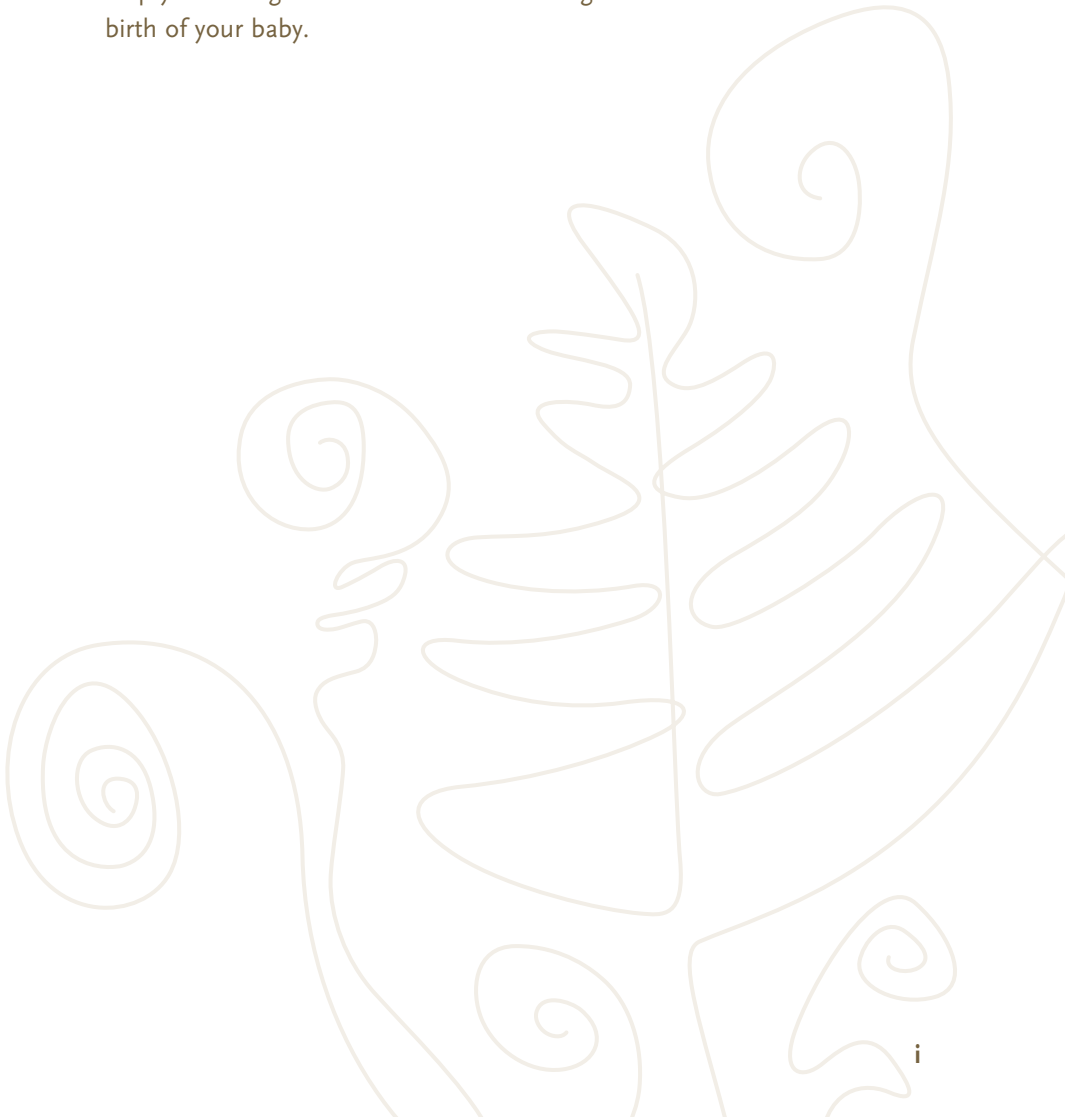
Emergency numbers

- 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

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 doctor 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 doctor 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 doctor 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 mild laxative such as Metamucil or Milk of Magnesia.
- If the measures outlined here fail, please consult your doctor.

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.

Comfort measures for breast engorgement when bottlefeeding

- *Wear a bra that provides support even while showering and sleeping.*
- *Apply ice packs (i.e. frozen bags of peas) or a cold compress.*
- *You may want to take pain medicine.*
- *Take some milk out of your breast to relieve some of the fullness. (This may be advised if your skin is taut and shiny.)*
- *Express only enough milk to relieve the pressure and to prevent tissue damage. Use this comfort measure sparingly because expressing milk from your breasts tells your body to make more milk. (See Breastfeeding, page 20 for directions on manual expression.)*

In the past, medications were given to women who were bottlefeeding to help “dry up” the breast milk. Recently, there has been some controversy about these medications. If you have questions, please speak with your physician.

