Hospitals

Roper Hospital
316 Calhoun St.
Charleston, SC 29401
(843) 724-2000

Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
(843) 402-1000

Mount Pleasant Hospital
3500 US Hwy 17 North
Mt. Pleasant, SC 29466
(843) 606-7000

Questions about Breastfeeding? (843) 402-1867
Congratulations on the birth of your baby!

We are happy you chose to have your newborn with us. At Roper St. Francis we love babies, and our entire staff is committed to providing you with excellent care.

Our doctors and nurses have created this booklet for you to help answer many of the questions you may have after taking your baby home. We encourage you to read through it and share it with family and friends who will be caring for your baby.

Don’t hesitate to call your doctor or your baby’s pediatrician if you ever have additional questions. We want all of our new moms and babies to be happy and healthy.

Thank you for letting us share this very special time with you and your family.

Women’s and Children’s Services
Roper St. Francis Healthcare

Important Phone Numbers and Websites

American Academy of Pediatrics
www.aap.org
1-800-433-9016

American Academy of Obstetricians and Gynecologists
www.acog.com

American Academy of Pediatrics Immunization Information
www.cspimmunize.org

Baby Center
www.babycenter.com

Babynet Central Directory
www.state.sc.us/shirley/babynet/index.html
(843) 792-4373

Beechnut Nutrition Corporation Helpline
www.beechnut.com
1-800-523-6633

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

Childhood and Adolescent Immunization Schedule
www.cdc.gov/vaccines/recs/schedules/child-schedule.htm

Roper St. Francis
(843) 402-CARE
www.rsfh.com

Postpartum Support International
www.postpartum.net
1-800-944-4773

Pregnancy & Infant Loss Center
1-800-821-6819

SIDS Alliance
www.firstcandle.org
(410) 653-8228

The Ruth Rhoden Craven Foundation (local)
(843) 881-2047

United Way
www.uwasc.org
Phone 211
Allows people to give help and to get help

US Consumer Product Safety Commission
www.cpsc.gov
1-800-638-2772

WIC Food Supplement Program
1-800-922-4406

For more information about Roper St. Francis resources call:
(843) 402-CARE or visit www.rsfh.com

• PedsPlus: Children’s after-hour urgent care
  (843) 402-2275

• Breast Care Centers (843) 402-5000
A New Beginning
YOUR PERSONAL GUIDE
TO POSTPARTUM CARE
A New Beginning
YOUR PERSONAL GUIDE TO POSTPARTUM CARE

by
Dianne E. Moran, RN, LCCE, ICD
G. Byron Kallam, MD, FACOG

This book is dedicated to mothers, fathers and to all who support them.

Introduction

The birth of your baby is one of the most exciting events in your life and a moment that you will cherish and remember always. Birth experiences are something that will always be talked about with friends, family and even your children as they begin their families.

Your journey will be filled with excitement, joy, and an element of fear of the unknown. The purpose of this book is to help you understand and cope with the care of yourself and your baby after birth. The more knowledge you have, the more likely you will approach your personal journey with confidence and a positive perspective.

Thank you to the many people and organizations that participated in the production of this publication. Their willingness to share their personal experiences with us is beyond what words can express.

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The information in this booklet is for general reference purposes only and cannot be relied upon as a substitute for medical care. You should have regular postpartum check-ups as well as consult with your healthcare provider about any special health questions or concerns. Every woman is unique and may require a special treatment program.

For the purpose of clear and concise writing, the term “he” will be used to reference the baby.
Caring for Yourself Postpartum
THE NEW BEGINNING

The weeks following the birth of your baby are important ones as your body returns to normal after labor and delivery. At the same time, you are welcoming a new life into your world. Knowing what to expect and relying on the continuing support of your healthcare team will help you relax through the postpartum experience with as much confidence and comfort as possible.

If this is your first child, your healthcare team wants you to be aware of the transitions in which you find yourself, your baby and your family. If you already have children, your healthcare team can provide supportive reminders and information about the days after your new baby arrives.

After you leave the hospital, please do not hesitate to call your healthcare provider if you have questions or problems. Being aware of your own physical and emotional well-being as you take your new infant home can be very helpful during this special time of your life.

NORMAL CHANGES

In the 4 to 6 weeks following birth, the changes of pregnancy are gradually reversed as the body begins to return to its non-pregnant state. The amount of time required for this process varies, depending on the type of birth you had and other associated medical conditions. The first 6 weeks following the birth of your baby is called the postpartum period.

A new mother needs to take good care of herself to rebuild her strength postpartum. Proper rest, good nutrition and accepting help from others during the first few weeks is important.

THE UTERUS

The normal changes of the pregnant uterus to accommodate a developing baby are not reversed overnight. During pregnancy, the uterus increases approximately 11 times its non-pregnant weight, weighing more than 2 pounds immediately after giving birth and is about the size of a grapefruit. It can be felt just below the umbilicus. In about 6 weeks, the uterus will return to its normal weight, a mere 2 ounces.
**AFTERBIRTH PAIN**

As the uterus shrinks, its muscle fibers contract, causing afterbirth pains. These contractions are much less painful than labor contractions because there is no associated pain from the cervical dilation or a stretching birth canal. Afterbirth pains are most noticeable the first 3 to 4 days following birth, particularly for women who have had previous babies. These contractions are also pronounced during breastfeeding. However, they help shrink the uterus to its pre-pregnant state and reduce blood loss postpartum.

**LOCHIA (VAGINAL DISCHARGE)**

The drainage from the vagina following birth is called lochia. During the immediate few days after the birth, the discharge is like a menstrual flow. In 3 to 4 days, the discharge becomes more watery and pale. By the second week, lochia is thicker and more yellow in color. Finally, after 4 weeks, the discharge decreases to a minimum as the uterine lining heals.

The odor of lochia is usually described as “fleshy, musty or earthy.” The odor should not be bad or offensive. You may experience occasional cramping, and with that, the passing of a clot and brief bleeding. This is normal. Do not be alarmed. Lochia is often heavier when the mother gets out of bed. During rest, gravity lets the blood pool in the vagina. However, it is important to notify your healthcare provider if you experience heavy, profuse and persistent bleeding (more than one pad per hour or passing a clot greater than the size of a fifty-cent piece), or if there is a foul odor to the discharge. These may be signs of problems within the uterine cavity.

**BIRTH CANAL**

The vagina, which has stretched to accommodate the birth of your baby, gradually returns to its previous condition by the end of the third week. The supporting structures and muscles of the pelvic floor may not completely return to normal for 6 to 7 weeks. Episiotomies usually require 4 or more weeks to heal.

Breastfeeding mothers are more likely to have vaginal dryness and some discomfort during intercourse for 4 to 6 months postpartum. This is caused by diminished estrogen production due to lactation. It is important to resume Kegel exercises in the first few postpartum days. These pelvic floor exercises may help speed healing and help muscles return to normal.

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Exercise after having a baby should be a gradual process. Before you do anything, you should talk to your healthcare provider about simple exercises you can do the first couple of weeks after the birth. Kegel exercises are a great place to start, since they involve small contractions of the muscles at the vaginal wall. They can help strengthen weak pelvic muscles that could cause bladder control problems. Exercising your pelvic floor muscles for just 5 minutes 3 times a day can make a big difference.
MENSTRUAL CYCLE
The first menstrual period is usually delayed by breastfeeding. Most women will experience their first period within 7 to 9 weeks after giving birth. Nursing mothers frequently resume menstrual periods by 12 weeks, but some do not until they have completed breastfeeding. Egg production may return before the first menstrual period which may result in pregnancy.

BLADDER
Sometimes, the bladder will not empty following birth and a urinary catheter is required. It is important for you to try to empty your bladder every 3 to 4 hours while hospitalized, especially right after birth. Because your body will be getting rid of extra fluid that caused hand and leg swelling late in pregnancy, you will notice that you will eliminate large amounts of urine the first few days postpartum.

BOWELS
Hormones, medications, dehydration, perineal pain and decreased physical activity may make bowel function sluggish after birth. The first bowel movement usually occurs within 2 to 3 days. Temporary constipation is not harmful, although it can cause a feeling of fullness and “gas.” If needed, a laxative or stool softener may provide relief from constipation and hemorrhoids that may develop during and after labor. If you are breastfeeding, consult your baby’s healthcare provider before taking any medication, including laxatives.

BOWEL ELIMINATION
Progressive exercise, dietary fiber and extra water and fluid can prevent constipation. Walking is perhaps the best exercise. Increase your distance as your strength and endurance improve. Drinking 6 to 8 glasses of water each day helps to maintain normal bowel function. Fiber acts as a natural laxative and dietary fiber can be found in fruits and vegetables (especially unpeeled) and in whole-grain bread, cereal and pasta. If you are having a problem, talk to your healthcare provider.

WEIGHT LOSS
Much of the weight remaining postpartum is from excess fluid. The baby, afterbirth (placenta) and the surrounding amniotic fluid weigh approximately 12 pounds. However, immediately after giving birth, it is common to weigh the same or more than you did prior to labor. This is due to the amount of fluids received during labor. Weight loss should occur in the postpartum period as your body’s fluid levels return to normal. If you need to lose more weight, a healthy exercise and nutritious eating program will help.

Do not diet or “starve” yourself into regaining your pre-pregnancy shape. Nutritious eating is important for keeping you strong and healthy postpartum.
**MUSCLES AND JOINTS**

In the first 1 to 2 days following childbirth, you will feel muscle aches and fatigue, particularly in your shoulders, neck and arms. This is a result of the physical exertion during labor. Joint stiffness of the hands is also common, a result of intravenous fluids given during labor and a natural redistribution of fluid from leg swelling late in pregnancy.

Many women, expecting the abdominal wall muscles to return to pre-pregnancy condition immediately after childbirth, are discouraged to find their muscles weak, soft and flabby. The abdominal muscles may actually separate with a bulge between them. Ask your healthcare provider about an exercise program that can help and when you can start.

**SKIN CHANGES**

Many skin changes that developed during pregnancy are caused by an increase of hormones. The blotchy appearance of the face and “dark line” of the lower abdomen disappear gradually over several months after childbirth.

**VARICOSE VEINS**

If you have developed varicose veins during pregnancy, leg elevation and use of elastic support hose when walking or standing are recommended for the first 6 weeks postpartum. Varicose vein surgery is not indicated during the first 6 months of recovery for women with residual, bothersome veins.

**HEMORRHOIDS**

Hemorrhoids are best treated by cold compresses, topical ointments and pain medications if your healthcare provider has prescribed them. A stool softener or laxative may be beneficial at times. Severe pain from hemorrhoids may cause constipation. Be sure to talk with your healthcare provider if this is a concern for you.

**EYE HEMORRHAGES**

Bleeding beneath the “white” of the eye can occur due to the vigorous bearing down required during labor. This clears by itself without special treatment in a few weeks.

