



**YOUR GUIDE TO  
POSTPARTUM AND  
NEWBORN CARE**



## CONGRATULATIONS ON YOUR NEW ARRIVAL

The first six weeks after you give birth is called the postpartum period. We are delighted that you have chosen our team to provide you with the support and resources you'll need to prepare to care for yourself and your baby at home after your discharge.

When you understand what to expect and how to handle the most common challenges faced by new parents, it can help you feel more confident and capable. Inside this book you'll find accurate, up-to-date information about many important postpartum topics, including preparing your home, physical and emotional changes, caring for yourself and your baby, breastfeeding, and much more.

We hope you will find the book to be a valuable source of information as you prepare to bring your new baby home. If there is anything else we can do to help and support you along the way, please let us know.



# YOUR GUIDE TO POSTPARTUM AND NEWBORN CARE

Reviewed and recognized  
by AWHONN as a valued  
patient education resource.



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PROMOTING THE HEALTH OF  
WOMEN AND NEWBORNS

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Your Guide to Postpartum and Newborn Care is for general reference purposes only and cannot be relied upon as a substitute for medical care. You and your baby should have regular checkups with your health care provider. You should also consult with your health care provider about any special questions or concerns.

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## PART 1:

# Caring for Yourself

The first 6 weeks after giving birth (the **postpartum** period) will be filled with changes and challenges. That's why it's important to know what to expect and how to care for yourself after you bring your baby home.

Everyone's birth experience is unique. It can take anywhere from 4-6 weeks before you feel like your new self. During this time, get as much rest as you can. Pay attention to how your body is adjusting to life after childbirth. Above all, make time for plenty of personal care and attention. Self-care will help you feel more comfortable, healthy, and confident as you adapt to life with your new baby.

NOTE: All words shown in **blue text** are defined in the glossary on page 46.

# Physical Changes

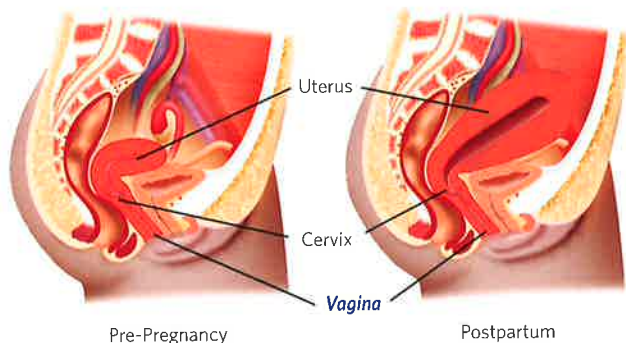


## UTERUS

It will take a few weeks for your **uterus** to return to its pre-pregnancy size and weight. Over the course of your pregnancy, your uterus grows to about 11 times its usual weight. So naturally, it will take time for it to return to its regular size. Your health

care provider will check your uterus regularly to make sure it's becoming smaller.

"Afterbirth" pains are belly cramps you feel as your uterus shrinks back to its pre-pregnancy size. And they're completely normal. They may be stronger during breastfeeding, if you had twins, or if this baby isn't your first. Keeping your bladder empty will help with the pains. The cramps usually go away on their own by the end of the first week postpartum. If they become too uncomfortable, talk to your health care provider about taking pain relief medications.



## BLADDER

For the first few days after giving birth, try to empty your bladder every 3-4 hours. This is important because when your bladder is full, it can push on your uterus. This pressure may prevent your uterus from shrinking. Plus, it can make you bleed more.

Because your body is getting rid of the extra fluid it took on during pregnancy, it's normal to pass large amounts of urine during your first few days. If you had a **cesarean birth**, you may have a **catheter** in your bladder during your first day after surgery. This allows you to rest and makes emptying your bladder easy for you.

## BOWELS

Your first bowel movement after the birth may not happen for 2-3 days. Many things can make bowel function sluggish during this time. **Hormones**, medications, dehydration, fear of pain, and decreased physical activity can all slow things down. And when the time comes, it could be a little uncomfortable and you may feel anxious or fearful.

### When it's time

- Try to relax
- Take some deep breaths
- Put your feet on a stool
- Rest your elbows on your knees
- Use a clean sanitary pad for support
- Hold the pad from the front as you support the **perineum**

### What can help

- Go when you feel the urge
- Drink 6-8 glasses of water a day
- Eat fiber-rich foods
- Walk or do yoga stretches
- Take stool softeners

## WARNING

Call your health care provider immediately if you:

- Have a frequent or urgent need to urinate
- Have severe pain or rectal bleeding
- Feel you need to take a laxative

## HEMORRHOIDS

Many people develop **hemorrhoids** during pregnancy. Hemorrhoids are swollen veins at the opening of the rectum, inside the rectum, or outside on the anus. They can be painful, itchy, and even bleed. Although they're usually not serious, they can be really uncomfortable.

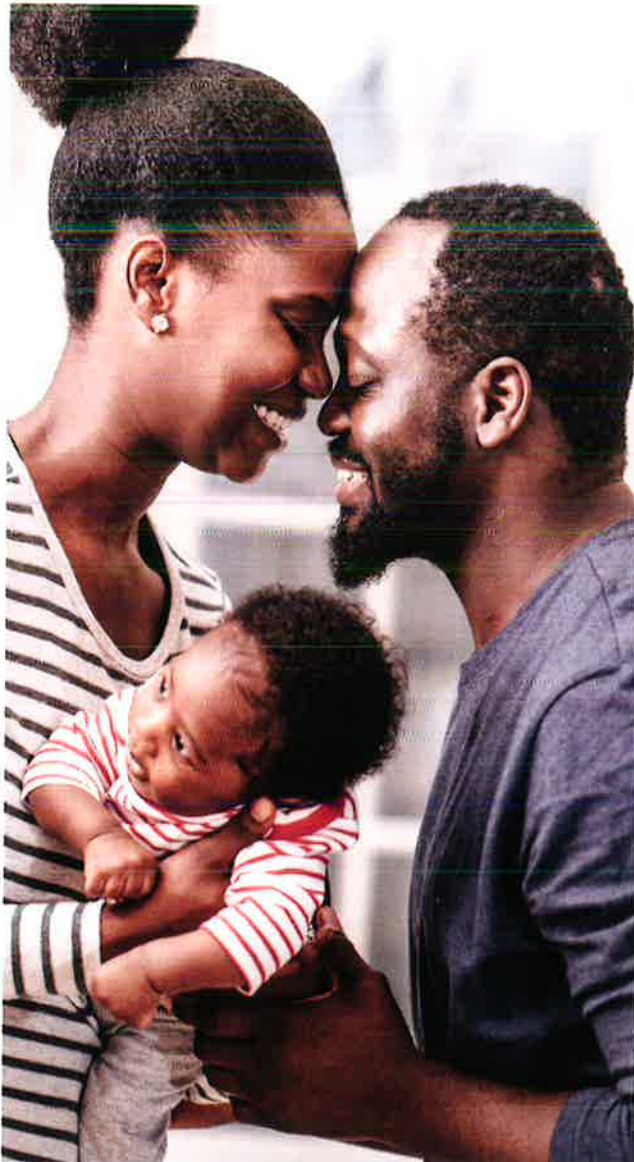
### What can help

- Eat healthy (especially high-fiber) foods
- Drink plenty of water to avoid constipation
- Avoid straining during bowel movements
- Avoid sitting or standing for long periods of time
- Use pre-moistened wipes instead of toilet paper
- Apply ice packs or witch hazel pads to the hemorrhoids
- Soak in a warm tub several times a day
- Use topical creams, suppositories, and pain medication with your health care provider's approval

## PERINEUM

The perineum is the area between your vagina and rectum. During a vaginal birth, it stretches and may tear. So, you may have tears and lacerations in your perineum. These tears, along with any vaginal tears, can cause pain and tenderness for several weeks. During the first 24-48 hours, icing can help discomfort. Keeping the area clean and dry can help relieve pain, prevent infection, and promote healing. You can learn about perineal care on page 9.

Though it's not the norm, some people have an **episiotomy** during birth. This is the term for a cut made at the opening of the vagina to help let your baby out. If you had an episiotomy, your perineum may be especially sore. You'll have stitches and it will take time to heal. The stitches will dissolve on their own. So, don't worry—they won't need to be removed.



## VAGINAL DISCHARGE

After giving birth, you can expect to have a bloody vaginal discharge, called **lochia**, for a few days. This is part of the natural healing process for your uterus. For the first few days, lochia is bright red, heavy in flow, and may have small blood clots. It has a distinct smell that women often describe as fleshy, musty, or earthy.

Because blood collects in your vagina when you're sitting or lying down, this may make lochia heavier when you stand up. You may also notice a heavier blood flow after too much physical activity. If you do, you should slow down and rest. You may have less lochia if you had a cesarean birth.

Over time, the flow gets less and lighter in color. But expect to have this lighter discharge for up to 4-6 weeks. You'll want to use pads (not tampons) until your lochia stops. Tampons can increase the chance for infection in your uterus.

### First 1-3 days

- Bright to dark red
- Heavy to medium flow
- May have small clots

### About days 3-10

- Pink or brown-tinged
- Medium to light flow
- Very few or no small clots

### About days 10-14 but may normally last longer

- Yellowish-white color
- Very light flow
- No clots or bright red color

## WARNING

### Call your health care provider immediately if you:

- Soak through more than 1 pad in an hour
- Have a steady flow that continues over time
- Pass clots the size of an egg or larger after the first hour
- Have bright red vaginal bleeding day 4 or after
- Notice your lochia has a bad odor
- Have a fever of 100.4° F or higher
- Have severe pain in your lower abdomen

If you can't reach your health care provider, go to an emergency room or **call 911**.



