



Journey to a Healthy Baby

A Care Guide for You and Your Baby

Johns Hopkins Medicine



**SIBLEY MEMORIAL
HOSPITAL**

JOHNS HOPKINS MEDICINE

Important Phone Numbers

Sibley Memorial Hospital

General Information	202-537-4000
Maternal Fetal Medicine Faculty	202-660-7180
Billing Office	443-997-3370, or 1-855-662-3017
Breastfeeding Center/Lactation Line	202-243-2321
Family Centered Care Unit	202-537-4370
Emergency Department	202-537-4080
Labor and Delivery.....	202-537-4577
Special Care Nursery	202-537-4176
Case Coordination	202-537-4004
Genetic Counselor	202-660-7180

Other Community Services

American Red Cross 1-800-RED-CROSS (1-800-733-2767)

Lactation Consultant

Sibley Memorial Hospital.....202-243-2321; sibleylactation@jhmi.edu

Breastfeeding National Helpline.....612-293-6622

La Leche League: llofmd-de-dc.org

Breastfeeding USA: Local DC group.....617-852-6443

Kelly Mom..... kellymom.com

Crisis Response:

DC Mobile Crisis Services

DC DBH Community Response Team (CRT)

Domestic Violence/Sexual Assault

Domestic Violence National Hotline..... 1-800-799-7233

Sexual Assault National Hotline

DC Rape Crisis Center.....202-232-0789

DC SAFE Hotline

House of Ruth

..... 5 Thomas Cicle, NW Washington, DC 20005

Social Services: Departments of Human Services

DC..... 202-671-4200; TTY: 711

Montgomery County

Prince Georges County

Arlington County

Fairfax County

Department of Vital Records, DC

WMATA Metro and Bus Information.. 202-637-7000; TTY: 202-962-2033

Establishing Parentage or Paternity.....

cssd.dc.gov/page/establishing-parentage-and-paternity

Poison Control Center

WIC Services (for questions and to learn more)

Parent / Child Resources in DC: Help Me Grow



Congratulations . . .

We are happy you chose Sibley Memorial Hospital for the birth of your baby. You and your family are special to us, and we want you to enjoy a comfortable stay here.

Our goal is to provide the highest quality service available anywhere. This book will help you make the most of your hospital stay and get you started on your path to parenthood.



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The information contained in this guide is general. It is not intended to replace the advice and recommendations of your health care provider. If you have questions or special concerns, please consult your care provider.

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MyChart at Johns Hopkins

Ask our staff how to sign up - for you and your baby - and then visit: MyChart.HopkinsMedicine.org.

You can easily communicate with your medical team, check on lab results, request prescription renewals, make appointments, and more.



Patient Rights and Responsibilities

As a patient of Johns Hopkins Medicine, you have rights when you choose us to be your care provider. Our staff are committed to supporting and upholding your rights to considerate and compassionate care, including safeguarding your confidentiality, personal dignity and safety, and respecting your cultural, psychological and spiritual values.

Understanding and accepting your rights and responsibilities (including those of your family and visitors) strengthens the partnership between you and your care team, and supports better health outcomes for you.

See our complete policy on Patient Rights and Responsibilities at hopkinsmedicine.org/patient_care/patient-rights-responsibilities.html



New Parents During COVID-19

CDC guidelines strongly recommend the COVID vaccine and boosters when it's time for those recently pregnant or breastfeeding. Breastfeeding may pass along protection to babies. Recently pregnant people are more likely to become severely ill with the virus. All those in close contact with you or your baby help protect you both when they are fully-vaccinated.

To keep your baby healthy and avoid coronavirus

- Take baby to well-baby checkups (and go to your postpartum visit.)
- Do not put a mask or face shield on a baby younger than 2 years old. It could increase the risk of SIDS or suffocation.
- Limit visitors who see your new baby in person to grandparents and people who live with you. Celebrate virtually for other people.
- Keep 6 feet between your baby and people who do not live in your household. Stay away from people who are sick. Consider risks before you go out to activities other than healthcare visits or childcare. Ask your childcare service about COVID policies.
- Know signs of COVID-19 in babies: fever, overly tired or inactive, runny nose, cough, vomiting, diarrhea, poor feeding, difficult breathing or shallow breaths. Contact baby's health care provider within 24 hours. If severe, such as trouble breathing, call 911.
- If you are breastfeeding, wash your hands with soap and water for 20 seconds before breastfeeding or expressing breast milk.
- If you have COVID, wear a mask while feeding and when within 6 feet of your baby. Consider having a healthy, fully vaccinated caregiver feed your expressed breastmilk to baby.

To cope with daily routines

- Realize it's common to feel frustrated and exhausted the first months.
- Care for yourself. Rest when baby does. Eat healthy. Get exercise.
- Reach out for help: video chats, calls, or new parent forums. Your care providers are here to help.
- Maintain your own well-being.
 - Manage stress, anxiety, and depression. Practice meditation or focus on slow, deep breathing daily and when you feel anxious.
 - Depression. If your feelings are severe or last more than 2 weeks, seek medical attention. See page 35.
 - Control frustration. All babies cry so don't take it personally. See "Calming a Fussy Baby" on page 77-80. Never shake a baby.

Visit the [CDC website \(cdc.gov\)](https://www.cdc.gov) for updates and warning signs.

Visitor Guidelines

Family Centered Care Unit, Labor & Delivery, and Special Care Nursery

Our visitor guidelines change at times due to the COVID-19 virus. Please check this link for updated visitor guidelines in effect at the time of your stay with us:

hopkinsmedicine.org/coronavirus/visitor-guidelines.html

1. Visitors not in a patient room must wait in designated waiting areas. For the safety of visitors and the privacy of patients, no one may wait in the hallways.
2. Visitor rest rooms are in the Family Centered Care Unit waiting area.

Web Support Services

MyChart MyChart.HopkinsMedicine.org

Breastfeeding support

Sibley Virtual Parent & Baby Support Group..... Events.Sibley.org

Sibley Breastfeeding Consult Visit..... sibleylactation@jhmi.edu

WomensHealth.gov..... womenshealth.gov/breastfeeding

La Leche League LLL.org

International Lactation Consultants..... ILCA.org

Patient privacy policy hopkinsmedicine.org/Privacy/patients.html

Car seat safety advice..... NHTSA.gov/equipment/car-seats

Identity theft.....major credit companies and consumer.ftc.gov

Experian experian.com

Equifax equifax.com

Transunion..... transunion.com

Safe Sleep for your baby

NICHD “Safe to Sleep” safetosleep.nichd.nih.gov

Substance abuse and addiction

Stop Smoking support Smokefree.gov

Alcoholics Anonymous aa.org

Narcotics Anonymous na.org

SAMHSA 24-hour Referral Line samhsa.gov

WIC locations fns.usda.gov/wic

Some have breastfeeding support.

Sibley Services for New Parents

Breastfeeding Support

We want to help your breastfeeding experience get off to a good start. If you need assistance with breastfeeding -

- **While in the hospital.** Our Lactation Consultants routinely visit patients to offer any extra help with breastfeeding. Breastfeeding Educators teach a daily breastfeeding class, and are also available to assist you in selecting nursing bras and other breastfeeding supplies.
- **After you go home.** Many birthing people can experience challenges with breastfeeding once they get home. An office visit with a Lactation Consultant can help address these challenges and identify solutions to help you meet your breastfeeding goals.

Lactation office visits may be scheduled Monday through Friday. To schedule a visit, please call 202-243-2321 or email sibleylactation@jhmi.edu.

Virtual Parent & Baby Group

We offer FREE, weekly zoom group for lactation support. This is an informal group moderated by Lactation Services. Parents & babies are invited to join the call together! Participants will have an opportunity to meet each other and discuss the joys and struggles of breastfeeding. Email sibleylactation@jhmi.edu to be added to the email list to receive the zoom link, recurring day and time. Put “add me to the list” in the subject line.

If parents have individual questions or specific concerns about breastfeeding, they can request a private Outpatient Consult with the Lactation Consultant by emailing sibleylactation@jhmi.edu. Put “appointment request” in the subject line.

Itsy Bitsy Yoga for Babies

This virtual Itsy Bitsy Yoga for Babies class is designed for newborns to nearly-crawling babies. Itsy Bitsy Yoga for Babies classes contain dozens of unique yoga postures designed to support baby’s development. Each class is filled with calming, nurturing ways to enhance bonding as well as improve baby’s sleep and digestion.

During our Itsy Bitsy Yoga class, babies enjoy yoga while on their backs, tummies, or held in loving arms. Parents are encouraged to get support and learn about baby’s emerging personality. No yoga is experience required.

This live-online class will be held via Zoom. To register, please visit Events.Sibley.org.

Financial and Medical Assistance

You can reach Financial Counselors at Sibley Memorial Hospital by calling 202-537-4160.

Medical Assistance

Medical Assistance provides health insurance coverage for qualified families who do not have private health insurance. To apply for Medical Assistance coverage in DC, call 202-807-0405 or go to districtdirect.dc.gov/ua/eligibility/benefit-selection.

Temporary Cash Assistance

This assistance provides extra money to low-income families with children in times of need. Each state has different rules and those rules change from time to time. Contact your local social services agency for details. In DC call 202-807-0405 or go to districtdirect.dc.gov/ua/eligibility/benefit-selection.

CHIP Children's Health Insurance Program

CHIP helps families with children in times of need. DC pays this health care program for:

- Average to low-income with children under 19 years of age
- Pregnant people of any age.

CHIP covers health services like:

- Hospital care
- Prescription medicines
- Mental health, drug, and alcohol abuse services
- Care provider visits, check ups, prenatal care, and delivery
- Home health care and more
- Shots, lab work, and tests
- Dental and vision care

CHIP is available to those who apply and meet special requirements. It is easy to apply. You may call the DC Department of Human Services at 855-532-5465 / TTY: 711 or visit DC HealthLink (dchealthlink.com).

Our financial counselors at 202-537-4160 can give you details or set up an appointment to complete an application.

WIC Women, Infants and Children Special Supplemental Food Program

The WIC food program may be able to help you if you have

- Low or no income and
 - You are pregnant OR breastfeeding OR have small children.

You receive nutritious foods to supplement your diet, information on healthy eating, and referrals for health care – all free. WIC provides nutritional benefits for you and for your baby during critical times of growth and development:

- If you're pregnant, during pregnancy, and up to 6 months after the birth
- If breastfeeding, up to 1 year after birth if you continue to breastfeed
- Newborns and children are covered up to 5 years of age

To see if you are eligible, call Mary's Center WIC Office at 202-232-6679. You must have a form completed by your health care provider during your pregnancy, and you must reapply after your baby is born. For more information online, visit fns.usda.gov/wic.

Car Safety Seats

Families in need in DC can contact 202-673-6835 or 202-409-0234; in MD: 800-370-SEAT (7328). See details at “Important Phone Numbers” on page ii.

Food Stamp Program

Food stamps help families buy foods they need for good health. Please reach out to 202-807-0405, or dhs.dc.gov/snapinfo. For assistance with the application, call DC Hunger Solutions at 202-640-1088..

Housing

In DC, call 202-535-1000 the DC Housing Authority for a public housing application..

Legal Aid

Catholic Charities at 240-858-0958; Ayuda at 202-387-4848; Bread for the City Legal Clinic at 202-386-7616.

Day Care

For childcare information, contact DC Child Care Subsidy Program at 202-727-5045 or 202-727-0284; EduCare Head Start Day Care at 202-727-5604; and Database of DC childcare providers at mychildcare.dc.gov.

Depression

If you need help dealing with depression, talk to your care provider at once or contact the National Helpline at 1-800-944-4773 or DC support coordinator at 202-643-7290.

When You Need Help

Postpartum and Newborn Appointments

If you are late or can't keep an appointment, you should reschedule right away. Contact your care provider's office to set up an appointment.

Breastfeeding Support

We want to help your breastfeeding experience get off to a good start. If you need assistance with breastfeeding -

- **While in the hospital**, lactation consultants routinely visit patients to offer extra help with breastfeeding.
- **After you go home**, you can make an appointment for an office visit with a lactation consultant on weekdays. To schedule, call 202-243-2321 or email sibleylactation@jhmi.edu.

Car Seat Resources

- The National Highway Traffic Safety Administration at 1-888-327-4236 or visit nhtsa.gov/equipment/car-seats
- For local help with car safety seats, in DC call 202-673-6835 or 202-409-0234. In Maryland, call 800-370-SEAT (7328).

Safe Sleep Program

DC Health is committed to reducing Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths in the District. Through partnerships, DC residents can receive safe sleep education and a portable crib for their infant to ensure they sleep safely. For help, go to dchealth.dc.gov/service/safe-sleep-program.

See more about "Sleep Basics 74" on page 107.

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Care In The Hospital

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Before Leaving the Hospital

When you and your baby are ready to go home, you want the discharge to go smoothly.

Things We Need to Do

Discharge physical. A pediatric care provider will complete your baby's physical exam before discharge and will discuss any immediate questions or concerns.

Circumcision. If you desire a circumcision for your son, the baby will have a physical exam and will need to be medically cleared prior to the procedure. Your obstetric provider will discuss the procedure including risks and benefits and will have the consent forms for you to sign if the baby is cleared.

Jaundice screen.* We screen all babies for jaundice (skin or eyes look yellowish). A bilirubin test will be completed prior to discharge.

Hearing screen *

Congenital heart disease screen *

Newborn metabolic screen (A blood test to check your infant for metabolic or genetic disorders.) *

* See "Tests and Vaccines for You" on page 19 *for details.*



Things You Need to Do

Baby's followup care visit. Choose a pediatric care provider or well-baby clinic to care for your baby after discharge. See baby's care provider when baby is 3 to 5 days old (or about 2 days after discharge from the hospital), if not before. Once you have selected where your baby will receive care, we will help provide the newborn medical records to baby's care provider.

Transportation arrangements. Make travel plans for your trip home. Have clothes for you and your baby to wear home from the hospital. You should plan to leave the hospital as early as 10:00 a.m.

Infant car safety seat. Make sure you have a federally-approved infant car seat, the right size for your baby. It should be installed correctly, rear-facing in the back seat of the car. Parents of premature or high risk infants may receive special instructions from our staff. See "Car safety seat" on page 11.

Feed your baby.

- Breast-fed babies should nurse on demand.
- WIC program. Infants and parents may be eligible for WIC.
 - To apply for WIC after baby's birth, contact Mary's Center WIC Office at 202-232-6679. Also see "Financial and Medical Assistance" on page 8.
 - You will be re-enrolled and your baby will be enrolled. You can usually get appointments within 2 weeks of discharge. Remember, the sooner you get an appointment, the quicker you and your baby will receive benefits.

Your followup care visit. Schedule your postpartum check up with your care provider within 3 weeks after your delivery. If you had a Cesarean delivery, you may be instructed to see your provider sooner to check the incision. You should also schedule a full-in-person care visit within 12 weeks of giving birth.

Please ask your nurse if you have any questions about your care or your discharge. If you receive a survey after you leave about your stay with us, please return it so we can use your comments for our clinical practice. We hope the first few weeks at home go smoothly for you and your family.

Getting to Know Your Hospital Surroundings

Calling for Staff Assistance

Use the call button attached to your bed when you need –

- Supplies
- Medicines
- Help of any kind for you or your baby
- Assistance to the bathroom. Use the red call button near your bed for help getting to the bathroom from the bed. If you are already in the bathroom and need help, use the call emergency button inside.

Telephone and Television Services

Sibley Memorial Hospital is committed to providing quality television and telephone service 24 hours a day.

For TV service in your room, use your bedside remote to press the HOME button to access your viewing options, including Watch TV Now and the Channel Guide. A few channels to note include Channel 61 (newborn programming), Channel 68 (music and nature scenes) and Channel 69 (guided imagery).

The bedside telephone can be used to make local calls within the hospital and within the United States. The hospital does not accept international calls.

Patient Education Video On-Demand

We offer all our patients free educational videos on the in-room TV. A list of available videos, including our Patient Safety Video, appears on channel 61.

Identification and Infant Security

Parents and partners are given an identification bracelet at the time of delivery that matches the bracelet on your baby. Please do not remove any of these bands from yourselves or your baby. They are necessary for the protection of your baby during your hospital stay.

The safety and protection of your baby are of utmost importance to our staff. We don't want anyone around your baby who shouldn't be. We have put a number of measures in place to make sure this doesn't happen. Our staff will explain this system to you when you arrive on the unit.

Staff who work in this department have a special hospital identification badge with the department and position in **GREEN** on their ID badge as a sign that they are the only staff who can touch an infant.



Hospital Routines

Care Provider Visits

OB care providers visit patients daily. To care for your baby, your baby's health care provider may need information from your electronic medical record. Unless you tell us not to, we will share your health information about your pregnancy, delivery, and postpartum care with your baby's care provider.

Your pediatric care provider will see your baby after birth and before you go home and more often if needed. Many parents find it helpful to prepare a list of questions to ask.

Your pediatrician will perform a physical and behavioral exam and our nursing staff will regularly assess your baby. See more about "Immunization Schedule 109" on page 106.

Hand Washing

Hand washing is one of the best ways to protect you, your baby, and your family from disease and illness. Make sure care providers in the hospital wash their hands before they care for you and baby. Ask all family and visitors to wash their hands when they enter the room and before holding your baby. The same rule will help protect you and your baby at home. See "Clean Hands for Health" on page 80.

Parent-Baby Nursing Care

A nurse will care for both you and baby. This is called *couplet care*. Our hospital's care plan is for you and your baby to be together during your hospital stay. "**Rooming-in**" 24 hours a day helps a new parent and baby in many ways. When you, your partner, and baby stay together, you learn baby's needs and feeding cues. You learn how to handle and comfort baby, and baby learns to recognize his parents. You and baby sleep better. Baby calms more quickly and breastfeeds longer – so parent's milk increases earlier. Stress levels are lower and baby is healthier.

Skin-to-Skin Contact

It is best to room-in with your baby. You and your support person can use skin-to-skin contact often during the first hours and days after birth. Placing a light cover over you and baby may feel cozy.