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A few weeks postpartum, you may find that you are losing large amounts of hair. This is not unusual. Your hair will soon return to its normal growth cycle but it may require several months.
EMOTIONAL CHANGES

No amount of study and practice can truly prepare you for parenthood. From the moment your first baby is born, your life changes forever.

The most significant change will be in your priorities and demands on your time. In the beginning, at least, your universe will center on your baby. It is normal to feel overwhelmed by the new schedules, new house rules and new disorder in your life. It takes 2 to 3 months to establish a routine with your newborn. Enjoy these early weeks as tired as you may be. The time flies by so quickly. Do not be afraid to ask for or accept help during the early postpartum period.

BABY BLUES AND POSTPARTUM DEPRESSION

The arrival of a baby is like no other experience in life. As a new mother you will feel joy, fear, confusion, exhaustion and love. The intensity of feelings after having a child cannot be compared to any other life experience. During the first few days after giving birth, you may experience “baby blues." With this you may encounter impatience, irritability or crying. These feelings generally come and go quickly. However, as many as one in ten women experience emotional symptoms known as postpartum depression. Postpartum depression may start as early as the second or third day after giving birth or take several weeks or months to develop. Many of the symptoms of baby blues are present, but they are more intense.

OTHER SYMPTOMS OF POSTPARTUM DEPRESSION MAY INCLUDE:

- Loss of appetite.
- Crying spells.
- Feelings of hopelessness or loss of control.
- Over concern or no concern at all about the baby.
- Fear of touching the baby.
- Little or no concern about your own appearance.
- Inability to sleep or excessive sleep.

Although healthcare providers are not sure what causes such extreme reactions, most believe postpartum depression stems from the physical and emotional adjustment of having a baby. It is important to realize that these symptoms are not signs of weakness or inadequacy.

At the onset of these changes, you need to contact your healthcare provider immediately. Treatment may include medication, counseling or a combination of both, and in some cases, hospitalization. With proper treatment, most women recover fully. Above all, remember postpartum depression is a real condition and help is available. Please contact your healthcare provider immediately if you think you are depressed.
GETTING AROUND ON YOUR OWN

It is best to get up and move around soon after giving birth, but exactly when you start depends on the particular type of birth you had and anesthesia that was used for your labor and birth. Moving around minimizes the risk of blood clots in veins of your pelvis and lower extremities. It also helps with better bladder and bowel function.

HYGIENE AND EPISIOTOMY

Change sanitary pads frequently to absorb the discharge and avoid infection. The perineum should be rinsed and cleaned with lukewarm water 2 to 3 times daily and after urination and bowel movements. Use a hand-held shower, a squeeze bottle or sitz bath to cleanse the episiotomy.

The occasional use of antiseptic spray or antibiotic cream may provide relief. Use moist antiseptic towelettes or toilet paper in a patting motion to dry the perineum. Washing or wiping should occur from front to back to prevent contamination of the birth canal and avoid potential infection. The episiotomy will heal quickly if kept clean and dry.

MOTHERS WITH A CESAREAN BIRTH

Keep your incision clean and dry as instructed by your healthcare team. Please call if it becomes red, swollen, tender, warm to the touch or if it is draining.

BATHING

Showers are usually fine as soon as you can walk postpartum. Sitz or tub baths are generally safe after the second day. They are preferred by many because of the episiotomy and discharge. Vaginal douching is not recommended until after your postpartum check-up.

**Mother’s Warning Signs and Reportable Symptoms**

**If you experience any of the following, contact your healthcare provider right away.**

- Bleeding that soaks a pad every hour for 2 hours.
- Foul odor coming from your vagina.
- Fever 100.4°F or higher.
- Unrelieved incision or abdominal pain.
- Swelling, redness, discharge or bleeding from your cesarean incision or episiotomy site.
- Your incision begins to separate.
- Problems urinating including inability to urinate, burning while urinating or extremely dark urine.
- No bowel movement within 4 days of giving birth.
- Any type of visual disturbance.
- Severe headache.
- Flu-like symptoms.
- Pain or redness in one or both of your breasts.
- Pain, warmth, tenderness or swelling in your legs, especially the calf area.
- Frequent nausea and vomiting.
- Chest pain or problems breathing, call 911.
- Signs of postpartum depression (see page 9).
REST AND SLEEP

There are several reasons for the extreme fatigue following the birth of your baby. Women do not sleep well late in pregnancy and are further exhausted by the physical work of labor. Excitement and many visitors further compound the problem. Hospital surroundings and routines along with the physical discomfort can make it difficult to rest.

New parents are unprepared for the conflict between their need for sleep and the infant’s need for care and attention. The joys of parenting can easily be overshadowed by the exhaustion and frustration that result.

Newborn infants develop their own sleep and feeding cycles as well as crying spells. They typically sleep 16 to 20 hours per day and may wake up every 2 to 3 hours to eat. They may spend part of the day crying.

When sleep is not possible, relaxation exercises may be helpful. This relaxation is accomplished by lying quietly as you alternately tighten and relax the muscles of your neck, shoulders, arms, legs and feet.

SUGGESTIONS TO ASSIST YOU AT HOME:

- Simple meals and flexible meal times.
- A relaxed, flexible home routine.
- Help with shopping and cooking.
- Friends and family to care for other children.
- Postponement of other major household projects.
- Avoidance of products containing caffeine (coffee, tea, cola and chocolates).
- ASK FOR WHAT YOU NEED!

RESUMING SEX

You should discuss resuming sex with your partner so that there will be few frustrations and misunderstandings. You may not be as interested in having sex as you were before pregnancy because of fatigue and the time demand by the baby. You may also have concern about pain in the area of the episiotomy or cesarean incision.

You can expect vaginal dryness and diminished vaginal lubrication because of the hormones of pregnancy and/or breastfeeding. A water soluble cream or jelly can solve this problem.

If you experience difficulty with sexual intercourse, always discuss it with your partner. Set aside time for each other a few times each week without the baby in order to become “reacquainted.” If the problem persists, then discuss it with your healthcare provider.
According to the U.S. Food and Drug Administration (FDA), about 300 extra calories are needed daily to maintain a healthy pregnancy. When you are breastfeeding, you need a total of 500 extra calories each day to stay healthy and to produce nutritious breastmilk. Your diet should be balanced and contain the appropriate amount of calories and nutrients in order to fulfill these special needs. The U.S. Department of Agriculture has recently replaced the familiar food pyramid with MyPlate to assist adults in choosing foods that provide them the nutrients they require. You may lose up to 20 pounds fairly easy in the postpartum period. More weight loss will be easier with moderate exercise and a smart eating program.

The Food Guide states that for a 2,000 calorie diet, you need certain amounts from each food group below. To find the amounts that are right for you, go to www.ChooseMyPlate.gov.

**FIND YOUR BALANCE BETWEEN FOOD AND PHYSICAL ACTIVITY**
- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.

**KNOW THE LIMITS ON FATS, SUGARS AND SALT (SODIUM)**
- Make most of your fat sources from fish, nuts and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, trans fats and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.
Breastfeeding mothers need extra fluid, calories, protein and calcium. Calcium and protein can be supplied by milk and other dairy products including yogurt, ice cream, cottage cheese and other cheeses. You should avoid tobacco, alcohol and non-essential medications while breastfeeding, as they can affect your baby.

The postpartum period allows parents to learn how to care for their newborn and function as a new family unit.

**10 tips to a great plate**

1. **Balance calories** – Find out how many calories YOU need for a day as a first step in managing your weight.

2. **Enjoy your food, but eat less** – Take the time to fully enjoy your food as you eat it.

3. **Avoid oversized portions** – Use a smaller plate, bowl and glass. Portion out foods before you eat.

4. **Foods to eat more often** – Eat more vegetables, fruits, whole grains and fat-free or 1% milk and dairy products.

5. **Make half your plate fruits and vegetables** – Choose red, orange and dark-green vegetables like tomatoes, sweet potatoes and broccoli.

6. **Switch to fat-free or low-fat (1%) milk** – They have the same amount of calcium and other essential nutrients as whole milk.

7. **Make half your grains whole grains** – To eat more whole grains, substitute a whole-grain product for a refined product.

8. **Foods to eat less often** – Cut back on foods high in solid fats, added sugars and salt.

9. **Compare sodium in foods** – Use the Nutrition Facts label to choose lower sodium versions of foods.

10. **Drink water instead of sugary drinks** – Cut calories by drinking water or unsweetened beverages.

**THE NEW FATHER**

Sometimes, the father experiences feelings of neglect or loneliness after the baby joins the family. Mom and baby get all the attention from family and friends. The new mother seems to be giving all her attention to the baby. The mother’s partner can make life easier by remembering that, in time, the mother will have more time to share with him. Meanwhile, he can use his extra time and energy productively at work and home. He needs to share his feelings with the new mother. It is important to communicate!

There may be a new baby in the family, but with a little planning, parents can still share time together by dining or walking (perhaps with the baby in a stroller). Healthy adult relationships are important to the baby’s emotional well-being, as well as your own.
Feeding Your Newborn
As new parents, it is your responsibility to make sure you provide your baby with a good nutritional start. With your choice to breastfeed, you have joined the majority of women who understand the evidence that breastfeeding is the best and most ideal way of feeding your baby. In addition to being a great nutritional start, breastfeeding also contributes to emotional development of your baby. Breastfeeding will also promote infant wellness due to the presence of antibodies in breastmilk.

There is no doubt that breastmilk contains all the nutrients required and is perfectly matched for your baby’s needs for proper growth and development. Studies prove that breastmilk provides optimal health and benefits the newborn for as long as you choose to breastfeed.

HELPFUL THINGS TO DO:

- Talk to your lactation consultant or healthcare provider about your decision to breastfeed.
- Become well-informed about breastfeeding through information you can obtain from your lactation consultant or healthcare provider or take classes on breastfeeding from your healthcare provider’s office or hospital.
- Attend a breastfeeding support group meeting.

EXCLUSIVE BREASTFEEDING

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

SKIN-TO-SKIN CONNECTION

Seeing your baby for the first time is an experience you will never forget. All those months of preparing and dreaming have finally become real. Once the baby is born and his airway assessed, you will see your healthcare provider dry your baby with a towel. Assuming there are no complications, the baby should then be placed directly onto your chest. A member of your labor team will cover the baby with a warm blanket. Now, the bonding can begin. This connection of the unwrapped baby lying directly on your skin is called skin-to-skin contact and can provide you and your baby time to get to know each other. This initial snuggling also has very important health benefits.
According to the American Academy of Pediatrics (AAP), a healthy newborn should be placed and stay in direct skin-to-skin contact with his mother immediately after birth and until the first feeding is accomplished. Research has shown that your baby’s senses will immediately begin to react. He can hear and feel your heartbeat and become familiar with the feel of your skin. Skin-to-skin has proven to help regulate your baby’s temperature, blood sugar and heart rate. Studies have also shown that babies are much more alert and cry less during this snuggling time. In the past, hospitals would routinely separate mothers and babies after birth. They would be whisked away to be weighed, measured and foot printed. A new family would peer through the nursery window to see a line of cribs and try to identify which baby was theirs!

