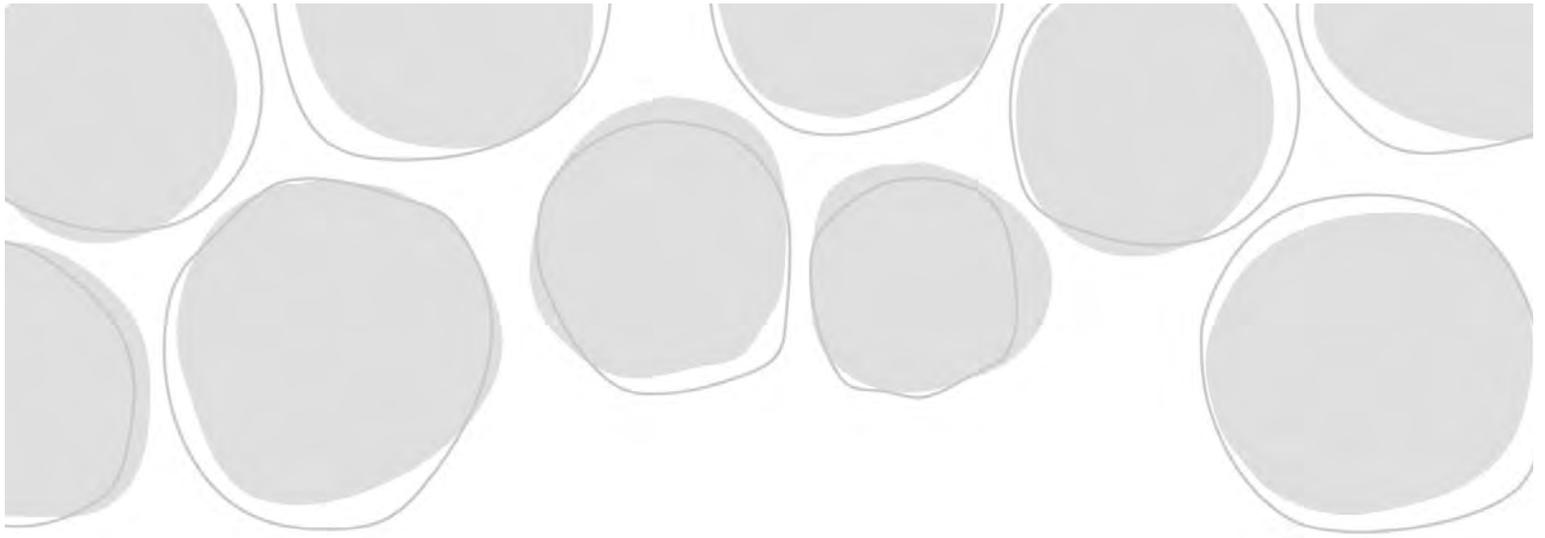


New Mom's Survival Guide

A CARE GUIDE FOR YOU AND YOUR FAMILY



**MENORAH
MEDICAL CENTER**



New Mom's Survival Guide

A CARE GUIDE FOR YOU AND YOUR FAMILY

Congratulations on the birth of your new baby!

The Family Birthing Center at Menorah Medical Center is delighted to be a part of this very special event in your family's life. We are committed to meeting as many of your healthcare and educational needs as possible. This book has been created in an effort to answer your questions about your post-partum health and your new baby's needs.

This book is for educational purposes only. Always call your healthcare provider if you have concerns or problems.

Thank you for choosing Menorah Medical Center. We look forward to being a part of your family's good health throughout the coming years.



MENORAH MEDICAL CENTER



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Caring For Baby

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Caring for Mother

Following the birth of your baby, your body undergoes many changes as it returns to its pre-pregnant state. This book is designed to help you understand some of these changes and to help answer questions about basic infant care. Contact your healthcare provider if you have any problems or concerns.

HORMONAL CHANGES

Your hormone levels start to change soon after the birth of your baby. These changes may affect how you feel and how you react to the people around you. If you have symptoms that cause concern, please discuss them with your healthcare provider.

REST AND SLEEP

The success of your recovery depends upon your ability to get enough rest. Learn to rest when you can, and sleep when the baby sleeps. Lack of sleep can interfere with your ability to cope. When friends and relatives offer to help while you nap, accept their offer with a smile.

VAGINAL FLOW (LOCHIA)

Immediately following delivery, your vaginal flow will be light to heavy, depending on several factors (number of births, size of the baby, complications, etc.). The heaviest bleeding will occur one to three days after delivery; between the fourth and seventh day after delivery it will become pinkish to brown in color and then change to a cream or yellowish color which you can expect to last three weeks or longer. To prevent infection, do not use tampons or douche. If you start bleeding heavily or passing clots, it is your body's signal to stop your activity and rest. Once you lay down, if the heavy bleeding does not stop within one to two hours, notify your healthcare provider.

AFTER BIRTH PAINS

Uterine cramping after delivery is a healthy and necessary process that helps the uterus clamp down to prevent bleeding and return to normal. Cramping may be very uncomfortable for some women, especially if this is not your first baby or if you are breastfeeding. Some relief may be obtained by using a heating pad on your abdomen, or by taking a mild analgesic, or sometimes by just resting on your abdomen. The discomfort can be minimized to a certain extent by emptying your bladder frequently, since a full bladder can irritate the uterus.

EPISIOTOMY AND PERINEAL CARE

If you have had an episiotomy, you may benefit from using some comfort measures, such as taking a sitz bath (sitting in hot water) one to three times per day and using the medications prescribed by your healthcare provider (Tucks, anesthetic spray, ointment, or pain pills). Remember to change your sanitary pad frequently, use the peri bottle to help cleanse the perineum and wipe the perineum from front to back. Call your healthcare provider if you have increased pain or swelling of the perineum and/or an oral temperature greater than 100.4 degrees Fahrenheit (38 degrees Centigrade).



SITZ BATH

Sit in a tub or warm water deep enough to cover the perineum for 20 minutes one to three times a day for four to six days after returning home from the hospital. Water should be kept comfortably hot because the heat helps reduce the swelling. There should be no additives (soap, bath oil, etc.) in the water. If you have had a Cesarean section, talk with your healthcare provider before taking a sitz bath.

CARE OF THE INCISION FOLLOWING A CESAREAN SECTION

Following your surgery, you may have staples or sutures on the skin that will be removed on the day of discharge or on a date designated by your healthcare provider. Your incision should not be immersed (put under water) until it has been approved by your healthcare provider. The incision should be free of significant redness and drainage. It should be kept dry at all times. Your healthcare provider may have you keep a light dressing over the incision. Call your healthcare provider if you notice changes at the site such as increased redness, swelling, pain, drainage from the site (usually yellowish or greenish in color), or odor. Also contact your healthcare provider if any area opens up (or the opening enlarges) or if you have an oral temperature of 100.4 degrees Fahrenheit (38 degrees Centigrade) or more.

PERSONAL GROOMING AND CARE

- **Shower:** Shower as much as you wish. Dry very gently around the incision area.
- **Tub bath:** If you had a simple vaginal delivery, we recommend no tub baths for two weeks. Sitting in water with soap, oil, or scents can be irritating to the perineum. If you had a Cesarean section and/or tubal ligation, check with your healthcare provider about when to begin tub bathing.

HEMORRHOIDS

Hemorrhoids (varicose veins within the rectum) may develop during pregnancy and/or after delivery and usually shrink within a couple of weeks following delivery. To relieve some of the discomfort, use the medicated pads, ointments, or sprays recommended by your healthcare provider. Taking a sitz bath (vaginal deliveries only) can also provide relief. Avoid straining when you have a bowel movement. When you have a bowel movement, try to make it a relaxed moment. If possible, have someone else watch the baby or leave the bathroom door open so that you can hear the baby.

Work on preventing constipation by drinking plenty of water and eating foods high in bulk and fiber. Sometimes it may be necessary to take a mild laxative. Consult your healthcare provider regarding this matter.

POST-PARTUM NUTRITION

As a new mother, you may be concerned about returning to your pre-pregnancy weight, but it is important to consider the nutritional adequacy of your diet. Use the five food groups pyramid as a guide. The five food groups are grains, fruits, vegetables, meats, and milk. Foods that do not fit into a category are in the “other” group.

The other category should be eaten in moderation. A healthy adult should eat foods from all five food groups every day and eat different foods from each food group. Every person will need a different number of calories to maintain or lose weight. You can design a food pyramid for yourself at <http://mypyramid.gov>.

A breastfeeding woman needs approximately 300-500 calories plus the number of calories usually required to maintain weight. A portion of these calories should come from two extra servings of milk, and the rest should come from foods in the five food groups shown in the following chart.

The following chart is a guideline. However, breastfeeding moms will need approximately 500 more calories per day. See page 31 for more specific guidelines for breastfeeding nutrition.

		<i>Recommended number of servings</i>		
Food Group	A serving is:	Children	Teens	Adults
MILK GROUP <i>Key nutrients: calcium, riboflavin (vitamin B2), protein</i>	1 cup milk 1 cup yogurt 1 1/2 oz (1 1/2 slices) cheese 1 cup pudding 2 cups cottage cheese 1 1/4 cups ice cream	2-3	3	3
MEAT GROUP <i>Key nutrients: protein, niacin, thiamin (vitamin B1)</i>	2 oz. cooked, lean meat, fish, poultry 2 eggs 2 oz. cheese 1 cup dried peas or beans 4 tbsp. peanut butter	4-5	5	5
FRUIT-VEGETABLE GROUP <i>Key nutrients: Vitamins A & C (dark green, leafy or orange vegetables and fruits are needed 3-4 times weekly for vitamin A); citrus fruit is needed daily for vitamin C.</i>	1/2 cup juice 1/2 cup cooked vegetable or fruit 1 cup raw vegetable or fruit 1 medium apple, banana or orange 1/2 grapefruit 1/4 cantelope	3-5	4-6	5-6
GRAIN GROUP <i>Make half of your grains whole grains</i>	1 slice bread 1 oz. ready-to-eat cereal 1/2 cup cooked cereal 1/2 cup pasta 1/2 cup rice 1/2 cup grits	5-6	6	6



EXERCISE

Returning to your pre-pregnant shape and size can be done, but it should be a gradual process. Don't be in a hurry to make your body conform. It will happen if you are patient and pace yourself moderately.