This close bonding time when you are awake is important for you and your baby because it:

- Keeps baby warm.
- Gives breastfeeding a good start.
- Calms parent and baby.
- Helps baby sleep better, cry less, and grow.
- Regulates baby's heart beat, breathing, and blood sugar.



How to do skin-to-skin. No clothes, blankets or bras between parent and baby – just a diaper. Baby's body is against parent's, head under parent's chin, chest and belly flat against parent's chest between the breasts, legs turned toward parent (baby not twisted or lying on their side). Cover baby and parent with a blanket, keeping the baby's head uncovered. The hat is not needed. Make sure you can see baby's nose.

Infants may be brought into bed for breastfeeding or comfort, but do not share your bed with the baby during sleep. Newborns that share your hospital bed may be in danger of falling to the floor or possibly being trapped between the mattress and bed rails.

When Baby Is With You

While your baby is in the room with you, follow these safety measures:

- Keep the lights on so you can watch your baby. Lights can be dimmed if you wish. Leaving just the bathroom light on at night may be helpful.
- If you are in bed with your baby, keep the side rails up to guard against accidental falls, especially if you take pain medication. Do not sleep in bed with your baby. See "Sleep Basics & Safety" on page 74.
- When you sleep, keep the baby in the bassinet close to your bed and away from the door.
- Place baby in a bassinet, not in your arms, when you walk around your room or the hospital.
- Never allow anyone without a picture ID to take your baby. For security purposes, all hospital employees who handle your baby must have a special picture ID badge.

Do NOT leave your baby unattended.

Reminders for You

- Call for assistance when getting up for the first time after delivery.
- Request pain medicine when needed.
- Use your call light if you or your baby need help.
- If you feel drowsy or sleepy when holding your baby, place your baby in a bassinet or crib. Falling asleep in a chair or in bed while holding a baby can cause baby to suffocate or fall.
- Wear a supportive bra after delivery. It will help keep your breasts from becoming too uncomfortable.
- Give yourself time to heal before doing any strenuous activity. Wait a few weeks before putting anything in your vagina (sex, tampons).

Your Recovery Care

After delivery your blood pressure, pulse, temperature, and breathing will be checked often. In addition, stomach dressing if cesarean delivery, your perineum, and vaginal bleeding are monitored.

If you had an epidural or spinal anesthetic, you will be placed on bed rest until the effects wear off. All parents should ask for staff assistance when getting out of bed the first time.

Rest as much as you can while in the hospital. The staff will help you learn how to care for yourself and your baby.

Your hospital stay is usually 1 to 2 days for a vaginal delivery or 2 to 3 days after a cesarean birth. You may stay longer if you have complications. Plan ahead for your trip home from the hospital. See “Preparing to Go Home” on page 26 for more information on checkout.

You may be asked to complete a brief survey about your mood. This helps identify if you are at risk for postpartum depression.

After Vaginal Delivery

You will be encouraged to get up and move about within 2 hours after a vaginal delivery. Empty your bladder as soon as you can after delivery. If there were no complications, you may shower when you feel like it and have a regular diet.

Sitting on an ice pack for the first 24 hours may relieve discomfort. Then change to the moist heat of a warm sitz bath. Medicines (pills and cream) also help.



After Cesarean Delivery

Most patients receive pain medicine following the delivery that lasts for about 12 hours. You will usually stay in bed for 6 to 8 hours. Then you are encouraged to get up and move about with help. It is usually hardest to get up that first time, and a hospital staff member should assist you the first few times. Have someone help you when you feed or hold your baby.

For the first 12 hours you should drink only small sips of water and eat only ice chips. You will then be started on clear liquids, and after that, solid food. To help minimize gas, avoid very hot or very cold drinks and do not use a straw.

Moving and walking around also helps. Slow, deep breathing with a pillow over the incision will help. Inhale and allow your stomach to go out. Exhale and pull your stomach in. Repeat this several times an hour for the first few days. Limit strenuous activity until your body recovers. To prevent infection, do not place anything in your vagina or have sex for a few weeks.

Tests and Vaccines for You

Rubella: Your blood sample will be tested for exposure to German measles (rubella). If you have not had rubella, you should get a shot now to protect any future pregnancy. Your care provider may want you to have a MMR (Measles, Mumps, Rubella) booster shot.

Rh Immune Globulin: Rh-negative parents who have Rh-positive babies need special shots. They must have one or two shots of Rh immune globulin (Rhlg), so they won't have problems with future pregnancies.

HPV Vaccine: Ask your care provider about an HPV vaccine. It prevents cervical cancer and genital warts.

COVID-19 Vaccine: The CDC guidelines strongly recommend the coronavirus vaccine and boosters for those recently pregnant or breast-feeding. Check with your health care provider for more information.

Flu (Influenza) Vaccine: The seasonal flu vaccine is recommended for all new parents. Parents who did not receive it during pregnancy should get the vaccine after delivery.

Tdap: Tetanus, diphtheria, and acellular pertussis vaccine is recommended, if not given during pregnancy to prevent whooping cough.

Others in close contact. The CDC also recommends that others in contact with baby be up-to-date on COVID, Tdap, and flu vaccines. The vaccines should be given at least 2 weeks before contact. This includes parents, grandparents, siblings, child-care providers, etc. The vaccines help protect baby against serious illness.

Baby's Medical Care at Birth

In the birthing or delivery room, baby is dried and umbilical cord clamped. Your baby will be placed on your chest or abdomen skin-to-skin as soon after delivery as possible and both of you covered in a blanket. This first hour is the best time for baby's first breastfeeding. We encourage skin-to-skin care for your healthy newborn throughout your stay.

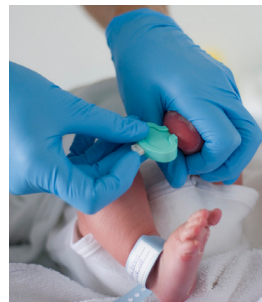
- If your care team think baby might need immediate medical help, they may quickly take baby to a special baby bed to be evaluated.
- All newborns are slightly low on Vitamin K. Vitamin K is needed for normal blood clotting. Your baby will get a shot of this vitamin to prevent bleeding.
- Your baby can get an eye infection passing through the birth canal. Erythromycin eye ointment is placed on your baby's eyes to prevent infection.
- A bath may be given at some point during the hospital stay, usually about 24 hours after baby's birth once they can better regulate their temperature. Please let the nurse know when you are ready to participate in baby's first bath.
- Later in the hospital stay, parents of a baby boy may decide to have him circumcised.

A provider who specializes in baby care will examine your baby during your hospital stay. We recommend that your baby be seen for follow-up by baby's care provider within 48 hours (2 days) of discharge. You may be asked to see your pediatric provider sooner if needed.

Tests and Vaccines for Baby

Newborn Metabolic Screen: State law requires that newborns be tested for many inherited diseases like:

- Phenylketonuria (PKU)
- Galactosemia
- Hypothyroidism



before being discharged from the hospital. These tests are done with a small amount of blood drawn from baby's heel. They detect medical conditions that can cause serious harm to your baby if not detected and treated. Babies discharged before 24 hours must have a repeat test in a few days by a home care nurse or at the baby's first pediatric visit. There may be no charge for the screening.

Hepatitis B: This virus causes serious liver disease. Pediatric experts recommend that every baby be vaccinated against Hepatitis B. Health experts recommend the first dose of the Hepatitis B vaccine in the first 12 hours of birth. Your care provider will ask you to agree before the vaccine is given.

Infant Hearing Screen: State law requires that the hearing of newborns be tested before leaving the hospital. Your baby's care provider will let you know if a follow-up screening is suggested.

Congenital Heart Disease Screen: Pulse oximetry measures the amount of oxygen in the blood. It is non-invasive. It may identify serious heart conditions when done at least 24 hours after birth. This test is required by state law.

Jaundice: High levels of bilirubin make the skin and eyes look yellow or jaundiced. Very high levels can cause brain damage. A blood test to measure levels may be needed. Keep checking your baby's eye and skin color after you go home. See baby's care provider at 3 to 5 days old or earlier if instructed at discharge. More on "Jaundice" on page 67.

Newborn Characteristics

If you have any questions or concerns about how your newborn looks or acts, talk with your pediatric care provider.

Molding. Your baby's head may be molded as baby squeezes through the birth canal. Long and pointed or misshaped heads are normal for newborns. Shapes adjust in a few days.

Fontanels. These soft spots on the baby's head are not as fragile as you may think. It is okay to gently touch them when you wash or cuddle your newborn. Just don't press hard.

Breathing Patterns. Babies breathe primarily through their nose until about 4 to 5 months old. They make all sorts of sounds, sometimes taking quick, shallow breaths, then deep and slow ones. They have periods of very quiet breathing but take deep gasping breaths when they cry vigorously. All are normal. Call your pediatric provider if you think the baby is having difficulty breathing.

Movement. In the beginning, most babies' movements are jerky. Some babies startle more easily than others.



Baby's Skin. Babies have a creamy covering on their bodies before their first bath. This is a protective coating called *vernix*. Dry, scaling skin will come off by itself. Lotions are not always necessary.

Many babies have white spots called *milia* on the nose and forehead. These are normal and will disappear within a few weeks.

Babies sometimes have light red, blotchy patches on the forehead, eyelids, or back of the neck that are commonly called *stork bites*. They will gradually fade.

Large irregular blue and black patches called *Slate Gray Maceles* can be anywhere on the body but especially on the back and buttocks. They are common in dark-skinned babies. They usually fade later in life as the baby's skin darkens. Some may still be noticeable in adults.

Both boy and girl babies may have swelling around the nipple area due to your hormones. It disappears in a few weeks. Do not squeeze the nipples. Hormones may also cause vaginal discharge that occasionally becomes bloody in baby girls. Both mucus and bloody discharge go away in about 1 week. If discharge continues, contact your pediatric care provider.

Color. Your baby's hands and feet may appear slightly blue 1 or 2 days after birth. This is normal. Call your pediatric care provider if you notice a blue or gray coloring anywhere on your baby's skin after you leave the hospital.

The yellowish appearance of the skin and whites of the eyes is known as *jaundice*. Contact your pediatric care provider if your baby has this yellowish color.

Sneezing, Hiccuping, and Spitting Up. Sneezing helps clear the nose and throat and is not always a symptom of illness. Hiccuping is common and generally goes away by itself. Spitting up after a burp is normal, but call your pediatric care provider if your baby spits up large amounts after each feeding. See “Spitting Up” on page 54.

Baby’s Eyes. The color of the baby’s eyes at birth may change. Blue eyes may change color in about 6 months. Brown eyes tend to stay brown. Puffy, reddened eyes or red spots in the white of the eye may be caused by your baby’s journey through the birth canal.

Uncoordinated eye movements may be normal and should disappear as your baby’s eye muscles develop in two to three months. Infants will open their eyes if there is no glare from lights. At birth, your baby can see a distance of about 10 inches.

Bowel Movements. Babies’ bowel movements change over time. During the first 24 hours movements are large sticky, black stools called *meconium*. The stool changes to a mustard-yellow loose stool.

Some babies have a bowel movement after each feeding. Breast fed babies will have more frequent bowel movements for at least the first month. Due to poor muscle tone, babies may strain when they have a bowel movement. Unless a stool is hard and pellet-like, the straining is normal.

Weight. Most babies lose weight for a few days after birth. The loss is mostly water and may be up to 10 percent of the birth weight. Many babies will start to gain after the first week and be back to their original weight by the second week. Your baby should gain about 7 ounces per week. By month one, the average newborn weighs about 10 pounds. He may grow up to 2 inches the first month.



Feeding Routines and Feeding Cues

At first, babies' stomachs are about the size of a marble. They need to be fed often. In time, their stomachs increase in size. Babies should be fed whenever they seem hungry – about 8 to 12 times a day.

Early signs of baby's hunger are:

- Becoming more active and alert
- Whimpering, lip-smacking
- Moving fists to mouth and making sucking motion
- Stretching and yawning, or pulling arms and legs toward stomach
- Rooting or nuzzling against your breast

Crying is a late sign that it's time for a meal. See "Breastfeeding Your Newborn" on page 43.



Baby's Sleep Position

The American Academy of Pediatrics recommends that infants always be placed on their backs for every sleep. This is for naps and at bed time the first year of life. Studies have shown that babies sleeping on their stomachs have a greater risk of dying from Sudden Infant Death Syndrome or SIDS. This is also known as crib death. See "Sleep Safety and SIDS" on page 75 for important details.

**REMEMBER:
BACK TO SLEEP**



Birth Certificate and Social Security Number

Baby's Birth Certificate

During your hospital stay, a staff member will ask you to fill out information for your baby's birth certificate. This is a legal document. You must make sure the information and spelling you provide is accurate. Please have the following information ready:

- Your baby's name
- Birthing parent's maiden name, date and place of birth, Social Security number
- Father's full name, date and place of birth, Social Security number

- For unmarried couples, an affidavit of parentage must be completed before you leave the hospital for the name of the baby's father to appear on the birth certificate

Hospital Verification of Birth Letter

The Verification of Birth letter will be given to you as a part of your discharge paperwork. This is not the official birth certificate.

If you are at Sibley, the Birth Registrar's department can provide a Verification of Birth letter to you at your request. Please email BirthRegistrar@jh.edu. Include the birthing person's name and date of birth, as well as the baby's date of birth.

All parties can get a copy of the baby's birth certificate by contacting the state office of Vital Records. There is a charge to send an official birth certificate. They can also answer questions about your birth certificate.

If you're not married, learn more about "Paternity" on page 88.

Why Baby Needs a Social Security Number

Your baby will be registered for a Social Security number and the card will be mailed to you in about 2 to 3 months. Make sure we have your complete and correct address.

Young children need Social Security numbers for many reasons. They will need a number if you:

- Plan to open a bank account
- Buy savings bonds
- Apply for some kind of government services for your child
- Claim them as dependents on your Federal income tax return (any child age 2 or older)

The Internal Revenue Service (IRS) may use Social Security information to verify your earned income tax credits.

Call 1-800-772-1213 or visit www.ssa.gov if you have questions about the Social Security number.

A note about identity theft: Protect your child's identity. The rate of identity theft for children is higher than that of adults. This affects over 140,000 children every year. To protect your child's credit, you can request a credit freeze from one of these major credit companies.

- Experian: experian.com 1-888-397-3742
- Equifax: equifax.com 1-888-298-0045
- Transunion: transunion.com 1-888-909-8872

Learn more at consumer.ftc.gov

Preparing to Go Home

Length of Stay in the Hospital. The length of stay in the hospital differs. It is usually 1 to 2 days for a vaginal delivery without complications. The stay is usually 2 to 3 days after a cesarean delivery. Please plan ahead. Have transportation arranged for your ride home. Sometimes babies stay longer than parents. Your baby's care provider will discuss this with you.

Follow-up Appointments. Talk with care providers about follow-up visits for you and your baby after leaving the hospital.

- Your obstetric visit may take place in 7 to 14 days after a cesarean or complicated delivery. It may be within 3 weeks after a routine vaginal birth. Schedule a full in-person visit within 12 weeks of giving birth.
- Make an appointment so your baby is seen by a pediatric care provider when baby is 3 to 5 days old, unless asked to come sooner. Your next pediatric visit should be scheduled.

Checkout Time. Your care provider must write a discharge order for you to be released from the hospital. Your baby's provider will need to write a discharge order for your baby. Plan to leave the hospital as early as 10 a.m. Please arrange transportation in advance with your family to avoid delays.



Baby should see a pediatric care provider when they are 3 to 5 days old, unless you are told to come sooner.

Car Safety Seat

You must have a car seat already secured in your car before your baby can leave the hospital. Use a car safety seat every time your baby is in the car. This includes when you leave the hospital. This is not only good safety – it’s the law. Every state requires that all children be properly restrained in a federally-approved child safety seat.

For your child’s safety:

- Infants must ride in a federally-approved rear-facing car seat.
- Seat must be correctly installed in the back seat of personal cars, rental cars, taxis, and any other car.
- Your child must ride in a car seat for as long as possible, until they reach the maximum height and weight for the seat

All car seats need to be in the back seat. NEVER put an infant in the front seat of a car with a passenger air bag. Due to injuries involving air bags, all children under age 13 should always ride in the back seat.

An infant-only seat is for use up to 35 pounds. It may make it easier to keep your baby rear-facing. If you are planning to use the same car seat from birth to 40 pounds, the best choice is a convertible seat with a 5-point harness.

Newborns sometimes slouch in the car seat. If your baby slouches from side-to-side, place a rolled cloth diaper or hand towel beside (not under) each shoulder for support. If baby slouches forward, wedge a towel under the base of the seat to tilt it back slightly.

Remember. If you don’t use a car seat properly, it can’t protect your baby. Check that your car safety seat is installed properly. Ask your public health department, law enforcement, or fire department if they offer inspections by a certified safety technician.

Used Car Seat Safety Checklist

- ✓ To the best of the parent’s knowledge, the seat has not been in a crash.
- ✓ The seat should not be more than 6 years old. Car seats have expiration dates. Check the model number of the manufacturer’s website.
- ✓ The seat is appropriate for your child based on weight AND height.
- ✓ All parts are in good repair. The harness straps are intact and not frayed, the frame is crack/dent free, the seat has all its parts, and the instructions are still with the seat.
- ✓ No labels or other identifying information are missing from the seat.
- ✓ Only products that come with the seat or are sold by the manufacturer for use with the specific seat should be used.

Want to find out more?

These services can help:

- The National Highway Traffic Safety Administration at 1-888-327-4236 or visit [nhtsa.gov/equipment/car-seats-and-booster-seats](https://www.nhtsa.gov/equipment/car-seats-and-booster-seats)
- For help with car safety seats in your community, see “Car Seat Resources” on page 28.
- Some fire departments check the installation of infant car seats.

Car Safety Seat should
Face the rear of the car
As long as possible
Until the maximum height and weight for the seat is reached
Always be in the rear seat of cars with passenger air bags



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Taking Care of Yourself

Schedule a check up with your OB provider within 3 weeks of giving birth and a full in-person visit within 12 weeks.