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

Call your doctor 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.**

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, 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.

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.

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 or nurse practitioner.

Call your doctor if you have...

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

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.

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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.

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 doctor or nurse practitioner. If you do not want to risk another pregnancy, use condoms and contraceptive 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.

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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.



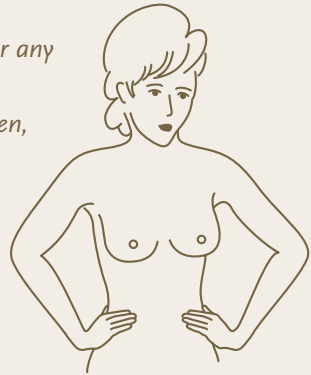
In the shower

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.



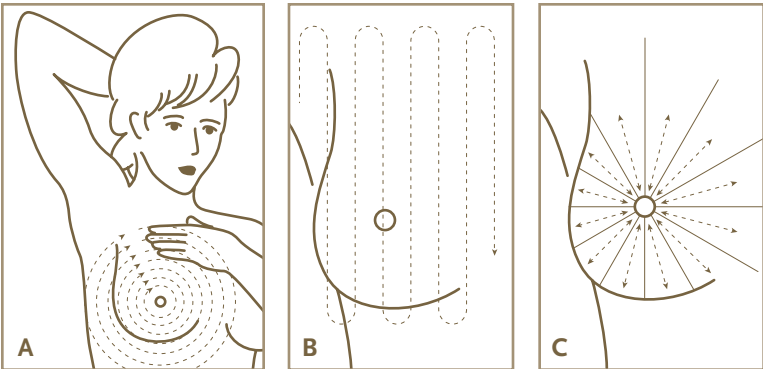
Mammography guidelines recommend a first (baseline) mammogram between ages 35–39, one every one to two years between ages 40–49 and yearly after age 50. Routine mammograms are best planned at least six months after your delivery or six months after you’ve stopped nursing your baby.

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 is the natural way to feed your baby, but it may not be as instinctive for you or your baby as you may have believed. It is a skill learned gradually through experimentation and practice. Our staff is prepared to give you as much assistance as you need to establish good breastfeeding during your stay. Please ask your nurse to assist you until you feel comfortable breastfeeding by yourself.

Some mothers and babies will require help after they have gone home to assure success in breastfeeding. Certified lactation consultants available through Emerson's Breastfeeding Support Service, the newborn nursery staff, and your pediatrician are all available to offer assistance with breastfeeding.

How fathers can help

Choosing to breastfeed your baby is a family decision. Although some parents are concerned that dad will be left out of the picture if they choose to breastfeed, they soon learn that fathers can be an integral part of the breastfeeding experience. When it's time for a feeding, he can help position mother and baby with comfortable pillows. He can help create and maintain a private and uninterrupted atmosphere for them to breastfeed. He can bring mom a drink and snack and then change, burp and cuddle baby after the feeding. During the night the walk to the nursery can seem like miles! A helpful dad might bring the baby to mom for a feeding and return the baby back afterwards.

Fathers can be an integral part of the breastfeeding experience.

Dads can also help by holding, dressing, bathing, rocking, and playing with the baby. As he learns about the advantages of breastfeeding the baby, he is able to educate friends and family about the benefits. In this way he can help to support the beginning breastfeeding relationship.

Your breast milk

Your breasts begin to produce colostrum during the early months of your pregnancy. At first, there is about a teaspoon to a tablespoon of colostrum available for your baby—just the right amount as she learns how to breastfeed. Colostrum is rich in nutrients and antibodies and contains a natural substance that allows your baby to spit up if needed. A natural laxative, colostrum also helps stimulate your baby's intestines to get rid of the first bowel movements (meconium).

Getting started with breastfeeding

- Wash your hands before you handle your baby or your breasts.
- Get comfortable. Are you thirsty? Do you need to go to the bathroom? Do you need more pillows? If sitting, would a footstool help?
- Consider your environment; would you like the phone off the hook? Is your toddler taken care of? Is the room temperature comfortable?
- If sitting, put a pillow in your lap to help support your arm and your baby. Sit up straight rather than leaning over the baby. Position your baby so that her body is facing yours.
- If you are lying on your side, your baby should be on her side, facing you. Pull her close so that her feet are against your abdomen, and her cheek or mouth is touching your nipple. You may be able to nurse from both breasts in this position by raising your baby up on a pillow to nurse on the upper breast. If not, hold the baby against your chest as you slowly roll over.
- Get your nipple to stand out by rolling it between your thumb and your forefinger. You may wish to massage and gently express a few drops of colostrum on the nipple tip to give your baby a taste of milk when she first latches onto the breast.
- Grasp your breast behind the areola (the dark area) with your thumb on top and your fingers underneath. Hold the breast in the “C” hold position for the feeding during the first several weeks to help prevent the weight of the breast from pulling the nipple out of position. This will help minimize nipple soreness in the early weeks of breastfeeding.
- Stroke the middle of your baby's upper lip with your nipple, giving her time to search for and find it. This is called the rooting reflex. When her mouth opens wide, place your nipple as far back in her mouth as possible aiming the nipple toward the roof of the baby's mouth. Pull the baby up to you—don't lean into the baby.