Check with your healthcare provider before beginning a strenuous exercise program. Some conditioning and toning exercises usually are well tolerated. Good posture and body movement are important.

1. Pelvic Floor Exercise: Kegels

- a. This exercise can be done anytime, anywhere, and as often as you like. Practice several times a day to increase pelvic floor muscle tone, which in turn improves urinary control, circulation, and healing.
- b. Procedure:
 - i. Slowly and smoothly contract the pelvic floor muscles. Hold to the count of five, and release.
 - ii. Elevator: Imagine your pelvic floor is an elevator. Contract your muscle slightly; that is the first floor. Tighten to get to the third floor. Now, begin slowly to relax the muscles to the second floor, then to the first floor, and then relax.
 - iii. Voiding exercise: When urinating, begin the stream of urine, then stop, then start, etc. Do not use this method with the first or early morning void if bladder is at its fullest.

2. **Abdominal Muscle Toning:** For this exercise, you must be flat on your back. Bend your knees to a comfortable position. Take a deep breath, exhale, and tighten your abdominal muscles. Repeat five to seven times.

BREAST SELF-EXAM

Breast self-exam should continue to be a part of your health and wellness routine. It is recommended that women 20 years and older start monthly breast self-exams and have an initial exam by a physician. Teenage girls also can benefit from starting a monthly routine of breast self-exams in order to become familiar with their own breast tissue.

You should examine your breasts five to seven days after your period to check for lumps, skin texture, shape and size, and nipples for color, structure, or drainage.

After delivery you should resume breast self-examinations as soon as possible, even when breastfeeding. Discuss this with your healthcare provider during your post-partum visit. Remember, do not be alarmed if your breast feels different at this time. Soon it should return to its pre-pregnant state.

Breastfeeding women should perform the exam at a time during the day after the baby has nursed well and the breast is less full. You can expect to feel milk ducts.

POST-PARTUM “BLUES” AND POST-PARTUM DEPRESSION

Some estimates indicate that 70 to 80 percent of all women experience some form of depression following delivery. “Post-partum blues,” “baby blues,” “maternity blues,” or “new mother’s blues” are common names for a mild state of sadness and anxiety that can last one to two weeks.

You may have feelings of being overwhelmed, weepy, disappointed, anxious, moody, and alone. You may have some trouble sleeping, eating, and making decisions. You may cry unexpectedly, feel worried about your lack of maternal feelings, or frightened by the reality of the responsibility suddenly thrust upon you. It's not unusual to have vivid dreams or fantasies. These feelings usually resolve without formal treatment.



In order to lessen some of these feelings, it is important that you acknowledge them. It may help to shower and dress early each day; if you look good, it makes you feel good. Get plenty of rest. Call on friends and family to help you. Above all, communicate concerns to someone you trust and talk these feelings out. Share your feelings with your spouse, mother, or friend – anyone with whom you feel comfortable talking. Talking with others about fears and anxieties can help you feel less alone.

About 10 percent of women develop post-partum depression. Post-partum depression is more intense than post-partum blues, including feelings of loss, anxiety, isolation, anger, guilt, and inadequacy. It may affect a woman's ability to cope and function. If left untreated, it can cause serious problems.

The exact reason that depression affects some women and not others is unknown. Hormonal changes may be at least partly responsible. Other factors believed to affect the degree of depression are: family or personal history of depression, lack of a support system, situational stress (money problems, relationship stress, etc.), and lack of sleep.

If your post-partum blues do not fade away after a few weeks, or if at any time you have feelings of hurting yourself, your baby, or anyone else, you need to get help immediately. Please contact your healthcare provider as soon as possible.

MEDICAL CONCERNS FOR MOTHER

Notify your healthcare provider if you experience any of the following:

1. Fever above 100.4 degrees Fahrenheit (38 degrees Centigrade), taken twice at least two hours apart.
2. Change or increase in pain in perineum or at surgical site.
3. Pain, burning, urgency, or frequency associated with urinating.
4. Increase in vaginal bleeding that does not stop with rest, or soaking one pad per hour, or passing large clots.
5. Pain, swelling, or redness of the breast with no relief.
6. Feeling out of control and harmful to self, baby, or other family members.

RESUMING SEXUAL INTIMACY

Your body has many changes to undergo after birth. Many of these changes involve a hormonal readjustment to the pre-pregnant state. Your blood supply and the fluid content in your body must be reduced. Your uterus and vagina have to return to their normal size. Your perineum has to recover from any tears, bruises or trauma from an episiotomy and birth. Your milk supply has to be either established or repressed. All of this has to take place while you are adjusting to being a parent and having a new person in the house.

Your healthcare provider will discuss with you how soon you should resume sexual intercourse. Some healthcare providers may advise you to wait at least six weeks to give your body time to completely heal and to prevent discomfort and/or infection. Your healthcare provider will give you information about birth control options at your request.

TAKE CARE OF YOU

The better you take care of yourself, the easier it is for you to take care of your family. Your body has gone through a tremendous change. In order to recover, you must take care of your body now as well as you did during your pregnancy. Your recovery is dependent on your getting adequate rest, nutrition, and exercise.



GENERAL ACTIVITIES

For two weeks after your delivery, it's best not to do much more than what you did while in the hospital. Remember, you just had a baby. Gradually increase your activity as you feel able to. Taking care of a new baby is emotionally, as well as physically, demanding, so don't feel guilty about not getting other things done. You may begin doing light housework, such as preparing simple meals, doing dishes, and making beds. Climbing stairs should be kept to a minimum for a few weeks, particularly after a cesarean section. If your house has upstairs bedrooms, use the handrail whenever possible. It is best not to drive a car for a week or two.

Listen to your body. It will let you know when you have done enough. When in doubt, underdo versus overdo. If you had a cesarean section, lifting should be limited to 15 to 20 pounds for the first six weeks and you should wait two weeks to drive.

FATHERS

Fatherhood has changed from a generation ago. Most fathers today are more involved in childcare than their own fathers were. It is not unusual for a new father to take days or even weeks off from work when the baby is born. Many dads change diapers, assist with feedings, and help with laundry and meals. Some dads take their baby to doctor's appointments and interview prospective babysitters.

It's not unusual for fathers to worry about being a good provider or to wonder if they made the right decision to start a family at this time. New dads should be assured that what children need more than anything is love and a sensitive, concerned caregiver.

A NEW BABY MEANS NEW STRESS

There is no getting around it. Caring for a new baby is stressful. But it's how you react to your stress that will determine its effect on you.

Researchers have consistently found that almost twice as many women as men suffer recurrent or serious depression. Until recently, this fact has been difficult to explain, because men seem to experience higher levels of stress. Studies now indicate that what men suffer are periods of high stress - job pressures, illness, etc. What women, and especially mothers, experience is chronic stress, the constant feeling that we must respond to what others ask of us - that we should, but rarely do, meet everyone's needs.

The best way to combat this chronic stress is to realize that you can't do it all. You can't expect to be the perfect mother, the perfect housekeeper, and the perfect wife.

To avoid getting worn down, find ways to take frequent short breaks. Get together with other new moms and organize ways to provide recesses for each other by trading childcare hours, arranging playgroups, or sharing the cost of hiring a sitter.

Learn time management skills. Set your priorities every day. If you like to write, keep a journal - there is no better way to clarify your thoughts and work through your problems. Get a book or tape on relaxation skills. Remember the breathing techniques you learned in your childbirth preparation class - they can help you relax.

Don't skimp on your own well-being because you're too busy looking after the physical and mental health of your children. Take time to monitor your own health just as you do your children's. A balanced diet, regular exercise, and knowing how to relax are keys to managing the stress in your life.



Caring for Baby

NEWBORN CHARACTERISTICS

EYES

Your baby's eyes may be swollen, puffy, or red-streaked resulting from the pressure of birth. This should go away in a couple of weeks. You might not see tears in your baby's eyes for several days or possibly even three to four months, because the tear ducts continue to develop after birth.

The eyes of all babies are grayish-blue at birth, which is not necessarily an indication of what color they will become later. They will start to turn their permanent color at about three months of age, although the change might not be complete for an entire year.

HEAD

Your baby's head will have two fontanel, commonly known as "soft spots." In these areas, the bony plates of the skull are not yet fused. These soft spots have an important purpose. During birth they enable the infant's head to compress and mold as it enters the birth canal. The larger fontanel, in the mid-front of the skull, is diamond-shaped and may measure up to two inches in width. It will close when the baby is between 12 and 18 months of age. The rear fontanel is triangle-shaped, barely the size of a fingertip and generally closes by four months

If your baby doesn't have much hair, you might see the fontanel pulsate with the baby's heartbeat or when the baby is sucking. This is perfectly normal. Don't be afraid to touch these soft spots. They are covered by a tough membrane and there is no danger of damaging them with normal handling. Your baby's head may have an odd shape. This is called molding and is due to the pressures experienced in the birth canal. The shape of the newborn's head may remain molded for several days and then gradually assumes its normal shape.

HAIR

Any amount of hair on a newborn's head - from almost none to a headful - is normal. Whatever the hair is like at birth, most of it will fall out and be replaced. The color and texture of the new hair may be quite different. Some babies develop a full head of hair quite quickly; others may be nearly bald for months.