# Complications

<b>POSTPARTUM HEMORRHAGE</b>	<b>Call your health care provider immediately if you have:</b>
<p>Some bleeding during the postpartum period is normal. But if you notice extra bleeding, you could have a postpartum <b>hemorrhage</b>. A hemorrhage can happen anytime during the 12 weeks following birth. If bleeding seems excessive, this is a red flag. A hemorrhage may be obvious or can be a little hard to identify. Pay attention if you experience a constant steady flow of blood and not just a gush after activity or when you stand up.</p>	<ul style="list-style-type: none"> <li>▪ Bleeding—soaking through one pad in an hour or less</li> <li>▪ Blood clots that are the size of an egg or bigger</li> <li>▪ Signs of very low blood pressure, like feeling faint, dizzy, weak, or clammy</li> <li>▪ Blurred vision or a very fast heart rate</li> </ul> <p>If you can't reach your health care provider, go to an emergency room or <b>call 911</b>.</p>
<b>BLOOD CLOT</b>	<b>Call 911 if you have:</b>
<p>A small percentage of birthing parents may get a blood clot in their lower leg. This condition is called deep vein thrombosis (DVT). It's uncommon but can be life threatening. These clots usually form in the deep veins of the legs, but rarely they can break apart and travel to the lungs. If not treated this can lead to a clot in an artery in the lung called a pulmonary embolism—this is a medical emergency. A clot can also break apart and travel to the brain and cause a stroke—another kind of medical emergency.</p> <p>To help prevent clots, get up and walk around whenever you get a chance. The risk for DVT is increased for about 6-8 weeks after birth. You should know the signs and tell your health care provider if you experience them.</p> <p><b>Signs of blood clots in the leg</b></p> <ul style="list-style-type: none"> <li>▪ Pain or tenderness that may feel like a pulled muscle</li> <li>▪ Unexplained fever</li> <li>▪ Slight or moderate swelling in one leg</li> <li>▪ Tender, red, hard, warm area on the calf or thigh</li> </ul>	<ul style="list-style-type: none"> <li>▪ Chest pain</li> <li>▪ Obstructed breathing or shortness of breath</li> <li>▪ Facial drooping</li> <li>▪ Arm weakness on one side</li> <li>▪ Difficulty speaking</li> </ul> <p><b>Call your health care provider immediately if you have:</b></p> <ul style="list-style-type: none"> <li>▪ Blood when you cough</li> <li>▪ Rapid heartbeat</li> <li>▪ Rapid breathing rate</li> <li>▪ Red or swollen leg that's painful or warm to touch</li> </ul> <p>If you can't reach your health care provider, go to an emergency room or <b>call 911</b>.</p>
<b>POSTPARTUM PREECLAMPSIA</b>	<b>Call your health care provider immediately if you have:</b>
<p>Postpartum <b>preeclampsia</b> can happen to anyone who just had a baby. Often symptoms start in the first 48 hours after birth. But they can also happen up to 6 weeks after giving birth. Preeclampsia is a very dangerous condition, but it can be treated if caught early.</p>	<ul style="list-style-type: none"> <li>▪ Headache that does not get better, even after taking medicine</li> <li>▪ Vision changes, like flashing lights, auras, and light sensitivity</li> <li>▪ Swelling of your hands or face</li> <li>▪ Pain in your upper abdomen or shoulder</li> <li>▪ Nausea or vomiting</li> <li>▪ Shortness of breath, confusion, or anxiety</li> </ul> <p>If you can't reach your health care provider, go to an emergency room or <b>call 911</b>.</p>

# Managing Pain

Everyone reacts differently to postpartum pain. Adjust your pain management to your individual needs. This may mean trying a few approaches to see what works best for you.

## Comfort measures

- Massage and relaxation
- Deep breathing
- Listening to music
- Ice packs for first 24-48 hours
- Warm pad on abdomen for cramps
- Warm **sitz baths**/herbal baths

## Medical pain relief

- Topical creams or sprays
- Over-the-counter medication like ibuprofen
- Prescription medication

In the hospital your nurse will review all your medications with you. It's important to understand what they're for, how often to take them, and any possible side effects. Pay attention to your pain levels. Try setting a personal goal for pain management or identify the number at which you feel you need pain medication.

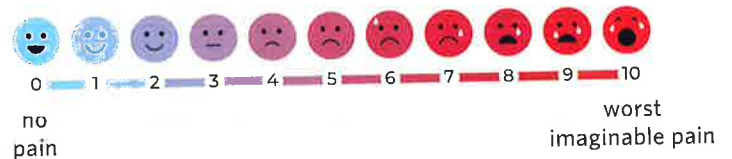


## WARNING

Call your health care provider if your pain is:

- Constant
- Unusual
- Worse than it was before
- Keeping you from doing things you could do before
- Located in the right upper area of your abdomen
- Located just below your breast bone

## Pain Rating Scale



Tell your nurse if you have pain and need medication. Before giving you pain medication, you may be asked for your pain number. You'll be asked again in about an hour to see how the medication worked. Always ask if you have questions about any medications prescribed for you.

## CESAREAN BIRTH PAIN

If you had a cesarean birth, remember you've had major abdominal surgery. So, start slow and be gentle with yourself. While you're in the hospital, managing your pain is important. You may be provided pain pills to take by mouth. And some hospitals use PCA (patient-controlled analgesic) pumps. These pumps let you control the medication you receive by pushing a button. It is important that **only you** push the button. The pump is set according to the prescription from your health care provider so you won't receive too much medicine. Once home, over-the-counter pain relievers are usually fine.

## GAS PAINS

A buildup of gas in the intestines and constipation are common problems especially after cesarean birth. You want to keep your bowels moving, so walk around as often as you can. Eat foods that are high in fiber and drink plenty of water.

### To minimize gas pains

- Get in a knees to chest position
- Walk, rock, or lie on your left side
- Drink warm fluids often
- Avoid carbonated drinks
- Avoid foods that give you gas

# Personal Care

Of course, feeding and meeting all your baby's needs are top priorities. But, you've also got to take care of yours. You need to know how to care for your body—inside and out.



SCAN + PLAY

## PERINEAL CARE

To clean the area around your perineum, you can use a hand-held shower, squeeze bottle, or sitz bath. Sometimes an antiseptic spray or analgesic cream can provide pain relief. If using either of these, make sure you closely follow the directions.

To dry the area, use moist antiseptic towelettes or toilet paper in a patting motion.

### Tips for a healthy perineum

- Wash your hands carefully before and after changing sanitary pads
- Wash the area with mild soap and water at least once daily
- Rinse with lukewarm water 2-3 times daily and after urination and bowel movements
- Wash and wipe from front to back
- Apply your pad from front to back
- Change your pad after every urination or bowel movement
- Check the amount and color of your lochia with each pad change



SCAN + PLAY

## CESAREAN BIRTH INCISION CARE

If you had a cesarean birth, your incision may be closed with staples, stitches, wound closure strips, or surgical glue covered by a sterile dressing. Your outer dressing may be removed before you leave the

hospital or during a follow-up visit with your provider. Wound closure strips come loose on their own after 7-10 days and then you can remove them. You may want to use a clean gauze over your incision, especially if the skin on your belly folds over it.

Remember to always wash your hands before and after touching your incision. It's important to check your incision daily to make sure it's not infected. Some people find it helpful to stand in front of a mirror or use a hand-held mirror to check. Each time you clean your incision, make sure to use a clean freshly washed cloth. Otherwise, you're at risk for infection. Clean it by washing with warm water and soap. Do not scrub it. Use a clean towel and gently pat dry.

### WARNING



Call your health care provider immediately if your incision is:

- Red
- Separated
- Swollen
- Warm to touch
- Tender or painful
- Draining
- Not healing

## MOVING AFTER CESAREAN BIRTH

When you get out of bed, roll to your side and use your top arm to push yourself up. Sit on the side of the bed for a minute before you get up to make sure you're not dizzy. Place a pillow over your incision while you cough or move around in bed. If you have stairs at home, try to limit the number of times you go up and down them.



## REST AND SLEEP

There are many reasons why you may feel extremely exhausted after the birth of your baby. Many people do not sleep well late in pregnancy. **Plus, the physical work of labor is exhausting.** Excitement and a lot of

visitors can add to the problem. Being in a hospital bed can also make it very difficult to rest.

Once the baby's home, sleep can become an even bigger challenge. Many new parents struggle to balance their need for sleep with the baby's need for care and attention. Whenever you can, try to sleep when your baby sleeps. This may mean several short naps during the day. When sleep is not possible, try deep breathing, relaxation and visualization exercises, or yoga.

### Tips for keeping things calm

- Simple meals and flexible meal times
- A relaxed, stress-free home routine
- Help with shopping and cooking
- Friends and family to care for other children
- Postpone any major household projects
- Avoid caffeine (coffee, tea, cola, chocolates)
- Ask for what you need, when you need it

## HAIR LOSS

Pregnancy changes your hair's growth cycle. While you were pregnant your hair was in a resting phase, so you lost less of it. A few weeks after giving birth, you may find that you're losing hair in large amounts. This is not unusual in the first 5 months after birth. **Don't worry.** Your hair will return to its normal growth cycle, but it could take 6-15 months.

## SKIN CHANGES

Rising hormone levels during pregnancy may cause some changes to your skin color, including blotchy brown markings on your face, a dark line down the middle of your belly, or acne. These changes usually go away completely or significantly fade within several months after the birth. But in about 30% of women, they can persist. However, any tiny red blood vessels on your skin and red rashes will clear up. Stretch marks will gradually fade to irregular silvery white lines but will likely not disappear altogether.

## BATHS AND SHOWERS

If you had a **vaginal birth**, you may be able to shower the first day. Sitz baths (water only up to the hips) or full tub baths are generally safe after the second day.

If you had a **cesarean birth**, you can usually shower once your catheter and outer dressing over your incision have been removed. Be sure you're able to stand and walk without getting dizzy. Tub baths are not recommended for up to a few weeks after a cesarean birth. Ask your health care provider how soon you can take a bath.