- Encourage your baby to take your nipple and areola into her mouth. This is important because she gets milk by pressing down on the milk ducts under the areola. Correct positioning of your baby's mouth on your breast will help prevent nipple soreness.
- It is common to feel some tenderness and discomfort for the first 60 seconds after your baby latches on and begins to suckle. This is called "latch on tenderness" and it usually peaks at day three then goes away by day 10. After the initial latch on tenderness has stopped, you should feel suction as the baby is suckling. If you feel pain after the first 60 seconds of latch on tenderness, this pain is telling you that your baby's mouth is not properly positioned on your areola. It is important to break the suction and ask her to latch up higher on the areola. Make sure that your baby's tongue is down and her mouth is opened wide before you bring her up onto the breast to latch on.
- To take her off, wait until she pauses and then gently slip your finger in the corner of her mouth, breaking the suction. Keep your finger between her gums as you take your nipple out of her mouth to prevent her from biting down.
- If your baby has difficulty latching on to one side, express a little milk to soften the nipple, try a different position such as the football hold, or start her on the favored side and switch after a few minutes.

Your breast milk production

After you give birth and your placenta is delivered, a hormone shift occurs to tell your body to begin to make the milk. When your baby suckles at your breast, the milk is released from the breast. The more your baby nurses, the more milk your body will make. Your milk may or may not have "come in" before you leave the hospital. When your milk comes in, you may notice milk dripping from the opposite breast while you are nursing. You will also notice that your baby is swallowing more frequently while she is breastfeeding.

Some mothers feel a tingling or fullness in the breast as the milk ducts open and the milk rushes to the front of the breast. This is called "let down" or the "milk ejection reflex." As long as you can hear your baby swallowing during the feeding, you know that your milk has let down. Swallowing is the most important indicator that your milk is going into your baby's mouth.

Let down is a natural response to your baby's suckling at the breast. Your let down can be inhibited by fear, discomfort, or fatigue. Try to breastfeed in a comfortable place each time, with little distraction and perhaps your favorite music playing in the background. This will help you to establish a pattern of consistency with your breastfeeding.

How often should I nurse?

How long should I nurse?

How can I know that my baby is getting enough to eat?

In the early weeks of breastfeeding, your baby needs to nurse at least 8–12 times in 24 hours. The best way to do this is to watch your baby for her “early feeding cues.” When you see her eyelids fluttering, her rooting to her covers, or her licking or mouthing, she is telling you “I am ready to feed.” If you help her wake up with a diaper change and gentle stroking, she will be more willing to work with you to be sure that she is latched on comfortably than if you wait until she is crying to be fed. Crying is actually a “late feeding cue.”

Some babies are very good cue givers and it will be very easy for you to give them unlimited access to the breast. Others are subtler. If you do not watch her closely and help her to wake up, she will go right back into a deep sleep. If you have a baby who is a subtle cue giver or a sleepy baby, we suggest that you watch the clock and early cues to feed. If she is not awake and ready to feed three hours from the start of one feeding to the start of the next, you should awaken her to feed. Waking her at three hours will help to give your breasts the stimulation they need to produce the milk and it will help your baby to get the milk you’ve made for her to grow. The more your baby nurses, the more milk your body will make for her. This is the delicate balance of supply and demand.

We suggest that you nurse her on the first side until you don’t hear anymore swallowing, or she comes off by herself. You can offer the second breast and nurse until the swallowing slows down or she comes off by herself. If she is still hungry, you could offer her the first breast again. Your breasts are constantly producing milk for your baby. This means that your breast is never really “empty.” There will be times when your breast is full and times when it is less full, but you will always have milk for your baby. Most babies will nurse for an average of 15 to 30 minutes on each side in the early weeks.

Babies often “cluster feed” or group a bunch of feedings together one right after the last. This is normal for a breastfeeding baby. This is nature’s way of giving your body lots of intermittent stimulation while helping your baby get the milk she needs to grow.