Some babies have patches of fine, downy hair called lanugo. This may appear across their shoulders and back or on other areas. It will fall off in a few weeks.

CHEST

Your newborn's breast may be swollen - this is perfectly normal for babies of both sexes in the first three to five days after birth. The swelling is caused by hormones from the mother during development.

The swollen breasts may even excrete a whitish fluid that looks like milk. They should be left alone as any attempt to squeeze milk out might introduce infection. The swelling and discharge will disappear in four to six weeks as the baby's body rids itself of the hormones.



SKIN

A newborn baby's skin can have a variety of strange, but normal, appearances. As the baby settles into life outside the womb, you may see any of the following:

- **Vernix** - At birth, the baby's skin is naturally covered with this white, somewhat cheesy substance, which is secreted by the fetus' skin glands and protects the skin from severe dryness. In newborns, vernix is most commonly seen on the scalp and in the creases and folds of the skin. If not deliberately washed off, the vernix will come off by itself in several days.
- **Jaundice** - Please see Jaundice Alert from the Centers for Disease Control and Prevention on page 19 of booklet.
- **Newborn Rash** - The newborn's skin is delicate and much more susceptible to rashes than an adult's. Some babies have eruptions that look "hive-like" and may appear and disappear at intervals during the first few days of life.
- **Dryness and Peeling** - It's not unusual for an infant's skin to peel and appear dry the first few days of life.
You might notice peeling particularly on the hands, wrists, palms, feet, and armpits.
- **"Mongolian Spots"** - If your baby is African, Indian, or of Asian descent, there may be bluish-black areas over the infant's back, buttocks, and genital area. These are temporary accumulations of pigment and are extremely common in babies whose skin is going to be fairly dark. They have nothing to do with Mongolism (despite the name) and may disappear in a year or so.
- **Bluish Hands or Feet** - During the first few days after birth, it is not unusual for the baby's hands and/or feet to appear slightly bluish, as circulation to the extremities is not well developed. The infant's hands and feet are normally several degrees cooler than the rest of the body, so this in itself does not mean the baby is cold.
- **"Stork Bites"** - Also called salmon patches; these are light red areas most frequently seen on the back of the neck, the eyelids, between the eyebrows, and on the upper lip. They are caused by an overgrowth of blood vessels. Some may persist, but most disappear between one and two years of age.
- **Red Spots** - Parent often worry when their newborns have red spots with yellowish centers. These are called "neonatal urticaria," and they form because the baby's skin and its pores are not yet fully developed. The spots need no treatment, are not infected (although they look as they are), and vanish after the first couple of weeks. Small, red, rubbery lumps, called "strawberry birthmarks," can appear anywhere on the body in the first month after birth. They also disappear during childhood.
- **Milia** - These are pinhead-sized whitish bumps over the nose, chin, or cheeks. They are caused by clogged oil glands. They are normal and disappear within a few weeks without treatment. They should not be picked or squeezed.
- **Birthmarks** - There are many types of birthmarks. Your healthcare provider can determine whether the mark that worries you is a birthmark, and if so, whether it is the kind that will vanish on its own.
- **Scurf on the Scalp or "Cradlecap"** - This is very normal. It has nothing to do with dandruff and does not indicate a lack of hygiene. A really thick, cap-shaped layer is called "cradlecap." If it concerns you, your healthcare provider may suggest a treatment.



GENITALIA

- **Swelling** - The newborn's genitalia (the boy's scrotum, the girl's clitoris and labia minora) are larger in proportion to the rest of their bodies at birth than at any other time before puberty. During the first few days after birth they may look swollen because hormones from the mother have caused temporary swelling. You may think the baby's sexual organs look conspicuous and peculiar, but don't worry. The doctor who delivered the baby will have checked for abnormalities. The swelling will quickly subside and your baby will "grow into" those seemingly oversized organs.
- **Vaginal Discharge** - If your newborn is a girl, you might notice a vaginal discharge in the first few days after birth. Again, this discharge is due to the mother's hormones. It appears as white mucus and may be tinged with blood. The discharge usually reaches its peak by three to five days and ends by three weeks.
- **Circumcision** - If your newborn is a healthy, stable boy, the doctor can circumcise him prior to your discharge. This is entirely your decision, however. If your son is circumcised, the tip of the penis may be dressed with gauze and Vaseline. Avoid using soap on the circumcision site until healing has occurred, usually two to four days. You may cleanse the area with warm tap water. Urine will sting, so expect some distress. You can lessen it by changing his diaper very frequently so that the sore place is not left in contact with the urine.
- **Plastibell** - Plastibell circumcisions generally do not require Vaseline and gauze. The plastic ring should fall off in eight to ten days. Allow the ring to fall off completely by itself.
- **Undescended Testicles** - A boy's testicles develop in the abdomen and drop down into the scrotum just before a full-term birth. In some cases, one or both of the testicles have not dropped down at the time of birth. These are called undescended testicles. The testicles are checked routinely after birth - if the newborn's testicles are undescended, your healthcare provider will talk with you about it. In most cases, the testicles drop by the time the infant is six months old.

CORD

The umbilical cord will fall off by itself in approximately 7 to 14 days. Keep the cord stump clean and dry to prevent infection. Fold the top of the diaper down so it is not covering or rubbing against the cord stump. Any redness, swelling, odor, or temperature elevation should be reported to your healthcare provider.



INFANT BEHAVIOR

PERSONALITY

Every baby is different, just as every adult is different. Take every opportunity to get to know your baby's personality. What are your baby's likes and dislikes? When and how does he/she prefer to be fed? When does your baby want to be held or talked to? When does he/she want to be left alone? What are your baby's sleeping patterns? What odors and sounds disturb him/her? What soothes him/her?

SLEEP

Infants' sleeping patterns vary anywhere from 8 to 16 hours per day (divided into three- to four-hour naps) during the first three or four weeks. Take some time to get to know your baby's routine. If you keep a written sleep/feed record, it may help you with a schedule.

VISION

A newborn has good vision within the 8- to 12-inch-range, which means your baby can see your face perfectly as you hold and feed him/her. When you are farther away, the eyes may wander, giving the baby a cross-eyed or wall-eyed appearance.

As the eye muscles mature and vision improves, both eyes will remain focused on the same thing at the same time. This usually occurs between two and three months of age.

Infants can distinguish between light and dark after birth. The baby may show visual interest in black and white color or sharply contrasting colors, such as dark red and pale yellow.

SENSE OF SMELL

The newborn has a heightened sense of smell. In fact, some odors bother the newborn, who communicates this through crying.

SENSE OF TOUCH

The newborn is sensitive to many things - cold, water, air, warmth, and soft articles. The newborn loves the warmth of arms around him/her. Holding your baby gives him/her as much pleasure as it does you. Holding provides warmth, security and comfort, and relays feelings of caring.

HEARING

Newborns recognize familiar voices. They often respond to very loud noises with jerky movements or a cry. Babies like soft, even speaking voices.

TASTE

Newborns have a great sense of taste. They can tell the difference between a human nipple and a bottle nipple, and between a pacifier and a nipple. They may prefer the taste of glucose water to sterile water, or milk to glucose water. They will communicate their dissatisfaction until their needs are met.



INFANT CARE

HOLDING AND HANDLING THE BABY

When holding or handling a newborn, you must support the head, neck, and trunk. Newborns start to get good head and neck control at about three months of age. Until then, you must provide good support. When you are receiving a baby or passing him/her to another person, do so by supporting the whole body. A cradle position can be helpful.

DRESSING THE BABY

Dress your baby according to the temperature. When dressing, layer his/her clothes so that when the temperature changes, you can adjust the layers. Remember that the T-shirt and diaper account for one layer. Be careful not to overdress.

ROOM TEMPERATURE FOR THE BABY'S ROOM

Try to keep an even and comfortable temperature in the baby's room (about 70 to 74 degrees). Keep the baby away from any direct breezes (window, fan, or doors with forced or blowing air). Good ventilation is necessary during hot weather. In cold weather, make sure the baby is well covered.

INFANT LAUNDRY

It might be a good idea for the first couple of months to wash the baby's laundry separately from the family's. Stains from breastmilk, formula, spitting up, or stool will require special laundering attention.

Use a mild, low-sudsing detergent and hot water and rinse twice after washing. Detergent residue or fabric softeners may irritate your baby's fragile skin.

If you choose to wash diapers with other baby clothes, any soiled diapers should be pre-soaked before adding the other laundry. Washing infant clothes before the initial wearing helps to get rid of surface chemicals and excess dyes, and it may decrease the risk of irritation to the baby's skin.

BATHING YOUR BABY

Bathing your baby should be an enjoyable experience for both of you. It can be a time for talking, listening, and enjoying each other. Take advantage of this opportunity to get to know your baby and let your baby get to know you.