## VARICOSE VEINS

**Varicose veins** are soft, blue-colored bulges in your legs that can happen during pregnancy. They're caused when veins get weak and swell-up with blood. If you developed varicose veins during pregnancy, you probably learned to elevate your legs for relief. You'll want to keep this up and start wearing support hose for the first 6 weeks after your baby comes. Varicose veins usually improve without treatment and vein surgery is not recommended during the first 6 months after giving birth.

## MENSTRUAL CYCLE

You will probably have your next menstrual cycle sometime within 7-9 weeks after giving birth. If you're breastfeeding, it could be a bit longer—most often at about 4-6 months. Some women who breastfeed don't get a period until they stop breastfeeding.

But—and this is important—your body may begin producing eggs before your first period. This means you can become pregnant again. Discuss your thoughts about future pregnancies with your health care provider before you resume sexual activity.

## SEX

Having a new baby at home changes just about everything. Babies take up a lot of your time and energy, making it tough for many new parents to recapture their closeness as a couple. Experts agree that couples should be open about how they're feeling about resuming sex. Open communication can help minimize frustration and misunderstanding.

If you had a tear, episiotomy or cesarean incision, you may have concerns about having sex again. Tears and incisions can take a full 6 weeks to heal, so be sure you share this information with your partner. You may experience vaginal dryness and reduced lubrication because of the hormones associated with pregnancy and/or breastfeeding. This is completely normal and it will improve. When you're ready, a water-based lubricant can help with this.

If you experience difficulty with sexual intercourse, always discuss it openly with your partner. A few times a week, set aside time for each other without the baby to enhance intimacy and rebuild a satisfying sex life. Sharing your feelings about sexuality is the most effective way to get and stay close—physically and emotionally.



## WEIGHT LOSS

Although it may be a while before you get back down to your pre-pregnancy weight, you will lose some weight after giving birth. Between the weight of the baby, placenta, and amniotic fluid, you will probably be about 12-13 pounds lighter after the birth. And as your body's fluid levels return to normal during the postpartum period, you will lose more weight.

But remember, all new parents are different. Try not to be too hard on yourself if the weight doesn't come off immediately. You'll get there. Talk to your health care provider about exercises and nutritious eating programs to help you lose the weight and stay healthy.

## EXERCISE

Talk to your health care provider about how soon you can start exercising and which activities are safe. Start slowly and don't push yourself too hard.

### Taking the time to exercise will:

- Give you more energy
- Help you sleep better
- Relieve stress
- Help prevent postpartum depression

### Guidelines

- Walk often—it's a great way to start
- Stay active for 20-30 minutes a day
- Do simple exercises to strengthen back and stomach muscles
- Drink plenty of water!

### Did you know?

The long flat muscles that meet in the middle of your abdomen may separate during pregnancy and cause a visible bulge between them. Ask your health care provider about specific exercises to help tone these muscles and how soon you can begin them.





### Artificial Sweeteners

Aspartame and Acesulfame-K are considered safe to use while breastfeeding. But breastfeeding parents with known **phenylketonuria (PKU)** should avoid aspartame. You should also avoid saccharin. Avoid artificial sweeteners altogether if you feel any discomfort, including headaches or dizziness.



## FOOD AND NUTRITION

Eating healthy foods can provide energy and support your physical well-being. Each day, eat 3 balanced meals and 1-2 healthy snacks. Aim for foods rich in calcium, vitamin D, folic acid, and protein.

You'll find detailed nutritional information online at [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov)



### Tips for eating right

- Eat a variety of protein, carbohydrates, and fats to make sure you get key nutrients your body needs.
- Eat foods that are high in fiber, like whole-grain breads and cereals, raw vegetables, raw and dried fruits, and beans.
- Drink plenty of fluids, especially water.
- Eat small snacks throughout the day to keep your energy high.

## HEALTHY EATING WHILE BREASTFEEDING

- No special foods are needed but healthy foods are best—for you and your baby.
- You can probably eat small amounts of any food without affecting your baby.
- If you notice that when you eat certain food your baby's behavior changes (irritability or fussy sleep), stop eating them and see if it makes a difference.
- The FDA warns people who are breastfeeding to avoid eating fish that are high in mercury, like swordfish, shark, king mackerel, and tilefish.
- Albacore (white) tuna has more mercury than other light-colored tuna. Limit the amount of white tuna you eat to 6 ounces per week.
- If you eat sushi, make sure you know the source and preparation of raw fish before you eat. Like any raw food, sushi can carry parasites or bacteria.
- Don't "starve" yourself to get back to your pre-pregnancy weight. It's far more important to eat a balance of healthy foods to stay strong and healthy—for you and your baby.

# Emotional Changes

Transitioning into parenthood is a major life adjustment. In the span of moments, your emotions can range from amazement to excitement to fear. It may take some time for emotions to return to normal. New fathers or partners may also experience emotional highs and lows. Be patient with yourself and with each other. Reach out for support if you need it.

## BABY BLUES

About 70-80% of new parents experience some negative feelings or mood swings that can start a few days after the birth. "Baby blues" are common and usually last from a few days up to a few weeks. These feelings are likely related to changing hormones and fatigue.



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Common symptoms of baby blues can include:

- Weepiness
- Impatience
- Irritability
- Restlessness
- Anxiety
- Feeling tired
- Insomnia
- Sadness
- Mood changes
- Poor concentration

If you or your family feels your symptoms are more severe or have lasted longer than 2 weeks, contact your health care provider. There are plenty of treatment options if you need some help getting back on your feet.

### Tips for dealing with baby blues:

- Don't skimp on sleep and rest when you can
- Get out in nature and soak up some sunshine
- Get moving—walk or dance to your favorite music
- Keep doing the things you love
- Carve out time for your partner or a support person
- Reach out for peer support—in your community or online
- Make up your mind to meditate or journal
- Make time just for you—try a bath, aromatherapy, or massage

## POSTPARTUM DEPRESSION AND ANXIETY

About 1 in 7 new parents will experience moderate to severe symptoms of depression or anxiety after the birth of their baby. Symptoms of **maternal postpartum depression (PPD)** usually appear in the first 3 months. But they can happen any time during the first year. Many of the symptoms are similar to the baby blues.

The difference is that symptoms of PPD and anxiety *may*:

- Be felt more intensely
- Last most of the day
- Happen on more days than not
- Make it hard to function
- Affect your ability to care for your baby
- Change your feelings toward your baby



## POSTPARTUM OBSESSIVE-COMPULSIVE DISORDER (OCD)

Postpartum OCD is a type of anxiety disorder that can happen after the birth of a baby. It can involve things like obsessive handwashing or repeatedly checking on your newborn in response to all-consuming thoughts about their well-being. These thoughts are not based on reason. And in OCD, the obsessions and compulsions take up more than an hour a day. About 1 in 10 people get OCD at 2 weeks postpartum and, for some, it can last up to 6 months.

## POSTPARTUM PSYCHOSIS

Postpartum psychosis is a very rare condition that requires immediate intervention and professional help. If a new parent develops postpartum psychosis, the symptoms usually start within 3-14 days after the birth. Symptoms may vary, they can change quickly, and the affected parent may not experience all of the symptoms.

### WARNING

**If a new parent has any of these symptoms, they should not be left alone with the baby. They should immediately be taken to the nearest emergency room.**

- Forgetting how to do things you have done in the past
- Having a lot of energy, racing thoughts, and not sleeping
- Having strange feelings, like something is crawling on you
- Thoughts of self-harm or harming the family
- Hearing or seeing things no one else does
- Feeling like someone else is controlling you
- Very rapid or nonsense speaking patterns
- Feeling afraid and not liking how you feel
- Agitation or confusion



# Family, Friends, and Pets



Just like every child is different, so is every home and family. That's what makes them so special. You may have a spouse or a partner. Or maybe it's just you and your baby moving forward together. You might bring your baby into a large family, a small family, or create a completely new family. No matter what your family looks like, keeping your baby safe, healthy, and happy is your top priority.

## SIBLINGS

It's normal for brothers or sisters to worry that the new baby will replace them or you will love the baby more. Encourage children to be honest about any feelings of jealousy, fear, or anger. To help them adjust, you can read books or watch videos with them about adding a baby to the family. Let children help with baby planning, shopping, and nursery decorations. Make sure to spend quality time with each child doing activities they enjoy. If siblings want to help care for their new baby brother or sister, it's a good idea for you or another adult to supervise these interactions.

## VISITORS

Friends and family mean well and are excited to visit you and your new baby. But these visits can be exhausting. Don't feel like you have to entertain if you don't feel up to it. If you do have visitors, don't let anyone who is sick get too close to or hold your baby. And don't be shy about asking anyone who holds the baby to thoroughly wash their hands first.

## FAMILY PETS

Because safety is a top priority, **never leave your baby and pets alone together** without an adult present.



### Cats

Cats are creatures of habit who like a set routine. But many household routines will change when a new baby joins the family. Be aware that you need to **keep your cat away from the baby's sleeping area to prevent accidental suffocation**. Cats like to curl up next to warm bodies, but that closeness could make it hard for your baby to breathe. When you bring your baby home, go to a quiet room and sit with the baby on your lap. Let your cat come close when it's ready.



### Dogs

If your dog is well-trained, it will be easier to control their introduction to and behavior around the new baby. If your dog will be allowed in the baby's room, put a dog bed in the corner and give your dog a treat or toy for staying in the bed. If the baby's room will be off limits, install a tall baby gate and place a dog bed outside the room.

When you bring your baby home, it's important to warmly greet your dog without the baby in the room. After you've been home for a few hours, have a helper bring in your dog on a leash while you hold the baby. Talk in a calm and happy voice. If your dog is not stressed, let him briefly sniff the baby's feet. Reward your dog for good behavior and repeat.