Nighttime feedings

Your baby needs to eat during the day and during the night. Her tummy is the size of a walnut, so it doesn't hold very much. The breast milk that you make for her is so perfectly matched for her needs that it is digested very quickly. During the first few weeks we suggest that you wake your baby for feedings during the night. Waking will be easy because babies are "nocturnal beings." There is an added benefit that comes to you from nursing at night. You may have noticed how relaxed and sleepy you feel after a comfortable breastfeeding. This feeling comes from the hormone, prolactin, which is stimulated during breastfeeding. Prolactin, called the "mothering hormone," circulates at the highest level in your body during the nighttime hours. Because breastfeeding stimulates prolactin, breastfeeding at night will actually help you sleep deeper than if you never woke to feed in the first place. Nighttime breastfeeding helps your baby to get lots of milk at regular intervals, which is exactly what she needs to grow in a healthy way.

When your baby first latches onto your breast, the milk that she gets is called foremilk. This milk quenches her thirst. When your baby has at least six to eight wet diapers in 24 hours, you can be assured that she is hydrated. The longer your baby nurses, the more hindmilk she gets. Hindmilk is rich in calories that your baby needs to grow. As long as your baby is having two to five palm size bowel movements in 24 hours, your baby should be getting enough milk to grow in a healthy way. You may find it helpful to use a chart, (see the inside back cover) to keep track of your baby's feedings and her wet and dirty diapers. The record keeping will make it easier for you to see the progress you and your baby are making. If there is a reason to be concerned, in the early weeks it will be easier to see with this chart.



Reliable signs...

...that my baby and I are off to a good start with breastfeeding:

- *She nurses 8–12 times in 24 hours.*
- *I can hear swallowing while she is at the breast.*
- *At least one of my breasts feels softer after nursing.*
- *She has six to eight wet diapers in 24 hours.*
- *She has at least two to five palm size amounts of bowel movements in 24 hours.*
- *These movements look like watery yellow mustard.*
- *She is content and sleeps between her feedings in the early weeks.*

If you are concerned about your breastfeeding or have questions about whether your baby is getting enough of your milk to grow, please call our Newborn Nursery at 978-287-3315, our Breastfeeding Support Service at 978-287-3317, or your pediatrician's office. Often that one call can give you the information and the reassurance you need to help you develop a long and meaningful breastfeeding relationship with your baby.

Growth spurts or frequent feeding days

There will be some days where it will feel like all that you are doing is breastfeeding your baby. If you look at a calendar, most often you will see that your baby is going through a growth spurt. Remember, the more your baby nurses, the more milk your body will produce. It takes about 24–48 hours of frequent feeding for your body to respond with more milk. If you can relax, eat well and nurse whenever your baby asks, your milk supply will adjust to her demand. Once this has happened, your baby will go back to a more regular pattern of breastfeeding. Growth spurts typically happen at 7–10 days, three weeks, six weeks, three months, and six months.

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What about extra water and supplemental formula?

Many parents wonder if they should offer their baby additional water or give supplemental formula feedings to their breastfeeding babies. Unless directed by your pediatrician, there is no need to feed your baby water or formula while you are breastfeeding. Your breast milk provides your baby with the appropriate amount of fluid, calories and electrolytes to keep her healthy, (even in hot weather!).

Special situations

Flat or inverted nipples

Flat nipples are nipples that do not become erect with stimulation. Inverted nipples are nipples that tend to retreat when the areola is compressed. Rolling the nipple between your fingers will often make the nipple easier for your baby to latch on.

A breast pump may also help the nipple become more prominent. In the beginning, patience and perseverance are needed in these situations to overcome some of the challenges of breastfeeding.

Assisting your baby in latching on to sore nipples

If you are experiencing pain while you are nursing after the initial latch on tenderness has passed, it may be advisable to have someone watch you feed your baby. Most nipple soreness in the early weeks is related to positioning your baby's mouth on the areola. Changing the infant's position on the areola may help relieve the soreness. You may wish to review the section on positioning the infant at the breast. Here are a few suggestions for treating nipples after the positioning problem is resolved.

- Start on the least sore side first.
- You could try massaging the breast before the feeding to help ready the breast for feeding.
- Use more careful attention to positioning the baby at the breast.
- Using the baby's rooting reflex, stimulate her to begin feeding with a wide open mouth.
- Support your breast with the "C" hold during the entire feeding.
- Check to see that your baby's head and buttocks are in straight alignment, and that your baby is turned tummy to tummy facing you.
- Use pillows to support the weight of the baby during the feeding.
- Reposition your baby at the breast if your pain persists after the first 60 seconds of latch on tenderness.
- Remember to break the baby's suction before you take her off the breast.
- After the feeding you could express some colostrum out on to the nipple tip.
- Consider meeting with a lactation consultant to correct your positioning.

Assisting your baby in latching on during engorgement

Allowing your infant unlimited access to the breast in the early days of breastfeeding will give her lots of experience in suckling on a softer breast and help minimize the effects of engorgement. The following suggestions may help your baby to latch on during engorgement.