Care of Perineal Stitches

Your stitches will heal faster if the area is clean. Keep an ice pack on your bottom for the first 24 hours. After 24 hours, moist heat of a sitz bath may relieve discomfort. Medication like ibuprofen may help relieve pain. Each time you go to the bathroom:

- Fill a peri-bottle with warm water and spray the stitches.
- Apply witch hazel pads (Tucks®) each time the area is washed.
- Put on a clean sanitary pad.

Care of Abdominal Incision for C-section

Your incision will heal faster if the area is clean and dry. We will remove your dressing before you leave the hospital. After your shower, pat incision dry with a clean towel. Do not use bandages, ointments, creams, or lotions unless your care provider tells you. Support the incision during sudden movements like coughing, sneezing, or laughing. Use pillows or rolled up towels for extra support while breastfeeding.

You may experience mild cramping, incision pain, and vaginal bleeding for about 4 to 6 weeks. Call your health care provider if you have fever, heavy bleeding, or pain that gets worse.

Breast Care

Wash your hands before each feeding. If you have sore nipples, express a few drops of breast milk and let the milk air dry on your nipples after each feeding. Wear a supportive bra that is not tight. You may use nursing pads but avoid plastic ones that trap moisture. Avoid soaps and lotions on your breasts when bathing.

Rest and Sleep

Rest and relax as much as you can. Spend your time getting to know your new baby. Your body is tired from the birth and concern leaves you emotionally drained. Try to sleep when your baby sleeps. Only do what must be done and ask for help. Some days you will feel better than others. Physical activity is good for both your physical and emotional health but avoid strenuous exercise at first. Gradually increase your activity level and listen to your body. Your normal energy will return in a few weeks.

Bathing and Douching

If you have had a vaginal delivery, you may take a shower and wash your hair as soon as you wish. **If you had a cesarean delivery**, and your provider tells you that your bandage is waterproof, you may take a shower (but only if the waterproof bandage is still on and the edges are flat and sticking to your skin). Wait until after your postpartum checkup to take a tub bath. Do not douche.

Warning Signs for You

There are also some things you may notice that are NOT normal. They could be your body's way of saying there is a problem. Call your care provider if you notice any of these warning signs:

- Fever of 100.4°F or higher or chills
- Heavy, bright-red bleeding or large clots; 2 or more pads saturated in an hour or return of bright red bleeding after discharge had turned brown; a bad odor
- Increased pain or discharge from your episiotomy (stitches)
- C-section incision that is red, hot, more painful, drains fluid, or opens up; the dressing on your incision does not stay in place; or there is a large amount of drainage on both sides of the dressing. (You may need to lift your belly and use a mirror to clearly view your incision.)
- Hot, tender, reddened areas or painful lumps in the breast
- Painful cramps or abdominal pain
- Nausea and vomiting
- Pain or burning when you empty your bladder, frequent urination, or urgency (sudden, strong desire to urinate)
- Pain, swelling, or tenderness in the legs
- Chest or back pain
- A persistent cough
- Severe mood swings such as feelings that you might harm yourself or your baby; feeling so sad or depressed you cannot take care of yourself or baby; hopelessness that last more than 10 days after delivery
- Severe headache that medicine does not relieve
- Changes in vision, blurred vision
- Flu symptoms (fever, body aches, headache, or nausea)
- Constipation that diet or stool softeners do not relieve
- Swelling of face or hands

How Your Body Feels After Delivery

Your body changes a great deal after labor and delivery. It needs time to heal after your baby arrives. Several of the normal things that can happen during the first few days or weeks after delivery are listed below. If you are worried about something, call your care provider.

What to Expect and Cause

What You Can Do to Feel Better

Afterbirth Pains

Your uterus contracts as it returns to its normal size; these cramps are usually mild and last only a few days. It is normal at first to feel more cramping while breastfeeding.

Changing position may help; keep your bladder empty; use a pillow to support your abdomen when you're lying down; warm drinks also help. If no relief, use ibuprofen that is safe for breastfeeding.

Breast Engorgement

Your breasts may fill up with milk a few days after delivery; this fullness goes away gradually in 7 to 10 days; the best relief for engorgement is breastfeeding.

Breastfeeding is the best way to manage the breast fullness that comes as your milk increases or *comes in*. If your breasts feel uncomfortably full, moist heat and massage can help the baby take more milk from your breasts. You can also express (with a pump or hand express) just enough to feel comfortable or until the baby feeds again. Cold compresses and ibuprofen can help reduce pain and fullness. Call a lactation consultant if engorgement interferes with breastfeeding.

Constipation

You may think having a bowel movement might hurt, but constipation makes things worse and hurts too. You should have a bowel movement within 3-4 days after delivery.

Eat fresh fruits, vegetables, cereals, and grains - this high fiber diet helps. Drink lots of water or juices. Walking and other mild exercise is helpful. Over-the-counter laxatives or stool softeners, each day for 2 days, should provide relief.

Emotions and “Baby Blues”

Because your hormones are still adjusting, you may feel very sad the first few days after baby arrives.

Try to rest as much as possible. Be patient and gentle with yourself. If you don't start feeling better within a week or two at the most, talk to your care provider. See “Emotional Changes, Stress, and the Blues” on page 34.

What to Expect and Cause

What You Can Do to Feel Better

Episiotomy or Tear Pains

You will be tender where the incision was made; your care provider will tell you how to clean this area carefully.

Ice packs or chilled witch-hazel pads the first 24 hours may help you heal faster. Then sitz baths (sitting in warm water a short while) may help. If needed, try pain relief medication like ibuprofen. See “Bathing and Douching” on page 31.

Flabby Abdomen

Your muscles have been stretched during pregnancy; it takes some time for the muscle tone to return.

Walking is great for getting back into shape; once you feel ready for it and with your care provider's okay, return to your favorite exercises. Breastfeeding may help you return to your prepregnancy weight faster.

Hemorrhoids

These often result from pushing during labor or the pregnancy itself.

Sprays, ointments, witch hazel compress (“Tucks”), dry or moist heat will help; they will gradually get smaller and may disappear. Avoid constipation and diarrhea.

Tobacco/Nicotine Addiction

You are at greatest risk to resume smoking in the postpartum period.

Seek help to quit, if not for yourself, then for the serious harm of second-hand smoke to your baby. Ask for help to continue to live tobacco free. Call 1-800-Quit-Now (800-784-8669) for the Smoking Cessation line.

Vaginal Discharge

This is blood from the uterus and is like having your period; the discharge will start out bright red and become pink or brownish-yellow before stopping, which it should do within 3 to 6 weeks. Small clots are normal during the first week.

Use sanitary pads (not tampons); it is common to get heavier 10 to 14 days after the delivery. Call your care provider if the discharge smells bad or becomes heavier (soaks through 2 pads in an hour for more than an hour or two) or bright red again, call. You may expect your period to return between 6 and 18 months, or in about 6 to 12 weeks if you are not breastfeeding. You can still get pregnant.

Emotional Changes, Stress, and the Blues

Your body and emotions are both adjusting to the birth – which is, after all, a tremendous event. Be patient with yourself, your partner, and your baby. If baby seems to cry a lot, be gentle. Never shake a baby.

Most people who recently delivered a baby feel upset at times – angry, sad, or overwhelmed. This is common; these “baby blues” affect up to 80 percent of new parents. Not only is a new baby a huge responsibility, but a new parent often feels physically drained from the effort of carrying and then delivering a child. Plus, your hormones are adjusting, which can cause mood swings. Not getting enough sleep adds to these feelings.

Often a few days after birth a new parent feels anxious, hopeless, or wants to cry. You may get angry easily, at yourself or others. You may not be able to sleep and not want to eat. You may have trouble making decisions and have doubts about your ability to be a good parent. Pay attention to changes from your normal behavior.

Such feelings are troubling, but may be normal. They usually occur the first few days after birth but go away within a few hours or at most, in one or two weeks. Studies show that breastfeeding may reduce your risk for postpartum depression.

Things You Can Do to Feel Better

Here are some steps that may help you take care of yourself during these hectic days.

- Get rest. Exercise regularly. Take breaks. Do something you enjoy.
- Develop a support system – family, friends, other new parents.
- Express and accept your feelings – positive and negative.
- Plan your day. Keep your expectations realistic.
- Postpone major life changes.



Depression and Mood Disorders

A prolonged period of “the blues” or more severe depression may occur and is cause for concern. Roughly 10 to 15 percent of new parents suffer postpartum-depression. It can happen any time up to a year after birth, but usually in one to three weeks. Risk factors include added stress: a traumatic birth experience, a recent loss of loved one or relocation, lack of support, problems breastfeeding, or a history of depression.

If you are so depressed or anxious that you can't function normally, seek help. See your care provider right away if you have these symptoms:

- Depression or “the blues” that lasts more than two weeks
- Feeling angry, sad, hopeless, or crying often
- Not feeling up to daily tasks or taking care of yourself (dress, shower, hair)
- No interest in things you used to enjoy
- Find it hard to concentrate, remember, or decide
- Experiencing panic attacks with fast breathing, pounding heart, a sense of doom
- Extreme behavior:
 - Unable to sleep even when tired, or a wish to sleep all the time
 - Wanting to eat all day long, or never wanting to eat
 - Extreme worry about the baby, or no interest at all in the baby or the rest of the family or activities that you normally enjoy
 - Having thoughts about harming yourself or your baby

Postpartum depression needs to be treated. It may become worse and last longer if not treated. Your care provider may ask questions about your feelings and suggest specialists in emotional support. It also could include medicine that can take 3 to 4 weeks before you start to feel better.

If you need help, talk to your care provider at once or contact your local helpline.

The blues are one thing. Severe depression is another. If you think you need help, don't hesitate – call your health care provider right away. Help is available to get you through a difficult time.

Postpartum Support International (PSI) Helpline:
1-800-944-4773 or www.postpartum.net.

Healthy Eating and Weight

Weight Loss

Be patient with weight loss. After delivery, you may lose about 10 to 12 pounds. Breastfeeding helps you lose the weight gain of pregnancy. Most people are about 2 pounds heavier than their prepregnancy weight a year after delivery. Your care provider can provide you with a sensible diet and exercise program to lose weight and feel better.

If you want to lose weight while you are breastfeeding, talk to your care provider first. Dieting can cause fatigue and decreased milk supply. **DO NOT** use a crash diet or diet pills. Lose no more than a pound a week. Choose low-fat foods. Cut back on fried foods and sweets. Get more exercise. If you eat a proper diet while breastfeeding, you can lose about 3 to 4 pounds per month while producing plenty of milk for the baby.

Healthy Eating

New parents need to eat a variety of healthy foods to help their bodies heal and give them energy. If you have questions about what you should eat, ask your care provider. For recommended daily amount of each food group, see “Healthy Eating for Your Family” on page 82 and the MyPlate.gov website.

Nutrition for Breastfeeding

Enjoy eating! A breastfeeding diet is the same as any healthy diet. You'll feel better, look better, be healthier, and provide your baby with the best possible food – your perfect milk.

Follow this rule: Eat a healthy normal diet plus an extra 450 to 500 calories a day over what you usually need. For breastfeeding people in the normal weight range, that is up to 2,500 total calories a day. Use suggestions for “Healthy Eating for Your Family” on page 82.



**450 extra calories is not a lot.
One apple provides about 100 calories.**

While you should eat more of all the food groups while breastfeeding, what you need most are more fluids, calcium, protein, and folic acid.

- You should drink 8 to 10 glasses of water or liquids a day just as when you were pregnant. Drink more water if your urine is dark yellow.
- A breastfeeding person needs 1,000 mg of calcium a day.
- Ask your health care provider if you should continue taking your prenatal vitamins or iron supplements.

Certain foods you eat may bother your baby. Talk to baby's care provider if baby gets a rash, congestion, diarrhea, or just acts fussy.

If you have questions about what to eat, talk with your doctor, the WIC nutritionist, or nurse.

Things to Avoid While Breastfeeding

For you and baby to stay healthy while you breastfeed, use caution with medicines and avoid harmful substances.

Medicines. You may need to take medicine at some point while you breastfeed. Be sure to follow your care provider's directions carefully. Most medications are compatible with breastfeeding. When in doubt, contact the Lactation Consultant who will work with your doctor to find medications that are compatible with breastfeeding. The LactMed online database has the latest information about medicines and the effects on breastfed babies. Always check with your doctor or pharmacist before taking over-the-counter medicines. This includes even aspirin and vitamin pills.

Caffeine. Limit to one 12-ounce serving per day or less (colas, coffee, tea).

Tobacco. If you must smoke, do so only out of the baby's presence: not in the same house or car as the baby and not within 2 hours of beginning feeding. It's a great time to stop and save some money! **Call 1-800-Quit-Now (800-784-8669).**

Illegal drugs. Do not use marijuana or illegal drugs as the substances in your breastmilk can harm your baby. If you use illegal drugs such as cocaine, heroin, ecstasy, and methamphetamines, do not breastfeed your baby or give the baby pumped breast milk.

Alcohol. If you drink at all, wait at least 2 hours after a single occasional alcoholic drink to breastfeed. Regularly drinking more than two drinks a day may harm your baby.

Talk with your care provider or the hospital social worker. They can tell you how to find help to stop smoking or using alcohol or drugs.

Activity and Exercise

Physical activity is not harmful. Your activity level should reflect this. As a rule, gradually increase your activity from day to day and do more things as you feel like it. Here are some basic guidelines:

- Gradually resume activities.
- Don't do heavy lifting – nothing over 20 pounds, especially if you had a cesarean delivery.
- Don't drive for two weeks after a cesarean delivery. This is especially important if you are feeling weak or taking pain medicine.
- Stairs are usually okay, but avoid extra trips the first few weeks. Think about what you need before you leave any level to go to another floor.



Exercises for You

Exercise will help you get back in shape. Check with your care provider before starting or returning to any exercises. Some people with a healthy pregnancy and normal vaginal delivery may start in a few days. Others need longer to recover. Walking may be a good start. Daily brisk walks can build your strength and allow both you and baby to get fresh air.

Gradually build up to 20 to 30 minutes of aerobic activity a day, but stop exercising if you feel pain. Wear a good support bra and sip water during exercise. Feed baby or express milk before your work out.

Pelvic Floor or “Kegel” Exercises

A group of muscles form a figure-8 around the rectum, vagina, and urinary openings. This area is known as the pelvic floor. These muscles -

- Support the pelvic organs
- Prevent urinary leakage
- Prevent fecal leakage
- Help with sexual function.

Kegel exercises help restore these muscles weakened by pregnancy and childbirth. Probably the easiest way to find them is to start and stop the flow of urine when you are using the rest room.

There are two types of Kegel exercise. One is for quick responses like when you cough or sneeze. The other is for holding power so the muscles work for you all day long.

Quick Flick. Squeeze the pelvic floor muscles, quick and strong, for 1 to 2 seconds, then let go. Try starting with 10 repetitions a day.

Long hold. Tighten pelvic floor muscles firmly and hold for 5 to 10 seconds. Completely relax between contractions, usually twice as long as the hold. Try starting with 6 repetitions.

Do these exercises throughout the day, but not while urinating. Try to do 10 to 20 times in a row, at least three times a day. You can exercise lying down. If you make Kegels part of your daily routine, you will have fewer problems as you age.

If you need help, talk to your health care provider.

Sex after Delivery

After delivery your body needs time to get back to normal before you have sex. The amount of time this takes varies, but many providers suggest waiting until 6 weeks after childbirth. Start birth control before having sex.

The birth canal needs to heal before you have sex. This is usually when the bright-red bleeding has stopped, when you are no longer sore, and when you think sex would feel okay.

Your vagina may feel dry at first. Use a water-soluble lubricant like KY Jelly®. A position such as one with the birthing person on top can be helpful. Ask your partner to be very gentle and slow.

Spacing Your Children

Your body needs at least 18 months to recover after your delivery. It takes time to resupply the nutrients that a growing fetus must have.

No matter what you may have heard, you can get pregnant again very soon after having your baby. You can get pregnant even before your period returns and while breastfeeding. Nine out of ten couples who do not use some form of birth control will become pregnant within one year.

Protect yourself if you do not want to have a baby right away. Start birth control that's right for you. It lets you plan and control when you get pregnant again if you want more children. Discuss family planning options with your health care provider, perhaps before leaving the hospital. See the Special Help section for more information.

Self-Care Tips

When you are in good health, your job as a parent is easier. Here are some tips for making sure that you are as healthy as possible:

1. Keep taking your prenatal vitamins.
2. Keep all health appointments. Your follow-up appointments with your health care provider is important at 3 weeks and 12 weeks.
3. Use non-aspirin products for pain or colds.
4. Do a monthly breast examination.
5. Have a yearly physical exam, including a pap smear. If you are 26 or younger, consider the immunization shot, Gardasil®, to protect from genital warts and cervical cancer.
6. Eat a balanced diet, avoiding foods high in fat. Drink 8 to 10 glasses of water per day.
7. Use stress-reduction techniques.
8. Learn as much as you can about parenting and how children grow and develop.
9. Make life a little easier those first few months by:
 - Preparing simple meals.
 - Maintaining a relaxed, flexible home routine.
 - Asking for help with shopping, cooking, and cleaning from spouse, relatives, friends, or hired help.
 - Postponing major household projects or moving.
 - Napping when baby naps!



Care Notes

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Benefits of Breastfeeding

Breastfeeding provides the best food for babies during the first year of life. Breast milk provides just the right balance of nutrients and is easier to digest. Your breastmilk changes to meet baby's changing nutrition needs as baby grows. It will help protect your baby against:

- Asthma and allergies
- Overweight and obesity
- Diarrhea, Celiac, Crohn's disease
- SIDS (Sudden Infant Death Syndrome)
- Cold, flu, pneumonia
- Ear, throat, lung infections
- Diabetes (Type 1 and 2)
- Leukemia cancer

Breastfeeding is the best way to reduce the risk of SIDS (Sudden Infant Death Syndrome). Breastfeeding is supported by UNICEF as the sole source of nutrition for infants.