The best start for breastfeeding is when a baby is kept skin-to-skin with the mother immediately after birth for at least an hour. The baby’s sense of smell allows him to find the breast to begin the initial latch-on. Research has shown that skin-to-skin babies breastfeed better and stay awake during the feeding. In addition, skin-to-skin babies have shown to breastfeed an average of 6 weeks longer.

Now experts agree and understand how important it is for a mother and her baby to be close to one another as early and for as long as possible in the first few weeks and months of life. There are many reasons why skin-to-skin contact is vital for a baby’s healthy growth and development. It may also allow you to feel more confident in caring for your new baby.

FOR THE PREMATURE INFANT

Skin-to-skin contact, also referred to as Kangaroo Care, can contribute much to the care of the premature baby. Even babies on oxygen can be cared for skin-to-skin. It can help reduce their need for oxygen, and keeps them more stable in other ways as well. Skin-to-skin contact is so beneficial and therapeutic for both you and your baby. You actually get to feel your baby breathe and sense the heartbeat right next to your own. Your baby also gets to know you and may hear your heartbeat as well, which is a very familiar sound to your newborn. The nice thing about Kangaroo Care is that dad or your partner can also hold the baby this way.
TO REVIEW, SKIN-TO-SKIN CONTACT IMMEDIATELY AFTER BIRTH HAS THESE POSITIVE EFFECTS ON A NEWBORN:

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

IN ADDITION, THE BABY WILL:

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

**BIOLOGICAL NURSING OR LAID-BACK POSITION**

Biological nursing is based on a semi-reclined position that is comfortable for both you and your baby. With the laid-back position, you are encouraging your own, as well as your baby’s natural instincts. With very few rules, this position allows your baby to get a better latch and helps to relax you as well. Use a bed or couch where you can comfortably recline with good support of your head, shoulders and arms.

• Allow your baby to snuggle into your chest. Gravity will allow him to stay close.
• Place the front of baby’s body to be touching the front of your body.
• Let the baby’s cheek rest close to your breast.
• Offer your baby help when needed.
• Relax and enjoy your new baby!

**BENEFITS OF BREASTFEEDING**

There are many benefits to breastfeeding. For however long you choose to nurse, your baby’s immune system can benefit greatly from breastmilk. Here are many other benefits of breastfeeding for a mother and her baby.

**FOR BABY**

• Easily digested
• Perfectly matched nutrition
• Filled with antibodies that protect against infection

**FOR MOTHER**

• Convenient
• Economical
• Helps the uterus return to its normal size faster

**FOR MOTHER AND BABY**

• Breastfeeding can be a beautiful and intimate way a mother can bond with her baby
• Breastfeeding can contribute to a very special and loving relationship

According to the American Academy of Pediatrics (AAP) Policy Statement on Breastfeeding, women who do not have health problems should exclusively breastfeed their infants for at least the first 6 months of life. The AAP suggests that women try to breastfeed for the first 12 months of life because of the benefits to both the mother and baby.
ANATOMY OF THE BREAST

The breasts are delicate organs made of glandular, connective and fatty tissue. The nipple contains tiny openings through which the milk can flow. These tiny openings are surrounded by muscular tissue that cause the nipple to stand erect when stimulated. Surrounding the nipple is an area of darker skin called the areola. This area will become darker and larger in size during pregnancy due to hormonal changes. The areola contains pimple-like structures near its border that are called Montgomery glands. These glands secrete a substance that helps to lubricate and cleanse the area.

PHYSIOLOGY OF THE BREAST

Stimulation of the nipple by the baby’s suckling sends messages to the tiny pituitary gland in the brain. It in turn secretes a hormone known as prolactin. Prolactin stimulates the milk gland cells within the breast to begin producing milk.

Another hormone that is released is known as oxytocin. This hormone causes the cells around the milk glands to contract and squeezes the milk down the milk ducts and out of the nipples. This response is known as let-down or milk ejection reflex. Oxytocin also aids in the mother’s ability to relax. The sensations commonly associated with let-down may not be felt until your milk volume increases.

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

SENSATIONS YOU MAY OR MAY NOT NOTICE DURING LET-DOWN:

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

A LIST OF THINGS OTHER THAN NURSING THAT MAY CAUSE THE MILK TO LET-DOWN:

- Your baby crying
- Thought of your baby
- Smell of a baby or baby products
- Seeing other babies
- Massaging your breast gently before using a breast pump

By 16 weeks of pregnancy, your breasts are fully capable of producing milk. Some women will notice drops of fluid on the nipple during these early months. This fluid, known as colostrum, is the “first milk.” It is what the baby will receive until your higher volume milk is produced, which usually takes 3 to 5 days postpartum.
FACTS ABOUT COLOSTRUM:

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

Preparation for Breastfeeding

There is very little that you need to do to prepare for breastfeeding. Your body has already done most of the necessary preparation. As mentioned on page 18, the Montgomery glands, situated all around the areola, secrete a substance that lubricates and helps to cleanse the area. Prepare yourself by becoming knowledgeable about your important role in nurturing your baby. Take classes and speak with a breastfeeding educator or lactation consultant to get your questions answered. Your body was made to breastfeed your baby so surround yourself with positive encouragement from your loved ones and healthcare team.

Other Helpful Suggestions:

- Avoid getting soap on the nipple and areola as it may cause dryness.
- Allow your breasts to air dry after showering and during the day if you are leaking colostrum.
- If leaking colostrum, you may want to purchase breast pads. The pads may be either disposable or washable. Do not use a “mini-pad” inside your bra. With the sticky area on them, it prevents air from being able to circulate and may cause nipple soreness.
- Have someone knowledgeable about nursing bras help you with the purchase of a well-fitting bra.
- Be careful about under wire bras. The wires may place pressure on the ducts and cause a blockage of milk if not properly fit.
- You may find that you will need to buy a bra that is 1 to 2 cup sizes larger toward the end of your pregnancy.

Mature Milk

Your milk will change and increase in quantity in approximately 48 to 72 hours. It may take longer depending on when breastfeeding was initiated and breastfeeding frequency.

- Foremilk: When breastfeeding is initiated, the first milk the baby receives is called foremilk. It appears thin and watery with a light blue tinge. Foremilk is composed largely of water and necessary to satisfy your baby’s thirst.
- Hindmilk: This milk has the highest concentration of fat and is released after several minutes of nursing. It is similar in consistency to cream and will have a calming effect on your baby. Hindmilk is important for your baby to feel satisfied and to gain adequate weight. Feed your baby until you see a sleepy, content look on his face.
NIPPLE TYPES

Assessment of your nipples is important. Occasionally a mother will exhibit a flat or inverted nipple. If you have or suspect you have any of these nipple types, talk with your healthcare provider or lactation consultant for advice. This should not discourage you from trying to nurse because a positive nursing experience is possible. A simple test you can perform on yourself is the “pinch test.” When pinching or stimulating the nipples, they should stand erect and not stay flat or be drawn inward.

SUPPLY AND DEMAND

As long as your baby nurses immediately after birth and frequently thereafter and is allowed to finish the feeding completely, he will have all the milk needed for proper growth and development. Milk production is regulated by supply and demand. The concept being the more milk that is removed, the more milk that is made. The less milk that is removed, the less milk that is made.

BREASTFEEDING RELATIONSHIP

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

1. Calm
This is a good time to use the breathing techniques learned in your prepared childbirth class. Your emotions are tied in very closely to the let-down response and the baby can sense if you are uptight, so relax and breathe!

2. Comfortable
Have pillows all around you in a comfortable chair for support and elevate your legs with a little stool. This will take pressure off of your bottom and help with your comfort level. The first days at home, turn your cell phone off and tape a “DO NOT RING” note across the doorbell so that you will not be interrupted.

3. Close
You must hold and position the baby close to you. Skin-to-skin contact will keep your baby warm, interested in breastfeeding and afford you a wonderful bonding experience. Proper positioning and latch-on are the keys to successful breastfeeding.
BREASTFEEDING: WHEN AND HOW

If possible, it is best to initiate breastfeeding within the first hour after birth. While in the hospital learn as much as you can from your nurse about breastfeeding your baby. ASK QUESTIONS! Have the nurse watch you latch the baby on so you can feel comfortable going home and confident that you know and understand the proper latch position.

TIPS FOR SUCCESSFUL BREASTFEEDING IN THE HOSPITAL

- Skin-to-skin
- Start within 1 hour of birth
- Try laid-back position
- Breastfeed frequently
- No bottle or pacifier unless medically needed (including water or formula)
- Learn to recognize hunger signs
- Keep your baby in the room with you

CORRECT LATCH-ON

Getting the baby to latch-on correctly is one of the most important steps in successful breastfeeding. The baby must open his mouth wide enough to get a good amount of areolar tissue into the mouth. If the baby latches on to just the nipple, you will become sore and the baby will get a limited supply of milk. It is the proper compression of the areolar tissue from the baby’s suck, along with the motion of his tongue, that allows the milk to be drawn out through the nipple.

Latch-on – The baby is positioned on the breast with all the nipple and a good amount of the areola in his mouth. The baby’s lips are flanged or turned out. It is proper compression along with the motion of the baby’s tongue that allows him to draw the milk out through your nipple.
GUIDELINES TO HELP YOU PROPERLY POSITION AND LATCH THE BABY ON TO YOUR BREAST:

- Prepare yourself by washing your hands, getting comfortable and deciding on a feeding position.
- Align your baby’s chest to your tummy and align his nose with your nipple. You want him to extend his neck in order to have his jaw open wide.
- Hold your breast in a “C” hold and gently lift and support the breast. Make sure your fingers are well away from the areolar tissue. (“C” hold means 4 fingers underneath the breast, and the thumb on top.)
- Run your nipple lightly above the baby’s upper lip – this will promote the rooting response.
- Be patient until the baby opens his mouth the widest. Let the baby take the lead.
- Baby’s head is slightly tilted back.
- Aim your nipple toward the roof of his mouth.
- Baby’s chin should approach breast first.
- Lower lip should be positioned further from the nipple than the top lip. This is called an asymmetrical or “off-centered” latch.
- When the baby opens wide, quickly and gently pull him toward your breast.
- Good latch-on is a learned response. Be patient with yourself and your baby.
- Signs of good latch-on:
  - All of the nipple and as much of the areola as possible in baby’s mouth
  - Listen and watch for milk transfer or swallowing
  - Lips flanged or turned out
  - Baby stays on breast
  - Tongue over lower gum
  - Absence of pain

To take baby off the breast, slide your finger into the corner of the baby’s mouth and your breast to break the suction. Do not pull the baby off your breast. This will traumatize your nipples and lead to them becoming sore.

BURPING

Try to burp the baby between breasts and after the feeding to get rid of any air swallowed during the feeding. Not all babies will burp within the first few days after birth.