- Warm shower before breastfeeding.
- Gentle massage to soften the breast.
- Breast pump or hand expressing before breastfeeding (softens the areola and makes it easier for baby to latch on).
- Frequent feedings.
- Cold compresses* after nursing.

Remember that engorgement usually lasts 24–48 hours. If you are experiencing difficulty in breastfeeding during your engorgement, you may find it helpful to work with a lactation consultant, your pediatrician or a mother to mother support group. Please refer to the resource list on page 43.

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

*Cold compress can be a bag of frozen vegetables wrapped in a pillowcase.

Finding the support you need as a new breastfeeding mother

Knowing another mother who knows what it feels like to be a new mother can be a valuable resource in the early days following delivery.

La Leche League is a non-profit organization that provides breastfeeding information and support to nursing mothers through phone consultations 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. The breastfeeding resource listings on page 43 are provided to assist you in locating the nearest La Leche League leader.

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. You can find a lactation consultant nearest your home by checking the website of the International lactation consultant Association at www.ilca.org.

Expressing milk, breast pumps and the care of breast milk

This technique of expressing milk from your breast is called hand expression. Some mothers prefer hand expression to the use of a breast pump. Hand expression can be a useful technique to help soften the areola during engorgement. It can also be used to entice a reluctant or inexperienced baby to taste first and then to latch on to the breast. It can also be used to facilitate your let down response before a feeding. To begin, wash your hands. Choose a clean container with a wide opening.

Make yourself and your environment as comfortable and relaxing as possible. You may find that gentle breast massage is helpful in eliciting the let down reflex. Hold the container under the breast. Position your thumb and index finger about an inch back from the nipple tip. If you think of your nipple as a clock, you would position your fingers at 12 and six. Gently push back toward your chest, and then roll forward over the ridge that you should be feeling between your fingers. Do this a couple of times and then gently move your fingers to the position of nine and three. This will help to empty other areas of the breast.

At first you will see the milk bead on the tip of the nipple. As you let down, your milk will begin to spray out of the nipple. This is a normal response to your stimulation. Some mothers prefer hand expression, with a little practice and patience, you may become one of these mothers.

Breast pumps

A breast pump can provide assistance to the breastfeeding couple in the early days of nursing, especially during engorgement. There are many breast pumps available. A good pump will have pressures that will stimulate and empty the breast without hurting the breast tissue. A good pump will also mimic the infant's suck-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. These pumps are sold by individuals or at a “pump rental station.” See page 43 for information on finding the closest representative to your home. Other breast pumps may be purchased through La Leche League.

Personal use breast pumps

Rental breast pumps

Personal use breast pumps are purchased for individual use only. They should not be sold or shared among mothers. Breast milk is considered a blood and body fluid. There is evidence that bacteria and certain viruses may be transmittable through breast milk. It is not advisable for you to use a previously owned personal use breast pump. Rental pumps are designed for multiple users. They have special barriers and filters which keep the milk from entering the pump motor, thereby preventing cross contamination. Each person who rents the pump is using their own personal breast pump equipment. Each rental pump is inspected and cleaned between users according to the manufacturer's guidelines. Questions may be referred to the pump manufacturer or your health care professional.

How to use your breast pump:

First read and follow all the directions which come with your breast pump. Wash your hands thoroughly before handling any of the breast pump parts, your breast, or your breast milk.

- Wash all parts of the breast pump that will touch the breast milk. The manufacturer may recommend that you put the parts of the pump, which come in contact with the breast milk, in the dishwasher once a day.
- Create a relaxed, private environment. Many mothers find it helpful to have a picture of their baby on the pump. Choose a comfortable chair that will support your back and allow your shoulders to be relaxed. You may find that gently massaging your breasts will be helpful in eliciting your let down reflex.
- If you are using an electric pump, plug in the machine and adjust the suction regulator to the lowest pump setting. This will give your body a chance to get used to the pump. Gradually increase the suction to a level that does not cause you pain. It is normal to feel the gentle suction of the pump. If pumping is painful, check the instruction booklet to see that it is set up correctly. You may also find it helpful to speak with a lactation consultant.

If you are using a single breast pump:

Pump each breast for five minutes, stop, take off the pump, and massage the breast again. Repeat this pattern three times. When you are finished, turn the pump off and break the suction between your breast and the flange of the breast pump before you remove the pump from your breast. Pumping with a single pump set will take you 30 minutes to express your breast milk from both breasts.

If you are using a double breast pump:

You will be pumping both breasts at the same time. If you stop pumping midway, take the pumps off and massage your breasts, it will help your body let down again. Pumping with a double pump set will take you 15 minutes to express your breast milk. Double pumping will stimulate higher prolactin levels in your body which are responsible for higher milk production.