Equipment needed for the bath:

1. Wash basin or sink basin
2. Wash cloth
3. Two bath towels - one for the bathing surface under the baby and the other to dry the baby
4. Diapers
5. Clothes (undershirt, receiving blanket, socks, etc.)
6. Vaseline and gauze for circumcision care (if baby boy requires it)
7. Baby soap, shampoo, comb and brush



Pointers for bathing your baby:

1. Assemble all of your equipment before starting the bath.
2. Never, never leave a baby unattended.
3. Your baby will require a sponge bath until the cord drops off (7 to 14 days or longer) and the circumcision site heals.
4. To prevent excessively dry skin, newborns need a bath only 2 or 3 times per week. Wash your baby's face with warm water daily as needed. Wash your baby's bottom with warm water daily and as needed.
5. Do not use soap on baby's face or hands. Avoid the face to prevent excessive dryness; avoid the hands because the baby puts his/her hands in the mouth often.
6. Room temperature should be comfortable (around 70 to 74 degrees Fahrenheit) and as draft-free as possible.
7. Water temperature should be warm. Test warmth by dipping elbow, inside of wrist, or back of hand into the water. Also, remember the water will cool down during the bath so it might be necessary to add warm (not hot) water.
8. Pay close attention to the creases, as that is where lint and other particles may gather. Babies should not be scrubbed; a gentle wash will do. During the process, you may see vernix (a white, creamy substance). Do not try to scrub it away. This substance is not harmful to the baby and was created when the baby was in utero to protect the skin.
9. The bath starts by washing "cleanest to dirtiest" or "face to bottom." Genitals are cleaned washing front to back. On baby boys, lift the scrotum and penis to wash; on baby girls, wash between the labia thoroughly but gently. For boys, see the section on circumcision care (page 23).
10. The location for the bath can be almost anywhere that is comfortable for you and your baby, i.e., bathroom sink space, kitchen sink space, floor, dressing table, etc. If the baby is put on a cold or hard surface, that area should be padded to make it comfortable and warm so that the baby will not lose body heat.
11. No oil is to be used on the baby's scalp because it can clog pores and may contribute to the development of cradle cap.
12. Do not use baby powder. It gets in the air your baby breathes and may interfere with his/her breathing.
13. Do not stick anything in the baby's ears because you never know how far you are going and you could damage the ears.
14. Never let the baby get chilled during the bath. When bathing, you can bathe the top part first and then the bottom, keeping undressed areas covered at all times.

INFANT NAIL CARE

The only care your infant's nails will require is trimming. A baby's nails are very soft and adhere tightly to the underlying skin. They should be trimmed carefully and gently to prevent cutting skin. Fingernails grow faster than toenails and will require trimming more often.

Trimming of the nails can be done by using a soft emery board, baby nail clippers or scissors, or blunt-toed toenail scissors. They should be trimmed straight across, smoothing the rough ends. Babies' nails should be kept short to prevent them from scratching themselves or you.

The best time to trim the baby's nails is while he/she is sleeping or is very comfortable. As the baby gets older, the nails will start to thicken in texture and they will not grow as fast.



SIBLINGS

Siblings should be involved in the life of the new baby as soon as possible. They should make a visit to the hospital after the baby is born and be allowed to hold and love the baby before he/she comes home. Communication with the older child is very important. Allow him/her to talk about how he/she feels about this new baby and his/her relationship with you.

Some parents find it helpful to buy a gift for the older child from the new baby, or other parents see to it that the baby's first toy comes from "the big brother/sister." Use whatever idea you think might work for your family.

It may take your older child some time to get used to having a baby brother or sister. It is important to be patient during this time of adjustment for you and your family.

PETS AND BABIES

Just like younger children, pets can hurt or frighten a baby without meaning to. Never leave a baby within a pet's reach when an adult is not attentively watching. Pets may need some time to get used to having a new baby around. They may compete for attention just like brothers and sisters. During this period of adjustment, you may want to keep pets restrained (on a leash), in a separate room with the door closed, or outside. If you have any questions or concerns about having pets in the house with your new baby, talk with your healthcare provider and your veterinarian.

NEVER SHAKE OR TOSS A BABY

Frustrated caregivers may feel that shaking a baby is a harmless way to make a child stop crying. However, weak neck muscles, thin skull, and a rapidly growing brain make infants and toddlers extremely vulnerable to injury from shaking. "Shaken Baby Syndrome" can cause blindness, hearing loss, seizures, paralysis, learning disabilities, or even death.

To prevent this tragedy:

- Never shake or toss your baby.
- Always provide support for your baby's head and neck.
- Educate family members and caregivers about the dangers of shaking a baby.

WHEN A BABY CRIES

Crying is a baby's main method of communication. The amount of time a baby cries in a given day varies. In newborns, crying up to four hours a day is considered normal.

Crying serves many purposes for your baby. He/She cries when hungry, wet, or uncomfortable. It helps to relieve stress or tension. It helps drown out sounds or other sensations that are too harsh for his/her ears or comfort. Babies have different cries for different needs. After a while, you will know when the baby is hungry, wants to be consoled, or wants to be left alone.

The best way to handle crying is to respond promptly to your infant whenever he/she cries during the first few months. You cannot spoil a young baby by giving attention, and if you answer his/her calls for help, there will be less crying overall.



Whenever a baby cries, you should make sure that the immediate needs are met first (i.e., dirty diaper, hunger, uncomfortable body temperature, uncomfortable position, missing pacifier, etc.). If none of these is the problem, try some comforting techniques.

- Rocking (either in your arms or in a chair).
- Burping (a crying baby swallows air).
- Placing baby on your lap, stomach down - pat the baby's back and stroke gently over the back of the head.
- Swaddling (wrapping snugly in one or two receiving blankets).
- Singing or talking to the baby.
- Playing soft music.
- Car ride (may be one of your last alternatives).
- Holding baby and turning on the vacuum cleaner.
- Vibrating noise (carefully holding the baby on the clothes dryer during the dry cycle can be soothing).
- Walking (sometimes just holding your baby while walking makes him/her feel better).
- Swinging (strapped properly into an approved infant swing).

When all else fails and it has been determined that the baby is not running a temperature, leaving him/her alone for about 15 minutes may be what is needed. If the baby is tired, he/she will fall asleep. (Mom and Dad should set a timer and remember that the first three minutes of crying are the hardest to hear.)

You can't quiet the baby every single time he/she cries. If you are extremely tired, or stressed or unable to handle the noise, reach out for the support of family and friends. Maybe a change of scenery, a new face, or temperament is what the baby needs, too.

Don't feel you are a bad parent if you cannot meet your baby's needs every single time. Experience comes through trial and error, and repetition.

PACIFIERS

Babies are born with a sucking instinct. In fact, many babies suck their lip in utero and are born with "sucking" blisters. Many suck their thumbs even before they are born.

Almost all babies will need a method of soothing. You may choose to let your baby suck on his/her hands, a thumb, fingers, pacifier, etc., to calm him/her when other needs (such as food, warmth, cuddling, etc.) have been met. Some people feel pacifiers meet a great need. Others see no need for a pacifier.

There are two types of sucking: nutritive and non-nutritive. Nutritive sucking provides the baby with the liquids (breast milk or formula) he/she needs. Non-nutritive sucking provides the calming and soothing effects that many babies need. Babies should be allowed to meet their sucking needs; it's nature's way of providing a survival skill.

When introducing a pacifier to your baby, be sensitive to likes and dislikes. The baby may not accept the pacifier right away, but you can try again later. The baby may accept a different type of pacifier at a different time.



If, after adequate feedings, you find your baby wants to suck and you choose to give him/her a pacifier, here are some hints for safe pacifier use:

1. Never use homemade pacifiers. They are not strong enough to withstand the power of a newborn's suck.
2. Never tie a cord or string to a pacifier. The danger of strangulation is too great.
3. Choose single-piece pacifiers or molded solid pieces.
4. The shield between the nipple and the ring should be at least 1-1 1/2 inches across, so the infant cannot take the entire pacifier into his/her mouth. Also, the shield should be made of firm material (rubber or hard plastic) with ventilation holes.
5. A pacifier should be replaced if pieces become loose, if the rubber becomes sticky from frequent washings and use, or if your animal comes in contact with it.
6. Wash the pacifier before giving it to your baby. Do not wash pacifiers in a dishwasher. Wash the pacifier in a mild detergent and hot water.

WHAT IS COLIC?

Colicky babies are extremely fussy for prolonged periods, typically at about the same time every day. Their “attacks” can occur at any time of the day or night, but usually occur between 6 p.m. and midnight. Each attack lasts for several minutes, followed by a pause and then additional crying, screaming, and extending or pulling up of the legs.

Colic occurs in 20 to 25 percent of all babies, but there is no definite explanation for the condition. There is no medically known cause, but some experts believe it may be related to the immature digestive system. The word colic means “sensitive to stimulation.”

The colicky baby's excessive crying starts at about two to three weeks of age and usually lasts three to four months. It may be hard to tell a colicky baby from a fussy baby because, like adults, babies have their good and bad days. Be sure to discuss any prolonged episodes of crying with your healthcare provider. Don't be too quick to label your baby as colicky.

Use the same comfort techniques with a colicky baby that you use with a crying baby. Try different techniques. Something that worked the first time may or may not work with other crying episodes.

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MEDICAL CONCERNS FOR BABY

JAUNDICE ALERT

Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or ethnicity, regardless of skin color. Low levels of bilirubin are not a problem, but a few babies have too much bilirubin. If not treated, high levels of bilirubin can cause brain damage and a life-long condition called kernicterus. Yet, early detection and management of jaundice can prevent kernicterus. At a minimum, babies should be assessed for jaundice every 8 to 12 hours in the first 48 hours of life and again before 5 days of age.

Jaundice can develop when red blood cells break down and bilirubin is left. It is normal for some red blood cells to die every day. In the womb, the mother's liver removes bilirubin for the baby, but after birth the baby's liver must remove the bilirubin. In some babies, the liver might not be developed enough to efficiently get rid of bilirubin. When too much bilirubin builds up in a new baby's body, the skin and whites of the eyes might look yellow.

Jaundice usually appears first on the face and then moves to the chest, belly, arms, and legs as bilirubin levels get higher. The whites of the eyes can also look yellow. Jaundice can be harder to see in babies with darker skin color. Your baby's doctor or nurse can and should test how much bilirubin is in your baby's blood.

High bilirubin levels can be treated by undressing the baby and putting him/her under special lights. The lights will not hurt the baby. This can be done in the hospital or even at home. The baby's milk intake may also need to be increased. In some cases, if the baby has very high bilirubin levels, the doctor will do an exchange transfusion of the baby's blood. Jaundice is generally treated before brain damage is a concern. Putting your baby in the sunlight is not recommended as a safe way of treating jaundice.