EFFECTIVE WAYS OF BURPING:

- Over the shoulder
- Lying belly down across your lap
- Sitting in your lap and with chin supported

Usually the pressure on the baby’s belly is enough to bring up the air. Pat the baby’s back gently or stroke the back with an upward motion. Sometimes babies will not burp. If they did not get a lot of air in the stomach during the feeding, it is likely that they will not. After a few minutes, resume with the feeding.
GUIDELINES AND TECHNICAL POINTERS FOR FREQUENCY AND DURATION OF FEEDINGS

MOST BABIES NEED AND NATURALLY REQUEST 8 TO 12 FEEDINGS IN A 24-HOUR PERIOD.

- Feedings are approximately every 1 to 3 hours with one 4 to 5 hour stretch (hopefully at night).
- May cluster feed – your baby may want several feedings in a row. It is important to feed your baby when he requests or shows signs of hunger. Each cluster feed counts toward the 8 to 12 feedings in a 24-hour period.

IN THE EARLY SLEEPY DAYS, YOUR BABY MAY NOT REQUEST FEEDINGS OFTEN ENOUGH. YOU MAY NEED TO:

- Watch for hunger cues.
- Put baby skin-to-skin before feeding time to encourage breastfeeding.
- If your baby is still sleeping 2½ hours from the beginning of last feeding, wake him up.
- Keep him interested and awake during feedings.
- Massage and compress your breast during the feeding to increase milk flow to the baby. This will gently “remind” him to continue sucking.

NURSE UNTIL BABY SHOWS SIGNS OF BEING FULL:

- Self-detaches.
- Sucking less vigorously.
- Becomes sleepy and relaxes body.
- Breast will feel less full.
- It is important to listen for nutritive sucking.
  - First 3 days may be difficult to hear swallowing. If heard, it sounds like a soft “Ca-Ca” or a soft expiration.
  - After larger volume milk arrives, you will hear definite suck-to-swallow ratio changes.

OFFER BOTH BREASTS EACH FEEDING; THIS HELPS TO STIMULATE MILK PRODUCTION.

- Keep baby interested and awake during feedings.
- If he chooses to take only one breast at a feeding, make sure you then begin with the other breast at the next feeding.
- Alternate the breast with which you begin each feeding. This will help with proper milk removal of the breasts. To help you remember this, use a safety pin on your bra strap of the side last nursed.

Following these steps will help to ensure proper milk removal completely and regularly, increase milk production, reduce breast engorgement and nipple tenderness and maximize infant weight gain. Your baby may have a sleepy week or two and you may be challenged to keep your baby interested in feeding. You may need to rub the bottoms of his feet or back to keep him awake. You can also try to unwrap him so he is not so cozy and warm, which tends to make him sleepy. If he is very sleepy, try undressing him down to his diaper. The skin-to-skin contact may help keep him awake. Talk to your baby while you are nursing. This also may help to keep him interested in finishing the feeding. Take cues from your baby; he will let you know!

Note – Once breastfeeding is established, the best way to ensure a good milk supply is by allowing your baby to determine the frequency and duration of breastfeeding sessions.

GROWTH SPURTS

You may find that your baby will experience days that he wants to breastfeed more than usual. Many new moms may worry and fret that something is wrong, but know that this is a common occurrence with most breastfed babies. This need to breastfeed more often generally lasts a few days to a week. Please know that your baby will return to a less frequent feeding pattern. The common name for your baby’s need to breastfeed more is “growth spurts” and is your baby’s way of increasing your milk supply so that he can grow.

**Growth spurts seem to occur at**

7 to 10 days • 3 to 6 weeks • 3 to 6 months

Like most milestones, these time frames are just guidelines. Although these times may be more demanding for you, trust what your baby is telling you about his need to breastfeed more frequently and follow the baby’s feeding cues. As long as you do not hold back your baby’s need to breastfeed, your milk supply should be sufficient.
HOW DO I KNOW THE BABY IS GETTING ENOUGH TO EAT?

The most common concern that you will have is if your baby is getting enough to eat. Unfortunately there are no ounce markers on the breast for you to see the exact amounts he is taking in. This can be unnerving at times. There are many clues, though, that indicate that everything is going well.

BE ATTENTIVE TO THE FOLLOWING:

• Baby eating every 1 to 3 hours during the day.
  – Sleeping no longer than 3 hours between feeds during the day.
  – Feedings are timed from the start of one feeding to the start of the next feeding.
  – Should have no more than one 4 to 5 hour stretch at night first early week.

• Baby wetting diapers.
  – 1 diaper in the first 24 hours after birth.
  – 2 on the second day of life.
  – 3 on the third day of life.
  – 6 to 8 wet diapers of urine that are light yellow in color once milk is in greater supply.

• Baby will be passing meconium for the first few days. Meconium is the sticky, black substance that the baby passes from his bowels the first few days after birth.

• Stool changing to mustard color, runny and seedy in texture once the milk is in greater supply.
  – 3 to 4 of these stools per day in the first month. In the first month, may stool a little after each feeding as well.

Weight gain is an important clue to your baby’s healthcare provider that the baby is feeding properly. Expect initial weight loss of baby after his birth; weight gain of 4 to 7 ounces per week once milk is in greater supply; should be back to birth weight by day 10. Most offices will allow you to bring the baby in for a weight check. Sometimes, that is all you need to make you feel better!

OTHER POSITIVE SIGNS:

• Audible swallowing – actually hearing the milk being swallowed; more obvious when mother’s milk is in greater supply.
• Breast feels less full after feeding.
• Baby satisfied – falls away from the breast at the end of feeding.
• Baby content between most feedings.

If you have any concerns about how the baby is doing, call your baby’s lactation consultant or healthcare provider.
ENGORGEMENT

Three to four days postpartum, your breasts may become heavier and swollen. This is caused by an increased flow of blood to the breasts, swelling of the surrounding tissue, and the accumulation of milk. The breasts will be swollen and uncomfortable for some women, and you may experience a throbbing sensation and discomfort with the milk ejection reflex, or let-down. Some women will feel only slightly full. As with labor, all women are different in their experiences. Breast swelling usually lessens within 24 to 48 hours.

SOME EFFECTIVE TREATMENT MEASURES FOR ENGORGEMENT:

- Breastfeed frequently.
- Apply warm compresses 5 minutes prior to breastfeeding.
- Manually express or pump out milk to soften the areola and nipple – the baby can’t latch-on if your breast is too hard (common problem with engorgement).
- Apply cold compresses to breasts after nursing to relieve the swelling and soothe the discomfort.
- Wear a sleep bra even at night but make sure it is not too tight (this tends to suppress milk production).

EXPRESSING BREASTMILK

Allowing yourself to become engorged beyond the initial breast swelling associated with milk surge should be avoided if at all possible. Engorgement sends signals to the brain to slow down milk production and can cause other problems. As mentioned earlier, milk production is regulated by supply and demand. If you slow down your feedings, you will see a significant decrease in your milk production. If you are experiencing some engorgement, you may try pumping to soften your breasts a little before feedings. This will allow easier latch-on for your baby. It will not cause you to “make more milk” while you are dealing with engorgement. This is a common misconception. If you need more information or assistance on expressing breastmilk, call your healthcare provider or lactation consultant.

Expressing breastmilk can be done manually with your hands or with a special pump designed to remove breastmilk. If you have a healthy, full-term baby, it is not necessary to express your breastmilk routinely. There may be, however, some reasons why a breastfeeding mother may choose or need to express her milk.

- When returning to work
- To collect breastmilk for a premature baby
- If your baby is temporarily unable to feed
- If you are ill and unable to nurse
- To provide a supply of milk if you are away
- To relieve engorgement and soften areola prior to latch

If the baby refuses to eat or you have to skip a feeding, pump or manually express your milk.
When you skip a feeding or if you are not nursing regularly, messages are sent back to the body to slow down or stop milk production. It may be very beneficial for you to have your healthcare team or the lactation consultant on staff show you the correct way of manually expressing your breastmilk in case you are faced with one of the scenarios mentioned on the previous page. That way, you will feel more confident once you are home. If you have questions once you are discharged from the hospital, never hesitate to call your lactation consultant or healthcare team for help.

**Breast Massage**

- Wash your hands with soap and water.
- Take a few moments to relax and get comfortable.
- The key with massage is to trigger the let-down response or milk ejection reflex.
- Warm compresses may help the milk let-down.
- Massage the breasts using the pads of your fingers.
- Move in a circular motion from chest to nipple, massaging the entire breast.
- Finish the massage by bending forward and gently shaking the breast (gravity helps milk to eject).

**Hand Expression**

- Position the thumb and first two fingers about 1 to 1½ inches behind the nipple.
- Press straight back toward the chest wall.
- Roll thumb and fingers forward to express milk.
- Relax hand.
- Continue this same motion, moving around the areola.
- It may be necessary to repeat this process on each breast a few times.
- Make sure you collect the milk in a clean container.
- Cover containers for storage in the refrigerator or freezer.
- Always label and date the container.

Remember, as with everything, practice will help you feel more confident in your ability to hand express your breastmilk. Be patient with yourself.

You may also want advice on a breast pump purchase. There are many on the market. All pumps are not created equal. What works best for one woman may not work for you in the same way. Some hospitals will either rent or sell breast pumps at their lactation centers or gift shops as a convenience for you. Get all the facts and information about breast pumps from your lactation consultant and be knowledgeable on how to use it before heading home.

**Sore Nipples**

There is no doubt that sore nipples may be discouraging. Expect some tenderness by the second to third day, but it should resolve within 7 to 10 days. This is normal. Usually continued soreness is due to improper positioning and latch-on which can be relatively easy to fix. If you cannot identify the problem, call your lactation consultant or healthcare provider. **Do not let the problem get worse.**

*Remember, breastfeeding should feel good – it should not hurt!*
CRACKED NIPPLES

This problem is usually due to improper positioning and latch-on or traumatic removal from the breast. Excessively dry tissue is another reason for this problem. Treatments for cracked nipples are correcting the improper positioning and latch-on and proper breaking of suction before removing the baby from the breast. Clean the breast of your baby’s saliva and dab some expressed breastmilk into the area and allow it to air dry. You can also talk to your lactation consultant or healthcare provider about the application of lanolin into the affected area. Wearing breast shells in your bra between feedings can further protect your tender skin and keep the lanolin on your nipples and not your bra.

BLOCKED DUCTS

These are felt as pea-size lumps under the skin and in the substance of the breast and are sore to the touch.

CAUSES OF BLOCKED DUCTS:

• Change in frequency of feedings or skipping feedings.
• Over abundant milk supply.
• Heavy breasts, not well-supported.
• A tight bra or underwire bra that puts too much pressure on a duct.
• Nursing the baby with poor positioning.
• Breast surgery.