The American Academy of Pediatrics recommends:

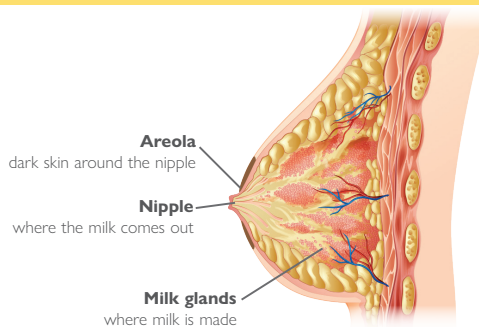
- **Exclusive breastfeeding (only breast milk) for about the first six months.**
- Starting some solid foods at about six months.
- Continue breastfeeding to at least 12 months - then for as long as you and your baby desire.

For the parent, breastfeeding uses more calories and makes it easier to lose post-pregnancy weight. It helps the uterus return to its normal size.

Breastfeeding lowers the risks of:

- Breast and ovarian cancer
- Postpartum bleeding
- Postpartum depression
- Type 2 diabetes
- Osteoporosis
- High blood pressure

It saves time and money - \$1,700 or more per year. Baby is healthier so less worry and time away from work. No formula to mix and warm in the middle of the night, or bottles to wash and pack in a diaper bag. It can calm your mood and create a special bond with your baby.



Beginning Breastfeeding in the Hospital

If you and your baby are healthy, then your baby will be placed skin-to-skin on your chest after delivery. This is the Golden Hour and a perfect time for you to get to know your baby. Breastfeeding is started within the first half hour after birth when possible.

Breastfeeding is a learning process – for both you and your baby. Your breasts already have early milk known as *colostrum*. Your baby can start getting all the benefits of your rich early milk right after birth. After about 40 to 72 hours, your breast milk “comes in” in a large amount.

You should take as many chances as possible to breastfeed around the clock in the hospital. It will make you feel more comfortable and confident. The nursing staff will help you breastfeed your baby. If you need assistance with breastfeeding while in the hospital, ask for lactation support. For support after you go home, contact the “Breastfeeding Support” on page 98.

Encourage your baby to breastfeed whenever baby shows feeding cues, which will be about 8 to 12 times in 24 hours. Milk is made in response to baby nursing. The more baby feeds, the more milk you make. **More feeding means more milk.** Watch for these early cues.

Feeding Cues

Babies behaviors may be confusing. Here are tips to know when your baby is ready to nurse in the first few days of life.

Early infant hunger cues:

- Waking and alert, looking around, becoming active
- Smacking or licking lips
- Opening and closing mouth
- Bending arms, closing fists, and bringing fingers to mouth
- Sucking on lips, tongue, hands, toes, toys, or clothing

Active infant hunger cues:

- Rooting around on the chest of whoever is carrying them
- Trying to position for nursing, by lying back or pulling on your clothes
- Fidgeting or squirming around a lot

Feed your baby before he starts **crying**, which is a late sign of hunger.

Feeding baby when they first give feeding cues helps them be content, cry less, and sleep more. It prevents sore nipples and engorgement. Frequent nursing helps you have the right amount of milk for baby.

Waking a Sleepy Baby to Breastfeed

Baby may be sleepy the first few days of life. If it has been more than 4 hours since the last feeding, try these tips to wake baby to feed.

- Dress down your baby – change the diaper if needed.
- Put baby skin-to-skin next to your breast and cover with a blanket.
- Roll infant gently side to side.
- Rub baby’s back, legs, feet, or stomach in a gentle, circular motion.
- Sit your baby up; rub his back and feet
- Burp baby before nursing.
- Express drops of milk to your nipple for baby to smell and taste.
- If baby does not want to nurse, you may express breast milk to feed by spoon or cup. Aim for baby to feed about 8 to 12 times in 24 hours.

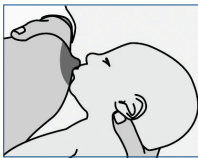


Latch

When awake, your baby will move their head back and forth, looking and feeling for the breast with their mouth and lips. The steps below can help you get your baby to “latch” on to the breast to start eating. A good latch helps baby get enough breast milk and prevents sore nipples.

As soon as the baby opens their mouth wide, bring baby onto your breast with the nipple on top of baby’s tongue. Baby’s mouth should cover at least 1 inch of the areola. Milk is stored behind the areola. If the baby only sucks on the nipple, they will not get milk, and your nipple will become sore. Be patient. This may take several tries.

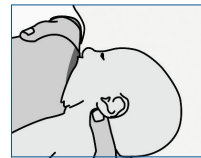
USDHHS, Office of Women’s Health



Tickle the baby’s lips to encourage him or her to open wide.



Pull your baby close so that the chin and lower jaw move into your breast first.



Watch the lower lip and aim it as far from the base of the nipple as possible, so the baby takes a large mouthful of breast.

The tip of the baby’s nose and chin should be touching your breast. You don’t have to press down on the top of the breast. Lifting the breast from underneath or holding the baby’s buttocks in closer to you will open the airway. Be sure you can see baby’s nostrils, so they can breathe.

Breastfeeding should feel like a pull and tug at the breast. It should not be painful. If it hurts you, baby is getting less milk than he could.

If the latch is not right or is painful, break the suction by inserting a clean finger between your breast and baby's gum. You'll hear a soft pop. Then you can pull your nipple from baby's mouth.

Taking Your Baby Off Your Breast

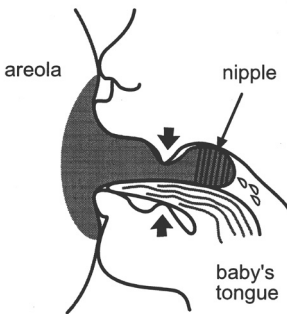
It is important to release the suction of the baby's mouth before you stop the feeding. Sometimes babies will let go of your breast on their own. If yours doesn't, gently place one of your clean fingers into the corner of baby's mouth, between the gums. You should hear a soft pop and feel baby let go. If you forget and just pull them off the breast, your nipples may become sore.

Preventing Sore Nipples

The most current studies tell us that how a baby's mouth is placed on the nipple and areola determines if nipples hurt.

Your nipples may feel tender and strange as you begin to breastfeed. Some feel initial discomfort at the very beginning of a latch that goes away after a few moments. This should go away after the first week or so. If your nipples continue to hurt as the baby nurses, break the suction and reposition the infant to latch correctly.

Sore nipples are usually caused by your baby's mouth or body being in the wrong position. Check your baby's body position. Make sure your baby is up at breast level, their body facing your breast, with your breast correctly supported. Then check your baby's mouth position. Make sure your baby's mouth is wide open, the nipple is on top of baby's tongue, and his lips are not tucked in.



After feeding, express a couple of drops of breast milk on each nipple and let it air dry. Nipple tenderness usually disappears within one to two weeks.

For sore nipples, you may use comfort gel pads around the areola. A barrier ointment such as coconut oil or vegetable shortening may help and is safe for baby. Blistering, cracking, bleeding, and/or pain that continues during or between feedings is NOT normal. Check with a breastfeeding or lactation specialist listed in the front of the book if you have any of these problems. She is available for questions after discharge. The resource section of the La Leche League website (LLL.org) also offers helpful information. If you need help with breastfeeding while you are in the hospital, please ask your nurse.

Breastfeeding Positions

Breastfeeding While Sitting Positions

Place a pillow on your lap and put the baby on top of it. This will bring your baby up to the level of your breasts and will make it easier to nurse. The baby's nose, tummy, and knees should be facing directly into your chest. Be sure the baby doesn't have to turn their head to the side in order to latch on to your breast.

Cradle Hold. Place a pillow or two in your lap to support your baby at breast level. Place your baby's head in the bend of your arm and hold baby's bottom in your hand. Turn baby's body so their tummy is next to yours and facing your breast.



Cradle Hold

Cross-Cradle Hold. This hold gives you better control over the baby's head to bring them into the breast.

Position baby tummy-to-tummy as in the cradle hold, but hold them with the opposite arm so that your hand supports baby's back and the lower back of their head. Support your breast with your free hand. After baby has latched on, you may wish to switch your arms back to the cradle hold.

Football Hold. If you have had a cesarean, this may be the hold you'll want to use until you heal. This hold is often used to breastfeed twins at the same time.

Put a pillow or two at your side to support your baby and arm. With baby's body tucked against your side, support your baby's neck and the lower back of their head with your hand. Baby's feet and bottom should be pointed to the back of the bed or chair.

Your baby's nose should be just in front of your nipple. If baby is too low, or if their head needs to bend to reach your nipple, use as many pillows as necessary to raise baby's body to a comfortable height.

Use your free hand to support your breast. Remember to bring your baby TOWARD your breast. Don't lean over to put your nipple in his mouth.



Football Hold

Laid-Back or Biological Nurturing

Lean back on a couch or bed about half-way between sitting up straight and lying flat. Support your back and head with pillows or blankets.

Place baby flat against your chest, between your breasts and allow baby to move themselves toward your breast using their whole body. Baby will quickly move to and latch onto your breast with little help from you. You may find nursing in this position to be most comfortable and satisfying.



Laid-Back Position

Side-Lying Position

Lie on your side with one pillow supporting your back and one between your knees supporting your top leg.

Place baby on their side with their tummy touching your tummy.

Baby's nose should be just in front of your nipple. If baby has to reach for your nipple, lay them on a firm pillow to bring them up to breast level. Use your free hand to support your breast. Bring the baby onto the breast with baby's mouth wide open.

This position is easiest if you had a cesarean delivery. It works well if you are still sore from the delivery or for night feedings.



Side-Lying Position

How Long to Nurse and How Often

How Often. For the first several days, your baby should nurse whenever they show feeding cues or about 8 to 12 times in 24 hours. Don't go longer than 3 to 4 hours between feedings, and more often during growth spurts. Alternate the breast you start with at each feeding. A safety pin on your bra strap or elastic band on your wrist can help you keep track.

Dramatic changes are happening your first week of breastfeeding, so be patient. Your milk production and baby's feeding needs are adjusting. Here's an idea of the volume of milk at each feeding:

- 1 teaspoon each feeding the first couple of days
- 1 ounce the fourth or fifth day
- 2 to 6 ounces at one month

How long. Baby is getting colostrum or milk as long as you can hear that your baby swallows after every few sucks. Feedings may be longer at first. Baby can stay at the breast until they stop swallowing, fall asleep, or let go. If your baby is sucking and swallowing, there is no need to interrupt the feeding. Let baby finish on that breast. When baby finishes with the first breast, try to burp. Then see if baby wants to nurse on the second breast.

If baby does not want the other breast, start with it at the next feeding. Babies do not have to nurse both breasts at the same feeding. When full, babies may close their eyes and relax their arms and legs.

Getting enough. By 2 weeks, newborns will usually gain back the weight they lost during the first few days. Checking your baby's diapers will help you decide if they are getting enough to eat. The first month, baby should wet at least 6 diapers per day and have at least 3 small bowel movements daily. A breastfed baby's stool is mustard-yellow, and soft. (After about a month, bowel movements may be less often, and there may even be a day or more between them.)

You can be confident that your baby is feeding well if he has:

- At least 6 wet diapers per day (24 hours).
- At least 3 bowel movements per day (24 hours).
- 8 to 10 good feedings in 24 hours.
- Babies relax their arms and legs and close their eyes when full.

Babies vary their feedings throughout the day. They may cluster closer together or space them farther apart at other times. Baby may suddenly need to feed more often right before a growth spurt. If you follow your baby's feeding cues and allow baby to nurse as long and as often as baby desires, you should make all the milk baby needs to keep them happy.

If baby says they're hungry, they are right! Babies feed when they need to and stop when they are done. They don't know how to tell time and they don't know how to count (breasts).

Feeding Guidelines for Baby's First Six Months		
Age of baby	How often to feed	Feedings in 24 hours
1 to 3 days	When baby shows feeding cues or about every 2 to 3 hours	Usually about 8 to 12
3 to 7 days	When baby shows feeding cues About every 2 to 3 hours day About every 3 to 4 hours night	Usually about 8 to 12
7 to 30 days	When baby shows feeding cues About every 2 to 3 hours day About every 3 to 5 hours night	Usually about 8 to 10
1 to 2 months	When baby shows feeding cues About every 2 to 3 hours day About every 3 to 5 hours night	Usually about 7 to 10
3 to 4 months	When baby shows feeding cues About every 3 to 4 hours day About every 4 to 8 hours night	Usually about 6 to 9
4 to 6 months	Varies	Varies

Baby's Stomach Capacity

Your breasts are making enough milk. On day one, baby's stomach is the size of a cherry. (Approximate actual size according to Ameda and LLI.)



day one
cherry



one week
walnut
22-27 ml



one month
apricot
60-81 ml

Breastfeeding Diary

Here are the signs that your baby is getting enough:

1. Wet and stool diapers every day during the first week of life
2. Number of wet diapers will increase as your milk supply increases
 - 6 to 8 wet diapers a day by 5 to 7 days of age
 - 2 to 3 stool diapers a day during the first month of life
 - 8 to 12 nursings in 24 hours by 5 to 7 days of age
3. Swallowing heard throughout the nursing
4. Good feedings with frequent swallows heard at each nursing by 5 to 7 days of age. Nurse one breast until the breast is soft and swallowing is not heard, then offer second breast. Occasionally the baby may take only one breast at a nursing.
5. By 2 weeks of age your baby will usually gain back the weight which is normally lost during the first few days of life. In other words, at the 2- or 3-week checkup, your baby will weigh about the same as at birth.

Birth Weight _____ Discharge Weight _____

You may also use this information to answer questions your baby's health care provider may ask you at the 2-week checkup.

	# Feedings	Swallowing (yes/no)	# Wet Diapers	# Stool Diapers		# Feedings	Swallowing (yes/no)	# Wet Diapers	# Stool Diapers
DAY 1					DAY 8				
DAY 2					DAY 9				
DAY 3					DAY 10				
DAY 4					DAY 11				
DAY 5					DAY 12				
DAY 6					DAY 13				
DAY 7					DAY 14				

Breastfeeding at Home

Your breasts usually begin to feel full on the third or fourth day after delivery and that lasts two or three days. Some find their breasts become hard and full. This is called *breast engorgement*. If you are experiencing breastfeeding problems, these tips may help:

- Continue to eat a well-balanced diet and drink enough fluids to satisfy your thirst. Keep a snack or drink nearby when you nurse.
- Don't expect to put your baby on a schedule. Most babies will develop their own "pattern" within 6 to 8 weeks. Remember, the more the baby nurses, the more milk your body will produce to feed them. Your baby may nurse more often during growth spurts, usually at 2 to 3 weeks, 6 weeks, and 3 months.
- Your baby doesn't need water, glucose water, or formula unless your baby's care provider says so. Breast milk is all your baby needs for about 6 months after birth.
- All babies need 400IU of vitamin D each day to prevent rickets. Breastfed babies need a supplement starting the first few days.

If you need assistance or support with the care of your breasts or with breastfeeding after you go home, these services can help:

- womenshealth.gov/breastfeeding
- ILCA.org (International Lactation Consultants)
- LLL.org (La Leche League)
- See more "Breastfeeding Support" on page 98.

You also can call your care provider, WIC clinic, or the La Leche League Help Line listed in "Important Phone Numbers" on the "Front Cover" of this guide.

What to Notice When Feeding

When your baby is nursing, you should not hear any smacking or "kissing" sounds.

Newborns often pause when they are learning to breastfeed. You may need to remind your baby to suck. Use one of your fingers under the breast to apply some gentle pressure under your baby's jaw or under the chin when the baby stops sucking.

Watch how your baby sucks. When first latching on, baby sucks strongly, quickly, and continuously. When the milk starts to flow, baby sucks more slowly and becomes more purposeful and rhythmic. When baby is satisfied, sucking becomes lighter and irregular. Babies often close their eyes during feedings, so don't assume shut eyes are a sign to end the feeding.

What You Will Feel While Breastfeeding

It is common to have uterine contractions during feeding. These are known as *afterbirth pains*. These help the uterus quickly return to its pre-pregnant size. If this is your first baby, the contractions may not be noticeable or painful. Second and third-time parents often say they notice them more.

Many feel a tingling, full sensation in the breasts as milk “lets down” and begins to flow. You may not feel this during the first few days with the colostrum.

Many people get thirsty while feeding a baby. Be sure to drink plenty of fluids and have a glass of water nearby.

With a new baby you will be tired, and nursing may make you feel sleepy. You may need extra rest to recover from the birth and to maintain your milk supply. Take naps when your baby naps.

You might “leak” some milk. This can happen when your breasts are full. Wear breast pads (no plastic backing) inside the bra. Try putting pressure on your breasts by simply crossing your arms to help stop the flow.

Breasts also may leak during intercourse and foreplay. It can be helpful to nurse before having intercourse.

Signs that nursing may not be going well

- Baby does not wake to nurse or falls asleep very soon after going to breast
- Baby cannot stay latched onto the breast
- Pain throughout the feeding
- Clicking, popping, or slurping noises during feeding
- Few wet or poopy diapers

If you are concerned about the way the baby feeds or your milk supply, contact your pediatric care provider, the Lactation Consultant, and the Peer Counselors at WIC for help.

Spitting Up

Spitting up small amounts (about 2 tablespoons) is common during early infancy. Jostling or active play after feeding may cause it to increase. Spitting up may be prevented by holding your baby upright or placing baby in an upright position in an infant seat or stroller after feeding. If lying down after feeding, place your baby on the side to prevent choking. Prop a rolled-up blanket behind baby’s back to keep them on the side position. (But remember: put baby *back to sleep*. See “Sleep Basics & Safety” on page 74). If your baby’s spitting up concerns you, contact your care provider.

Burping Your Baby

Burping allows your baby to get rid of air that was swallowed while feeding. Young babies will fuss when they swallow air, which only makes them swallow more air and feel worse. So burp your baby frequently, even if baby seems comfortable. Breastfed infants may not always burp.

Breast-fed babies can be burped when you switch breasts. Finally, you should burp your baby at the end of each feeding.