# Spouses and Partners

Becoming a family with a new baby will affect your sleep, time, sexual intimacy, finances, and much more. Be patient with yourself and your partner as you both learn to adapt to the changes that come with life as a new parent. You are an important member of this family and need to take good care of yourself, too. Remember, you're in this together. It's important that you and your partner speak freely about the best ways to manage all the new responsibilities.

## PATERNAL PERINATAL DEPRESSION (PPND)

Partners can experience emotional challenges too. Significant life changes can sometimes cause depression and anxiety for your spouse or partner. Depression in men after the birth of a baby is called **paternal perinatal depression** or PPND. Female partners and adoptive parents can also experience depression and anxiety once baby comes home. All of these feelings are valid.

PPND can begin in the first trimester of pregnancy and up until 6 months after the baby is born. It's more common when the birthing parent is experiencing postpartum depression. On average, 8% of men worldwide—and 14% of men in the U.S.—will have some form of this condition. It's more widespread during months 3-6 post-birth than in the first 3 months.

### Symptoms of PPND can include:

- Loss of interest in work, like problems with motivation and concentration
- Increased complaints of physical issues, like headaches or weight loss
- Becoming easily stressed and discouraged
- Increased anger, irritability, and violent behavior
- Increased use of alcohol and drugs



Don't be afraid to be open and honest about how you are feeling. Your health care provider can connect you with therapy, support groups, and other resources that can help you get better. Know that you are not alone and there is help.

Be sure to read the information on page 14 to better understand the emotional changes your partner may be experiencing. They may not recognize the symptoms. If you feel more care is needed, contact their health care provider or take them to the nearest emergency room.

### Tips for dealing with PPND:

- Plan ahead: Taking a class for new or expectant fathers may help
- Talk it out: Communicating your feelings with your spouse, partner, or friends may help
- Build healthy habits: Eating healthy, exercising, and getting enough rest can help
- Ask for help: Talking with a health professional who has experience in this area can help

### SOME TIPS TO TRY

- 1 Skin-to-skin contact**  
It is good for both of you
- 2 Eye contact**  
Babies love it and can see about 12 inches away at first
- 3 Be patient and confident**  
It takes time to learn diapering, burping, bathing, etc.
- 4 Celebrate the new baby**  
But guard the door so visitors don't stay too long
- 5 Your schedule will change**  
Be flexible and expect the unexpected
- 6 Give yourself grace**  
You may not enjoy every minute and it may be stressful

# Skin-to-Skin Contact

At birth, your baby may be placed directly on your chest. At this time, a member of the health care team will dry your baby. They'll check your baby over and cover you both with a warm blanket. The connection of your bare-skinned baby lying directly on your skin is called skin-to-skin contact.

This immediate undisturbed skin-to-skin contact allows your baby to go through instinctive stages. These include looking at you, resting and finally self-attachment to the breast. This initial snuggling also has very important health benefits.

## Benefits of skin-to-skin contact

- Soothes and calms you and your baby
- Your baby cries less
- Helps your baby regulate their temperature and heart rate
- Helps your baby regulate their breathing and blood sugar
- Enhances bonding
- Helps your uterus shrink back to regular size

## Safe positioning for safe skin-to-skin contact

- You should be semi-reclined or upright and alert
- Your baby is in the middle and high up on your chest
- Your baby's shoulders and chest are facing you
- Your baby's head is turned to one side with mouth and nose visible
- Your baby's chin is in a neutral position (not slouched)—also called the sniffing position
- Your baby's neck is straight, not bent
- Your baby's arms and legs are flexed-in tight to the side of their body
- Your baby's back is covered with warm blankets

According to the American Academy of Pediatrics (AAP), the best start for breastfeeding is when a baby is kept skin-to-skin immediately after birth and until the first feeding has finished, or as long as the parent wishes.

Remember: Babies should always maintain good skin color. They should respond to stimulation. Babies are usually calm and relaxed during skin-to-skin. You may get sleepy as well. It's best to have an alert adult at the bedside to help out.



## SUDDEN UNEXPECTED POSTNATAL COLLAPSE (SUPC)

Sudden Unexpected Postnatal Collapse (SUPC) is a rare event but it can occur. It happens when a seemingly healthy infant collapses and shows these signs:

- Becomes pale or blue
- Stops or is not breathing
- Becomes unstable or unresponsive

SUPC may be related to holding your baby in a risky position during skin-to-skin. For safety, make sure you're alert, semi-reclined, or upright and that your baby is breathing easily while being held skin-to-skin.

It's also very important to keep an eye on the baby at all times. Very often, distractions from phones and visitors take more time than you think. And they can wait. Make your baby's well-being your top priority.

## PART 2:

# Caring for Your Newborn

Welcoming a new baby into your life can be overwhelming. You'll have so many new decisions to make at every turn. Plus, this tiny being will completely change your familiar routines. Your baby's health and safety are now your biggest responsibilities. Give yourselves time. As the days move forward, you'll find increasing confidence and strength as you settle into new routines with your baby.



## Newborn Appearance

New babies don't usually look the way you expected. After your little one is placed on your chest and dried off, you may notice some characteristics that will surprise you. Even more amazing is how your baby's appearance will change in the hours, days, and weeks after birth.



### Skin

Newborn babies can have a variety of harmless skin blemishes and rashes. A common condition is newborn acne, caused by your hormones. It will get better in the first few weeks. Your baby's skin may be dry and peeling—mostly on the feet, hands and scalp. This is simply the shedding of dead skin and it will resolve on its own. The amount of time it takes to shed the outer layer of skin varies from baby to baby.



### Swollen Breasts and Genitals

After birth, both male and female babies' breasts and genitals may look a little swollen. Their breasts may also secrete a small amount of fluid. You may find a small amount of blood-tinged discharge in your baby girl's diaper. This is all normal and happens as the last of your pregnancy hormones circulate through the baby's bloodstream. Within a few days after the birth, any breast and genital swelling and fluid discharge should stop.



### Head Shape

The plates of your baby's skull bones aren't fused together at birth. This allows the baby's head to change shape as it moves through the birth canal and the baby's brain to grow after birth. So, your baby's head will probably look egg-shaped, pointed, or flattened at birth. There are 2 soft spots on your baby's head—on top and in the back—where the skull bones haven't fused. They're called **fontanelles**. They'll close and fuse permanently as the baby grows.



### Eyes

Newborns can be very alert. Even though they can only see 8-10 inches away, they may turn their heads toward different sounds. A baby's eyes may be gray-blue or brown at birth. Babies with dark skin are usually born with dark eyes. You won't know their final eye color for 6-12 months. Don't worry if your baby's eyes occasionally cross. This is normal and should stop in 3-4 months. Red spots in the whites of your baby's eyes are also normal and will disappear in 1-2 weeks.

# Newborn Screenings

Newborn screenings are done shortly after birth to test for medical conditions that are treatable, but not seen.

<h2>METABOLIC SCREENING</h2>	<h3>How the Test is Done</h3>	
<p><b>Metabolic screening</b> tests for developmental, genetic, and metabolic disorders in a newborn. If identified early, many of these rare conditions can be treated before they cause serious health problems. Each state requires screening, but the specific test done may vary. Some disorders are more common in some states, making these screenings even more important.</p>	<p>A few drops of blood are taken from your baby's heel. This is usually done after 24 hours old and no later than 2-3 days after birth. The sample is then sent to the lab for testing. Make sure the hospital and your baby's health care provider have your contact information so you can be notified of the results.</p>	
<h2>HEARING SCREENING</h2>	<h3>How the Test is Done</h3>	
<p>Of every 1,000 babies born, it's estimated that 1 to 3 will have serious hearing loss. It's now standard practice to conduct hearing screening for newborns. If hearing loss is not caught early on, the hearing center in your baby's brain won't get enough stimulation. This can delay speech and other development in your newborn.</p>	<p>This test is painless and is performed in the hospital using a tiny earphone, microphone, or both. There are 2 types of hearing screening, otoacoustic (OAE) and auditory brainstem response (ABR). Testing takes about 10 minutes and is all done while your baby is sleeping.</p>	
<h2>PULSE OXIMETRY SCREENING FOR HEART DISEASE</h2>	<h3>How the Test is Done</h3>	
<p><b>Pulse oximetry</b> is a simple, painless test that measures how much oxygen is in your baby's blood. It's done when your baby is more than 24 hours old. It's useful in screening for some congenital heart diseases in newborns.</p>	<p>Sensors are placed on the baby's hand and foot with a sticky strip and a small red light or probe. These sensors measure the baby's oxygen level and pulse rate. The test takes a few minutes to perform while the baby is still, quiet, and warm.</p>	
<h2>JAUNDICE</h2>	<h3>Treatment</h3>	
<p><b>Jaundice</b> is common in newborn babies, giving their skin and the whites of their eyes a yellow color. It's commonly caused by a buildup of a substance called <b>bilirubin</b> in the baby's blood and skin. Testing is painless and involves simply placing a light meter on the baby's skin. If the bilirubin level is high, a blood test may be done.</p>	<p>Jaundice is typically resolved with treatment. There are 2 types of treatment for jaundice. <b>Phototherapy</b> involves placing your baby under a special light wearing only a diaper and eye protection. Another treatment involves placing a fiberoptic blanket under your baby. Sometimes, the light and blanket are used together.</p>	
<p><b>Call your health care provider immediately if your baby:</b></p>		
<ul style="list-style-type: none"> <li>▪ Is very yellow</li> <li>▪ Is hard to wake up</li> <li>▪ Is very fussy or has a high-pitched cry</li> </ul>	<ul style="list-style-type: none"> <li>▪ Is not feeding 8 or more times in 24 hours</li> <li>▪ Does not make enough wet diapers or diapers with stool (see page 38)</li> </ul>	 <p>SCAN + PLAY</p>

# Baby Boys

**Circumcision** is the surgical removal of skin (foreskin) that surrounds the head of a baby boy's penis. The choice to circumcise or leave the baby's penis intact is one that you'll be asked to make—often soon after birth. Before circumcision can take place, you'll be asked to sign a surgical consent form. Based on your knowledge of the procedure, its risks, benefits, and other implications, you can either agree or decline to have your baby boy circumcised.