About 60% of all babies have jaundice. Some babies are more likely to have severe jaundice and higher bilirubin levels than others. Babies with any of the following risk factors need close monitoring and early jaundice management:

Preterm babies

Babies born before 37 weeks, or 8 months, of pregnancy might have jaundice because their liver is not fully developed. The young liver might not be able to get rid of so much bilirubin.

Babies with darker skin color

Jaundice may be missed or not recognized in a baby with darker skin color. Checking the gums and inner lips may detect jaundice. If there is any doubt, a bilirubin test should be done.

Heredity

A baby born to an East Asian or Mediterranean family is at higher risk of becoming jaundiced. Also, some families inherit conditions (such as G6PD deficiency), and their babies are more likely to get jaundice.

Feeding difficulties

A baby who is not eating, wetting, or stooling well in the first few days of life is more likely to get jaundice.



Sibling with jaundice

A baby with a sister or brother that had jaundice is more likely to develop jaundice.

Bruising

A baby with bruises at birth is more likely to get jaundice. A bruise forms when blood leaks out of a blood vessel and causes the skin to look black and blue. The healing of large bruises can cause high levels of bilirubin and your baby might get jaundice.

Blood type

Women with an O blood type or Rh negative blood factor might have babies with higher bilirubin levels. A mother with Rh incompatibility should be given Rhogam.

What you should do to make sure your baby's jaundice does not cause brain damage:

- Ask your doctor or nurse about a bilirubin test.
- Create a follow-up plan before leaving the birth hospital. All babies 3 to 5 days of age should be checked by a nurse or doctor, because this is usually when a baby's bilirubin level is highest. The timing of the follow-up visit will depend on how old your baby is when you leave the birth hospital and any other risk factors. Babies with jaundice in the first 24 hours of life or with high bilirubin levels before hospital discharge should have an early follow-up.
- Treat jaundice seriously.

Ask your pediatrician to see your baby on the day of your call, if your baby:

- is very yellow or orange (skin color changes start from the head and spread to the toes),
- is hard to wake up or will not sleep at all,
- is not breastfeeding or sucking from a bottle well,
- is very fussy, or
- does not have enough wet or dirty diapers.

Get emergency medical help if your baby:

- is crying inconsolably or with a high pitch,
- is arched like a bow (the head or neck and heels are bent backward and the body forward),
- has a stiff, limp, or floppy body, or
- has strange eye movements.

Information provided by Center for Disease Control and Prevention. For more information, visit www.cdc.gov.

PROCEDURE FOR TAKING A NEWBORN'S TEMPERATURE

Remember:

1. Digital thermometers are recommended because they are easy to use.
2. The thermometer should be cleaned after each use. It can be wiped clean with soap and cool water, rinsed in cool water and then cleaned with alcohol.
3. Once a rectal thermometer has been used, it can be used only for rectal and axillary placement.



Axillary (Armpit) Temperature:

1. Place the thermometer under the armpit. The thermometer is accurate only if placed where it is covered by the infant's skin. Make sure the area is dry and no clothing is in the way. If the room is cool or airy, prevent the infant from chilling.
2. Hold the infant's arm close and snug to his/her body to prevent movement, which might cause the thermometer to fall out.
3. Hold the thermometer in place until it beeps, then remove and read.

Rectal Temperature (at the advice of your physician):

1. Lubricate the tip of the thermometer (preferably with a water soluble lubricant like K-Y Jelly or Lubrifax, or whatever is recommended by your healthcare provider).
2. Lay the baby on the stomach and spread the buttocks gently to expose the rectal opening or lay the infant on his/her back, bring the legs to the abdomen to expose the rectal opening.
3. Control the thermometer by using the thumb and index finger. Slowly insert the thermometer approximately 1/2 - 1 inch.
4. Hold the thermometer in place until it beeps. Hold the infant as still as possible throughout the procedure.
5. Remove the thermometer and read.
6. Contact your healthcare provider if the baby's temperature is equal to or above 100.4 F or 38.0 C.

URINE

Urine should be pale in color and should not have a foul odor. If the urine is dark yellow or concentrated, the baby needs more feeding. New babies wet a lot for the first couple of weeks, and then the frequency gradually decreases. Eight to 12 wet diapers in a 24-hour period are normal. Your baby's diaper will probably be wet before each feeding, and you should check it occasionally between feedings.

If your baby goes more than six hours without a wet diaper and fluid intake has been good, you should check with your healthcare provider. If you use disposable diapers, check them very carefully. They are made to be absorbent and keep baby's skin dry. Change the diaper as soon as you notice it is wet and/or soiled.

STOOLS

Baby's first stool or bowel movement will be a meconium stool, which is a greenish-black, sticky stool. The stools will gradually change colors as the baby's feeding increases and the meconium passes through his/her system.

The number of stools and the color vary from baby to baby. Breastfed babies should have four to eight stools per day in the first month, but after the first month they may have fewer stools, and often they go several days without a bowel movement. The stools are soft to semi-solid, liquid, loose and seedy in appearance, and yellow in color. Sometimes these stools explode from the rectum, with a mild musty odor. Formula-fed babies will probably have two to four stools per day, sometimes less, sometimes more. The stools are soft to semi-formed and tan to brownish in color with a fairly strong odor.



CONSTIPATION

There is no fixed number of stools a baby should have. Most babies have an increased number of stools for the first few weeks after birth. As babies grow, their needs change and elimination patterns are different.

It is important to keep a written or mental record of your baby's elimination pattern, which will help you become aware of any changes. Some signs to look for in a newborn regarding constipation are firmer stools, a noticeable decrease in the frequency, going longer than 48 hours without a stool, grunting or crying when stool is attempted, hard and rounded pieces or connected pieces of stool, and streaks of blood on the outside of a passed stool.

Any concerns should be directed to your healthcare provider. Do not use laxatives, suppositories, or enemas unless prescribed by your healthcare provider.

DIARRHEA

A baby may have diarrhea if he/she has frequent stools after each feeding. Frequent watery stools can cause a baby to lose more fluid than he/she is taking in. If this happens, the baby can become dehydrated, which can be a serious problem. A diarrhea (water loss) stool usually has a water ring surrounding the stool. If your baby should experience two consecutive diarrhea stools, notify your healthcare provider.

VOMITING

Many babies have spitting up episodes, spitting while burping or drooling formula slowly and quietly. Babies may do this throughout infancy.

Vomiting is projectile in nature and the volume is larger than that of a spitting up episode. It is sometimes startling to the baby and can cause great discomfort and stress. If a baby vomits more than once in a 12-hour period, notify your healthcare provider.

DIAPER RASH

Diaper rash is very common; most babies have diaper rash at one time or another during infancy. It is caused by one or more of the following:

- Urine and stool in contact with the skin;
- Certain laundry products;
- Chemicals used in some disposable diapers or wipes; and
- Inadequate diaper washing.

To prevent diaper rash:

- Keep the baby's bottom as dry as possible by changing diapers frequently. Rinse the diapered area with water at each change and avoid plastic pants (which retain water).
- You can reduce irritation from laundry detergents by running diapers through an extra rinse cycle or by changing to a milder product.

To treat diaper rash:

- Change diapers more frequently than normal. Gently wash the diapered area with lukewarm water and mild soap, especially after a bowel movement. Dry thoroughly, using a blotting action, not rubbing.

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- Apply a non-prescription cream or ointment such as A&D, Desitin, Balmex, or Vaseline. The baby's skin must be completely clean and dry when you do this; if not, the cream simply traps moisture and bacteria against the skin and aggravates the problem.
 - Whenever possible, let the baby go with no diaper at all (air drying). If the diaper rash persists, consult your healthcare provider.

CIRCUMCISION CARE

There are two methods that are used for circumcision, plastibell and instrument.

Plastibell:

Instructions may vary depending on your healthcare provider:

1. Some healthcare providers will tell you not to put anything on the penis; others may have you use gauze and Vaseline. If you use Vaseline and gauze, change with each diaper change.
2. If the penis has stool on it, cleanse with warm water to remove the stool thoroughly and dry the penis well.
3. The bell will drop off in seven to 14 days. Check every day for healing and to make sure the bell is gradually falling off. Let the bell fall off completely by itself.

Instrument:

Instructions may vary depending on your healthcare provider:

1. If Vaseline and gauze are used, change with each diaper change.
2. Keep area cleansed with warm water, rubbing very gently. Dry well.
3. Healing takes about five to seven days. You will notice a difference in the baby's comfort level in about two days.

NOTE: There will be some swelling at the head of the penis with either procedure, as well as a small amount of bleeding. Any excessive bleeding, odor, or drainage at the site should be reported to your healthcare provider.

If the baby shows sign of painful urination or difficulty voiding, notify your healthcare provider.

WHEN TO CALL THE DOCTOR

Notify your healthcare provider regarding any of the following:

1. Fever of 100.4 degrees Fahrenheit (38 degrees Centigrade) or above, making sure the infant isn't overdressed, or hasn't been held for a long period of time when temperature is taken.
2. Continued refusal to eat (skipping two or more feedings or eating so little that there are less than six wet diapers a day).
3. Bloody or watery stools.
4. Projectile or frequent vomiting.
5. Noted change of skin and eye color to yellowish tones (jaundice).
6. Skin rash other than the rashes discussed on page 12.
7. Bleeding or drainage from the umbilical or circumcision site.
8. Fewer than six wet diapers or three or four stools per day (after day three of life) in a breastfed baby.
9. Fewer than six wet diapers or one or two stools every few days (after day three of life) in a bottlefed baby.

Remember: When in doubt, call your healthcare provider!