Try to burp baby for one to two minutes each time. If baby hasn't burped by the end of the second minute, baby may not need to, so continue feeding or lay baby down. Holding the baby for some time after a feeding is calming and may help a burp to come up if there is one.



Lap burp



Burping sitting up



Shoulder burp

Monitoring Baby's Weight Gain

Newborns lose a little weight the first days but should be back to their birth weight after 10 to 14 days. Your care provider will monitor baby's weight to be sure they're gaining enough. If not, you'll need to wake them up to feed. Your provider will tell you how often. Tell your doctor if your breastfed baby often sleeps more than 4 hours at a time the first month.

While establishing your milk supply, try to nurse on both breasts at each feeding. But sometimes nursing on one breast per feeding is best if:

- You have extra milk. Nursing on one side at a time may help bring milk production in line with baby's needs.
- Your baby is a poor feeder. Nursing on one side means baby is more likely to get the rich hindmilk. Always try the other breast after baby finishes the first one. If they will not nurse on both sides, express the milk in your second breast and save it.

If your breasts become uncomfortably full and begin to hurt, wake your baby to feed. This will synchronize your milk production to your baby's needs and keep you from getting an infection.

Pacifiers

In the first weeks, it's good for babies to suckle the breast for comfort rather than a pacifier. You can use a clean pinky finger to comfort baby for pain relief like when baby gets a shot.

Wait about 4 weeks until breastfeeding is well established to use a pacifier, unless baby's care provider says differently.

The Academy of Pediatrics recommends pacifiers to reduce the risk of SIDS or Sudden Infant Death Syndrome. Use a pacifier at nap time and bedtime for baby's first year. If baby doesn't want to take the pacifier, don't force it.

If you choose to use a pacifier, there are different types and sizes. The pacifier shield should be wider than your baby's mouth to prevent it from being swallowed. Select a 1-piece model that is dish-washer safe. Buy some extras to replace ones that are lost or worn.

Inspect pacifiers often for signs of wear and replace them as needed. Wash the pacifier often in warm, soapy water. Rinse well in cool water. For safety reasons, never fasten the pacifier around your baby's neck. Do not use any kind of cord.

Breastfeeding and Birth Control

Breastfeeding is NOT a reliable form of birth control. It's true that many people don't have a period until their baby is weaned. But many others start to menstruate while nursing. And you may ovulate before your period starts again.

Breastfeeding Tips

Offer the breast at the earliest signs of feeding cues. Make feedings calm, quiet, leisurely. Avoid noises, bright lights, and distractions during feedings. Feeding is a special time to touch and talk to your infant.

- Wash your hands and nails with soap and water before breastfeeding.
- Breastfeed exclusively to keep your milk supply and help baby learn to feed. Wait until breastfeeding is well established (usually about 4 weeks) before giving your baby a pacifier or expressed milk from bottles.
- Feeding your baby only breast milk helps you make all the milk that baby needs. It also helps to ensure that baby gets all the milk baby needs.
- Using formula can make it harder to breastfeed. When you use formula instead of breast milk you make less milk, baby doesn't nurse when they need to, and is more likely to be sick more often.
- Feed when baby shows feeding cues. It helps your body know how much milk to make - and helps baby be happy.
- Try to find a quiet place to breastfeed. Listen to soothing music.
- Sip a healthy drink (low-fat milk, juice, water) during feedings to help you relax.
- Massaging your breasts may help the milk to flow more easily and help you to make more and the baby to take more milk. Moist heat, like a warm cloth or a warm shower, can also help, when practical.
- Nurse frequently, whenever baby shows feeding cues, to prevent engorgement.
- Your partner or support person can help you to a comfortable position and get baby positioned to feed. They can change diapers, help with a sleepy baby, manage visitors, and watch birthing person's fatigue level.
- Express a small amount of milk before nursing to soften the areola.
- If the baby is having difficulty latching on due to engorgement, apply moist heat and massage the breast.
- If your breasts are still uncomfortable after nursing, apply an ice pack to them for 10 to 15 minutes.
- After breastfeeding, allow your nipples to air dry or gently pat nipples dry. Use only cotton bra pads. Change them as soon as they get wet.

- Keep a record of your baby's feedings, urine, and stool diapers until his first checkup appointment. See "Breastfeeding Diary" on page 52.
- Beginning the first 2 months, health experts say that all infants need extra **vitamin D** to prevent rickets. This includes exclusively breastfed babies. Ask your baby's care provider for advice.
- Consult your baby's health care provider or a pharmacist before taking any medicine – prescription or over-the-counter. Do you have questions about medicines? The Lactation Consultant can help answer questions about medicines and your milk. Ask your care provider to help you find the best medicine for you to continue breastfeeding.
- Contact your health care provider if you have mild symptoms that don't go away within 24 hours.
- Also contact if you have severe symptoms that come on suddenly, including:
 - Fever, breast pain, bleeding nipples, pus or blood in milk, rash, lumps, or redness of the breast.

At 6 months or after

Your breast milk has all of the nutrition your baby needs for the first 6 months of life. Baby begins taking solid foods at about 6 months. As baby nurses less frequently, your milk supply will naturally decrease.

- Breastfeeding should continue without decrease when solid foods are started at 6 months or as instructed by your baby's health care provider.
- Solid foods should be given with a spoon or cup, not in a bottle when started.
- Foods should be clean, safe, and available locally.
- Use a puree method to mash food for baby.
- Avoid fruit juice for baby's first year. After that, limit to 4 ounces of juice per day with a meal or snack.
- Continue breastfeeding at least one year, as ample time is needed for your baby to learn to eat solids.

Expressing and Storing Breast Milk

You are sometimes unable to nurse for a short while. You may be at work or school or away from your baby for a few hours or even days. You can express or pump your breast milk as many times as baby would feed and keep it for use later. You may find hand expression easier and faster after you learn how to do it.

Before beginning to express your milk in any way, it helps to “warm up” your breasts. Take a few moments to massage your breasts all over with both hands using stroking and circles to comfort. To stimulate the let-down reflex, try to relax and think about or look at a picture of your baby. Add warm, moist heat if it is practical. There is no need for pain during milk expression no matter the method. As with many things, practice makes perfect so keep working until you get the hang of it.

Hand Expression

For a video of about learning to hand express, and using your hands while pumping, see

- Hand Expression Video
med.stanford.edu/newborns/professional-education/breast-feeding/hand-expressing-milk.html

Here are the steps to hand express breast milk:

1. Wash your hands before pumping and make sure the pumping area and equipment are clean.
2. Place your fingers and thumb either at the edge of your areola or 1 inch or so beyond the edge in a ‘C’ hold. As you learn to remove your milk you will discover your “sweet spots” – where the milk comes out the easiest.
3. Push inward towards your chest.
4. Compress your fingers and thumb together through the breast. Avoid sliding down towards the nipple.
5. Release the pressure, reposition your hand to go all around the areola, and start over again.
6. Go back and forth from one breast to the other.
7. At first, if you are hand expressing during the first 48 hours after delivery, you may only see drops but as your milk production comes in you will start to see sprays of milk.
8. Express your milk into a spoon, or as the volume increases, into a small bowl or into the breast shield and bottle of your pump.
9. It may take 20 to 30 minutes to manually pump both breasts at first, but it’s often much shorter after some practice.

Pumping

There are several kinds of pumps:

- Manual pumps
- Hand-held battery-operated pumps
- Small plug-in pumps
- Stronger electric pumps (often rented) which will pump both breasts at once

Manual pumps can be bought at breastfeeding supply stores, some department stores, or check with your local WIC office. Commonly used manual or hand pumps are the cylinder type or the trigger type. The bulb type, which looks like an old-style bicycle horn, is not recommended. It is usually hard to clean and not effective.

Battery or electric pumps are sold at breastfeeding supply stores, as well as in many department stores. These can be a single or double breast pump.

A **hospital grade electric breast pump** is stronger and available as a rental. Your Lactation Specialist can give you a list of rental sources. Rental cost may be covered by insurance.

You can get more information on BPA and infant feeding supplies from the U.S. Food and Drug Administrations. Visit their website at fda.gov and search for BPA.



Manual Pump



Hand-held Electric Pump



Double Electric Pump

Storing Expressed Milk

After pumping, follow these steps to store your breast milk:

Step 1. Carefully pour expressed milk into a clean container. Store in small amounts (2 to 4 ounces) to avoid waste. Use only these types of containers to store breast milk.

- Glass or hard BPA-free plastic baby bottle with tight fitting lid to maintain an airtight seal.
- Sterile storage bags made for freezing human milk. Disposable bottle liners should not be used to store breast milk.

Step 2. Label the storage container with the date so you can use the oldest milk first. Add baby's name if it will be delivered to a care provider.

Step 3. Chill the milk at once. Store in the back of the refrigerator, not in the door. If freezing the milk, see below.

Step 4. At feeding, swirl stored breast milk to blend. Breast milk can look clear, bluish, yellowish, or brownish. When stored, it tends to separate in the container. Cream rises to the top. Lighter colored milk settles below. Gently swirl the container to mix the cream back into the rest of the milk. Shaking the milk can cause a breakdown of some of the milk's valuable components.



REMEMBER: Breast milk is safest when stored for the shortest time possible.

When Freezing

Freeze the milk in small amounts – 2 to 4 ounce servings. This reduces waste if the baby does not finish all of it. Allow a 1-inch space at the top of the container for the milk to expand as it freezes. Wait to tighten bottle caps or lids until it is completely frozen. Store near the back of the freezer where it's coldest, not in the freezer door. Always use the oldest milk first.

Breast Milk Storage Guidelines

Guidelines for CDC and the Academy of Breastfeeding Medicine	
Countertop	up to 4 hours
Refrigerator	up to 3 or 4 days
Freezer	within 6 months is best up to 12 months is acceptable
Thawed and refrigerated milk	1-2 hours countertop up to 24 hours in refrigerator do not refreeze human milk

Defrosting and Warming

Breast milk can be fed cold, at room temperature, or warmed.

To defrost frozen breast milk, thaw it in the refrigerator if you have time. You can also hold the closed container under cool and then warm running water. Or place it in a bowl of warm water with the opening above the water line. Swirl the milk in the container, check temperature on your wrist, then serve.

DO NOT defrost or warm milk in a pan on the stove or in the microwave. It breaks down the protein in the milk and may create hot spots in the milk that can hurt your baby.

Remember: Thawed milk must be refrigerated until used, and it must be used within 24 hours. **DO NOT** refreeze unused milk. Discard any milk left in the bottle after a feeding within an hour.



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Baby's Warning Signs

Call your baby's health care provider if you notice:

- A change in baby's behavior, crying that won't stop, very sleepy, limp muscles, or any changes that worry you.
- Temperature over 100.4°F on two separate readings when baby is not bundled up.
- Breathing that is fast and heavy, blue around the lips and mouth.
- Frequent vomiting of feedings.
- Refusing to take two feedings in a row.
- Frequent, watery, or bloody stools, or very hard, pebble-like stools.
- Rashes that don't clear, including diaper rash.
- Yellowing of the skin or eyes.
- Redness, bad odor, bleeding, or drainage from the cord.
- Less than 6 wet diapers in 24 hours, or no wet diapers for 12 hours or more.
- Bleeding or draining from the circumcision.
- Any other questions or concerns.

Taking Baby's Temperature

A fever is usually a sign of infection. The best way to find out if baby has a fever is to take their temperature with a digital thermometer. (Safely discard mercury thermometers – do not use them.)

Digital Electronic Thermometers are recommended. Before each use, clean with rubbing alcohol or wash in soapy water, then rinse in cool water. You can also replace the disposable covers with each use. At home, mark one digital thermometer for rectal use and a second one for axillary (armpit) or oral (by mouth after age 4).

Rectal (Bottom). A rectal reading is more accurate for infants under age 3. Place a small amount of petroleum jelly or other lubricant on the end of the thermometer. With your infant belly-down on a firm surface or across your lap, spread apart his buttocks. Gently insert only the TIP of the thermometer into his rectum, no more than ½ to 1 inch. Loosely hold his buttocks closed around the thermometer until it beeps.

Axillary (Underarm). This reading is the least accurate but can be used as a general guide. To take your child's underarm temperature, remove his shirt and put the sensor tip next to skin under his armpit. Hold his arm snugly to his chest until the digital thermometer beeps.

Oral (Mouth) temperature readings are good for older children, after age 4 or 5.

Tympanic (Ear). For babies 6 months or older, a tympanic reading gives quick results. Earwax can cause the reading to be inaccurate. Ask your child's provider for advice.

Temporal (Forehead). These devices are simple to use, even while your child is sleeping. They seem to give accurate results when used correctly.

A temperature of 100.4°F (38°C) or higher is a fever. Call your baby's care provider at once if your child:

- Is under 2 months old with a rectal temperature of 100.4°F (38°C) or higher.
- Is between 3 and 6 months with a fever of 101°F (38.3°C).
- Is any age with a high fever, over 103°F (39.4°C).
- Has a fever more than 24 hours.
- Has a fever and other symptoms like being very sleepy or fussy, a rash, vomiting or diarrhea, or has been in a very hot place like a closed car in the summer.

If you are concerned or in doubt, call baby's health provider.



Reducing a Fever

To help lower baby's temperature, you may remove baby's clothing. Wipe baby with a lukewarm (not cool) cloth or give a lukewarm (not cool) bath. Keep the room at a comfortable temperature, around 70°F (about 21°C).

If you have questions or concerns, contact your pediatric care provider.

Getting Medical Help

Common Cold. Infants may sneeze, have a runny or stuffy nose, or cough a little. Symptoms may be relieved by use of a bulb syringe or cool mist humidifier. Call your care provider if your baby's nose congestion is severe, if they develop a fever, or if a cough is frequent and more severe. Also call your provider if baby refuses several feedings or is hard to wake.

Pertussis (Whooping Cough). Pertussis is very contagious. It can cause serious illness. This is especially true for infants under one year old. Protect your child with a DTaP vaccine at 2, 4, and 6 months of age. Boosters are given at 12 to 18 months and at 4 to 5 years. (You, family members, and caretakers, ages 11 and above, can also get the Tdap booster. It helps stop spreading pertussis to your baby.)

RSV (Respiratory Syncytial Virus). This common virus causes mild cold-like symptoms in adults and children. But babies born premature or with lung disease are at high risk of getting seriously ill if they catch RSV. Avoid exposure to young children and crowded areas. Frequent hand washing at home and away helps, especially after being around children with colds. Outbreaks usually happen from fall through spring. Ask your care provider when RSV occurs in your area. Your provider may prescribe medication if your baby is at risk. It will help protect against RSV or reduce the severity of its symptoms.

Breathing Problems. A runny nose may interfere with breathing. Tiny nasal passages fill easily. Use a bulb syringe to gently suction mucus from the nose. (See "Bulb Syringe" on page 68.) A cool mist vaporizer may help. Call your baby's care provider if breathing difficulties continue.

Diarrhea. If your baby is less than 3 months old, diarrhea can be a very serious problem. Little babies can lose a lot of fluid quickly. Call your baby's care provider if:

- Baby's stools are very loose, watery.
- Stools are more frequent (more than after each feeding or more than 6 to 8 times a day).
- Baby does not seem to be alert or have much energy.

Call before signs of dehydration: dry mouth and fewer wet diapers than normal.

Vomiting. Some spitting up may be normal after feeding. Call if your baby has forceful or projectile vomiting. See your baby's care provider for vomiting that lasts more than 8 hours or two to three feedings, or that occurs with diarrhea or fever.

Abnormal Temperature (Fever). If your baby is unusually fussy or feels too cool or too warm, take a rectal or underarm temperature. A newborn's rectal reading of more than 100.4°F is considered a fever. Call if two separate readings indicate your infant has a fever. See “Taking Baby's Temperature” on page 64.

Jaundice. Jaundice is the yellow color seen in the skin or whites of the eye in newborns, so check your baby in good light. Frequent feedings may help prevent jaundice, so breastfeed more often. Call your baby's care provider if jaundice worsens or lasts longer than 3 weeks. If you cannot reach your provider, take your baby to the emergency room. Visit healthychildren.org topic about “Jaundice in Newborns: Parent FAQs” for advice.

Also Call Baby's Care Provider if Your Baby...

- Cries more, as if in pain, or is very fussy.
- Is not wetting 6 to 8 diapers per day.
- Passes blood or blood clots with urine or bowel movement.
- Seems weak and has no energy to cry as loudly as usual.
- Refuses to feed or nurses poorly.
- Just doesn't “seem right” and you are worried.

What To Do When You Call Your Care Provider

Be prepared to describe the signs of your baby's illness. Know your baby's temperature. Have the telephone number of a pharmacy in case your care provider wants to order a prescription. Keep a pencil handy to write down the advice and instructions your care provider offers.

Be Prepared for Emergencies

Keep phone numbers for care providers, fire, police, rescue/ambulance, and Poison Control Center (800-222-1222) by your phone. Find out where the closest emergency center is and how to get there. You or someone in your family should know infant CPR and first aid. Courses are available through the hospital or your local chapter of the American Red Cross. In an emergency, call 911 and stay as calm as you can.

Basics of Newborn Care

Having a new baby is a wonderful experience, but many new parents feel overwhelmed. If this is your first baby, this section won't answer every question, but it will give you a good start. If this is not your first baby, you will want to read this section anyway. Recommendations change and you may learn something to help you take better care of your baby and yourself.

Bulb Syringe

Use a bulb syringe if your baby seems to gag or choke on mucus or milk, or when their nose is clogged with mucus. Call your care provider if your baby has a lot of mucus or if it's hard for them to breathe.

Clearing the mouth of mucus: Press the bulb to squeeze out all of the air. Holding the bulb squeezed flat, gently slide the TIP of the syringe down the side of the mouth and release the bulb as you sweep the tip across the back of your baby's tongue. This will pull the mucus into the syringe. Take the syringe away from baby's mouth and pump several times to push out the mucus.