This section will present a general overview of the factors that influence the decision to circumcise or leave your baby boy's penis intact. If you have any questions, talk to your health care provider.

The American Academy of Pediatrics (AAP) advises parents to learn the facts about circumcision and weigh the pros and cons before making a decision.

## FACTS ABOUT CIRCUMCISION



- Approximately 20% of males in the world have a circumcised penis
- Some groups perform circumcision for religious or cultural reasons
- It's an elective procedure that's generally considered safe if done by an experienced provider using sterile techniques
- The most common problems following circumcision include bleeding and infection
- Costs may not be covered by many insurance companies because it's an "elective" surgery

If you aren't present for the surgery, your baby will be comforted and returned to you. Some babies will fuss for several hours while others will go into a deep sleep. What to expect:

- Baby's penis will be swollen and dark red in color
- Within 24 hours, the penis will be covered with a crusty discharge for about 7 days
- Your baby should urinate within 12 hours after the procedure

### Caring for a Circumcised Penis

- If there's any visible bleeding, apply gentle pressure to the area
- Gently clean the area only with warm water until it heals (7-10 days)
- Call your provider if you see signs of infection: redness, fever, swelling, discharge, or odor

## FACTS ABOUT LEAVING PENIS INTACT



- Approximately 80% of males in the world have an intact (uncircumcised) penis
- Leaving the foreskin and penis intact is the natural, biological default
- Leaving the penis intact may increase sensitivity and sexual pleasure when a male reaches adulthood
- Uncircumcised males may be at higher risk for urinary infection or sexually transmitted diseases
- Leaving a baby boy's penis intact preserves their ethical right to make their own decisions about their body

### Caring for an Intact Penis

- Gently clean only what you can see of the penis with warm water
- Never pull, manipulate, or retract the foreskin in any way

A foreskin will naturally separate from the tip of the penis in time—it could take a few weeks or several years. Once this happens, the foreskin can be pulled back (retracted) from the tip of the penis. Most boys will be able to retract their foreskins by the time they are 5 years old, although others will not be able to do so until they are teenagers. **Never forcibly pull the foreskin back because it could cause pain, bleeding, or tears in the skin.**



<p><b>UMBILICAL CORD</b></p> <p>Your baby's umbilical cord will look shiny and yellow immediately after birth. As it dries out, it may appear brown, gray, or even purplish-blue. Before it shrinks and falls off, the cord will darken like the color of a scab on your skin. If the area around the umbilical cord looks red, is draining any type of fluid, smells bad, or has not fallen off by the third week of life, talk to your baby's health care provider.</p>	<p><b>Cord care</b></p> <ul style="list-style-type: none"> <li>• Always wash your hands before touching the umbilical cord</li> <li>• Always fold the top of the diaper down below the level of the cord</li> <li>• Don't put any type of ointment, creams, or a bandage on the cord</li> <li>• If baby's bowel movement gets on the cord, wash with warm water and pat dry</li> </ul>	
<p><b>REMOVING MUCUS</b></p> <p>For the first few days of life, your baby may have some mucus that can make them gag. To help, turn your baby on their side and pat their back like you're burping them. If they still gag, you may need to use the bulb syringe.</p>	<p><b>How to use a bulb syringe</b></p> <ul style="list-style-type: none"> <li>• Squeeze the bulb until it collapses</li> <li>• Place it about ¼ to ½ an inch inside the baby's nostril or inside the cheek</li> <li>• Quickly release the bulb to pull any secretions into the bulb</li> <li>• Remove the bulb syringe and quickly squeeze the contents into a tissue</li> <li>• After using, clean with hot soapy water and rinse thoroughly in hot water</li> </ul>	
<p><b>NAIL CARE</b></p> <p>Parents are often surprised at how quickly their baby's fingernails and toenails grow. A baby's nails are very soft and flexible. But because they don't have a lot of control over their body movements, they can still scratch their own face. That's why it's best to trim or file your baby's fingernails 1-2 times a week and toenails about every 2 weeks.</p>	<p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• To keep nails short, use a nail file or emery board frequently</li> <li>• Use baby-sized clippers or blunt-ended scissors—after your baby is more than a month old</li> <li>• Trim nails right after the bath or while the baby is sleeping or feeding</li> </ul>	
<p><b>DIAPER RASH</b></p> <p>Diaper rash is usually not a serious problem and will often improve in 3-4 days with simple treatment. But if it is not treated, diaper rash can become painful, causing bumps, blisters or sores. Diaper rash can even cause a more serious bacterial skin infection or yeast infection.</p>	<p><b>How to treat diaper rash</b></p> <ul style="list-style-type: none"> <li>• Change the baby's diaper frequently, about every 1-3 hours during the day</li> <li>• Pat the baby's skin with a soft cloth to clean the diaper area</li> <li>• If the diaper area becomes red, apply a thick layer of non-scented petroleum jelly or a zinc-based diaper cream</li> <li>• Keep using the product with every diaper change, until the redness disappears</li> <li>• Allow your baby some time without a diaper—this increases air flow and helps heal the rash</li> </ul>	



## DIAPERING

You may hear your provider call your baby's bowel movements "stools." Babies frequently have changes in the number, color, and consistency of their stools. As long as your baby is eating well, gaining weight, and not showing any signs of illness, this is normal.

### Dirty diapers

- The first day stools (called **meconium**) are black, thick, and sticky
- As the stool changes, it takes on a greenish color for a couple of days
- Breastfed babies have more liquid, runny, mustard yellow-colored stools—they're seedy in texture

### Wet diapers

Your baby's urine will be a clear yellow in color. Over the first 3 days, you may notice a reddish-orange stain in your baby's diaper. This is caused by crystals in their urine. It's sometimes called "brick dust" because it resembles the color of bricks. Some new parents mistake this for blood in the diaper, but it is normal. The more your baby eats, the less brick dust you'll see.

### Frequency

Every baby is different when it comes to how frequently they'll soil their diapers. You'll get to know your baby's style—but know that it will likely change over time. For more information read page 38.

## DIAPER CHANGES

Although it's not always pleasant, changing a diaper is just part of parenting. Newborns can go through many diapers in a day. Sometimes, babies are easygoing during changing—other times they're cranky. Newborns don't like getting cold during a diaper change or being changed if they're hungry. Changing your newborn in a warm room and after feeding may help.

### Health and safety tips

- Wash your hands before and after every diaper change
- Keep diapering supplies within reach so one hand stays on your baby
- Avoid using baby or talcum powder—it can cause problems if inhaled
- Never leave your baby unattended during a diaper change

### How to change a diaper

- Hold your baby's feet together at the ankles and lift their bottom up
- Remove the soiled diaper and clean the area
- Wipe your baby from front to back using a clean area of the cloth every time
- Place a clean diaper under your baby's bottom
- Bring the front of the diaper up between your baby's legs
- Pull the back of the diaper over the front and secure the sides
- Fold the top of the diaper below the umbilical cord until it's healed
- Give your baby a hug and positive attention after you're done



### Baby Girls

It's normal to see a white fluid or small amount of bleeding from the vaginal area during the first few weeks. This is very normal and doesn't need to be wiped off.

## BATHING BABY

Once you're home, it may be easier to give your baby sponge baths at first. Simply use a warm, damp washcloth to wash and dry their face, body, and diaper area—in that order.

After the umbilical cord has fallen off, many providers are fine with you giving your baby a tub bath. You can do this in the sink or a baby bathtub filled with about 3-4 inches of warm water. Some parents like to loosely wrap the baby in a lightweight blanket before placing in the tub or you can place a towel in the bottom of the tub.



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### TIPS FOR BATHING YOUR BABY

1

Have all supplies nearby: mild soap, wash cloth, plastic cup, towel, diaper, and clothes.



2

The water temperature should be about 100° F and feel warm on the inside of your wrist. Keep the room comfortably warm, about 74° F.



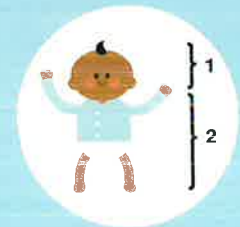
3

Support your baby's neck with one hand and wrap your fingers around one thigh as you place them in and take them out of the tub.



4

Wash the face first, then the body and diaper area using a tiny amount of mild soap.



5

Clean all the folds and creases, including under the baby's neck.



6

Use your cup to rinse the baby by pouring warm water over them. Dry the baby with a warm towel then dress them.



7

Never leave the baby alone—if you must leave, always take the baby with you.



8

Bathe the baby 2-3 times a week; in between wash the face, hands, and diaper area.



# Baby Behavior

Some babies are quiet by nature—they can remain still and content for a long time. They tend to move in a smooth and relaxed style. Other babies are more active and seem to be in constant motion. They're excited and interested in looking around. These babies will be harder to settle, but swaddling and physical contact may help them calm down.

## FUSSING OR CRYING

If your baby is wiggling or squirming, it's a sign they may feel fussy. Fussiness may be followed by more vigorous movement of their arms and legs. And fussing may turn into crying as your baby tries to make their needs known.

**When your baby is crying, here are the questions to ask:**

**Is my baby hungry or wants to suck?**

Gently settle your baby and feed them. Sucking on a finger, thumb, or breast may help

**Do I need to change the diaper?**

Change diaper—some babies fuss when they are about to soil their diaper or when it needs to be changed

**Does my baby want to be held?**

Try gentle pats to the back, rocking, or walking. Make a “shush” sound in your baby's ear over and over

**Is my baby cold or hot?**

Add a layer of clothing—babies need 1 more layer than adults. Remove a layer of clothing—your baby might also be hot

**Is my baby lonely?**

Go outside—a change of scenery can be distracting. Give them a massage—the stroking can be soothing

Crying helps your baby release tension and shut out any sights, sounds, or sensations that may be overwhelming. Respond quickly to your newborn baby when they cry. When you consistently respond to your baby cries, they feel safe and secure. It also teaches them to trust you'll be there to care for them. Do your best to meet the needs of your baby.