WELL BABY VISITS

Your healthcare provider determines frequency of well baby visits. Your physician/clinician or practitioner will want to see your baby regularly the first two years. The following is a sample schedule:

- 1-2 weeks of age
- 4-8 weeks of age
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- Yearly until school age

IMMUNIZATIONS

Immunizations are life-long protection for your baby against diseases. Today, immunizations are designed to start at birth. Your child should receive most immunizations before his/her second birthday. These will protect against 10 major diseases:

1. Diphtheria
2. Tetanus (“Lock Jaw”)
3. Pertussis (“Whooping Cough”)
4. Measles (“Ten Day,” “Red,” or “Hard” measles)
5. Mumps
6. Rubella (“German” or “Three Day”)
7. Polio
8. Hemophilus Influenza Type B (HIB)
9. Hepatitis B
10. Varicella (“Chicken Pox”)

You should follow through with all of your child’s immunizations according to the schedule given to you by your healthcare provider. If your child misses an immunization, make it up as soon as possible. It is a good idea to keep a copy of your child’s immunizations for childcare and school requirements.



INFANT SAFETY

GENERAL SAFETY:

You were concerned about your baby's safety during pregnancy; now you will want to do everything possible to provide a safe environment for your newborn. Here are some safety tips for you to consider:

- Slats on the crib and playpen should not be more than 2 3/8" apart.
- The baby's mattress should be firm, flat, and fit snugly on all four sides.
- Never leave the baby alone on a table or any high surface.
- Keep the baby's crib free of clutter - no pillows or toys that could cause smothering, choking, or strangling.
- Keep small objects out of the baby's reach.
- When outside, protect the baby from the sun.
- Always test the baby's water before starting a bath.
- Don't hold the baby while cooking, handling hot objects, or smoking.
- Be aware of the health of visitors who may be handling your baby to decrease the spread of infection.
- Never place the baby on a waterbed.
- Always place the baby on his/her back to sleep.
- Never put the baby's pacifier on a string. It could become tangled and cause the baby to choke.
- Don't use puffy, heavy quilts, or sheepskins in the baby's bed. Such items have been associated with Sudden Infant Death Syndrome (SIDS).

ABDUCTION PREVENTION:

In the hospital, the staff worked to prevent infant abduction in various ways. You may want to consider using some of these same principles at home.

- Don't let strangers into your house. If you are expecting visits from a home health agency, ask for identification.
- Never leave your baby or child unattended or in the company of strangers.
- Consider removing the "It's a girl" or "It's a boy" signs promptly from your yard.
- Think about how much information you want to include on birth announcements, especially if it is published in newspapers or newsletters.

CAR SEAT SAFETY

Your baby will ride in a rear-facing car seat for at least the first year of his/her life. Never put a rear-facing car seat in front of an airbag. The back seat is safest for all children (up to age 12).

Carefully read the vehicle and car seat instructions before installing any car seat. However, realize that the National Highway Traffic Safety Administration (NHTSA) estimates that up to 80% of car seats are installed incorrectly. Please contact a NHTSA certified technician to have your installation checked. A listing of locations for car seat inspections can be obtained at www.seatcheck.org or by calling 1-866-SEATCHECK (732-8243).

Continued Safety

As your baby starts to grow and begins to crawl and climb, his/her safety needs will be different. Keep yourself informed. Consider subscribing to a parenting magazine or checking out books from the library. Review safety questions with your child's healthcare provider at each visit.



CHILDCARE

It is best to start looking for childcare months before you need it so that you will be able to compare your needs with available services.

TYPES OF CHILDCARE

1. **In-Home Care:** In-home care service brings the caregiver to your home, is convenient, and gives you control over your child's environment but it typically costs more than care outside the home. In-home care exposes the child to fewer factors that may cause illness. It will be necessary to find back up childcare for days when your caregiver is sick or on vacation.
2. **Family Childcare (Home Childcare):** This type of care is available in the caregiver's home. It may be convenient because it is close to home or a relative's home. Age range may vary, and the number of children is limited according to the number of caregivers and the space provided.
3. **Group or Center Care:** This also may be referred to as a childcare center, preschool, nursery school, or learning center. Center care may have funding from various sources. These centers often offer support and educational classes to parents.

WHAT PARENTS SHOULD ASK ABOUT CHILDCARE SERVICES:

- Is the home or center licensed or registered with local government?
- Can you visit during normal operating hours before registering your child?
- Are you allowed to look around and see how things function?
- Must you call each time you want to visit?
- Is play (indoors and out) supervised at all times?
- Is television viewing limited?
- How often does the caregiver meet with parents?
- Is smoking allowed when the children are there?
- What kinds of policies address discipline, sick childcare, etc.?



SUDDEN INFANT DEATH SYNDROME (SIDS)

SIDS is the sudden death of a previously healthy infant under one year of age that remains unexplained after an autopsy, an evaluation of the death scene, and a review of the infant's medical history. SIDS is still responsible for more infant deaths in the United States than any other cause of death during infancy beyond the neonatal period.

The following have consistently been identified as risk factors for SIDS:

- - Prone (on baby's stomach) or side sleeping position
- - Sleeping on a soft surface
- - Maternal smoking during pregnancy
- - Overheating
- - Late or no prenatal care
- - Premature birth or low birth weight
- - Male gender
- - American Indian/Alaska Native, and African American infants.

AMERICAN ACADEMY OF PEDIATRICS SIDS PREVENTION RECOMMENDATIONS

1. - **Back to sleep.** Infants should be placed for sleep in a supine position (on the back) for every sleep. Side sleeping is not as safe as supine sleeping and is not advised.
2. - **Use a firm sleep surface.** Soft materials or objects such as pillows, quilts, comforters, or sheepskins should not be placed under a sleeping infant. A firm crib mattress, covered by a sheet, is the recommended sleeping surface.
3. - **Keep soft objects and loose bedding out of the crib.** Soft objects such as pillows, quilts, comforters, sheepskins, stuffed toys, and other soft objects should be kept out of an infant's sleeping environment. If bumper pads are used in cribs, they should be thin, firm, well secured, and not "pillow-like". In addition, loose bedding such as blankets and sheets may be hazardous. If blankets are to be used, they should be tucked in around the crib mattress so that the infant's face is less likely to become covered by bedding.
4. - **Do not smoke during pregnancy.** Avoiding an infant's exposure to second hand smoke is advisable for numerous reasons in addition to SIDS risk.
5. - **A separate but near sleeping environment is recommended.** The risk of SIDS has shown to be reduced when the infant sleeps in the same room as the mother. A crib, bassinet, or cradle is recommended. Bed-sharing is not recommended.

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- 6. - Consider offering a pacifier at nap and bedtime.** Although the mechanism is not known, the reduced risk of SIDS associated with pacifier use during sleep is compelling, and the evidence that pacifier use inhibits breastfeeding or causes later dental complications is not. Use a pacifier during the first year of life according to the following procedures:
- - The pacifier should be used when placing the infant down for sleep and not be reinserted once the infant falls asleep. If the infant refuses the pacifier, he or she should not be forced to take it.
 - - Pacifiers should not be coated in any sweet solution.
 - - Pacifiers should be cleaned and replaced regularly.
 - - For breastfeeding infants, delay pacifier introduction until one month of age to ensure that breastfeeding is firmly established.
- 7. - Avoid overheating.** The infant should be lightly clothed for sleep and the bedroom temperature comfortable. The infant should not feel hot to the touch.
- 8. - Avoid commercial devices marketed to reduce the risk of SIDS,** none have been sufficiently tested to show efficacy or safety.
- 9. - Do not use home monitors** as a strategy to reduce the risk of SIDS.
- 10. Avoid development of positional plagiocephaly (flat back of head).** Encourage “tummy time” when the infant is awake and observed.
- 11. Avoid having the infant spend excessive time in car-seat carriers and “bouncers”.** Upright cuddle time is encouraged.
- 12. Alter the head position** to the opposite side at the beginning of the week.
- 13. Periodically change the orientation of the infant** to outside activity (for example...the door of the room.)
- 14. Assure that others caring for the infant (child care provider, relative, friend, babysitter) follow these recommendations.**



Feeding Your Baby

BREASTFEEDING

Congratulations on choosing breastfeeding –the best feeding for your baby! Breast milk is the perfect food for all babies. Did you know it is also your baby’s first “immunization”? Your breast milk will provide immunities and antibodies that help the baby’s immune system develop to its full potential. You should feel good about that every time you breastfeed.

Even though breastfeeding is a very natural way to feed a baby, most mothers (and fathers) of breastfed babies will tell you it takes a few weeks before you feel confident with the whole process. This is because most of us have not been brought up to think of breastfeeding as the “normal” way to feed a baby.

There are a few things about breastfeeding that every mother and father should know, and we have detailed them here for you. Please feel free to ask any of our nursing staff or lactation consultants questions that are not answered here. We want to help you breastfeed as long as you want. The American Academy of Pediatrics recommends baby be exclusively breastfed for 4 to 6 months and with solid foods after that time up to one year of life. It’s good for you and your baby.

WHEN WILL THE MILK COME IN?

In the first few days after birth, your breasts produce a yellowish substance called colostrum. It is all your healthy baby needs. If your baby is nursing well and often, your breasts will begin to feel slightly fuller or firmer after two to four days. This is what mothers refer to as their “milk coming in.” The maturing milk may appear to be very “thin.” This has nothing to do with how rich it is.

THE TECHNIQUE

You should feel a pulling or tugging sensation when your baby sucks. You may experience a little tenderness in the first week or so, particularly with the first suck at the beginning of each feeding; but you should never feel pinching or biting; and the nipple should not bleed or become bruised, blistered, or cracked with normal breastfeeding. In order to stimulate the breast properly to make milk and to keep the nipple from getting sore, the baby must be positioned so that he/she will attach to (latch-on) the breast not just the nipple. The following diagrams give instructions on different breastfeeding techniques.