TREATMENT FOR BLOCKED DUCTS:

• Warm shower or compress to affected area.
• Frequent feedings.
• Hand express or gently pump after feeding.
• Massage the affected area toward nipple while nursing.
• Apply a cold compress if there is discomfort after feeding.
• Place your baby in a position where his chin is facing the blockage, allowing the suction to be maximized toward the area of blockage. (You may have to use some creative positioning to accomplish this, but when combined with the help of gravity, it is very effective.)

MASTITIS

If the blocked duct persists and does not become relieved, it can become inflamed and a breast infection may be possible. It is not the breastmilk that becomes infected, but the tissue surrounding the blockage. This needs immediate medical attention.

SYMPTOMS OF MASTITIS:

• Red, very sore, hard area.
• Red streaking from the affected area or breast tissue may look pink over a large area.
• Fever and chills.
• Flu-like symptoms.

Make sure you contact your healthcare provider if you have any of these symptoms. Mastitis needs immediate medical attention.
TREATMENT FOR MASTITIS:

- Antibiotic therapy – finish the whole prescription – not only until you feel better.
- Nursing frequently.
- Applying warm compresses to the affected area.
- Massaging while nursing and pointing baby’s chin toward blockage; can gently pump after or between feedings to promote breast drainage.
- Apply cold compresses after feeding to aid in soothing the affected area.
- Getting plenty of rest.
- Drinking lots of fluids.

DIETARY REQUIREMENTS FOR THE MOTHER

Nutritional requirements are similar to those of pregnancy as far as keeping your diet well-balanced. A nursing mother needs an additional 500 calories more per day. Milk production is independent of what you eat the first 4 weeks because it derives the calories it needs for production from the fat accumulated from the pregnancy. If you do not eat properly from the beginning, you will find yourself being very fatigued. Your baby gets what he needs – you are the one who suffers!

Another important aspect of nursing is that you will find yourself very thirsty; the best advice is to drink to thirst. You must listen to what your body needs. The body takes water from your system to make breastmilk. Try to drink at least 6 to 8 glasses of fluid a day to prevent constipation. When you sit down to nurse, have water or juice so you get your daily requirements. No foods are universally restricted from your diet. Your baby will let you know! You can eat anything in moderation. Food affects your milk in 4 to 24 hours from the time it is eaten. Please note that the color of your breastmilk will vary with your diet. If you have any concerns or questions about your diet, call your lactation consultant or healthcare provider.

SUPPLEMENTAL FEEDINGS FOR YOUR BABY

Most healthcare providers will agree that until your milk is well-established and you have developed a good breastfeeding relationship, a supplemental feeding of water or formula is not necessary. Lactation consultants and healthcare providers have seen babies develop what is known as “flow preference” if bottles are introduced too soon after birth. It is much easier for the baby to suck from the bottle than to learn to breastfeed. There are always some extenuating circumstances in which your baby’s healthcare provider would prescribe a supplemental feeding. All babies are different and have different needs. This does not mean you will not be successful at breastfeeding. There are alternative ways to supplement a baby that do not involve bottles with a fast flow. Talk with your lactation consultant.

After your milk is well-established, you may wish for your partner to feed your baby a bottle of pumped or expressed breastmilk. Whatever you and your baby’s healthcare provider decide will be fine. Most literature agrees that it is a good idea to exclusively breastfeed for the first 3 to 4 weeks before introducing a bottle. This assures that your baby will be nursing efficiently, and that you will have a good milk supply. Do not overdo giving your baby a bottle. The baby could develop bottle preference at any age if too many bottles are given. Also, your milk supply could diminish due to the decreased feedings at the breast.
STORAGE OF BREASTMILK

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

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

You may find that depending on what study or resource book you read, these storage tips may vary. Please ask your lactation consultant or healthcare provider for the best storage guidelines and recommendations.

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

FRESHLY EXPRESSED BREASTMILK STORAGE GUIDELINES
(FOR HEALTHY FULL-TERM BABIES)

<table>
<thead>
<tr>
<th>Breastmilk</th>
<th>Refrigerator Storage</th>
<th>Freezer Storage</th>
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</thead>
<tbody>
<tr>
<td>Expressed breastmilk</td>
<td>Store for 3 to 8 days in coldest part of refrigerator at 39°F or lower. Do not store in door of refrigerator.</td>
<td>Store for 6 to 12 months in the back of freezer at 0-4°F. Do not store in door of freezer.</td>
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<tr>
<td>Room temperature for 4 to 6 hours at 66-78°F</td>
<td>Thawed breastmilk that is unopened or unused can be stored in the refrigerator for 24 hours.</td>
<td><strong>Cooler/Ice Chest Storage</strong> Store for 24 hours with 3 frozen packs at 59°F or lower.</td>
</tr>
</tbody>
</table>

If you intend to freeze breastmilk

Always chill freshly pumped breastmilk in refrigerator before adding to frozen or refrigerated breastmilk. Freeze within 24 hours.
BREASTFEEDING QUESTIONS

ARE MY BREASTS TOO SMALL?
Breast size has nothing to do with milk production. Do not let anyone tell you differently.

HOW CAN MY PARTNER FIND ME THE LEAST BIT ATTRACTIVE?
Sexuality and recapturing closeness as a couple takes time. You and your partner may feel overwhelmed. Some women are embarrassed about all the changes to their bodies and feel unattractive and distant toward their partner. Men, do not take this temporary diminished interest in you as a rejection. Talk to one another about sex; laugh with one another and make time for yourselves away from the baby. Sharing feelings about sexuality is the most effective way to get back together both physically and emotionally. Communication is the key!

WILL MY BREASTS LEAK ALL THE TIME?
It will not be uncommon for you to be out in public and hear another baby cry, causing your milk to let-down. Applying gentle pressure to the nipple will usually stop the flow of milk. Disposable or washable breast pads are available to wear on the inside of your bra to protect your clothes from obvious wet spots! Make sure to change them as needed so the dampness does not break down your nipple tissue. Leakage becomes less problematic as time goes on.

CAN I BREASTFEED IF I HAVE HAD BREAST SURGERY?
Breast surgery, including augmentation as well as breast reduction with nipple relocation can affect a woman’s milk production. Studies have shown that some women can still be successful with breastfeeding even though they have had these types of breast surgeries. A supplemental device can also be used to give a baby extra milk while at the breast. Discuss this with your lactation consultant. A baby’s weight should be carefully monitored to ensure proper weight gain.

CAN I BREASTFEED IF I AM TAKING CERTAIN MEDICATIONS?
Many medications pass into the milk, although in very small amounts. Most do not pose a problem with breastfeeding. On occasion, a mom may need to pump and discard her milk while on a particular medication. Contact your healthcare professional or lactation consultant for the most updated information on a particular medication you are taking.

A SPECIAL NOTE TO DAD OR PARTNER
Your role as caregiver to your new baby is a big addition to your life. It will demand an enormous change in you and your partner’s lifestyle, yet it is the most rewarding time of your life. Even though the first few weeks are overwhelming, you will find a growing excitement and joy with your new little one. There is a lot of attention directed toward the mother and the baby at first. This attention along with the extreme closeness of a nursing mother and baby may contribute to feelings of isolation or jealousy in a new dad or partner. This is not abnormal for some, but be patient with yourself and your partner. Talk about your feelings. Communication with one another is so important in allaying fears and negative feelings and makes this time special.

There is no doubt that the role of the dad or partner is extremely important and an essential part in a new mother’s success with breastfeeding. Studies have shown that emotional as well as everyday support increases the mother’s confidence and enables her to provide your baby with a healthy milk supply. There are ways that you can become an important part of the daily routines with your baby. Diapering, bathing, cuddling and singing are great ways of feeling involved. Your touch is very important to your baby and a way he can learn about you.
GOING BACK TO WORK AND CONTINUING TO BREASTFEED

Employers in the past have recognized 6 weeks as a reasonable time to recover after giving birth. On occasion, your healthcare professional may require that you stay home longer because of a special medical problem. Financial considerations may require that you return to work earlier. It is well-documented that the longer a woman can be with her baby and establish a good breastfeeding relationship with her child, the better she will maintain her milk supply with pumping while separated from the baby. This fact has motivated more and more new moms to work something out with their employers.

There are great breast pumps on the market today that can help support your decision to continue to breastfeed. Check with your hospital or lactation center for breast pump rental and purchase prices. Your employer may be flexible and have several options for you. You should explore all the possibilities as soon as possible.

FEEDING CHOICES

There are many advantages to breastfeeding; however, formula feeding is an acceptable choice for some mothers. Scientific advances make it possible to prepare formulas, made from cow’s milk or soy proteins, that provide safe substitutes for breastmilk.

Your pediatrician or family care physician will start your baby on the formula that is right. Initially, your baby will want to eat every 2 to 4 hours. Your healthcare professional will instruct you on the appropriate amounts of formula your baby will need and how often you should feed him. Before you are discharged from the hospital, make sure all of your questions are answered. You can use the chart on page 33 to keep track of feedings, wet diapers and stools.

If you choose not to breastfeed, you may still experience a milk surge with accompanying breast swelling, fullness and discomfort. Wear a supportive bra and apply ice packs to the breasts for 20 minutes every 3 to 4 hours or so. After 24 to 48 hours, the swelling will subside. Talk with your healthcare provider about medications you can take for the discomfort.

HINTS FOR BREASTFEEDING MOTHERS WHO RETURN TO WORK:

- Discuss your needs with your employer
- Organize your day to incorporate regular pumping sessions
- Wear comfortable clothes with easy access for pumping
- Find a place to store your breastmilk
- Take healthy snacks and drink plenty of water
THE FOLLOWING STEPS WILL HELP YOU IN FEEDING YOUR BABY FROM A BOTTLE:

• Make sure you have plenty of bottles and nipples as well as a bottle brush to clean all of the bottle parts.
• Wash the top of the formula container with hot soapy water, then rinse well with water to remove any dirt from the lid.
• Always check the container and know what you are preparing. Sometimes we think we grabbed “ready to feed” at the store but it is actually “concentrate.”
• Check the expiration date on the container.
• Make certain that the bottles and nipples are thoroughly cleaned and rinsed.
• If you cannot prepare all the bottles at one time, cover the container and store it in the refrigerator. Prepare the rest within 48 hours of opening. If you do not use it in the allotted time, throw it out.
• Before feeding the baby, make sure that the temperature of the formula is what your baby prefers. Never microwave formula. This could burn the baby’s mouth. Microwaves heat unevenly, and there could be a hot spot in the formula. If you need to warm it for the baby, just place the filled bottle under warm, running tap water to take the chill off.
• Tilt the bottle to check the nipple hole. If the formula is running out, the hole is too big and the baby could choke. Throw that nipple away. If nothing comes out and the baby seems dissatisfied, the hole may not be large enough. The formula should drip from the tilted bottle with ease.
• Never prop the bottle and leave your baby for any length of time. This could cause your baby to choke.
• If your baby does not finish the entire bottle, you must throw whatever is left away. Bacteria will grow very quickly in the leftover formula because saliva from the baby’s mouth is transferred into the bottle during the feeding.