Clearing the nose of mucus: First try clearing the nose with a couple of drops of over-the-counter saline (salt water) nose drops or spray in each nostril. Then use the bulb syringe only if needed. Frequent use can cause nasal swelling and make it more difficult for your baby to breathe. Follow instructions for clearing the mouth, except slide the TIP of the syringe into the nose opening and slowly release the bulb to remove mucus.

Cleaning the bulb syringe: Use hot, soapy water to clean the inside and outside of the syringe. Rinse with plain hot water. Store in a dust-free place and get a new one when it begins to feel soft or if used during baby's illness.

Diapering

Changing your baby's diapers often will prevent diaper rash. You can clean baby's bottom with a moist tissue or soft wet washcloth. For wipes, choose alcohol and fragrance-free. To save money, you may use wipes when you're out and about, or after a poop diaper. Keep diaper ointment or petroleum jelly handy if needed for diaper rash. Apply to dry skin. Do not use baby powder as the dust can irritate baby's lungs. Newborns use about 8 to 10 diapers a day.

To clean a baby girl, gently separate the labial folds (that cover her urinary opening) and wipe front to back. Use a clean part of the cloth for

each wipe. **For a baby boy**, position the penis downward in his diaper. Use a wet cloth to clean his penis, scrotum, and underneath the scrotum. Then clean the rectal area. If your son has been newly circumcised, drip water on his penis and gently blot around it.

To put on a new diaper, slide the open diaper under the baby so the edge (and tapes, if you're using a disposable diaper) is in the back at the baby's waist. Bring the lower half of diaper up between the baby's legs. Tape or use a diaper pin to fit the diaper snugly across the baby's front. Fold down the top of the diaper so the edge is below the umbilical cord. If you can put one finger between the diaper and the baby, then it's not too tight.

If your baby's bottom becomes red, try the following:

- Change diapers more often.
- Use a diaper rash ointment after cleaning the area well.
- Rinse all cloth diapers through the rinse cycle twice after washing them and try using a milder detergent.
- If using disposables, let your baby sleep with no diaper or try changing to cloth diapers.
- Use double cloth diapers and leave off plastic pants to allow more air to get to the red area.
- Expose diaper area to air several times a day by letting baby sleep with the diaper down.
- Check with your baby's care provider if the rash doesn't get better within 3 to 4 days.



Umbilical Cord Care

Until the umbilical cord falls off, keep the area dry. If the cord becomes soiled with urine or stool, clean with soap and water, then dry. Fold the top of the diaper down below the cord so the cord will not be soaked with urine. Give your baby sponge baths only until the cord falls off. This usually happens by the time baby is 3 weeks old. It is normal to see a few drops of blood when the cord falls off. Active bleeding is not normal. Call your care provider at once. After the umbilical area has healed, you can sit baby in a shallow tub bath.

Call your baby's care provider if you notice:

- The skin becoming red at the base of the cord.
- A foul smelling discharge.
- Crying when the area is touched.

Penis Care

Caring for a Circumcised Penis

Your baby boy may have an ointment gauze wrapped around the penis. If the gauze becomes soiled with stool or falls off, apply petroleum jelly (Vaseline®) or ointment with clean hands. If the gauze does not fall off in 24 hours, soak it with warm water and gently remove it.

After the first 24 hours, gently clean the penis with warm water at each diaper change. Place petroleum jelly on a gauze pad, directly on the penis, or on the diaper in the area the penis touches. Change diapers often to avoid infection. Healing usually takes 7 to 10 days.

Call your baby's care provider right away if the following occurs:

- Baby has not urinated within 6 to 8 hours after the circumcision
- Bleeding or oozing of blood that cannot be stopped by applying gentle pressure for several minutes
- Swelling
- Unusual discharge (A small amount of yellow discharge the first few days is normal.)



Caring for an Uncircumcised Penis

The basic rule here is “leave it alone.” At birth, the foreskin and glans (head of the penis) develop as one tissue, so you should NOT try to pull it back. It will separate in several years. Forcing the foreskin back now may harm the penis, causing pain, bleeding, scarring, and other problems.

The uncircumcised penis is easy to keep clean. No special care is required. Gentle washing with mild soap and water are fine.

As your son gets older, the foreskin will gradually become looser. Once the foreskin can be moved easily (again, do not force it), wash this area with mild soap and water, rinse well, pat dry, and gently slip the foreskin back into place. It may take a few years for the foreskin to retract fully. Contact your pediatric care provider if you have questions.

Call your baby's care provider if your son's stream of urine is no more than a trickle or if he seems to have discomfort or pain when urinating.

Baby's Skin and Nails

Your newborn's skin may be sensitive to chemicals in new clothing. Wash your baby's clothes and bed linens before they are used. Wash your baby's items separately from yours for the first few months. Use a gentle fragrance-free detergent and put them through the rinse cycle twice.

Your infant does not need any lotions, oils, or powders. Never use any skin care products that are not made especially for babies. You can use a mild, unscented lotion on dry, cracked areas of your baby's skin. Wrists, ankles, or chest are where the skin is most likely to be dry. If you see redness or rashes where you have used lotion, stop using it.

Protect baby from the sun, as they will sunburn easily. Keep them in the shade or well-covered if they have to be in the sun. Special sunscreens for babies can be used after your child is 6 months old.

Your baby's fingernails and toenails may need to be trimmed or filed about once a week to keep baby from scratching themselves and you. Use a soft emery board, baby nail clippers, or blunt-nose scissors. Nails are softer after a bath. It may be easy to trim baby's nails while baby is napping.



Dressing Baby

Dress your baby according to the weather and temperature. Babies will usually feel comfortable dressed the way you are dressed. The first few weeks add one more layer. Check the back of the neck to see if baby is overheated. In cold weather, be sure to cover baby's head, hands, and feet. They do not need shoes until they start walking.

Cotton clothes are best. It's easier to dress your baby in clothes that open down the front instead of the back, that open at the legs to make diaper changing easier, and are made of stretchy fabric and have loose-fitting sleeves. Avoid tight bindings around arms, legs, or neck.

Heat Rash

These small, red bumps in skin folds, especially on baby's neck, upper chest, groin, or underarms can be uncomfortable. Sponge the area and pat it dry. Provide a cooler, less humid environment. Call your care provider if the rash does not get better or if the baby develops a rectal temperature greater than 100.4°F (38°C).

Tummy Time

When baby is alert and you are watching nearby, give your baby some tummy time each day. This helps develop shoulder muscles and head control. A toy just beyond reach builds muscles for rolling over and crawling. Stay nearby and watch for signs of fatigue. Never leave baby unattended during tummy time. And remember: **Tummy to Play, Back to Sleep.**

Bathing

Talk softly and make bathing a relaxing and soothing time. Your baby will probably cry during the first baths, but soon they will love this special time with you. It will be fun for you both.

Each day, clean baby's face, neck, and hands with clear water. Bathing baby 3 times a week may be enough the first year. Bathing too often may dry baby's skin. Give a sponge bath while the umbilical cord heals, usually in 2 to 8 weeks. After the umbilical cord falls off, you can give a bath directly in water.

NEVER leave baby alone near water or on a raised surface. Not even to answer the phone. If you must leave, take baby with you.

Sponge Baths

For sponge baths, have supplies on hand: a basin of plain warm water, a damp washcloth, and a dry towel. Lay baby on a flat surface that's comfortable for both of you. Try a changing table, bed, floor, or a counter next to the sink. Pad firm surfaces with a soft towel or blanket. Keep baby warm by unwrapping just the area you are washing.

Begin the bath by washing your baby's face with a damp washcloth rinsed in plain, warm water. Wash ears with a cloth over your finger. Do NOT use swabs to clean his ears or nose.

Next, wash and dry your baby's neck, arms, chest, back, and legs. Pay special attention to creases under the arms, behind the ears, around the neck, and with a girl, in the genital area. Wash the diaper area last.

Baby Bathtub

Use an infant tub that has a sloped, textured surface or sling. You can also line the bottom of a clean sink or plastic tub with a non-skid mat or clean towel so baby doesn't slip. Do not use bath seats: they can tip over easily. Hold baby in your arms and gently place in the basin, supporting baby's head with your hand. Keep the face and most of baby's body above water at all times, while using your arms for support.

Enjoying bath time

- Make sure the room is warm and free of drafts.
- Place all supplies near bathing area: washcloth, baby soap and shampoo, rinsing cup, and a soft towel.
- Use a small amount of water, around 2 inches.
- Test the water. It should feel warm, not hot, to your wrist or elbow.
- Turn cold water on first and off last to avoid hot water drips or scalding burns.
- For safety keep your holding arm and hand securely around baby. Use the other hand to apply soap. Hold on to baby in the water.
- Use a cup to pour water over baby's body often to keep them warm.
- Clean gently. Do not scrub or pull the skin. Use mild, neutral-pH soaps without additives. Put a small amount on the washcloth or your hand and gently rub it onto your baby's body. Wash and rinse from the neck down.
- Rinse baby's hands quickly if soap gets on them — before they put them to eyes or mouth.
- Wash the baby's head 2 to 3 times per week. Use a mild shampoo or body wash. If you use a football hold (see "Breast-feeding Positions" on page 48), you can hold baby over the water and use one hand to support their head. A gentle fingertip massage with soap on the other hand will help to remove *cradle cap*, a flaky, crusty film on the baby's scalp. Rinse well and dry right away.
- Relax and let baby enjoy extra time if they like splashing and playing in the water.



Safety in the Tub

- Check water heater temperature setting; make sure it is set at or less than 120°F (49°C) to prevent possible burns.
- If you must answer the phone or door during bath time, wrap baby in towel and take baby with you. **Never leave baby alone in the bathroom.**
- Keep all electrical cords away from the area.
- Do not use a bath seat in an adult bathtub. They can tip over and the child might drown in bathwater. The US Consumer Product Safety Commission recommends a hard plastic child bathtub instead. Also avoid support rings due to a high risk of drowning.

Sleep Basics & Safety

When babies go home from the hospital, everyone wants to see them. Limit your visitors and keep the baby out of large crowds for a few weeks. Let visitors see your baby, but limit touching to avoid germs and infections.

Both you and your baby need this time to rest. Make sure your baby –

- Has a safe place to sleep by using a crib or bassinet.
- Is put to sleep in a safe position.

PUT INFANTS TO SLEEP ON THEIR BACKS



For more on safe sleep for your baby, visit the NIH “Safe to Sleep” website at safetosleep.nichd.nih.gov

Sleep Safety and SIDS

SIDS (Sudden Infant Death Syndrome) or crib death, is a leading cause of infant death from one month to one year of age. To reduce the risk of SIDS:

- Breastfeed your baby. Ensuring safe sleep and breastfeeding have been shown to be the greatest way to reduce baby's risk for SIDS.
- Always put your baby on their back when resting, sleeping, or leaving the infant alone.
- Room share. A close but separate bed is best for sleep. You may use a crib or bassinet in your room.
- Breastfeeding or comforting baby in bed may be safe, but do not fall asleep with baby next to you. Newborns that share your bed may fall to the floor, or be smothered by other people, blankets, pillows, or loose bedding.
- Cribs, bassinets, and playpens should meet current safety standards. They should be sturdy, and the slats no more than 2-3/8 inches apart. Make sure any paint is lead-free. Sides that move are not safe.
- The sleep surface should be firm. A firm crib mattress covered with a tight-fitted sheet is good. Mattresses should fit snugly (no more than two fingers between it and the crib).
- The crib should be empty. Keep soft objects and loose bedding out of the crib. Sleep sacks and wearable blankets are better than blankets. Remove pillows, stuffed animals, comforters and bumper pads.
- Some sleep products have been found unsafe, like sleep positioners and inclined sleepers. They are sometimes called nests, docks, pods, loungers, rockers, or nappers.
- Products that claim to reduce SIDS (like baby monitors) have not been proven reliable.
- Do not allow cords or strings near the crib or around baby's neck (pacifier strings, bibs, mobiles, window shade cords, etc.)
- The room should be comfortable (about 70°F or 21°C). Use infant one-piece sleepers or sleep sacks. If needed, layer with a wearable blanket sleeper instead of a loose blanket. Place baby's head to one side for a week, then switch.
- Encourage "tummy time" when baby is awake and you are nearby. It helps develop strong muscles.
- Protect your baby from smoke. See "Avoid Second- and Third-Hand Smoke" on page 80.
- After breastfeeding is well established at 4 to 6 weeks, offer baby a pacifier at nap and bedtime for baby's first year. Don't force it. If the pacifier falls out, that's OK.

Sleep Patterns

Newborns sleep randomly the first 6 weeks, usually about 16 hours a day in a series of 3- to 4-hour naps. Baby's body clock slowly develops between 6 weeks and 3 months. They will start sleeping less during the day and longer at night. Just like some adults, some babies seem to need very little sleep. Here are some ways to encourage baby to sleep more at night:

- During the day, try to wake them more frequently for feeding. Talk, sing, and play with baby for longer periods as they grow.
- At night, put them to bed in a dark, quiet place. You don't have to rush to them if they cry. Wait a minute or so to see if they can settle themselves. But if crying continues, go help baby.
- Keep night feedings and diaper changes subdued, with low lights, and promptly return your baby to bed. Do not awaken them at night unless your care provider says you should.
- For pediatric care providers, "sleeping through the night" means sleeping 5 hours or more. It may be several months before your baby does this. Waking for feeding during the night is normal and healthy. Continue to make naps an important part of your day and self care.

Most infants are able to sleep through the night when their stomachs have grown to last 6 to 8 hours between feedings.

When Baby Cries

Calming a Fussy Baby

All babies cry, so don't take it personally. In fact, newborns cry a total of 1 to 4 hours a day. It is your baby's way of telling you help is needed. Maybe they're hungry, need food, or a diaper change. Or maybe they're too warm or cold. Sometimes they cry and we don't know why.

When baby starts crying, respond right away during the first few months. This will help build trust and baby will probably cry less if your response is immediate. Try these tips when your baby keeps on crying:

- Check the baby's diaper and change it.
- See if baby is hungry or thirsty. Try to feed again. Burp baby across your lap to relieve gas.
- Rock baby in your arms or while sitting in a rocking chair.
- Gently hug and cuddle your baby. Rub baby's back or pat the chest.
- Talk to baby calmly. Sing to the baby or play gentle music.
- Give baby something to suck, like your finger. Once breastfeeding is well established, a pacifier may be soothing if baby does not need to feed.
- Take off baby's clothes and look closely all over. There may be something touching baby that is uncomfortable. Look over baby body to be sure baby is physically all right.
- Take baby for a walk in your arms, a stroller, or baby carrier.
- Give baby a warm, soothing bath.
- Take some deep breaths. Try to relax. Your baby could feel your tension. Baby is using all five senses – sight, hearing, touch, taste, and smell - to learn about the surroundings.
- If all else fails, try leaving baby alone in a crib or other safe location to see if baby falls asleep.
- If you have tried everything and do not think your baby has colic, baby may be in pain or sick. Trust your instincts and contact your baby's health provider if you are concerned.

Colic Crying

If your baby cannot be calmed and cries nonstop morning, noon, and night, baby may have colic. This condition may be the result of a developing digestive system. Breastfed babies may be sensitive to breastfeeding person's diet so notice what you eat. Slow the feedings and pay attention to good burping. Colic generally stops on its own by 3 to 4 months. To help you and your baby cope:

- Contact your care provider, the hospital, new parents groups, or a lactation consultant for advice.
- Ask family and friends to help with the baby or to help you with household tasks so you can rest.
- Take care of yourself so you can care for your baby. Eat healthy and nap when your baby sleeps.



**NEVER, EVER SHAKE A BABY.
DO NOT LET ANYONE CARING
FOR YOUR BABY SHAKE HER.**

When you're losing control or feel like shaking baby: STOP!

Here are some steps to take:

1. Sit down, close your eyes, and take 20 deep breaths.
2. GENTLY place the baby in a safe place, like a crib, and leave the room for a few minutes. It's okay if baby cries while you calm down.
3. Don't pick the baby up until you feel calm. Never hold or pick up a baby or toddler when you feel angry.
4. Take an "adult" time out. Do a physical activity to release tension: walk, stretch, or exercise. Taking a bath, listening to music, and deep breathing can be calming.
5. Find someone you know and trust to watch the baby for a while.
6. If you need someone to talk to, call a friend or neighbor. You can also call the crisis hotline, the social worker at the hospital, or a support group like Parents Anonymous for help. See the list of important phone numbers in the front of your parent-baby guide.
7. Shaking a baby can cause:
 - Brain damage
 - Learning problems
 - Hearing loss
 - Cerebral palsy
 - Seizures
 - Death

Keeping Baby Safe

- Learn CPR. Classes in cardiopulmonary resuscitation (CPR) and infant rescue breathing are available through the American Red Cross or the hospital.
- Keep emergency telephone numbers next to the phone. Write your street address and home phone number on the same card. It may save time if there is an emergency while a sitter is caring for your child.
- Teach older children and sitters how and when to call the emergency telephone number – 911. The Safe Sitter Program through your community services or the American Red Cross is recommended.
- Safely remove poison antidotes like syrup of ipecac from your home. If your child unintentionally swallows something poisonous, immediately call the Poison Center at 800-222-1222 for instructions.
- Equip your home with smoke detectors and follow the manufacturer's guidelines for where to place them. Check the batteries in your detectors monthly.
- Never heat bottles or baby food in a microwave oven.
- Do not drink hot drinks or liquids while you are holding your baby. They might get burned.
- Never leave your baby unattended in an infant seat on a table or counter. Baby might fall. Use safety straps on all infant seats, swings, high chairs, or strollers. Never turn your back on a baby who is on a table, bed, or chair.
- Do not leave your baby alone with young children or pets.
- Once breastfeeding is well established, if you choose to use a pacifier, don't put your baby's pacifier on a ribbon or cord. It could choke or strangle them and even cause death.
- For your baby's safety, infant jewelry is not recommended.
- Choose toys too large to swallow and too tough to break. Avoid toys with small breakable or removable parts and sharp points or edges. If a toy fits inside a toilet paper roll, it's too small. Do not allow children to play with LATEX balloons, which can pop and get caught in a child's throat.
- Do not place infants on water beds. They can smother.
- Check clothing and toys for loose decorations and buttons that a child can swallow.
- Placing your child in a shopping cart puts them at risk for falls and cart tip-overs. If you do, always use a restraining device and never leave the cart.
- Never leave a child alone in the car.