If you are providing breast milk for your sick or premature infant, it is important that you pump regularly to provide frequent emptying of your breasts. This will stimulate your milk production. No one else can make such a perfect combination of ingredients to nourish your special baby. Your commitment to provide breast milk for your baby is a commitment to strengthening your baby's immune system at a very important time in her life. Plan to pump, using a double pump set, for 15 minutes every three hours around the clock.

If you have questions about pumping, or your milk supply, speak with a lactation consultant. A little help and reassurance in the beginning weeks can go a long way to making your breastfeeding relationship a meaningful one for you and your baby.

Collection and storage of breast milk for healthy full term infants

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 shake the milk gently to mix the layers together.

To collect your breast milk, first wash your hands well with soap and warm water. Next, pump or express milk into clean collection containers or into breastfeeding storage bags. Then label the container with the date and the amount of breast milk. First choice is to offer 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 three 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 four hours and in the refrigerator for 24 hours.

Previously frozen milk that has been brought to room temperature should be used for this feed 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 four hours in the refrigerator. (With preterm or sick infants it is safest to refrigerate milk immediately.)

If you do not intend to use expressed breast milk within a few days, it is best to freeze it immediately. Freeze your milk in varying amounts, two to four ounces. You may continue to add small amounts of cooled breast milk to the same container throughout the day. Chill the milk in the refrigerator, leaving room at the top of the container for expansion when the milk freezes, and then seal tightly.

You may add milk to previously frozen milk. 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 your freezer. Do not place it next to the self-defrosting sides of the freezer or on the freezer door. If your infant has started a feeding, the breast milk should only be used for that feeding and then discarded.

Thawing breast milk

To thaw breast milk, you can move it down into the refrigerator the night before you will be using it. It will take 8–12 hours for your milk to defrost in the refrigerator. Thawed refrigerator milk is safe for 24 hours if kept refrigerated. Do not refreeze this milk.

You can also thaw breast milk in a bowl of warm water for around 30 minutes, or place it under warm running water. Do not use hot water because it may destroy some of the protective properties of the breast milk.

Once thawed, breast milk can be stored at room temperature for four hours and stored in the refrigerator for 24 hours. (Again, never refreeze thawed milk.) Discard any milk that is not taken at a feeding.

Important breast milk tips

Never use the microwave to warm breast milk. This could cause hot spots in the milk, which could burn your baby's mouth, and it can also lower the vitamin C content of the breast milk and damage its anti-infective properties.

(Reference: Human Milk Banking Association of North America, 2005)

Plugged ducts and breast infections

If there is a sudden change in your breastfeeding pattern or if you have infrequent or incomplete emptying of the breast, some tenderness may develop. This tender area may be a plugged duct in your breast. Here are a few suggestions for treating a plugged duct.

Here are a few suggestions for treating a plugged duct.

- Apply moist heat to the tender area prior to nursing.
- Nurse frequently, beginning on the breast with the plugged duct.
- Massage the breast during the feeding to encourage the breast to empty more completely.
- Position your baby so her chin and nose are pointing toward the plugged duct.
- Avoid underwire bras, or tightly fitted bras which may restrict the circulation around the breast.
- Check with a lactation consultant or your physician if you are concerned about plugged ducts.

Most plugged ducts will be relieved in 24–48 hours. If not, speak with your physician. If a plugged duct is not relieved, it may develop into a breast infection called mastitis. Mastitis often develops quickly. Most

mothers with mastitis complain of a tender area in the breast, generalized flu-like symptoms and a fever. If you are breastfeeding and experience a fever with generalized aches, call your physician immediately. Antibiotics are often prescribed, and when used in combination with frequent emptying of the breast, symptoms can be relieved within 48 hours. As with any prescription antibiotic, be sure to take all of the medication ordered by your physician.

When should I offer my breastfed baby a bottle?

We suggest that you wait until your baby is four weeks old before you introduce her to the bottle. Exclusive breastfeeding in the early weeks of her life gives her a chance to develop her breastfeeding technique without distraction. When your baby breastfeeds, she is using a very active process of suckling, stimulating your let down reflex, swallowing and pausing, etc. When your baby bottle-feeds, she uses a completely different, and more passive feeding technique.

Some babies become confused or show “nipple preference” if they are exposed to a bottle in the early weeks of breastfeeding. To protect your breastfeeding relationship, we suggest that you wait until she is four weeks old and neurologically mature enough to make the distinction between how to breastfeed at the breast and how to bottlefeed.



Suggestions for first bottlefeedings

- *Try to avoid the first bottlefeedings during a favorite feeding time, like waking up or going to sleep.*
- *To avoid introducing two new things at once to your baby, try using breast milk instead of formula in the first bottles.*
- *Have Dad offer the bottlefeedings in the beginning. It might be the perfect time to take that long hot soaking bath or shower you've been waiting for, or that walk outside.*
- *Choose a bottle nipple that looks most like your own. Some babies like the long straight nipple. Others are very particular and will feed more comfortably from a Haberman feeder or a cup. With a little patience and resourcefulness on your part, you can help your baby learn a new feeding skill.*

Pacifiers and your breastfeeding baby

Pacifiers are not recommended for breastfeeding infants in the early weeks of breastfeeding. The breastfeeding baby's mouth is so impressionable that it will adapt to the largest thing that is put inside it. After breastfeeding is well established, there may be less likelihood of trouble resulting from the use of a pacifier.