## OVERSTIMULATION

### Symptoms of overstimulation

- Skin color changes to red or pale
- Breathing becomes irregular or baby hiccups
- Jerky movement or tremors in arms and legs
- Baby moves from being alert to being drowsy
- Baby looks away from you or won't meet your gaze
- Baby becomes upset, cries, or goes to sleep to escape the stimulation

### How to comfort an overstimulated baby

- Be calm and reassuring in your touch
- Speak quietly and use repetitive or melodic sounds
- Move baby to a quiet and semi-darkened room
- **Swaddle** or place baby skin-to-skin
- Hold your baby's hands together at their chest level
- Sway with the baby in your arms or a baby sling

## COLIC

Babies with colic have periods of frequent, long, and intense crying or fussiness—but are otherwise well-fed and healthy. Colic can be very frustrating and stressful for parents, especially when there's no obvious reason for their baby to be upset. And no amount of soothing seems to help. Even worse, episodes of colic often happen in the evening or at night when parents are tired and need to sleep.

Experts don't know exactly what causes colic. But their "colicky" episodes usually peak when the baby is about 6 weeks old and start to taper off when the baby is 3-4 months old.

There may be times when nothing you do will stop the crying. This is normal. If you've met the baby's basic needs: clean diaper, fed, gently rocked, etc., then try these tips:

- Take a deep breath and count to 10
- Put your baby in their crib and go to another room
- Ask a friend or family member to take over for a while

To learn more about crying as a normal part of infant development visit [www.purplecrying.info](http://www.purplecrying.info)





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## SWADDLING

Swaddling refers to wrapping your newborn tightly in a blanket. And people have been doing it for thousands of years. Swaddling is a simple, proven way to help your baby feel safe and warm as they adjust to life outside the womb. For your baby, being swaddled reminds them of the calm and closeness they felt inside your uterus.

### Safe swaddling tips

- You should be able to put at least 2-3 fingers between the baby's chest and the blanket
- Babies should be able to bend their legs freely and with ease while swaddled
- Some experts recommend swaddling with arms by sides and others with hands by face
- Never put or allow a swaddled baby to sleep on their stomach
- Consider using a recommended sleep sack for extra warmth instead of a blanket in the crib
- Stop swaddling when your baby starts to roll to their side—around 2 months


### SWADDLING: 6 STEPS




**Step 1:** Spread a light weight cotton or linen blanket out flat, with one corner folded down. Choose the right size for your baby.



**Step 2:** Lay the baby face-up on the blanket, with their head above the folded corner.




**Step 3:** Straighten the baby's left arm, wrap the left corner over the body, and tuck the blanket between the right arm and right side of the body. It should make a "V."



**Step 4:** Tuck the baby's right arm down, fold the right corner over the body and under the left side of the body. A small flap should come down to their upper chest to form the other half of the "V."



**Step 5:** Fold or twist the bottom of the blanket loosely and tuck it under one side of the baby.



**Step 6:** Make sure the baby's hips can move and the blanket is not pulled too tight. Wearable swaddle wraps are also available.

### Unswaddled Time

Be sure your baby also spends time unswaddled. When awake, babies need time to move, wiggle, touch, and spend time skin-to-skin. These activities are important to their physical, mental, and emotional development.

# Safe Sleep



The CDC estimates that nearly 3,500 infants die suddenly and unexpectedly each year in the U.S. These deaths are called sudden unexpected infant deaths, or SUIDs—they're sudden deaths that can't be explained. About half of such deaths are due to Sudden Infant Death Syndrome (SIDS). SIDS is the leading cause of SUID for infants under 1 year old.

The ABCs of safe sleep were developed by the American Academy of Pediatrics (AAP). They're an easy way to remember the basic guidelines for protecting your baby while they sleep or nap.

## How to Keep Your Baby Safe

- Do not smoke and do not allow others to smoke around your baby.
- Do not drink alcohol or use drugs.
- Do not use commercial devices or cardiorespiratory (CR) monitors unless ordered by your baby's doctor.
- Do not use items with ties, like bibs, pacifiers, cords, or other attachments on or near baby while sleeping.
- Do not use products that claim to reduce the risk or prevent SIDS—like wedges, positioners, or other products that claim to keep infants in a specific position.
- Do not allow electrical cords, window blind cords, or baby monitor cords near the crib.

## PACIFIER AND SIDS

Think about using a pacifier at naptime and bedtime. For breastfeeding babies, wait until breastfeeding is going well—about one month of age—before giving a pacifier. Offer a pacifier when putting your baby down to sleep. Don't force them to take a pacifier. If the pacifier falls out of their mouth, don't put it back in. Don't tape the pacifier to your baby's face. Don't put any sweet solution on the pacifier. Pacifiers should be cleaned and checked often and replaced regularly.

For more resources go to:

<https://pediatrics.aappublications.org/content/138/5/e20162938>

[www.cdc.gov/sids/aboutsuidandsids.htm](http://www.cdc.gov/sids/aboutsuidandsids.htm)



## WHAT SAFE SLEEP LOOKS LIKE

Always place your baby on their back for every sleep—nighttime and naptime.

Keep your baby's head and face uncovered during sleep.

EMPTY CRIB—keep soft objects, pillows, blankets, toys, bumper pads, or any other items out of the crib.

Use a firm sleep surface, like a mattress in a safety-approved crib, play yard, or other sleep surface covered by a fitted sheet.

Dress your baby in sleep clothing like a one-piece sleeper or a wearable blanket.



**a****ALONE**

Your baby should sleep alone, not with other people, pillows, blankets, or stuffed animals.

**b****BACK**

Your baby should always be placed on their back, not their side or stomach.

**c****In Their CRIB**

Your baby should sleep in a crib, not on an adult bed, sofa, cushion, or other soft surface.

**ROOMING-IN**

Rooming-in (keeping parents and babies together in the same room) is beneficial to the health and development of infants. When possible, you want to begin rooming-in during your hospital stay. Unless there is a medical issue with either you or your baby that requires you to be apart, rooming-in allows the hospital staff to care for you both at the same time. Be sure to talk to your nurse in the hospital about your needs, especially if you had a cesarean birth, are taking narcotic medication for pain relief, and don't have a companion in the room with you.

**The benefits of rooming-in:**

- Facilitates feeding as you learn your baby's feeding cues
- Your baby cries less and you can soothe them quickly
- You make more breast milk, as breastfeeding occurs often
- You get more rest and peace of mind
- You gain confidence in caring for your baby with experienced staff nearby
- You can monitor your baby more easily
- Decreases the risk of SIDS

Rooming-in is so valuable the AAP encourages parents to keep doing it at home. Because it also reduces the risk of SIDS, the AAP recommends rooming-in until your baby is at least 6 months old—ideally, a year.

# Car Seats



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All infants and toddlers should ride in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by the seat's manufacturer. Most convertible seats allow children to ride rear-facing for 2 or more years. Because their spine is still developing and their head is large compared to the rest of their body, your new baby is at a high risk for injury in a car crash. The safest place for your baby is securely strapped into a **rear-facing car seat**. These car seats cradle their head, neck, and spine. So, they're protected if the car is involved in a frontal crash—the most common type of car crash.

The "best" car safety seat is the one that fits your baby and is installed correctly in your car. It doesn't matter whether it's the most expensive seat made—if it's not installed properly, it may not protect your baby.





### Installing seat in car

- Tightly install car seat in a rear-facing position in the back seat of car
- Car seat should not move more than 1 inch side-to-side
- Car seat should recline according to manufacturer's instructions
- If allowed in your car, place car seat in the center position of the back seat



Did you know that every car seat has an expiration date? As a car seat ages, the materials may become brittle and break. Check for information on your car seat with

the model name, model number, date of manufacture, and expiration date. And make sure you register your car seat with the manufacturer. That way you'll be notified about any recalls.



New to the ins and outs of car seats? Find a car seat fitting station and let a certified child passenger safety technician help you. Look for a fitting station in your area at <https://cert.safekids.org/get-car-seat-checked> or ask your hospital or a state highway safety officer.

### Shopping tip

Use a stroller when you shop. Babies can fall from shopping carts. And carts can tip over from the weight of your baby if you place them (while sitting in their car seat) in the cart.

## LOOK BEFORE YOU LOCK

Your car heats up faster and gets hotter than you might think. Remember "Look Before You Lock," so you never forget your baby is with you. Children's body temperatures heat up fast, 3-5 times faster than adults.

**Never leave your child alone in the car.  
Not even for 1 minute.**



### CREATE A REMINDER

Put something you need in the back seat where the baby is. Something like



Your cell phone



Your purse  
or bag



Your left shoe



Your work  
ID badge

Set an alarm on your phone or electronic device to remind you when your child should be dropped off. Make a plan with your childcare provider and have them call you if your baby/child is even a few minutes late.

# Shaken Baby Syndrome

When you're a parent of a new baby, there may be times when you feel frustrated and even angry when your baby cries. Maybe you've tried everything to comfort them, but nothing seems to help. You're not getting any sleep. You're frustrated.

## No matter how you feel: NEVER, EVER SHAKE YOUR BABY!

When a baby is violently shaken, it's called Shaken Baby Syndrome (SBS). SBS is one of the leading forms of child abuse—it's a subset of Abusive Head Trauma (AHT) and is very dangerous for your baby. Many shaken babies die or have irreversible brain damage. Those who survive may have vision problems or blindness, mental injury, paralysis, seizure disorders, learning and speech disabilities, or neck and back damage.