Avoid Second- and Third-Hand Smoke

Provide your child with a smoke free environment. You can do this at home, in a car, with babysitters or child care services, or in public spaces.

Second-hand smoke is breathed when around a person smoking cigarettes or cigars.

Third-hand smoke is the nicotine residue in:

- Carpet
- Upholstery
- Bedding
- Vehicles

Both may be harmful to non-smokers, especially small children.

Infants and young children exposed to smoke are at higher risk for:

- Sudden Infant Death Syndrome (SIDS)
- More respiratory infections (pneumonia, bronchitis)
- Slower lung development, sleep problems, and more middle-ear disease
- Asthma and smoke exposure makes attacks more severe

If you smoke, try to stop. Nicotine has been found in the breastmilk of people who smoke. There is no safe level of tobacco exposure. Now is a great time to quit. It's better if your partner quits smoking, too. Get help if you need it. Call 1-800-QUIT-NOW (800-784-8669). Visit the Smoke-free.gov website.

Clean Hands for Health

Washing your hands is one of the best ways to keep from getting sick and spreading germs to others. Wash your hands before eating, feeding baby, and preparing food. Wash after going to the bathroom or changing diapers. Wash after tending to your cold or anyone who is sick. Wash after handling an animal or their toys, garbage, cleaning cloths or surfaces. Have people wash their hands with soap and warm water before touching or holding baby.

Here's how to wash and how to teach your children:

- Wet your hands, apply soap, and rub hands together vigorously to make a lather. Then scrub all surfaces.
- Continue for 20 seconds to remove stubborn germs – about the time it takes to sing “Happy Birthday” all the way through, twice.
- Rinse hands well under running water and dry using a paper towel or air dryer. Use the paper towel to turn off the faucet (and for the door handle in public rest rooms).
- If soap and water are not available, use an alcohol-based hand rub or gel.

Section

Your Growing Family

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Healthy Eating for Your Family

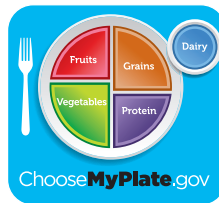
One of the best things a parent can do for themselves and their baby is to eat well. The right food will help you heal, give you energy, and help with breastfeeding. Half your plate should be fruits and vegetables. The other half should be low-fat proteins and whole grains such as whole wheat bread, brown rice, and oatmeal. Avoid sugary drinks like colas and sweet tea.

If you need help getting food, ask your care provider and social worker about WIC. You may qualify for this special program for parents and children. See “WIC Women, Infants and Children Special Supplemental Food Program” on page 82.

The USDA’s MyPlate program is a personalized approach to healthy eating and exercise. It shows the kinds and amounts of food to eat each day at MyPlate.gov.

The chart shows how much of each food group to eat for a 2,000 calorie diet.

Healthy breastfeeding people in a normal weight range should eat or drink about 300 to 500 additional calories daily. Those who are breastfeeding need 1,000 mg of calcium a day. Drink enough liquid and choose servings from all food groups. Certain foods you eat may bother your baby. Talk to baby’s care provider if baby gets a rash, congestion, diarrhea, or just acts fussy.



Food Group	2,000 Calories	2,300 Calories	Serving Sizes
Grains	6-8 servings	8-10 servings	1 slice bread; 1 cup dry cereal, 1 tortilla (6" diameter) ½ cup cooked rice, cereal, or pasta Make half your grains whole grains
Vegetables	4-5	5	1 cup raw leafy vegetable ½ cup cut-up raw or cooked vegetable , ½ cup vegetable juice
Fruits	4-5	5	1 medium whole fruit ¼ cup dried fruit ½ cup fresh, frozen, or canned fruit ½ cup of 100% fruit juice
Dairy	2-3	3	1 cup of milk or yogurt; 1½ ounce of cheese
Protein	6 or less	6 or less	1 ounce of cooked lean meat, poultry, or fish (a 2-3 ounce serving is the size of a deck of cards) 1 egg ⅓ cup of cooked dried beans or peas 1 tablespoon of peanut butter 1½ ounce of nuts or seeds

Make half your grains whole: Look to see that grains such as wheat, rice, oats, or corn are listed as “whole” ingredients.

Vary your vegetables: Eat more dark green and orange veggies.

Focus on fruits: Eat a variety of fruits rather than fruit juice.

Get calcium-rich foods: Use low-fat or fat free dairy products.

Go lean with protein: Choose small portions of lean meats, poultry, and fish: baked, broiled, or grilled. Vary choices with more fish, beans, nuts, seeds.

Limit fats, salt, and sugars: Eat foods and beverages with little salt (sodium) and minimal added sugars or sweeteners. Most fats and oils should come from plant sources, such as olive or vegetable oil.

Being the Best Parent You Can Be

Partner's Role After Delivery

Partners play an important role in helping with a new baby. They can help make many of the changes that happen with a new baby easier. Here are some ways he can help:

- Encourage both of you as a couple to talk about how you feel and make an effort to understand each other's feelings.
- Help set limits on visitors when you don't feel like having company.
- Accept offers of help from family and friends.
- Arrange or accept offers of babysitting. You both need to spend time together as a couple. Be affectionate without asking for sex.
- Help with chores, especially any lifting that needs to be done. Run the vacuum. Do the laundry.

Partners also need to take care of themselves. Finding someone to talk to, perhaps another partner, helps them deal with their own and the new family's needs. The earlier partners help out, the more at ease they feel participating in baby's care.

Getting to Know Your Baby

Babies begin expressing their own personalities right after birth. Your baby will relate to you in the same manner you relate to them. If you are gentle, baby will likely stare back at you, coo softly, and move smoothly. If you are more playful, baby may squeal and wave tiny arms. Here are some ideas that will help you get acquainted with each other.

Your baby needs your love and attention as much as food. Hold them. Go when baby cries. Don't worry that this will spoil them. Care for baby's physical needs. Cuddle, smile, talk, listen, laugh, and show your interest, warmth, and approval. Language, play, and love are very important for the growth of your baby's body and mind.

Talking and reading to your baby are two of the best things you can do. It's never too early to make reading a part of your routine. Read to baby every day. Choose very simple books. Board books are great to start with. Chant nursery rhymes and sing. Play soft music, especially classical music.

Don't be afraid to repeat yourself. Repetition is important to a baby's brain development. The pathways in baby's brain that are used over and over get stronger, helping baby to learn.

Parent, Take Time for Yourself

Set aside time just for yourself. You'll return to the role of parenting with a refreshed attitude that benefits both you and your child. You may want to get out of the house for lunch, personal shopping, visits with friends; or you may just want to be in another part of the house enjoying a nap or good hot bath.

Neighbors or relatives, especially grandparents, may look forward to helping out. Or hire a sitter for a few hours each week so you can run errands or just relax on your own.



Helping Siblings Adjust

Each family adjusts to the new baby in its own way. These ideas may help children welcome the newest member.

- Use dolls to show siblings how to safely hold the baby.
- Review the other sibling's babyhood with stories, pictures, etc.
- Have the siblings visit parent and baby in the hospital if possible.
- When you come home, bring each sibling a special gift. Have someone else hold baby so you can greet your other child(ren) with open arms.
- Set aside time alone with each child every day. Make sure both parents have time with each child, together and individually.
- While you take pictures of the new baby, take some of the older children – alone and with baby.
- Let siblings help with tasks they are old enough to handle.
- Ask grandparents or other close relatives to take older children on outings to help them feel special.

Older children can get very jealous of the closeness you have with the baby during feedings. You can share this time with them by turning feedings into story times. Stories that deal with jealousy encourage the older child to talk about their feelings. Then you can help siblings become more accepting.



Section

Special Help

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Paternity

Paternity means father of the baby. It is important for a child to have a legal father. When two people are married, the partner is the legal father of any children born during the marriage. If a child's parents are not married, it is important to take steps to make sure the child has a legal father – even if the birthing person and partner are living together.

Why Establish Paternity

Having a legal father is important to children for many reasons. All children have the right to know who both their parents are. They should know about any special medical conditions in their family. And they have a right to be supported financially by both parents.

With a legal father, a child may get medical insurance. This could be through the father's job, union, or military service. If a child's legal father dies, the child can qualify for benefits including:

- Social Security
- Pensions
- Inheritance rights
- Veterans benefits
- Life insurance

Legal paternity is necessary for a child to claim these benefits or to get monthly child support.

When legal paternity is determined, a child can carry the father's last name. It also allows the father joint-custody rights.

How to Establish Legal Paternity

If the person you name as the father of your child AGREES, determining paternity is easy. The father will be asked to sign an official form stating he is the father. This form, called Affidavit of Paternity, is used by a judge or a hearing officer to establish paternity legally. It should be signed by the father of the baby before the birth certificate is completed in the hospital.

If the person you name as the father of your child DENIES being the father, blood/genetic tests can be done. The tests also can be done if you are unsure who the father is. The easiest way to obtain blood is to collect cord blood at the time of birth. These blood tests are performed by an outside agency for a fee that is not covered by insurance. The father will usually agree to sign the paternity form when results of blood tests show he is the biological father of a child. If a person continues to believe he is not the father, he is entitled to a court hearing.

At the hearing, a judge listens to both sides, looks at the test results, and decides whether or not the person is the child's father.

Your area child support enforcement agency provides child support services. These services often are free or for a small fee. They include:

- Locating the father
- Establishing paternity
- Obtaining a support order
- Collecting child support payments

The county juvenile court also provides information about establishing paternity. You can hire a private attorney if you prefer.

What Happens after Paternity Has Been Established

Under the law, your child is entitled to support from the legal father. His monthly payment is based on both parents' income. This money helps pay for necessary living expenses until the child turns 18 (or older, depending on state law). A parent should seek child support no matter what the father's current situation is – even if he is unemployed or in school. It will make it easier to get that support when the father gets a job.

Parents can get the Affidavit of Parentage form at the hospital, free of charge. Signing it there will save a trip to the courthouse.



A child should know about family medical conditions.

Adoption

Adoption is a legal process. It also has social and emotional aspects. In adoption, children become permanent legal members of another family. There is no one right answer to this decision. Learning what adoption is and how it works can help people make the choice that's right for them. The ChildWelfare.gov website has up-to-date facts and resources. Our hospital social worker can also help.

How Adoption Works

After the baby is born, the social worker will meet with the person giving birth to talk about the adoption plan. The social worker will review options and answer questions. When the person giving birth decides to go ahead with the adoption plan, the type of adoption is decided. The lawyer or agency prepares papers to sign for the adoption.

The adoptive or pre-adoptive parents are the ones who take the baby home from the hospital. The adoptive parents must file legal papers asking the court to let them adopt the baby. A judge has to approve the adoption. That is when the adoption is final and the birthing person's rights to the baby are ended.

Types of Adoption

With an *open adoption*, the birthing person(s) and the adoptive parents meet. They exchange names. *Closed adoption* means the birthing person and adoptive parents do not meet. They do not know each others' names. In a *semi-open adoption*, the agency provides information about the baby to the birthing person and adoptive parents but identities are usually hidden.

The birthing person may choose to have an independent or an agency adoption. An *independent or private adoption* is arranged by the birthing person. Lawyers or special agencies handle these adoptions. Even with an independent adoption, the court and the state agency responsible for adoptions must approve the new parents and the home setting before the adoption is final.

An *agency adoption* is coordinated through the state or a licensed adoption agency. These agencies select their list of adoptive parents very carefully. One advantage of an agency adoption is that the agency often provides other services the birthing person may need, such as counseling.

Laws regulating agency and private or independent adoptions vary from state to state.

Baby's Health Record

Your baby's health record needs to include the birthing persons' health information. Your baby's health providers will need these details. It will go in the baby's formal medical record. It is best to have the family medical history of both birthing persons if available. The health-related behaviors and information of birthing persons can affect baby's health. These behaviors may include alcohol or drug use, sexual practices, or inherited conditions.



Preventing an Unplanned Pregnancy

This chart lists some birth control methods. Talk to your care provider to find the best birth control option for you. Remember: whatever method you choose, the only way to help prevent sexually transmitted infections (STIs) is to use a condom also. If you are breastfeeding, implants, injections, and progesterin-only pills are good hormonal choices. IUDs are also a good choice.

Birth Control Method	Advantages	Disadvantages	* Effectiveness
Abstinence			100%
	<ul style="list-style-type: none"> • Most effective way to prevent pregnancy and sexually transmitted diseases (STIs) • A good choice the first 4 to 6 weeks after delivery 	<ul style="list-style-type: none"> • You and your partner choose not to have sex • No other side effects 	
Sterilization (permanent)			99% or greater
	<ul style="list-style-type: none"> • Surgery to prevent a person from getting pregnant (tubal ligation) or a male from fathering a child (vasectomy) • The most effective form of permanent birth control • Talk with your care provider. Half who choose to have it done schedule it soon after delivery (postpartum) of their last child. 	<ul style="list-style-type: none"> • Post surgical complications possible • Difficult and often impossible to reverse • Your insurance may require you to sign a consent form 30 days before the procedure and may not cover costs of a reversal • No protection from STIs • Talk with your care provider well before delivery. Check that the hospital offers the procedure. 	
IUD Intrauterine Device (3 - 10 years)			99% or greater
	<ul style="list-style-type: none"> • A small device containing copper or hormones is inserted into the uterus. Prevents egg from being fertilized. • The device lasts 3 to 10 years • Reversible • No need to remember daily 	<ul style="list-style-type: none"> • The device is inserted by your OB or other care provider (possibly within minutes of vaginal or cesarean birth) • May cause changes in menstrual bleeding • No protection from STIs 	
Implant (3 years)			99% or greater
	<ul style="list-style-type: none"> • Continuous birth control for up to 3 years • Reversible. • No need to remember daily 	<ul style="list-style-type: none"> • Minor office surgical procedure • Side effects may include irregular menstrual bleeding • No protection from STIs 	

Birth Control Method Advantages	Disadvantages	* Effectiveness
Shot/Injection (3 months)		94%
<ul style="list-style-type: none"> • Birth control shot of a hormone that prevents pregnancy for up to 3 months • No need to remember daily 	<ul style="list-style-type: none"> • Must visit care provider every 3 months for injection • Side effects such as weight change, irregular menstrual bleeding • No protection from STIs 	
Vaginal Ring (monthly)		91%
<ul style="list-style-type: none"> • Soft flexible ring inserted in vagina by user each month changes ovulation • Reversible 	<ul style="list-style-type: none"> • Risks and side effects similar to birth control pills • No protection from STIs 	
Patch (weekly)		91%
<ul style="list-style-type: none"> • The small adhesive patch is applied by the user to the skin of the abdomen, upper arm, buttock, or lower torso each week • Reversible 	<ul style="list-style-type: none"> • Risks and side effects similar to birth control pills • Minor skin irritation at application site is possible • Less effective in people over 198 pounds • No protection from STIs 	
“The Pill” (daily)		91%
<ul style="list-style-type: none"> • Continuous birth control protection when taken correctly • Reversible • Decreases menstrual flow and cramping • Mini-pill (progesterone only) especially suitable for breast-feeding parents 	<ul style="list-style-type: none"> • Must remember to take daily • Increases risk of blood clots, heart attack, stroke, especially in smokers over 35 • Temporary side effects may include nausea, breast tenderness, headache, depression, missed periods • No protection from STIs 	
Sponge with Spermicide		83 to 77%
<ul style="list-style-type: none"> • Placed deep in vagina, sponge blocks entrance to uterus • Protects for up to 24 hours after inserting 	<ul style="list-style-type: none"> • Must leave sponge in for at least 6 but no more than 30 hours after sex • Requires planning • No protection from STI 	

Birth Control Method Advantages	Disadvantages	* Effectiveness
<p>Condoms and Spermicide (foams, gels, creams, film)</p> <ul style="list-style-type: none"> • Male latex condoms are best method for STI protection including HIV/AIDS • Available over-the-counter • Can use with spermicide and other birth control methods 	<ul style="list-style-type: none"> • May cause an allergic reaction to latex • Condom should be used only once, apply new for repeated sex • Female condom may not protect against sexually transmitted diseases: should not be used with male condom • Requires planning 	82% (male condom) 79% (female condom) 72% (spermicide alone)
<p>Diaphragm or Cervical Cap with spermicide</p> <ul style="list-style-type: none"> • Insert 1 to 2 hours before sex • Your health care provider will prescribe and fit you, and refit you 6 weeks after childbirth • No need to remember daily 	<ul style="list-style-type: none"> • May cause latex or spermicide allergy, urinary infection • Must use properly, with spermicide • Must wait 6 weeks after delivery to use • Requires planning • Does not protect from STIs 	82% (diaphragm) 77% to 83% (cervical cap) For people who have had a baby (60%)
<p>Emergency Contraception</p> <ul style="list-style-type: none"> • Take pill within 72 hours of unprotected sex (most effective if within 24 hours, less up to 120 hours) • Some pill(s) may be available over the counter in some locations 	<ul style="list-style-type: none"> • Care provider must prescribe some, approved for use up to 5 days after sex • Nausea, cramps, fatigue for few days • Does not replace regular birth control 	87% (Levonorgestrel) 66% to 75% (Ulipristal Acetate)
<p>Natural Family Planning/ Periodic Abstinence</p> <ul style="list-style-type: none"> • Avoid sex during most fertile times of menstrual cycle • Requires no other intervention 	<ul style="list-style-type: none"> • Careful planning and body awareness: no sex for up to half of menstrual cycle • Not for people with irregular cycles or who recently had a baby • No protection from (STIs) 	75%

NOTE: Effective rates are for “typical” use. The method was not always used correctly or with every act of intercourse, or was used correctly but failed anyway.

Section

Feeding Appendix

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Nutrition During Breastfeeding

Fluids. Drink enough so you avoid feeling thirsty - at least 8 glasses per day. You need more fluids when you are exercising or overheated. You also need more fluids if you are not urinating as often as usual, if your urine is dark yellow, or if you are constipated. Drink water, juice, or milk, not sodas.