In 2005, The American Academy of Pediatrics made a recommendation, in the interest of SIDS prevention, that all breastfeeding babies be offered a pacifier when breastfeeding is well established.

Common concerns

The importance of a healthy diet for you and your baby

We encourage you to continue to make healthy and nutritious choices in the foods you eat while you are breastfeeding. It is important for you to eat three balanced meals a day. If you include a morning and an afternoon snack, you will be able to boost your energy level between meals. Eating foods from a variety of sources will help to insure an adequate intake of calories and nutrients in your diet.

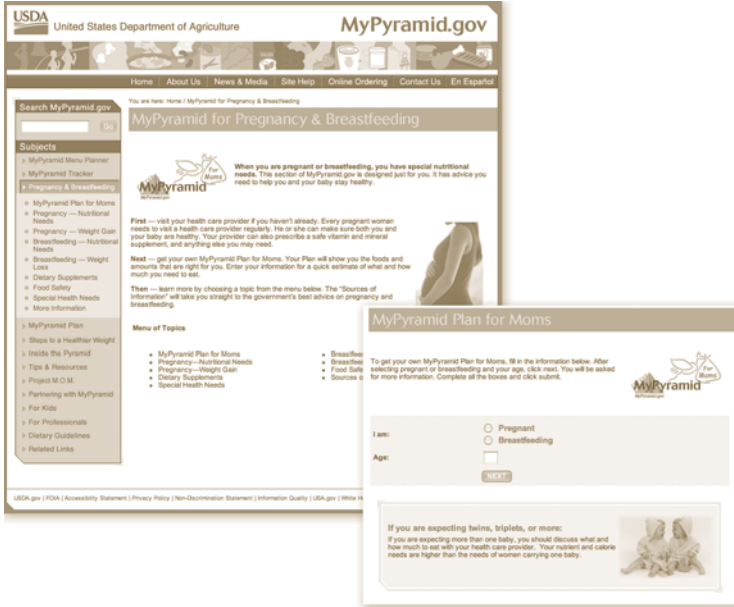
Eat whatever foods you enjoy in moderation, and watch your baby for signs of discomfort that may have been caused by a particular food. It usually takes 4–12 hours for the foods that you eat to pass through to your breast milk. If you notice that there is a pattern to your baby's discomfort, try eliminating a food and watch your baby for signs of relief. Keep in mind that your baby's digestive system is maturing as she grows. Some babies are very sensitive to foods while others will tolerate almost anything that their mother eats.

Your baby will be your best teacher. She will let you know if there is something in your diet that is bothersome to her. She will also let you know if you are one of the lucky mothers who can eat anything that you like.

How much should I drink?

We suggest that you drink to satisfy your thirst. Some mothers find it helpful to have a glass of something to drink every time they breastfeed. One way to judge if you are getting enough to drink is to check the color of your urine. If you are drinking enough, your urine will be straw colored. If you are not drinking enough fluids, your urine will be darker than straw color. If you are drinking too much, your urine will be clear like water.

To create your personalized dietary plan, visit www.mypyramid.gov. In the left-hand navigation bar, click on “Pregnancy & Breastfeeding,” then again in the left-hand navigation bar, click on “Breastfeeding—Nutritional Needs.” Again in left-hand navigation bar, click on “My pyramid plan for Moms.”



Keep in mind that you don't have to drink milk to make milk for your baby. You can drink water, juice or seltzer. Try to keep your caffeine intake to a minimum because caffeine has a diuretic effect which causes fluid elimination.

What if I need to take a medication?

Anytime you take medication, either prescription or over the counter, you should be aware that the medication could pass through your breast milk and affect your baby. If your physician prescribes medication, make sure that he knows you are breastfeeding. It is often possible to find a medication that will not interfere with your breastfeeding. Your physician will want to know how old your baby is and how often you are nursing. You may also check any medication with your baby's pediatrician or your pharmacist.

The current recommendation about breastfeeding and alcohol

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 infant first and wait for two hours per drink before you breastfeed your baby again. This allows your body to process the alcohol and reduces the exposure to your baby.

A few words of encouragement

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.

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

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



Bottlefeeding guidelines

Formula preparation

During your hospital stay, your baby will receive milk-based or soy-based formulas 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 diet.

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 used 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 minute 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. If your baby does not finish each bottle, it is probably your baby's way of telling you she is full. As your baby finishes a bottle, it is time to increase the amount of formula. 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.