When a baby is shaken, the back and forth movement of their head can cause bleeding and pressure on the brain. A baby's neck muscles are not strong enough and their brain is too fragile to handle this motion.



### WHAT TO DO IF YOU GET FRUSTRATED



**DO NOT  
SHAKE  
YOUR BABY**



Take some  
deep breaths to  
calm down



Put your baby  
in their crib and  
leave the room



Ask a trusted  
person to take  
over for a while

SEE PAGE 25 AND 26 FOR WAYS TO COMFORT YOUR BABY.

### WARNING

If you or a caregiver has violently shaken your baby for any reason, get medical attention immediately. Do not let fear or shame keep you from doing the right thing. Getting treatment right away may save your baby's life.

If you think your baby has been shaken, **call 911** or take the baby to the emergency room immediately.



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# Baby's Health

## TAKING BABY'S TEMPERATURE

When your baby runs a fever, you'll need to have a baby thermometer close by. When you call the baby's health care provider, they will usually ask you for your baby's current temperature.

It's best to use a digital thermometer to check your baby's temperature under their arm (axillary). A rectal temperature is the most accurate but could irritate or injure the baby's rectum. An axillary temperature is not as accurate but is easier to take. Ask your health care team how to take your baby's temperature before you leave the hospital.

### How to take an axillary temperature:

- Remove the baby's shirt
- Place the thermometer under their armpit
- Fold their arm down to hold the thermometer in place
- Hold it until the thermometer signals it is ready to be read



### Other Types of Thermometers

The following types of thermometers can be used safely on a baby, although they may not be as accurate for newborns. The type of thermometer you use depends on the baby's age, so talk to your baby's health care provider if you have any questions.

- Tympanic thermometers measure temperatures in the ear canal
- Temporal artery thermometers take temperatures across the forehead

These are less accurate and **not recommended**:

- Plastic strip thermometers
- Pacifier thermometers
- Smartphone apps

**NOTE: Never use a mercury thermometer!** These are thin glass devices filled with a silvery metal that can be toxic if they break. If you have one in your home, you should safely remove it.

## WARNING



A baby's normal temperature can range from 97.5° to 100.3° Fahrenheit. Call your health care provider immediately if:

- Your baby is 2 months old (or younger) with a temperature of 100.4° F or higher
- Your baby (at any age) has a fever that repeatedly rises above 104° F

## IMMUNIZATIONS

Immunizations — shots or vaccinations — are an easy way to protect your child against a variety of diseases. The CDC publishes a yearly list of recommended immunizations for children in the U.S.

### Here's what you need to know:

- Keep track of your child's vaccination schedule
- Keep a record of your child's shots in a safe place — you'll need the official copies to enroll them in child care and school
- Check to see if there's an electronic immunization registry available online

### Immunizations for family and caregivers

Because newborns are still developing their immune systems, they are especially vulnerable to infection and disease. So before anyone comes into close contact with your baby, they must be up to date on all vaccines. This includes whooping cough vaccine (DTaP for children and Tdap for preteens, teens, and adults), and flu vaccine during flu season.



### Questions about immunizations?

Talk to your child's health care provider or local or state health department. Call the CDC at **800-CDC-INFO** (800-232-4636) or visit [www.cdc.gov/vaccines/schedules](http://www.cdc.gov/vaccines/schedules).

# Late-Preterm Infant

Babies who are born 3-6 weeks early—or prematurely—are called **late-preterm** infants. On the outside, they may appear full-term. But, if your baby was born 3-6 weeks early, they're premature and will need some extra special attention. Your baby will need their temperature and other vital signs taken more often. And to help them stay warm, their first bath may have to wait a bit. Your baby may still be able to stay with you and room-in. It depends on their overall health.

<p style="text-align: center;"><b>Temperature</b></p> <p>Late pre-term babies get cold easily and use much of their energy just trying to stay warm. This is because your baby didn't have time to develop enough body fat to stay warm. Dress your baby in one more layer than you're wearing. Don't overdress them or let them get overheated. Skin-to-skin contact can really help get their temperature up. So, keep your baby skin-to-skin with a blanket over their back, as often as you can.</p>	<p style="text-align: center;"><b>Call your health care provider immediately if your baby:</b></p> <ul style="list-style-type: none"> <li>▪ Is breathing fast (fast means your baby takes more than 60 breaths when you count for a full 60 seconds)</li> <li>▪ Has bluish, pale or blotchy skin color</li> <li>▪ Is very sleepy or sluggish</li> </ul> <p>If you can't reach your health care provider, go to an emergency room or <b>call 911</b>.</p>
<p style="text-align: center;"><b>Breathing and Infection</b></p> <p>These babies are at a higher risk of having breathing problems. This is because your baby's lungs may not be entirely developed, so they have to work hard at breathing.</p> <p>Because late-preterm infants have immature immune systems, they can develop infections more easily.</p>	<p style="text-align: center;"><b>Call your health care provider immediately if you notice:</b></p> <ul style="list-style-type: none"> <li>▪ Noise while breathing that sounds like grunting, wheezing or whistling</li> <li>▪ The skin around their chest or ribs is pulling in while breathing</li> <li>▪ Their nostrils widening while breathing</li> <li>▪ Color changes, like blue lips or pale skin</li> <li>▪ Your baby has a fever of more than 100.4°F or difficulty breathing</li> </ul> <p>If you can't reach your health care provider, go to an emergency room or <b>call 911</b>.</p>
<p style="text-align: center;"><b>Jaundice</b></p> <p>These babies are at higher risk of jaundice. If your baby isn't eating well, they're at an even greater risk. Your baby should be tested for it before you leave the hospital. You can find more information about jaundice and how to treat it on page 20. Follow up with your baby's health care provider in 1-2 days to make sure your baby is improving.</p>	<p style="text-align: center;"><b>Call your health care provider immediately if your baby:</b></p> <ul style="list-style-type: none"> <li>▪ Is not eating well</li> <li>▪ Isn't making enough wet or dirty diapers (see page 38)</li> <li>▪ Has a high-pitched cry</li> <li>▪ Has yellowish skin or eyes</li> </ul> <p>If you can't reach your health care provider, go to an emergency room or <b>call 911</b>.</p>
<p style="text-align: center;"><b>Feeding</b></p> <p>All babies need to be fed at least 8 or more times in 24 hours. Feed your baby when they show feeding cues and at least every 3 hours. Some late-preterm babies feed well and others do not. Your baby may not wake up for feedings or give you feeding cues. If this sounds like your baby, you'll have to wake them for feedings. Your baby may also get sleepy during feedings and fall asleep before getting enough milk. To keep them awake, rub their back and the bottoms of their feet. And you'll need to listen for swallowing sounds and keep track of their wet and dirty diapers.</p> <p>Your baby might not have a strong suck, which also makes it hard for them to get enough milk. Try gently massaging your breast while feeding—this helps your milk flow and makes it easier for your baby to get the milk they need. You can use massage with each feeding. However, you still may need to pump after each feeding to keep up a good milk supply. Work with a lactation consultant to come up with a feeding plan that's best for you and your baby.</p>	<p style="text-align: center;"><b>Call your health care provider immediately if your baby:</b></p> <ul style="list-style-type: none"> <li>▪ Is not feeding well</li> <li>▪ Is missing feedings</li> <li>▪ Is hard to wake up for feedings</li> <li>▪ Has very few wet diapers</li> <li>▪ Has pale, cool skin</li> </ul> <p>If you can't reach your baby's health care provider, go to an emergency room or <b>call 911</b>.</p>

## PART 3: Breastfeeding

### BREASTFEEDING BENEFITS

You may know that breastfeeding has benefits for your baby. By choosing to breastfeed, you're providing the best source of nutrition for your new baby. Plus, breastfeeding promotes bonding and contributes to your baby's emotional development.

The benefits a baby receives from human milk will last a lifetime.

#### For your baby

- Lowers risk of Sudden Infant Death Syndrome (SIDS)
- Protects against respiratory and diarrheal disease
- Reduces ear infections
- Decreases obesity later in childhood
- Lessens likelihood of type 1 diabetes
- Decreases risk of childhood cancer
- Protects against allergies

#### Why breast milk is the ultimate baby food

- It has all the nutrients your baby needs
- It has antibodies that fight off viruses and bacteria
- It protects your baby's gut from germs and diseases

But did you know that breastfeeding also has benefits for you?

#### For you

- Lowers risk of osteoporosis later in life
- Reduces risk of breast, uterine, endometrial, and ovarian cancer
- Decreases insulin use for a breastfeeding parent who has diabetes
- Releases the hormone that helps your uterus shrink and prevents bleeding

### EXCLUSIVE BREASTFEEDING

Exclusive breastfeeding means your baby gets only breast milk without any extra food or drink—not even water. And that's all your baby needs. So, make exclusive breastfeeding your goal.

#### Tips to help

- Room-in with your baby in the hospital and at home
- Put your baby skin-to-skin as much as possible
- Respond early to your baby's feeding cues
- Breastfeed at night when **prolactin** (your lactation hormone) levels are highest
- Avoid giving formula unless there is a medical reason
- Avoid pacifiers and nipples in the first few weeks
- Find support through friends, support groups, or play groups
- Contact a lactation consultant if you need help

The American Academy of Pediatrics (AAP) and the World Health Organization (WHO) recommend exclusive breastfeeding for about six months. Breastfeeding, along with complementary foods, should continue for the next six months and for as long as both you and your baby desire.

### DO I NEED TO SUPPLEMENT WITH FORMULA?

Breastfeeding provides all the nutrients your baby needs. Healthy full-term babies do not need supplementation unless it is for medical treatment and breast milk is not available. Supplementing with formula for non-medical reasons comes with risks. Formula can decrease the healthy bacteria in your baby's gut that protect against infection. Formula is harder to digest, so your baby may not breastfeed as often. This can lead to **engorgement**, a lower milk supply, and parents not reaching breastfeeding goals.