Cradle position
(Fig. 9-9)



Side-lying position
(Fig. 9-10)



Modified clutch position
(Fig. 9-11)



Clutch position

POSITIONING

1. When nursing in the cradle position (Fig 9-9), turn the baby onto his/her side so he/she is “tummy to tummy” next to you. Cradle him/her head in the crook of your arm.
2. When nursing lying down (Fig. 9-10), turn onto your side and position the baby on his/her side up next to your tummy and opposite your breast closest to the bed. (This hold may be difficult in the first week without help because it is hard to see your baby while lying down).
3. If nursing in the clutch or football hold (Fig.9-11), turn the baby in towards you so his/her tummy is along your side. Support the baby’s neck and gently hold his/her head with your hand.
4. Use one or two pillows under the baby and your arm if you are nursing in the cradle or football hold. This will keep the baby at breast level and prevent arm and back strain for you. This will be necessary for the first week, and then it may be fine without the pillows.
5. Support the breast in a “C-hold” – with four fingers under the breast and your thumb on top. This will help support the breast and allow the baby to keep the breast tissue well back in his/her mouth. Place fingers about one inch back from nipple; if you have large areola or brown tissue around nipple, your fingers may be on the brown area.

LATCHING ON

First, tickle the baby’s lower lip with your nipple and wait for him/her to open his/her mouth very wide, as when yawning. Then quickly pull baby in close pointing your nipple up towards the roof of the baby’s mouth. Baby should come chin first to the breast. Be patient and wait for a wide-open mouth. This will assure that the breast is grasped and not just the nipple. With lots of practice in a few days, you and your baby will be pros at latching on. It’s like a dance—your baby has his/her part and you have yours.



It is not necessary to make an “air hole” for your baby to breathe. If your baby’s nose looks too close bring more of his/her chin in the breast and lift the breast up so your baby’s head will tilt back. Babies are designed with a “pug” nose and receding chin in order to ‘fit’ close into the breast.

FEEDING FREQUENCY

Babies should be encouraged to nurse at least eight times in 24 hours. That is about every three hours. In the beginning, you may want to unwrap the baby and put him/her right next to your skin to help wake him/her up. Don’t be worried about waking him/her in the first few days. It will not spoil your baby to nurse this often. Quite the contrary—it helps develop an abundant milk supply and helps your baby to grow well.

Babies who nurse at least eight times in 24 hours are less likely to become jaundiced and their mothers have fewer problems with a low milk supply or engorgement. Keep in mind that some babies will want to nurse more than eight times in 24 hours. Up to twelve feedings in 24 hours is considered perfectly normal. Babies digest breast milk in less than two hours, and they are trying to double their weight in a few mouths. It’s no wonder they need to eat often!

FEEDING DURATION

Babies should be offered both breasts at every feeding, but they may not want both or they may not nurse equally from both. It is not important to limit nursing time on one breast to get the baby to nurse on the second breast. Your baby will let you know by his/her behavior when he/she is done. Just like children and adults do when eating, babies will give cues that they have had enough. Some cues might be letting go of the breast or slowing the sucking to just occasional weak suck.

It is not a good idea to time your baby’s feeding. They all eat at a different pace, but most will finish eating in a total of 10 to 40 minutes. If the baby has not released suction and you want to take him/her off, push your finger into the corner of his/her mouth over your nipple while leaning him/her away, so that if he/she clamps back down it will be on your finger and not the tip of your nipple.

Burp the baby when he/she has finished the first breast and again at the end of the feeding. It is okay if your baby doesn’t always have a burp.

HOW TO KNOW IF YOUR BABY IS GETTING ENOUGH MILK

Look for your well breastfed baby to have 4-6 very wet diapers in 24 hours and 3-4 stools in 24 hours by the fourth day of life. Keeping track of wet and dirty diapers is very important, because this is the best way to tell your baby is getting enough to eat. The stools should be changing in color from the thick, dark meconium stools to a mustard-yellow color. The stools should be soft, and sometimes they are very loose.

Your baby should also be weighed in the first week or so after birth at your healthcare provider’s office. Most babies will regain their birth weight within two weeks. If you become worried that your baby is not getting enough at the breast, please call the lactation consultant at (913) 498-6322 and/or the baby’s doctor.

American Academy of Pediatrics Clinical Practice Guideline Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks Gestation Pediatrics Vol. 114 No. 1 July 2004



WHAT TO DO ABOUT SORE NIPPLES

Breastfeeding is not supposed to be painful. We call it breastfeeding – not nipple feeding. Many mothers have tenderness with breastfeeding and that may be normal. Sharp pinching pain while breastfeeding may mean that your baby is not correctly positioned on the breast. Your nurse or lactation consultant can help you with positioning and sore nipple care.

Prevent Sore Nipples

The number one cause of sore nipples is the baby latching poorly to the breasts. Here a rhyme to remember:

- Tummy to Tummy
- Chest to Chest
- Chin and Nose touch the Breast!

By following the directions in this rhyme you can get your baby latched on the breast well. Place your baby so his/her tummy is against your tummy and his/her chest is at your chest. Then bring your baby to your breast chin first then nose.

Care of Sore Nipples

- Express a little colostrum or milk first to start flow so baby does not have to.
- Limit breastfeeding time if sucking becomes sharp and painful.
- Express a little colostrum or milk onto nipples after feeding to help heal sores. USP modified lanolin (like Purelan) is also good to apply to sore nipples.
- Massage your breast during breastfeeding to keep milk flowing and baby's sucking more comfortable.
- Use non-plastic lined bras and/or pads. Change pads often to keep nipples dry.
- Ask your nurse or lactation consultant about other products that may help heal your nipples.

BREAST ENGORGEMENT

During the first week after delivery, as the colostrum is changing to mature milk, your breasts will become full. This normal postpartum fullness usually diminishes within 3-5 days. Engorgement may develop if your baby does not adequately remove the milk from your breasts. During this time, your breasts will feel hard, painful, and hot.

You can prevent engorgement by:

- Breastfeeding your baby frequently, 8-12 times in 24 hours.
- Avoiding supplements of water or formula for the first 3-4 weeks unless medically indicated.
- Expressing your milk, if you miss any feedings.
- Weaning your baby, over a gradual period.

Treatment

- Apply a hot, moist towel (or disposable diaper) to your breasts for 2-5 minutes, or take a hot shower before nursing your baby.
- If your breasts are severely swollen and engorged, try applying icy cold compresses or cold cabbage leaves prior to nursing.
- Hand express some milk to soften the areola after using moist heat. This makes it easier for baby to attach to the breast.
- Use gentle breast massage before and during breastfeeding or pumping.
- Use deep breathing, soft music or other techniques to relax before during nursing.

- Try applying icy cold compresses to your breast after nursing to relieve the discomfort and decrease swelling.
- If your baby takes only one breast, use a hospital-type automatic electric breast pump or hand expression to express the milk from the other breast during the engorgement period.
- If your baby can't latch on or your nipples are flattened, use a hospital-type electric breast pump or hand expression to express some milk which will help to soften the areola. Use moist heat and breast massage before pumping. Continue pumping every two hours – 10 minutes per side – until your baby can latch on.
- If your nipples remain flat, wear multiple-holed breast shells for half an hour before breastfeeding. This will help draw out your nipple, making it easier for the baby to latch on. Discontinue usage if discomfort occurs.
- Avoid bottles, pacifiers, and nipple shields during this engorgement period. These may cause nipple confusion/preference.

BREASTFEEDING NUTRITION

Your decision to breastfeed is a personal one dependent on many factors. If you decide breastfeeding is for you, keep good nutrition on the top of your “to-do” list. In fact, your needs for energy and some nutrients are higher during breastfeeding than while you were pregnant.

While breastfeeding, your calorie needs increase by 500 per day, which is more than while you were pregnant. A strict weight-loss regimen is not recommended while you are nursing. If your intake is below 1,800 calories daily you probably won't get the nutrients your body needs, which may affect your milk supply.

It is important to choose food from all areas of the food guide pyramid and to remember your fluids. You need 8-12 cups of fluids daily to satisfy thirst, prevent dehydration, and to ensure adequate milk supply.

Choose from all areas of the food guide pyramid and your diet should include:

- Fruits and Vegetables:
 - 1 vitamin C rich source: oranges, tomato, kiwi, strawberries, broccoli, cauliflower
 - 1 vitamin A rich source: apricots, cantaloupe, mango, carrots, spinach, tomatoes, sweet potatoes, pumpkin, papaya
 - 3 or more other servings daily
- Breads and Cereals: 7 or more servings daily (At least four servings from whole grains)
- Dairy: 4 or more servings daily
- Meats: 7 ounces daily
- Fats: 3 servings daily

If you have questions about diet and nutrition, please contact Menorah Medical Center's Registered Dietitians at (913) 498-7741.

ALCOHOL AND MEDICATIONS

You may consume small amounts of alcohol occasionally when breastfeeding. It is a good idea to consume it with food, and you may want to feed the baby first.

Continue to take your prenatal vitamins while breastfeeding. Tylenol, stool softeners, iron supplements, and many other drugs generally are allowed when breastfeeding. Please consult your baby's healthcare provider about the specific medications you take. The lactation consultants also are happy to answer your questions about food, alcohol, or medications while nursing.



WEANING

Ideally, weaning your baby should be a gradual process for both of you. Please call the lactation consultants if you have questions, and we will be happy to give you some helpful hints based on your baby's age and nursing frequency. Your baby needs milk as the majority of his/her diet for the first year. If you wean your baby from breastfeeding in the first year, ask the baby's healthcare provider to recommend a breast milk substitute.

SICK OR PREMATURE BABIES

If your baby is born prematurely or needs to be in the Neonatal Intensive Care Unit (NICU), you will be shown how to use a breast pump. This will initiate and maintain your milk production until the baby can nurse. These pumps do not hurt, and the lactation consultants will provide you with more information about pumping.