Breast care for bottle feeding mothers

Your body will usually produce breast milk. After your baby's birth, whether you decide to breast feed or not, milk will usually "come in" to your breasts, two to three days after birth. This may be very uncomfortable, but the milk and discomfort will go away in a day or two. The following suggestions will help:

- Soon after delivery, wear a good fitting support bra day and night for the first week.
- Apply ice packs to your breasts. (Bags of frozen peas or corn work well.) Ice relieves the discomfort, numbs the area and does not encourage milk production. It decreases milk flow.
- Avoid warmth and heat to your breasts. In the shower, do not let warm water beat on your breasts.
- Do not massage or stimulate your breasts. This will cause an increase in milk production and breast swelling.
- Place nursing pads in your bra in case there is leakage. Change them every two to three hours to prevent infection.
- As directed by your physician, take Acetaminophen or Ibuprofen to help relieve the discomfort and pain.
- Call your physician with any questions or concerns regarding your care.

About your baby

Newborn care

Cord care

When the umbilical cord is cut, it leaves a stump, which then dries, heals, and within one to three 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, making sure to dry the area completely.

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

Ask your pediatrician for specific cord care instruction. Many times a light yellow discharge may be present as the cord heals. A small amount of blood may be present as the cord is falling off. If swelling, redness, and/or foul odor accompany the discharge, call your pediatrician.

Call your pediatrician if there is...

- **bleeding from the end of the cord or the area near the skin.**
- **pus (a yellow or white discharge) with a foul odor.**
- **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.

Perhaps the best way to prevent skin breakdown and to keep the skin clean and dry, is to allow the baby to take an "air bath" once a day. Remove all clothing and make this a play and exercise time. At the first hint of redness, avoid using waterproof pants or disposable diapers. You may choose to apply Desitin or A&D ointment to soothe and protect the baby's skin. If the rash worsens or there is no improvement after five days, call your pediatrician.

The use of powder is not recommended.

Babies should have at least six to eight wet diapers a day. The urine may have orange sediment called uric acid crystals. This is normal and nothing to worry about.

Diapering your baby

- Change your baby as soon as possible.
- Allow for an “air bath” once a day.
- The use of powder is not recommended.
- Babies should have at least six to eight wet diapers a day.

Every baby establishes his own bowel habits. During the first five to six days, the 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.

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 vaginal discharge with foul odor.

Male genitals may appear swollen due to maternal hormones. If you have chosen to have your son circumcised, treated 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 to minimize irritation until healing is complete. This usually takes three to five days. Some pediatricians recommend air drying the area only. Check with your baby's doctor.

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:



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.

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

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.

Call your pediatrician if...

- the jaundice increases in intensity.

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. 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*
- *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*
- *swaddle 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.

Pacifiers and thumbs

Consider the size of your baby's mouth before buying a pacifier. Do not use a pacifier that has small, removable pieces. Wash the pacifier with soap and water before using. Many pacifiers are for specific ages, and these guidelines should be followed to avoid choking.

The brief use of a pacifier in the early weeks and months is not likely to lead to a long term habit unless you are unwilling to give up its use in later months. You may begin to wean the baby from a pacifier by limiting its use to the crib for naps and at bedtime.

Often the baby will graduate from a pacifier to her thumb, as she becomes coordinated enough to consistently get it into her mouth. This is a natural way of comforting herself and releasing tension, especially when she is sick, tired, bored, or unhappy.

As your child learns other ways of dealing with her feelings, she will gradually wean herself of her need to suck. Scolding or punishment will not hasten the process. The best approach is to accept that thumb sucking is normal behavior and that your child will give it up when she's ready.

Pacifiers and thumbs can lead to dental overbite if used vigorously for long periods and/or into toddler and school age years. Consult your pediatrician and pediatric dentist for their advice on this matter.

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learns other ways
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In 2005, the American Academy of Pediatrics made a recommendation in the interest of SID prevention, that all bottlefeeding babies be offered a pacifier before sleeping or napping.

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.

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

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.

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

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.
- Put your baby to sleep on her back at all times, as is recommended by the Academy of Pediatrics.
- 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.
- Car seats are required by law in all 50 states. There are many types of safety seats on the market. 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 800-424-9393.
- Children age 12 and under should be placed in the back seat of the car if there are airbags in place.
- Immunizations are required for all children entering Massachusetts day care centers and schools. Your pediatrician will discuss a schedule with you.

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

Emergency numbers

Emerson Hospital Maternity Department978-287-3320

Emerson Hospital Emergency Department978-287-3690

Poison Information Center800-682-9211
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 Birthing Center**
Emerson Hospital

133 ORNAC
Concord, MA 01742
www.emersonhospital.org

◀ Feeding Record Chart