NOTES
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<th>Bottle Feedings</th>
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<th>Dirty Diaper</th>
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Make additional copies of this page to keep track of your baby’s schedule.
Caring For Your Newborn
You are now proud parents of a new baby boy or girl! The first week at home as a new mom is great. You are catered to every step of the way. Your friends and family are there to help you with meals, cleaning and anything else you want or need.

One day you will wake up and realize that everyone has gone home. Your support person has gone back to work and you are standing in the kitchen at 4 o’clock in the afternoon still in your pajamas. You haven’t even brushed your teeth or combed your hair and you are feeling overwhelmed. The baby is crying and you join in. With every sob you feel like climbing the ladder of inadequacy higher and higher and wonder if you can ever possibly make it as a mother.

Please know that these feelings are normal. A baby changes your life completely. The normal routine you and your partner have become accustomed to is now a part of the past.

Give yourselves time and as the days move forward, you will find your confidence and strength increasing as you settle into routines with your infant and household. You will even look back on those crazy first days and wonder what you were so overwhelmed about!

**GENERAL CARE**

Your baby will be scheduled for regular well-baby exams in order to monitor his growth and development and allow you to talk about routine care with your baby’s healthcare professional. It is a good time for you to learn how to handle problems such as fever, vomiting, diarrhea, crying spells or feeding problems. These visits are most frequently scheduled with routine immunizations for many of the preventable childhood illnesses.

**VISITORS**

Many well meaning friends and neighbors will want to visit you and the baby once you are home from the hospital. If you’re not up for it, these visits can be taxing. Don’t feel obligated to entertain. After birth, you should be taking time to enjoy your newest addition and taking time to rest.

Keeping your baby away from people who you know have a contagious illness is always the best policy. Keep the touching of your baby to a minimum and ask people who are going to hold your baby to wash their hands first.

**WEIGHT LOSS AND GAIN**

The average newborn weighs approximately 7½ pounds at birth. Infants typically lose weight (5 to 8% of their birth weight) in the first few days of life before they start to gain. Most regain their birth weight by day 10, double it by the 6th month, and triple it by one year.

**SLEEP PATTERNS**

Sleep patterns of infants can cause concern to new parents who often end up tired and exhausted because of their lack of sleep. Most infants wake up for feedings every 2 to 3 hours until 6 to 8 weeks of age. On occasion a baby will sleep through the night much sooner, but that is not common.
Each baby tends to establish his own pattern of sleep. Some drop off to sleep after feeding, while others take only brief, occasional naps. Babies generally know how much sleep they require and virtually nothing you do will change that pattern. You should plan your “rest periods” to match your baby’s.

Nighttime sleeping patterns will change at 4 to 8 weeks of age. The majority will start sleeping through one or two nighttime feedings allowing you 5 to 8 hours of uninterrupted sleep. Finally, he will “sleep through the night.” Understand the time that the baby chooses to sleep may not coincide with your nighttime sleeping pattern. Feeding with solid food does not alter this pattern. It is considerably more difficult to change the baby’s sleeping pattern than it is to change your own. At about 5 to 6 months of age, some infants begin to awake again. This may be relieved by the feeding of solid foods. Check with your baby’s healthcare provider before resorting to this technique. Be patient!

TEETHING

Most babies begin teething at 6 to 7 months, but a few may begin teething at 2 to 4 months. Most babies are not troubled by this process, but some eat poorly, become irritable and fussy and may have problems with sleep. Teething toys may be helpful. Consult your baby’s healthcare professional if your baby is troubled by teething.

BOWEL FUNCTION

Babies frequently have changes in the number, color and consistency of their stools. These changes are of no concern as long as the newborn is eating normally and has no symptoms of an illness. Stool color and consistency may vary from day to day. Formula fed babies generally have stools that are yellowish-tan. Breastfed babies have more liquid, runny, mustard color stools that are seedy in consistency. All babies can have stools that vary from gray, green, to brown in color on occasion. The number of stools can vary from 6 to 8 each day to one every other day.

Constipation in newborns is present when stools are small, firm and pebble-like. The number or frequency has nothing to do with constipation as in adults. Babies often grunt, strain and turn red in the face during normal bowel movements. This is usually not an indication of constipation.

Diarrhea is characterized by stools that are usually frequent and associated with excessive water. Call your baby’s healthcare provider if diarrhea persists more than one day or is associated with bleeding.

DIAPER RASH

Prevention is the best cure! Change the diaper as soon as possible after the baby wets or has a bowel movement. Wash the baby’s bottom with warm water and apply a diaper rash cream or petroleum jelly.

SKIN CARE

Newborn babies are often prone to a variety of harmless skin blemishes and rashes. A common condition is newborn acne, which mimics the teenage variety, and likewise is caused by hormones. However, in this case, it is simply evidence of the mother’s hormones and will lessen in the first few weeks.

Your baby’s skin may be dry and peeling, particularly on the feet, hands and scalp. This is simply the shedding of dead skin and is best left alone since lotions tend to slow the elimination of these layers.
Sponge Bath

Your healthcare provider may instruct you to sponge bathe your baby until the umbilical cord is healed and, if you have a boy, the circumcision is healed. The first bath you give your baby after you get home from the hospital may be scary. Your whole family and the neighbors may be there for support. You will find that it may take you an hour to bathe this tiny little thing that is not even dirty. This is a new experience, plus the “crowd” telling you everything you’re doing wrong does not help. Please know that in no time you will be able to do a sponge bath in minutes. Your confidence and skills as new parents will kick in rather quickly.

Some steps to help you:
- Bathe the baby before a feeding. With all the jostling, a feeding will just come up.
- Pick an area in the house where you will be comfortable bathing.
- Make sure all of the bath supplies are in reach. Make it a rule to NEVER leave your baby unattended.
- Choose an area that is draft free.
- Lay baby on a towel and undress. Cover up with a second blanket and only expose the area you are washing.
- Start with the eyes. With a clean corner of a washcloth, wash from the inner aspect of the eye to the outer aspect using warm water. Repeat with the other eye, this time using another corner of the washcloth.
- Wash the baby’s face with clean water. You may choose to use a washcloth or your hand.
- Wash around the nose and ears. Never insert a cotton swab up your baby’s nose or into his ear. You are only asking for problems if you attempt to do this. You can cause extensive damage, especially to the eardrum.
- Wash the baby’s body making sure you get into every fold and crevice.
- Check the umbilical cord for proper healing. Keep the stump clean and dry as it shrivels and eventually falls off. Use clean, warm water unless advised otherwise by your healthcare provider. Also, roll the diaper below the cord to keep urine from soaking the dried stump. You may see a few drops of blood on the diaper around the time the stump falls off; this is normal.
- Babies are born with fingernails that are tissue-paper thin, but these nails can be sharp and scratch your baby’s face. Right after birth it may be difficult to tell where the nail ends and the skin starts when using baby clippers or scissors. You may want to start with an emery board at first and file the nails when he is sleeping. Plan to trim the nails about once a week.
- Use clean water on the genitals. Little girls will have a lot of discharge. Always wash from front to back so not to introduce infection into the bladder. Little boys that are circumcised need the penis cleaned with clean, warm water until the area is healed.
Your baby’s healthcare provider will give you instructions on the care of the circumcised penis before you are discharged. If your son was not circumcised, do not force the foreskin back to clean the penis. Warm water and soap is all that is necessary. Ask your baby’s healthcare provider about the care if you have questions.

- If the baby has soiled the diaper, take an unsoiled corner of the diaper and wipe away the excess stool. Using a washcloth, wash the baby’s bottom with warm water to cleanse thoroughly.

- To wash the hair, save a little container of clean water. Wrap your baby in a towel and place him in a “football” hold. Pour some of the clean water over his scalp. Place a small amount of shampoo on the scalp and wash making sure you stimulate the entire scalp even over the soft spots. By avoiding the soft spots and not stimulating the skin for proper circulation, cradle cap may occur. This is a scaly patch that can appear on your baby’s scalp. Your baby’s healthcare provider will advise you on the care of cradle cap.

- Your baby’s delicate skin may be very sensitive to certain lotions or products that are highly perfumed. There are plenty of gentle skincare products on the market. However, as with anything, if you are concerned about your baby’s skin you should consult your baby’s healthcare professional.

- Bath time is a wonderful time for baby to learn your touch. This is also a great time to assess your infant’s skin, rashes, healing of the umbilical area and overall general appearance of your baby.

- Dress your baby and swaddle him in a blanket to prevent him from becoming chilled.

When to give a baby the first tub bath is a matter of some debate. It is still general practice to advise parents to sponge bathe baby until the cord falls off and the circumcision heals. There are some healthcare providers that question the necessity of this advice, feeling that an immersion bath does not increase the risk of infection. Please check with the healthcare provider that is caring for your baby and follow the directions that are given to you on tub bathing.

**UMBILICAL CORD**

The umbilical cord will fall off by itself after 1 to 4 weeks. As it heals, it will have the appearance of a scab. Do not pick at it, cut or pull it off. You need to allow it to fall off on its own. Care for the healing cord according to your baby’s healthcare provider’s instructions. Clear or slightly blood-tinged discharge can occur from the navel after the cord falls off. This should not be a concern to you. If the ooze persists more than a couple of days or is associated with a foul odor, redness in the surrounding skin, or fever, report it to your baby’s healthcare provider immediately.
CIRCUMCISION

Circumcision is the removal of foreskin that surrounds the head of the penis. It is encouraged that new parents discuss the benefits and risks of circumcision with their pediatrician and make an informed decision about what is in the best interest of their child. The American Academy of Pediatrics (AAP) issued a policy stating that the medical benefits of circumcision are not significant enough for them to recommend it as a routine procedure for newborns.

The choice for circumcision is a personal one. This decision is usually based on religious, cultural and traditional factors. Some other reasons may be health and hygiene issues, or if the father of the baby has been circumcised. Talk to your baby’s healthcare provider about the procedure if you are not sure what to do.

The procedure is usually performed on the day of discharge from the hospital. You will have to sign a consent form before the circumcision is done. Analgesia has been found to be safe and effective in pain relief associated with circumcision. For the next hour or two, your baby will be closely observed by the nursing staff for bleeding. You should then check him frequently during diaper changes over the next several hours to detect any unusual bleeding or as directed by your nurse or healthcare provider.

There are different techniques used for circumcision. Your nurse will teach you about care of the circumcision at the time of discharge. Petroleum jelly or whatever ointment your healthcare provider recommends is usually applied to the tip of the penis with each diaper change for the first few days. The tip of the penis may appear red and have yellow crusts in spots. Do not try to wash off this yellow substance. It is part of the healing process. If there is any unusual swelling, oozing or bleeding, call your baby’s healthcare provider.

JAUNDICE

Jaundice, which simply means “yellow,” is common in newborn babies. It causes a yellow appearance of the baby’s skin and eyes and results from a normal body chemical called bilirubin.