Calcium (1,000 mg per day). You do not have to drink milk to make milk. You do need to eat 3 to 4 servings of calcium-rich foods a day. Otherwise you run the risk of robbing your bones of calcium, which could later lead to osteoporosis for you, a disease that causes the bones to become fragile and more likely to break.

Sources: Dairy products (milk, cheese, yogurt, cottage cheese, and ice cream), grains and cereals, fish cooked with the bones, dark green vegetables, nuts, and legumes. If you or your baby can't tolerate dairy products, ask for help from your doctor or a dietitian.

Iron. Iron combines with protein to form hemoglobin of red blood cells. It increases resistance to infection. It prevents diet-related anemia and the fatigue that comes with it. It increases resistance to infection. Breastfeeding people often need iron supplements for anemia. In addition, iron may be given at birth to make up for normal blood loss. If you take an iron supplement, it will not pass into your breastmilk.

Sources: Liver, dried apricots, meat, nuts, raisins, shellfish, poultry, legumes, whole grains or enriched products, eggs, fish, vegetables, and potatoes

Vitamin A. Assists in creating and maintaining the skin and mucus membranes that line the body cavities and tracts, thus increasing resistance to infection.

Sources: Butter, cheese, egg yolk, dark green and yellow vegetables

Vitamin B (complex). Promotes normal appetite, healthy skin, eyes, and nerves.

Sources: Eggs, meats, bread, and cereals

Vitamin C. Forms supporting substances which strengthen blood vessels, make wounds and bruises heal faster, and increase resistance to infections.

Sources: Citrus fruit and tomatoes

Folic Acid. Essential to making both red and white blood cells in the bone marrow. Prevents some kinds of anemia.

Sources: Green leafy vegetables, liver, kidney beans, lima beans, asparagus, whole grain cereals, nuts, legumes, and yeast.

Your Milk

The first milk your breasts make is called *colostrum*. It is yellowish or clear, sticky and thick, and rich in antibodies that help your baby resist infections. All breastmilk contains antibodies that help your baby resist infections. Three to five days after birth, your milk supply will increase. You are now making foremilk and hindmilk.

Foremilk is watery, and may be bluish. It contains a lot of fluid and protein. This is the first milk baby gets at each breast at every feeding.

Hindmilk is essential for good growth. Hindmilk is creamier and contains most of the fat and calories. Your baby will get hindmilk toward the end of the feeding. That's why it's important to allow the baby to nurse until satisfied once he begins feeding on the breast. If you have questions about the color of your milk, contact the lactation consultant or health care provider.

Breast Milk for a Hospitalized Baby

Collecting Breastmilk for a Hospitalized Baby

If your baby is hospitalized for any reason, you need to take extra care when you collect and store your breastmilk. These recommendations will help you prevent contamination.

This is a stressful time for you and your family. Information and support can help reduce your anxiety. Nurses will answer questions for you. They also can help with your breastfeeding. Lactation consultants in the neonatal intensive care nursery (NICU) also may be available for questions and assistance.

You need to pump as often as your baby would nurse. That should be every 2 to 3 hours or at least a minimum of 8 times in 24 hours. An electric double pumping kit that allows you to pump both breasts at the same time is recommended.

If both you and your baby are hospitalized, there are electric breast pumps for you to use in the postpartum and neonatal units. Once you are discharged, you can come back to the hospital to feed your baby. A special room for breastfeeding people is equipped with an electric pump. You must bring your own pump attachments. The room is open 24 hours a day and you are encouraged to come for feedings as often as possible.

You need a special breast pump if you and your baby are separated. A hospital grade double electric breast pump is your best choice. A lactation consultant also may suggest this type of breast pump to increase your milk supply. These breast pumps have greater sucking power than store bought personal use pumps. They also have more variations.

You may decide to rent or purchase an electric breast pump so you can continue to pump at home. You can use the same kinds of containers described in “Storing Expressed Milk” on page 61, except freezer bags. Freezer bags cannot be accepted in NICU.

Storing Milk for a Hospitalized Baby

If you are expressing in the hospital:

- Label your bottle with date and time.
- Use stickers, provided by the hospital, stamped with the baby’s name and patient number.
- Take the bottle IMMEDIATELY to your baby’s nursery (either the Newborn Nursery or the Neonatal Intensive Care Nursery).

If you express at home, freeze the milk unless you are sure it will be fed to your baby within 48 hours. Always label your bottles with date and time. Stickers stamped with the baby’s name and hospital number will be provided for that purpose. See the directions on “Storing Expressed Milk” on page 61 for safe freezing techniques. Always put your container in the coldest part of your refrigerator or freezer – on a shelf in the back.

Any milk you bring from home to the hospital – fresh or frozen – must be tightly sealed and packed in a cooler.

Breastfeeding Support

WIC Locations with Breastfeeding Support

Ask your local health department about WIC locations in your area. They may offer breastfeeding support (fns.usda.gov/wic).

La Leche League

See your local phone listings to find meetings in your area. Local volunteers offer breastfeeding support and group activities. The website has current breastfeeding information and other resources (LLL.org).

Multiples of America

A network of about 500 clubs represent parents of twins, triplets, and quadruplets. Visit multiplesofamerica.org for a club in your area.

Community Support Groups

Ask your hospital about breastfeeding support groups in your area.

Reading

We suggest you read *The Nursing Mother’s Companion* by Kathleen Huggins.

Breastfeeding When You Go Back to Work

If you are going back to work and wish to continue feeding your baby breastmilk, you need to plan. First, you need to practice expressing your milk. You also need to save up milk for your baby to have while you are away.

Here are some recommendations:

- The American Academy of Pediatrics recommends not introducing pacifiers or bottle nipples until breastfeeding is well established, usually about 4 to 6 weeks of age.
- For at least 2 weeks before you go back to work, express after your morning feedings. You may only get an ounce or less, but this will add up.
- At the first a.m. feeding hand express or pump your breast while baby nurses on the other.
- If you want to give your baby only breastmilk while you're at work, you must drain the breasts about as often as your baby would normally nurse. Express until your breasts are quite soft.
- Some people have a hard time getting comfortable with expressing. That's why it's important to practice a week or two before you return to work.

Federal laws allow break time for nursing people who return to work up to a year after baby is born. Employers should provide reasonable break time to express milk. This should be in a private location other than a bathroom. The rule is required of businesses that employ 50 or more people. It is suggested for all employers. [Dept. of Labor Fact Sheet #73](#) outlines details.

Tips to Make Expressing Easier

Try these tips to help make expressing easier:

- Wash your hands and use clean equipment.
- Find a comfortable and private place where you will not be disturbed. A Do Not Disturb sign may help. If possible, do not answer the phone or the door.
- Massage or put a warm compress on your breasts for 10 minutes before expressing. If time is limited, then use a warm compress while pumping. Massaging your breasts will help.
- Think of your baby or look at a picture of your baby while expressing.
- Keep one of your baby's blankets (with baby's smell) nearby.
- Listen to soothing music.
- Center your nipple in the breastshield or flange. An improperly fitting breastshield/flange can cause soreness or decreased milk expression. Manufacturers have varying size breastshields/flanges.
- Follow the pumping instructions and begin. First your milk will come in drops, then in sprays.
- Always begin on LOW or MINIMUM suction and increase slowly over time. Too much suction too quickly can make your nipples sore.

Preventing Problems

When Does It Hurt?
At the beginning of the feeding (but not after milk begins to flow)
<ul style="list-style-type: none"> Indicates that you may need to improve your latch-on technique. (See “Latch” on page 46) This could also be the hormonal sensation of <i>let-down</i>.
The first day after birth
<ul style="list-style-type: none"> Indicates a latch-on or sucking problem. Try to correct this early, since it’s usually easier to correct before it becomes a habit.
During the entire feeding
<ul style="list-style-type: none"> Could be a positioning and latch-on problem. Your baby may have a sucking problem. Soreness may be caused by thrush, especially if the pain feels like burning or itching. (In this case you need help immediately. Call your provider.)
Where Does It Hurt?
At the top of the nipple
<ul style="list-style-type: none"> This may mean the baby is not latched-on to enough breast tissue. It may mean the baby is raising the back of his tongue while nursing.
At the bottom of the nipple
<ul style="list-style-type: none"> May mean the baby is sucking in their lower lip while nursing (if so, gently pull it out). Baby may be taking in too much of the top of the breast and not enough of the underside.
At the tip of the nipple (with or without a horizontal red stripe)
<ul style="list-style-type: none"> Could be due to the breast not going deeply enough into the baby’s mouth. Your nipple is pointing up or down at latch-on rather than pointing straight as it goes into the baby’s mouth. Another possible cause is tongue thrusting by baby. Or your baby may have a short frenulum (tongue-tie) or a short tongue. You are pressing on your breast to make a nose space.
The entire nipple is sore
<ul style="list-style-type: none"> You may have poor positioning and latch-on with a baby who is a vigorous sucker. The baby may be retracting his tongue during feeding. Baby may be curling up the tip of their tongue which may produce a vertical red stripe on nipple after nursing. Perhaps you are not inserting a finger between the baby’s gums to break the suction before removing the baby from the breast. You may be leaning over your baby while nursing rather than bringing the baby to your breast. Thrush, a mouth infection, could also be a cause.

Signs of a Problem

- It hurts to breastfeed.
- You have a burning sensation in your nipples during feedings, at the end of feedings, or between feedings.
- The soreness does not improve after three days of consistently working to correct the cause. (Persistent soreness may mean the baby has a sucking problem. He may not be getting enough milk).

If you have breast tenderness and firmness to the point of being rock hard, call for help. Once your breasts are well drained by the baby or a pump, the uncomfortable fullness should quickly disappear. It is important to solve this problem so you can feel better and the baby can nurse easily.

Check Your Positioning

Poor positioning or latch on are the most common causes of sore nipples. This is especially true in the early weeks. If you are still in the hospital, ask your nurse or lactation consultant to watch you feed at least one time. After you are discharged, call the hospital, your lactation consultant, or La Leche League.

Check the way you hold your baby:

- Is baby's body up close to your body, with nose at your nipple?
- Are baby's ear, shoulder, and hip in a straight line?
- Is baby supported and are you comfortable?

Check baby's latch on:

- Does baby keep entire nipple and one inch or more of the areola (the dark area around the nipple) in his mouth while nursing?
- Does baby's chin touch your breast? Do not press down on the top of your breast to make a "nose space."
- Are baby's lips flanged (flipped out, not tucked in)?
- Do baby's ears wiggle and cheeks look full when he nurses?
- Can you see baby's tongue cupping your breast when he nurses?

If the baby's position and latch on change during the feeding, this can also cause sore nipples.

Check at the beginning of the feeding:

- Do you feed baby when he shows early hunger cues (sucking on fist or lips, rooting) rather than waiting for a late hunger cue (crying)?
- Does baby open his mouth wide to latch on?

Check during the feeding:

- Has the baby fallen asleep at the breast or slipped down on the nipple? This can cause soreness.

Check the end of the feeding:

- Do you break suction before taking baby off your breast?
- Do you keep your nipples dry between feedings?

Check for milk transfer:

- Do you hear the baby swallowing?
- Do you see milk dripping from your breast?

Engorgement

As your milk begins to increase or *comes in* a few days after the baby is born, it is normal to feel increasing fullness and heaviness in your breasts. This is called *engorgement*. It may take a week or two for your body to respond to how much milk baby needs. Then the feeling will go away.

It is not normal for this feeling to be painful or make it difficult for baby to latch or express milk. Call your OB provider if you have a fever above 101°F or if you are in severe pain.

Engorgement also can happen later if you produce milk and don't remove it. Your milk supply will slowly dry up if you don't remove milk on a regular basis.

To Relieve Pain and Swelling

- Nurse frequently and regularly.
- Wake baby to feed if painfully full. Express milk between feedings.
- Offer both breasts each feeding. If baby takes only one side, express milk from the other breast.
- Wear a supportive (not tight) bra.
- Ibuprofen may be considered a safe treatment for engorgement, but check with your doctor for dosage. Do not take any other medicines unless your doctor says it's okay.

Just Before Feedings

- Use moist heat on breasts to help your milk “let down.” Take a shower. Or place warm, moist wash cloths on your breasts for about 3 to 5 minutes.
- Massage breasts before and during feedings to help milk come out.
- Express milk before feeding to soften the areola so baby can latch on, especially if you have sore nipples.

After Feedings

- Apply ice packs to the breasts for 15 to 20 minutes to reduce swelling. Bags of frozen peas or corn work well.

An engorgement crisis can happen if you are not emptying completely or often enough. Treat as described above. Contact a lactation consultant for guidance.

Causes of Soreness

Engorgement can contribute to sore nipples. It may make the breasts so full and hard that your baby can't latch on properly.

If you give your baby artificial nipples (bottles or pacifiers) in the early weeks, they may affect his sucking. This can cause sore nipples.

Inverted nipples sometimes get sore, especially during the early weeks. Some babies are born with a strong clenching response.

Treatment for sore nipples

Work on your positioning first. Then try these tips:

- Feed on the unaffected side or less sore side first, because your baby sucks harder at the beginning of a feeding.
- Use a mild pain medicine according to your care provider's instructions.
- Express a few drops of colostrum or breastmilk over the nipples and allow to air dry.
- Try breast shells. (If you're still in the hospital, you can get them from your nurse. Otherwise you can buy them wherever breast pumps are sold or rented.) They are worn inside the bra while awake between feedings to allow better air circulation and aid healing. They also prevent clothing from irritating tender skin.
- If you continue to have sore nipples you should have your baby evaluated. Contact your baby's health care provider and/or lactation consultant for an oral/suck evaluation.

Increasing Your Milk Supply

Your breasts have the amazing ability to make more milk if your baby needs it.

Infant-led increase. Sometimes your baby will demand more milk. Most babies do this naturally during growth spurts.

At these times, your baby will act very hungry and want frequent feedings. Your milk supply will respond with more milk in 2 to 3 days. Once your milk supply has built up, your baby will get more at each feeding and go back to a more routine feeding schedule. If your baby continues to be demanding in 3 days, your problem is probably not growth but a low supply. Check your baby's positioning and see the Parent-led increase instructions below.

Parent-led increase. In some cases you or your health care provider will see that your baby needs more milk. Here's how to increase your supply:

- Feed more frequently. Shorter feedings often will increase supply.
- Be sure to nurse on both breasts at every feeding. Alternate the breast you start with first.
- Massage your breast whenever your baby stops sucking.
- Make sure your baby is in the right position and has lots of skin-to-skin contact with you while feeding.
- If your milk supply has not increased after 3 days, pump for 5 to 10 minutes per breast after each feeding for 3 days. An electric breast pump is recommended.
- Contact a Lactation Consultant. She can explore your breast-feeding and milk production concerns and offer tailored support.
- If you are still worried about your milk supply and your baby's weight gain, most care providers will be happy to weigh your baby in their office, usually at no charge.

Weaning

How long you breastfeed is up to you and your baby. The American Academy of Pediatrics recommends:

- Breastfeeding as the sole source of nutrition for about the first 6 months.
- Breastfeeding in combination with solid foods through at least the first year. After that, your child is ready to digest regular cow's milk.
- Continued breastfeeding thereafter for as long as mutually desired by parent and baby.

You may decide to wait for your child to wean themselves. This generally happens anytime between 1 year and 2 or 3 years of age. Most babies will wean themselves gradually, dropping one feeding at a time. This allows your body to adjust gradually to less stimulation. You can more easily decrease your milk supply without having engorgement or mastitis.

Once your baby starts eating solid foods at about 6 months, they will breastfeed less. Ask your health care provider for guidance to make sure they're getting enough nutrition.

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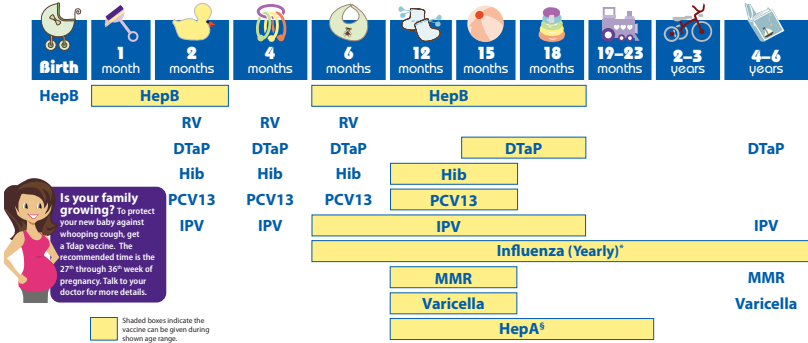
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M E D I C I N E

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Baby's Immunization Schedule

Protect your baby by making sure baby gets all the recommended vaccines. Most of your child's immunizations are scheduled during the first two years. They are very important to protect your child from diseases that cause serious illness. They may even save baby's life. The [CDC.gov/vaccines/schedules](http://www.cdc.gov/vaccines/schedules) website has current easy-to-read vaccine schedules.

2022 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

For more information, call toll-free **1-800-CDC-INFO** (1-800-232-4636) or visit www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



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Vaccine Descriptions:

- HepB:** protects against hepatitis B
- DTaP:** a combined vaccine that protects against diphtheria, tetanus, and pertussis (whooping cough)
- Tdap:** a booster vaccine for adolescents (11 or older) and adults who will be in close contact with baby
- Hib:** protects against Haemophilus influenzae Type b
- PCV:** protects against pneumococcal disease
- Polio:** protects against polio, the vaccine is also known as IPV
- RV:** protects against infections caused by rotavirus
- Influenza:** protects against influenza (flu)
- MMR:** protects against measles, mumps, and rubella (German measles)
- Varicella:** protects against chickenpox
- HepA:** protects against hepatitis A

A Care Guide for You & Your Baby

Journey to a Healthy Baby

Care in the Hospital

Your Care at Home

Breastfeeding Your Baby

Baby Care Basics

Special Help



5255 Loughboro Rd, NW
Washington, DC 20016
202-537-4000

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