BREASTFEEDING IS NOT A METHOD OF BIRTH CONTROL

Exclusive breastfeeding (nursing day/night and not using any formula) is associated with a delayed return of fertility. However, most women in the United States do not practice exclusive breastfeeding; therefore, they are capable of becoming pregnant within a few weeks or months after birth, even when they continue breastfeeding.

There are many safe methods of contraception to use while breastfeeding. Oral contraceptives (birth control pills) that contain estrogen have been associated with a decrease in the milk supply of breastfeeding mothers, therefore, we suggest that:

1. Estrogen should not be used. Progesterone-only oral contraceptives, sometimes referred to as the "mini pill," are a good alternative for breastfeeding moms because they are not associated with a decrease in milk supply.
2. Depo Provera shots, Norplant, and the non-hormonal methods of contraception (such as condoms, spermicides, diaphragm, IUD, etc.) are fine to use while breastfeeding.
3. The natural family planning method is another alternative when breastfeeding.



BOTTLE FEEDING

Feeding time should be a relaxed time - a time for you and your baby to get to know each other, talk, laugh, and smile. How you act or interact with your baby during this time allows him/her to get to know your feelings too. He/She can tell the difference between your relaxed and rushed periods and may respond to them.

You should be in a comfortable position, in a place that provides your body with adequate support. Make this feeding your focus. Don't worry about the phone or other responsibilities during this time. Relax and enjoy your baby. When feeding your baby:

1. Hold the baby close to you and in a supported position. His/Her head should be higher than his/her body.
2. To get your baby to open his/her mouth, stimulate by using the "rooting reflex" (stroking the nipple against the baby's cheek and near the mouth).
3. Tip the bottle so that the formula always covers the neck of the bottle. This prevents the baby from swallowing air while sucking.
4. The holes in the nipple should be large enough so that the milk is able to drip slowly (about one drop per second) from the bottle when held with the nipple pointing down.
5. You should notice small air bubbles entering the bottle as the baby drinks. This will not occur with plastic-lined bottles, because they collapse as the bottle empties. When using a regular bottle, if there are no bubbles, it means the milk is not flowing. Make sure the cap is on tight and the formula is not leaking on the baby.

HOW OFTEN TO FEED:

It's better to feed your baby when he/she is hungry. Most babies eat about every three to four hours, with six to eight feedings per day.

It is good to establish a feeding routine, remembering that you should not force the baby to eat when he/she is not hungry. Try to establish a pattern that meets the baby's needs and is workable for you. Some babies give up night feedings at one week; others may take three months. If your baby starts feeding every two and one-half hours instead of every three to five hours, it might become necessary to increase the amount of each feeding. Check with your healthcare provider.

HOW MUCH TO FEED:

The amount of food required varies from one child to another. Your baby's requirements will depend on age, activity level, weight, and rate of growth.

Your baby will determine the amount of each feeding, unless nutritional concerns have caused your healthcare provider to establish specific requirements. The average baby consumes 20 to 22 ounces (600-700 ml) of formula per 24 hours. Most babies feed for 15 to 20 minutes during each feeding.

Your healthcare provider will instruct you on when and how much to increase the amount of formula.



FORMULA TYPES

Commercially prepared infant formula comes in three basic types. All of them are equally nutritious, although they are prepared differently.

- **Ready-To-Feed:** Comes in a can and is ready to be put directly in a bottle. Do not add water. Be sure to read and follow instructions on the can for storage and use. This is the most expensive way to buy formula.
- **Concentrated:** This is the liquid form and must always be mixed with water. The general proportions are 1:1 (eight ounces formula to eight ounces water). Be sure to read and follow instructions on the can for storage and use. Adding too much or too little water alters the nutritional value.
- **Powdered:** This is the dry form; it must be mixed with water. Be sure to read and follow instructions on the can for storage and use. This is the least expensive way to buy formula.

PREPARING THE FORMULA

1. When measuring formula, you should be accurate; there should be no guessing on formula or water amounts.
2. When scooping powder, always use the correct number of scoops as indicated on the container.
3. Never heap the scoops.
4. Never pack the scoops tightly.
5. Always level off the scoop with a clean knife-edge.

Note: It is imperative that you prepare the formula exactly as directed on the container. Not doing so can cause serious harm to your baby.

FORMULA TIPS

1. Always wash your hands before starting to prepare formula to prevent infection.
2. Use a bottle brush to wash bottles. It is designed to get inside all the corners of the bottle to remove particles. It is recommended to wash bottles in a dishwasher on the “dry heat cycle.” Check your dishwasher manual for further instructions.
3. Always read the manufacturer’s directions well before using a product. Be sure to check the expiration date on the formula can before purchasing the product.
4. Before using a can of formula, wash the top well and rinse to remove any unseen particles left during packaging.
5. Always use clean equipment when opening cans.
6. Feed your baby within one hour from the time the bottle was removed from refrigeration (unless you have a bottle sleeve or a way of keeping the formula cold). Bacteria grow in a bottle that has been sitting out too long.
7. Any formula left in the refrigerator must be kept covered at all times.
8. With prepared formula, most formula companies require the formula to be used within 48 hours of opening.
9. Powdered formula does not have to be refrigerated, but the lid must be kept on when not in use.
10. After each feeding, leftover formula in the bottle should be thrown away.
11. Never microwave a bottle. The rapid heating can cause the formula to turn to steam and the bottle might explode. Also, it is difficult to judge the temperature when using a microwave. The bottle may feel slightly warm, but the formula may be very hot.

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12. You must test any warmed formula before it is given to the baby. Allow a few drops to fall on the back of your hand or the inner part of your arm or wrist. If it is too warm for you, it is too warm for your baby.
 13. Warm a bottle of formula by running it under hot tap water, placing it in a pan or bowl of hot water, or using a bottle warmer.
 14. Always check nipple hole sizes. A stream that is too fast may cause the baby to choke; a stream that is too slow may make the baby frustrated. The flow should be about one drip per second.
 15. Nipples should be replaced periodically because of frequent use and preparation. Signs of wear include a noticeable change in the hole size, a sticky texture, or the insides of the nipple sticking together.
 16. Never prop a bottle.
 17. Make sure bottle caps are secure before starting each feeding.
 18. Grab a burp cloth whenever you grab a bottle.

BURPING

Bottle-fed babies need to be burped about halfway through their feeding (every two to three ounces) and at the end of the feeding. A breastfed baby should be burped each time he/she finishes a breast.

If the baby is extremely fussy before the feeding, burp before starting the feeding, as the crying episode may have caused him/her to swallow a lot of air.

Don't be alarmed if sometimes the baby doesn't burp. There will be times when the baby will not need to burp.

To prevent choking, don't place the baby on his/her back in a flat position immediately after feeding; instead place him/her on his/her side or in an infant seat.

SPITTING UP

Most babies do some spitting up. Babies sometimes spit up with a burp, when they have eaten more than the stomach can hold or when they are swallowing. As the baby's digestive system matures, the spitting up should decrease. Here are some ways that may help reduce the frequency and amount of spitting up:

- Burp frequently (every three to five minutes during each feeding).
- Avoid overfeeding.
- Avoid feeding while your infant is lying down.
- Place the infant in a position so that the head is higher than the stomach for 10 to 15 minutes after each feeding (in an infant seat, carrier or stroller, with supervision).
- Try to feed the baby before he/she gets extremely hungry and fussy.
- Do not play with the baby immediately after feedings.
- If bottle-feeding, make sure the nipple hole is not too big or too small. A few drops should come out when the bottle is turned over.

Resources

MENORAH MEDICAL CENTER

Birth Center: (913) 498-6300

Emergency Room: (913) 498-6533

Lactation Consultants: (913) 498-6322

CAR SEAT INSPECTION

1-866-SEATCHECK (732-8243)

DOMESTIC VIOLENCE

Safe Home

(816) HOT-LINE

(913) 262-2868

HEALTH DEPARTMENTS

Clay County Public Health Center

(816) 781-1600

1940 W. Kansas St.

Liberty, MO 64068

www.clayhealth.com

Franklin County Health Department

(785) 229-3530

1418 S. Main, Suite #1

Ottawa, KS 66067

www.co.franklin.ks.us/health.html

Independence Health Department

(816) 325-7986

223 N. Memorial Drive

Independence, MO 64050

www.ci.independence.mo.us/health/index.stm

Johnson County Health Department

Overland Park

(913) 826-1200

6000 Lamar, Suite 140

Mission, KS 66202

Olathe

(913) 894-2525

11875 South Sunset Dr., Suite 300

Olathe, KS 66061

health.jocogov.org

Kansas City, Missouri Health Department

(816) 513-6008

2400 Troost Ave.

Kansas City, MO 64108

www.kcmo.org/health.nsf

Lawrence-Douglas County Health Department

(785) 843-0721

200 Main St., Suite B

Lawrence, KS 66044

www.ci.lawrence.ks.us/medicine

Leavenworth County Health Department

(913) 250-2000

500 Eisenhower Rd., Suite 101

Leavenworth, KS 66048

www.leavenworthcounty.org/hd/hd_home.htm

Miami County Health Department

(913) 294-2431

1201 Lakemary Dr.

Paola, KS 66071

www.miamicountyks.org/health_dept.html

Ray County Health Department

(816) 776-5413

820 E. Lexington

Richmond, MO 64085

Wyandotte County Health Department

(913) 321-4803

619 Ann Ave.

Kansas City, KS 66101

www.wycokck.org

POISON CONTROL

Mid-American Poison Control Center

(913) 588-6633



MENORAH MEDICAL CENTER

5721 W. 119th Street

Overland Park, KS 66209

(913) 498-6300

MenorahMedicalCenter.com