Newborn babies have additional red blood cells reserved for the birth process. One of the breakdown products of red blood cells is bilirubin. The liver in the newborn is fully developed, but not 100% efficient. Therefore, extra bilirubin is transferred to the blood and stored in the skin until the liver breaks it down. This is called physiologic jaundice.

Physiologic jaundice is not harmful and will usually respond without any medical treatment. This may last up to one week. There are other cases of jaundice that may call for specialized treatment.

Jaundice can become dangerous and cause permanent and inevitable brain damage if the level of bilirubin becomes too high. The baby’s healthcare provider will monitor your baby’s bilirubin and treat it as necessary. You may need to make extra visits to the healthcare provider’s office or the lab in order to be certain that the bilirubin level is correct.

The treatment of this disorder is varied depending on its underlying cause and severity of jaundice. Phototherapy, or the bililite, is used widely to treat many infants. Baby’s eyes are covered and his skin is exposed to special fluorescent lights that lower the bilirubin buildup. Exchange blood transfusions may be reserved for the more severe cases of jaundice.
Soothing/Calming a Fussy Baby

It is important to respond promptly to your baby’s crying during the first few months. You will not spoil your baby by giving him attention. There are many ways to soothe or calm a crying baby. If your baby is warm, dry, and fed usually he will be content. If he continues to cry you can try rocking, swaying, singing or talking. Some parents have also found it helpful to take a car ride, walk with the baby or take a stroller ride. You can also try swaddling.

There are many benefits to swaddling and you may be shown many different ways. Remember that in order to allow healthy hip development when your baby is swaddled, his legs should be able to bend up and out at the hips. He should not be wrapped so his legs are straight and unable to bend or move. When your baby’s legs can move freely, the hip joints can develop naturally.

Taking Your Baby’s Temperature

An essential item in the nursery is a baby thermometer. The baby’s temperature is one of the most important questions (and usually one of the first) your baby’s healthcare provider will ask you when you call about a problem. The baby’s temperature can be taken axillary (under the arm). Have your healthcare team show you how to take your baby’s temperature before going home from the hospital.

Another nifty gadget on the market is the ear thermometer, which gives you a reading in no time. Some of the units are not meant for newborns and your healthcare provider may want you to wait until the baby is older. Opinions will vary about the ear thermometer, so before going out and spending a lot of money, always follow the guidelines of your baby’s healthcare provider.

Keeping Your Baby Safe

The best way to relax and enjoy these early months with your baby is to anticipate any risks ahead of time and take certain precautions. If you haven’t been around a small child, it can be astounding to learn the number of innocent household items that need to be considered harmful. Here is a reminder list of safety measures:

- Never leave an infant (even when sleeping) alone on a bed, table or surface where he could fall.
- Install gates at stairwells.
- Any small object can pose a threat to a baby... this includes edible items like nuts, carrots or candies, as well as buttons, beads or anything that could come loose and be swallowed.
- Plastic garbage and garment bags should be out of reach.
- Check the air flow and temperature of a baby’s room, particularly if it is heated.
- A baby’s sleeping area should be free of strings on sleepwear, bedding or pacifier.
- When baby is ready for a high chair, be sure to select one with a sturdy base that cannot tip over.
- Anything sharp should be kept in child-proof containers, put out of reach or in some cases removed from the home.
- Be sure all unused wall sockets are capped with safety plugs. Sockets are objects of great curiosity for the crawling baby.
- Always double check the temperature of baby’s bath water to be sure it isn’t too hot; and, of course, never leave baby alone at bath time.
- Keep guns locked and unloaded out of reach.
- Safety locks should be installed on all doors to a pool area.

Shaken Baby Syndrome

During the past 20 years, evidence about the dangers of shaking babies has mounted. NEVER SHAKE YOUR BABY! REMEMBER...no matter how tired, angry or frustrated you may feel, NEVER SHAKE OR TOSS YOUR BABY INTO THE AIR. Any of these can cause brain damage, blindness or even worse, death. Always protect your baby’s head from any jerking movements. See page 45 for more information.
• Don’t hold baby while cooking. Hot food or liquid could splash on the baby or a hot pan could touch his skin.
• If you are preparing a meal on the top of the stove, always turn the pot handles inward.
• Space heaters, radiators, fireplaces and other appliances that produce heat should be off limits to babies and toddlers.
• Hot ashes from cigarettes can burn baby’s skin and smoke can be harmful to his lungs.
• Avoid significant direct sun exposure during the first few months of life.

**Car Seat Safety**

To see if your car seat is properly installed, find a certified passenger safety technician in your area. Feel free to ask your healthcare provider or the hospital where you will be delivering for this information BEFORE your baby is born.

• A baby should have a safety car seat for the very first ride from the hospital. Although the tendency is to hold a new baby in your arms, this is not at all safe if there is an impact. An infant’s car restraint should have the words “dynamically or crash tested,” and state that it complies with the Federal Vehicle Safety Standard 213. The car seat should be placed in the middle of the back seat.
• NEVER place a rear-facing seat in front of a passenger side airbag.
• The American Academy of Pediatrics (AAP) recommends that children should ride in rear-facing child safety seats as long as possible. New research indicates toddlers are more than 5 times safer, according to the AAP, riding rear-facing in a convertible car safety seat until they reach the maximum height and weight recommendation for that particular model, or at least to the age of 2. (For more information, visit www.aap.org/advocacy/releases/carseat2011.htm)
• Always keep the car window closed and the door locked nearest the baby.
• Never leave an infant or small child unattended in a car, not even for a moment.

**Immunizations**

Immunizations, sometimes referred to as shots or vaccinations, are a way of protecting your child against a variety of diseases that can be prevented. Immunizing your child will guard him from the following harmful diseases:

• Hepatitis B (HepB)
• Diphtheria (DTaP)
• Tetanus or lockjaw (DTaP)
• Pertussis or whooping cough (DTaP)
• Hib (H. influenzae type b) disease (Hib)
• Polio (IPV)
• Influenza
• Hepatitis A (HepA)
• Measles (MMR)
• Mumps (MMR)
• Rotavirus (RV)
• Rubella or German measles (MMR)
• Varicella zoster or chickenpox
• Pneumococcal disease (PCV)

The Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that pregnant women who have not been previously vaccinated with Tdap receive one during the third trimester or late second trimester of pregnancy. Mothers are the primary source for infant transmission of pertussis. By getting vaccinated during pregnancy, antibodies are transferred to the newborn, likely affording protection against pertussis in the infants early life. DTaP or Tdap (depending on the family members age) is recommended for all family members and caregivers of the infant at least 2 weeks before coming into close contact with the infant.

Women, including those who are breastfeeding, should receive a dose of Tdap in the immediate postpartum period if they have not previously been vaccinated or the status of the vaccination is unknown.

These vaccinations can begin at birth. Your child will need several other vaccinations before he is 12 to 18 months old. They will continue at different times for the rest of his life. Follow your healthcare provider’s schedule for when your child’s immunizations are needed. You will be given a record of every shot your child receives. This record will prove to be important as he enters school, even college, so keep your records in a safe place.

You will find an immunization schedule on the next page to keep your baby’s personal records.
# IMMUNIZATION SCHEDULE

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunizations</th>
<th>Age Ranges</th>
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<td>IPV #1</td>
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<td></td>
<td>HepB #2</td>
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<td>PCV #1</td>
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<td>RV #1</td>
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<td>4 Months</td>
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<td>IPV #2</td>
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<td>RV #2</td>
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<td>MMR #1</td>
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<td>PCV #4</td>
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<tr>
<td>15 Months</td>
<td>DTaP #4</td>
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<td>24 Months</td>
<td>HepA*</td>
<td>15 to 18 months</td>
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Infants who did not receive a birth dose should receive 3 doses of Hepatitis B (HepB) on a schedule of 0, 1 and 6 months.

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

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

This schedule is approved by the Advisory Committee on Immunization Practices – www.cdc.gov/vaccines/recs/acip/default.htm
BABY’S WARNING SIGNS AND REPORTABLE SYMPTOMS

REPORTABLE SYMPTOMS

Even experienced parents may feel worried as they adjust to a new baby’s habits, needs and personality. It is important to remember that most of the common physical problems that occur during a given 24 hours with a baby are normal situations or problems with simple answers.

IF THE FOLLOWING SYMPTOMS OF ILLNESS OCCUR, A CALL TO YOUR BABY’S HEALTHCARE PROVIDER IS IN ORDER:

• Blue lip color is a 911 call!
• Blue or pale colored skin.
• Yellow skin or eyes.
• Patches of white found in baby’s mouth.
• Eating poorly or refusing to eat.
• No stool for 48 hours and less than 6 wet diapers a day.
• Redness, drainage or foul odor from the umbilical cord.
• Does not urinate within 6 to 8 hours of circumcision.
• Temperature of 100˚F or more.
• Difficulty breathing.
• Repeated vomiting or several refused feedings in a row.
• Listlessness.
• Crying excessively with no known cause.
• An unusual or severe rash (other than prickly heat).
• Frequent or successive bowel movements with excess fluid, mucous or foul odor.
• Experiences drastic behavior changes such as increased irritability, excessive crying without a cause, extreme sleepiness or floppy arms and legs.
• Congested cough, running eyes or running nose.

IF YOU ARE BREASTFEEDING, CALL YOUR LACTATION CONSULTANT OR HEALTHCARE PROVIDER IF YOU OBSERVE THE FOLLOWING:

• If your baby is not effectively nursing at least 8 to 12 feedings each day.
• If the baby has less than 4 wet diapers in a 24-hour period in the first week of life, and less than 6 wet diapers in a 24-hour period after the baby is 7 days old.
• If your baby is not stooling 3 to 4 times a day once your milk is in greater supply.
• If the baby refuses to eat for 6 to 8 hours.

Symptoms I need to report about my baby when calling the healthcare provider or lactation consultant:
Sudden Infant Death Syndrome (SIDS) and Safe Sleeping Environment

Sudden Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant under one year of age, which remains unexplained after a thorough investigation. One of the best ways to reduce the risk of SIDS is to place healthy infants on their backs when putting them down to sleep at nighttime or naptime. Since the American Academy of Pediatrics (AAP) recommended all babies should be placed on their backs to sleep in 1992, deaths from SIDS have declined dramatically. Sleep-related deaths from other causes, however, including suffocation, entrapment and asphyxia, have increased. The AAP is providing recommendations on a safe sleeping environment that can reduce the risk of all sleep-related infant deaths, including SIDS. Always keep the following points in mind for your infant. Be sure to share these important recommendations with babysitters, grandparents and other caregivers.

- Always place your baby on his back for every sleep time – nighttime and naptime.
- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- The baby should sleep in the same room as the parents, but not in the same bed (room-sharing without bed-sharing).
- Keep soft objects or loose bedding out of the crib. This includes pillows and blankets. Bumper pads should not be used in cribs. There is no evidence that bumper pads prevent injuries, and there is a potential risk of suffocation, strangulation or entrapment.
- Devices designed to maintain sleep position or to reduce the risk of rebreathing such as wedges and positioners are not recommended since many have not been tested sufficiently for safety.
- Pregnant women should receive regular prenatal care. Don’t smoke during pregnancy or after birth and do not allow others to smoke around your infant.
- Breastfeeding is recommended and is associated with a reduced risk of SIDS.
- Consider using a pacifier at naptime and bedtime. For breastfeeding infants, delay pacifier introduction until the baby is 1 month old to establish breastfeeding. For all babies offer a pacifier when putting down to sleep. Do not force a baby to take a pacifier. If the pacifier falls out of the baby’s mouth, do not put it back into the mouth. Do not put any sweet solution on the pacifier. Pacifiers should be cleaned and checked often and replaced regularly.
- Keep your baby’s head and face uncovered during sleep. Use sleep clothing with no other covering over the baby.
- Don’t let your baby become overheated during sleep. Keep the temperature so it feels comfortable for an adult. Dress your baby in as much or little clothing as you would wear.
- Schedule and go to all well-baby visits. Infants should be immunized. Evidence suggests that immunization reduces the risk of SIDS by 50 percent.
- Supervised, awake tummy time is recommended daily to help with baby’s head, shoulder and muscle development and minimize the occurrence of your baby’s head becoming flat.

The information contained in this publication should not be used as a substitute for the medical care and advice of your healthcare provider. There may be variations in treatment that your healthcare provider may recommend based on individual facts and circumstances.
If you are a parent of a new baby, there may be times when you will become frustrated and maybe even angry when your baby cries. You may have tried everything to comfort him, but nothing seems to help. Sleep is hard to come by and you may find yourself very frustrated.

Shaken Baby Syndrome or SBS is when a baby is “shaken” forcefully. The movement of the baby’s head back and forth can cause bleeding and increased pressure on the brain. A baby’s neck muscles are not strong enough to tolerate this “whiplash” motion, and the brain is too fragile to handle it. SBS is one of the leading forms of child abuse. Many babies die. Many others have irreversible brain damage. Those who survive may be blind, have mental retardation, paralysis, seizure disorders, learning and speech disabilities or neck and back damage.

If you are feeling as if you cannot deal with your baby’s crying and you have met the baby’s basic needs (clean diaper, fed, appropriate clothes, gently rocked, held, etc.) then stop, think and reach out for help if you need it. DO NOT SHAKE YOUR BABY. If you think your baby has been shaken…go to the emergency room.

**SHAKEN BABY SYNDROME**

The number one reason that a baby is “shaken” is for “non-stop” crying.

If you or a caregiver has violently shaken your baby because of frustration or anger, the most important step you can take is to seek medical attention IMMEDIATELY. Do not let fear, shame or embarrassment keep you from doing the right thing. Getting the necessary and proper treatment without delay may save your child’s life.

**HERE IS A LIST OF THINGS TO THINK ABOUT IF YOU BECOME FRUSTRATED:**

- **REMEMBER – NEVER THROW OR SHAKE YOUR BABY NO MATTER WHAT.**
- Take a breath.
- Close your eyes and count to 10.
- Put the baby down in his crib and leave for a few minutes to gain composure.
- Ask a friend, neighbor or family member to take over for a while.
- Give yourself a “timeout.”
- Do not pick the baby up until you feel calm.
- If you feel he is ill, call your healthcare provider right away or take him to the hospital.

**SIGNS AND SYMPTOMS OF SHAKEN BABY SYNDROME INCLUDE:**

- Irregular, difficult or stopped breathing.
- Extreme crankiness.
- Seizures and vomiting.
- Tremors or shakiness.
- Difficulty staying awake.
- No reaction to sounds or acts lifeless.

**The National Coalition on Shaken Baby Syndrome**
mail@dontshake.com
www.dontshake.com
1-888-273-0071 (toll free)

**The Shaken Baby Alliance**
info@shakenbaby.com
www.shakenbaby.com
1-877-6ENDSBS (toll free)

**The ARC**
info@thearc.org
www.thearc.org
1-301-565-3842

**National Institute of Child Health & Human Development**
NICHDClearinghouse@mail.nih.gov
www.nichd.nih.gov
1-800-370-2943 (toll free)

**Prevent Child Abuse America**
mailbox@preventchildabuse.org
www.preventchildabuse.org
1-312-663-3520

**Think First Foundation**
thinkfirst@thinkfirst.org
www.thinkfirst.org
1-800-THINK-56 (toll free)
Glossary

**afterbirth pains**: Pain from the uterus contracting after birth that feels like “mini” labor pains.

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

**anesthesia**: General or localized pain relief.

**apgar score**: A rating or score given to newborns at 1 and 5 minutes of age. The score is based on 5 categories; color, cry, muscle tone, respiration and reflexes. There is a possible 0 to 2 points for each or a maximum total score of 10.

**areola**: The dark area around the nipple.

**bilirubin**: A yellowish substance formed during the normal breakdown of old red blood cells in the body.

**breast engorgement**: Filling of the breasts postpartum with milk that causes both pain and swelling of the breasts.

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

**cervix**: The neck-like lower part of the uterus that dilates and thins during labor to allow passage of the fetus.

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

**colostrum**: It is the forerunner to breastmilk and may be yellow to almost colorless. It is present in the breasts during pregnancy and the initial fluid that baby will receive for approximately 3 days until breastmilk is established.

**contractions**: The rhythmical tightening and relaxation of the uterine muscles that cause changes to occur to cervix.

**episiotomy**: A surgical incision of the perineum that enlarges the vaginal opening for birth of the baby.

**fundus**: The upper, rounded portion of the uterus (womb).

**gravida**: The total number of times a woman has been pregnant during her lifetime.

**hemorrhoid**: A dilated blood vessel inside the anus and beneath its thin lining (internal) or outside the anus and beneath the surface of the skin (external).

**hormone**: A chemical substance produced in the body that is carried through the blood stream and causes the function of another gland.

**insomnia**: The inability to sleep.

**involution**: The process of the uterus returning to its normal size after birth.

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

**kegel exercises**: An exercise contracting the pelvic floor muscles that improves pelvic floor muscle tone and helps prevent urinary incontinence.

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

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

**lightening**: The sensation of the baby “dropping” as the baby descends into the pelvic cavity.

**linea nigra**: A line running from the navel to the pubic hair line that darkens during pregnancy caused by hormonal changes.

**lochia**: The discharge from the uterus during the 6 week postpartum period.

**mastitis**: Infection of the breast causing breast soreness, fever and flu-like symptoms.

**milia**: White spots on the baby’s nose and cheeks that disappear over time.

**meconium**: A greenish material that collects in the bowels of a developing baby that is normally expelled after birth. It can stain amniotic fluid if expelled before delivery.

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

**multigravida**: A woman pregnant with her second or subsequent child.

**multipara**: A woman who has given birth to more than one child.

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

**pelvis**: The basin shaped ring of bones at the bottom of the body that connects the spinal column to the legs. It is composed of 2 hip bones (iliac) that join in the front (pubic bones) and back (sacrum).

**perineum**: The layers of muscles and tissues between the vagina and rectum.

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

**postpartum depression**: A condition that can occur in up to 10% of women who recently delivered babies. It most likely results from changing physiology, particular hormones and other changes such as self-image, lifestyle, stress and fatigue. It is a treatable condition.

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

**uterus**: The muscular organ that contains the products of conception – the baby, placenta, membranes, amniotic fluid and umbilical cord. It contracts during labor to move the baby through the birth canal. It is commonly referred to as the womb.

**vagina**: The lower part of the birth canal that is normally 5 to 6 inches long.

**vernix**: A greasy white material that coats the baby at birth.
BIBLIOGRAPHY (Continued)
Richard L, Alade MO., Effect of delivery room routine on success of first breast

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Congratulations on the birth of your baby!

We are happy you chose to have your newborn with us. At Roper St. Francis we love babies, and our entire staff is committed to providing you with excellent care.

Our doctors and nurses have created this booklet for you to help answer many of the questions you may have after taking your baby home. We encourage you to read through it and share it with family and friends who will be caring for your baby.

Don’t hesitate to call your doctor or your baby’s pediatrician if you ever have additional questions. We want all of our new moms and babies to be happy and healthy.

Thank you for letting us share this very special time with you and your family.

Women’s and Children’s Services
Roper St. Francis Healthcare

Important Phone Numbers and Websites

American Academy of Pediatrics
www.aap.org
1-800-433-9016

American Academy of Obstetricians and Gynecologists
www.acog.com

American Academy of Pediatrics Immunization Information
www.cspimmunize.org

Baby Center
www.babycenter.com

Babynet Central Directory
www.state.sc.us/shirley/babynet/index.html
(843) 792-6633

Beechnut Nutrition Corporation Helpline
www.beechnut.com
1-800-523-6633

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

Childhood and Adolescent Immunization Schedule
www.cdc.gov/vaccines/recs/schedules/child-schedule.htm

Center for Women
www.C4Women.org
(843) 763-7333

Child Abuse Crisis Intervention
1-800-799-SAFE (7233)

Child Abuse Hotline
1-800-799-SAFE (7233)

Children’s After-Hour Urgent Care
(843) 402-2275

Child Abuse Crisis Intervention
1-800-799-SAFE (7233)

Early Hearing Detection and Intervention Program
www.cdc.gov/ncbddd/ahdi/

International Board of Certified Lactation Consultant Examiners
www.ibcle.org

International Certified Lactation Consultant Association
www.ilca.org

La Leche League International
www.lalecheleague.org
1-800-525-3243

March of Dimes
www.marchofdimes.org

My Sister’s House, Inc.
PO Box 71171
North Charleston, SC
www.mysistershouse.org
(843) 744-3242

Parents Anonymous
www.paofsc.org
1-800-326-8621

Parentstages
www.parentstages.org

Postpartum Support International
www.postpartum.net
1-800-944-4773

Pregnancy & Infant Loss Center
1-800-821-6819

SIDS Alliance
www.firstcandle.org
(410) 653-8228

The Ruth Rhoden Craven Foundation
(843) 881-2047

United Way
www.uwasc.org
Phone 211
Allows people to give help and to get help

US Consumer Product Safety Commission
www.cpsc.gov
1-800-638-2772

WIC Food Supplement Program
1-800-922-4406

For more information about Roper St. Francis resources call:
(843) 402-CARE or visit www.rsfh.com

• PedsPlus: Children’s after-hour urgent care
  (843) 402-2275

• Breast Care Centers (843) 402-5000
Hospitals

Roper Hospital
316 Calhoun St.
Charleston, SC 29401
(843) 724-2000

Bon Secours St. Francis Hospital
2095 Henry Tecklenburg Drive
Charleston, SC 29414
(843) 402-1000

Mount Pleasant Hospital
3500 US Hwy 17 North
Mt. Pleasant, SC 29466
(843) 606-7000

Questions about Breastfeeding? (843) 402-1867

A New Beginning
Your Personal Guide to Postpartum Care

www.rsflh.com/womens