## MAKING MILK

Milk production is regulated by supply and demand. This means the more milk your baby takes from your breast, the more you'll make. Start things off right by breastfeeding your baby as soon

as possible after birth and then frequently in the first 24 hours—including at night.

**Colostrum** is the first milk you'll make while you're pregnant. Though you make it for only a short time, colostrum plays an important role in your baby's health. It's easy to digest and produced in just the right amount for your baby's small stomach. The more colostrum your baby gets, the more stool you'll see in the baby's diaper. And, yes, that's a good thing.

In about 1 to 3 days, your milk will change and increase in amount. This is when you start making mature milk. Feeding your baby often in these early days will help you make the amount of mature milk your baby needs



Cradle



Cross-Cradle



Side-Lying



Clutch or Football Hold

## GETTING READY TO BREASTFEED

Begin each feeding with the 3 Cs:

**Calm**—Hold your baby skin-to-skin to make sure you're both calm. Skin-to-skin also helps your baby stay warm and interested in breastfeeding.

**Close**—Hold and position your baby close. Instead of leaning over, bring the baby up to the level of your breast and have enough pillows for extra support.

**Comfortable**—Sit in a comfortable chair with pillows for support and elevate your legs with a stool. This will take pressure off your bottom and help you feel more comfortable.



## How do I know if my baby is ready to breastfeed?

When your baby's ready to breastfeed, they'll show feeding cues—signs they're ready to feed. Rooming in and placing your baby skin-to-skin can help you learn their cues. Plus, you'll be right there where you can respond to them quickly. If your baby's crying, they may be too upset to breastfeed. When this happens, calm your baby first by gently rocking them side to side or through skin-to-skin.

SCAN + PLAY



licking lips



stirring or rooting  
(turning head  
side to side)



sucking movement  
of mouth and tongue



hands to mouth



fidgeting (moving  
arms and legs)

## GETTING IN POSITION

Proper positioning and latch-on are essential for successful breastfeeding. There are different “holds” and styles you can use when breastfeeding. Whichever you’re using, you want your baby to be in the proper position for feeding.

### Guidelines for proper positioning

- You and your baby are chest-to-chest
- Your baby’s ear, shoulder, and hip are in a straight line
- Your baby’s body is close and curved inward
- Your baby’s head is supported from the base

## LAIID-BACK POSITION AND BABY-LED LATCH

Laid-back breastfeeding lets the baby lead and you’re in a leaned-back position that’s comfortable for you both. When you follow your baby’s lead, it helps you—and your baby’s—natural instincts. This position may help your baby to get a better latch and help you relax too. Make yourself comfortable while you’re at it. Lean back with good support for your head, shoulders, and arms.

- Let your baby snuggle into your chest. Gravity will help them stay close.
- Let your baby’s cheek rest close to your breast. Your baby may start squirming and bobbing their head toward your nipple.
- Support your baby’s neck and shoulders with one hand and their hips with the other.
- Follow your baby’s lead. When you see their chin hit your breast, you may see them open their mouth and latch on.
- Stay calm and relaxed as your baby seeks your breast. Allow them to follow their instincts.



## LATCH-ON

When your baby “latches on,” they’ll have all of the nipple and good amount of the **areola** in their mouth. This will give your baby more milk and make the feeding more comfortable.

**Remember:** A good latch is a learned response. Be patient with yourself and your baby.

### Guidelines for proper latch

- Line up your baby’s chest with your chest and their nose near your nipple.
- Support and gently lift the breast. Make sure your fingers are away from the areola.



- Lightly stroke your baby’s upper lip with your nipple in a downward motion.
- Lightly stroke your baby’s lower lip, pausing to help their mouth open wide.



- Your baby’s head should be slightly tilted back.
- Their chin should come to your breast first.
- Aim your nipple toward the roof of their mouth.
- Be patient until they open their mouth wide. Let them take the lead.



- When they open wide, quickly and gently pull them toward your breast.
- Their mouth should cover your nipple and more of the lower portion of the areola.



- If you need to remove your baby from your breast, slide your finger into the corner of the baby’s mouth to break the suction.



### Signs of a proper latch

- Lips are “flanged” or turned out
- Tongue is over lower gum
- Baby stays on breast
- No biting or pinching pain
- Visible signs of swallowing (long jaw motions)

## NEWBORN FEEDING PATTERNS

<p><b>Day 1: First 24 Hours</b> <b>Birthday Nap</b></p> 	<p>Babies are usually awake and alert for 1-2 hours after birth. Then, they often sleep for many hours. Watch for feeding cues and offer the chance to breastfeed at least 8 times today. Gently rub your baby's legs, feet, and back if needed to keep them awake and feeding. Babies are resting from birth, so they eat less often in the first 24 hours. You'll want lots of supervised skin-to-skin contact on baby's first day!</p>	<ul style="list-style-type: none"> <li>• At least 1 wet diaper</li> <li>• At least 1 stool</li> <li>• Black stool</li> </ul> 
<p><b>Day 2: 24 to 48 Hours</b> <b>Learning Day</b></p> 	<p>Babies usually start to show more feeding cues and eat more often on day 2. Your baby may go through a "marathon" nursing phase. This means they may feed many times close together. This is completely normal. Keep your baby with you and allow your baby to feed as often as they desire.</p> <p>If your baby falls asleep, you may have a little break from nursing. If you put them down, they may wake up and nurse again. Not because they are hungry, but because sucking is comforting to them.</p>	<ul style="list-style-type: none"> <li>• At least 2 wet diapers</li> <li>• At least 2 stools</li> <li>• Black or dark green stool</li> </ul> 
<p><b>Day 3: 48 to 72 Hours</b> <b>All Day Buffet</b></p> 	<p>Babies usually want to "cluster feed" on day 3. You'll want to keep your baby skin-to-skin to make breastfeeding easy. Watch for feeding cues and respond to them. Your baby may continue with the cluster feedings, then start to ease off as your milk supply increases.</p>	<ul style="list-style-type: none"> <li>• At least 3 wet diapers</li> <li>• At least 3 stools</li> <li>• Brown, green, or yellow stool</li> </ul> 
<p><b>Day 4 and 5: 72 to 120 Hours</b> <b>Night Owl</b></p> 	<p>Your milk supply will increase and your baby will be eating more at each feeding. You should hear swallowing and even gulping by this time.</p> <p>You may notice your baby becomes satisfied and drifts off to sleep after feeding. It's normal if your baby sleeps more during the day and is awake more at night. Your baby will be eating at least 8 times in 24 hours and may even eat as often as 10-12 times in 24 hours. Your baby will start to gain weight. Your baby will also be having more wet and dirty diapers.</p>	<ul style="list-style-type: none"> <li>• At least 4 wet diapers on day 4, and 5 wet diapers on day 5</li> <li>• At least 4 stools</li> <li>• Yellow, loose, and seedy stool</li> </ul> 
<p>It is normal for babies to pass stool every time you feed them, or even more often.</p>		



## CLUSTER FEEDING

Cluster feeding is when your baby feeds close together at certain times of the day. And it's very common in newborns. It usually happens in the evening, but each baby is different. You'll generally see 5-10 feedings over a 2-3 hour period, followed by 4-5 hours of deep sleep.

Because all of these feedings may work your body overtime, here are some tips to remember:

- Make sure you're eating and drinking.
- Make yourself a "nest" for the day and make sleep a priority.
- Talk to other moms. Get the support you need.
- Ask for help when you need it.
- Let your baby breastfeed whenever they want to.
- Do not supplement with formula—it may decrease your milk supply. Babies fed formula still have fussy phases.

## HOW OFTEN WILL MY BABY EAT?

The amount a baby naturally wants to feed will vary. Some babies will want to feed more often than others. It's not uncommon for babies to feed 11-12, or some, even 14 times per day. However, the goal is to feed at least 8 times in 24 hours. Less than 8 is typically not enough. So, don't limit the number of feedings each day. Instead, feed on cue. Feeding by cue ensures your baby removes milk more often and you make more milk.

It's common for breastfeeding parents to think you don't have enough milk. Most of the time, you do. Keep in mind, your baby's stomach is very small at birth and doesn't need much to fill up. But as your baby's stomach grows, they'll want to eat more and feeding will stimulate your milk production.

### Signs your baby is getting enough to eat

- Enough wet diapers and stools for their age
- Active and alert with a strong cry
- Mouth and lips are wet and pink

To make sure your baby is getting enough, track their feedings using the log on page 44. If you feel your baby isn't getting enough milk, contact your provider or lactation consultant.



If baby chooses to take only 1 breast at a feeding, make sure you start with the other breast at the next feeding. Alternating breasts will help with proper milk removal. Keep baby interested and awake during feedings. Following these steps will help to ensure regular milk removal, increase milk production, reduce breast engorgement and nipple tenderness, and maximize infant weight gain.

## APPROXIMATE MILK VOLUMES IN THE NEWBORN STOMACH SIZE



### Day 1

Size of a grape  
5 - 7 ml  
1 - 1½ teaspoons



### Day 3

Size of a cherry tomato  
22 - 27 ml  
1½ - 2 tablespoons



### Day 7

Size of an apricot  
45 - 60 ml  
1½ - 2 ounces

At 1 month, newborn tummies hold about 80-150 ml (3-5 ounces).

# Common Concerns

## SLEEPY BABY

Your baby may have some sleepy days when it's hard to keep them interested in feeding. Try undressing them down to the diaper. Sometimes rubbing the bottoms of their feet or back can help keep them awake. Massage and compress your breast during the feeding to increase your milk flow. This can be a gentle reminder to continue sucking. Switch breasts several times during a feeding and talk to your baby while you are nursing. This will help strengthen your bond and may keep them interested in finishing the feeding. Be patient with a sleepy baby and don't give up thinking your baby doesn't want your breast milk. Sometimes it may take a few weeks for them to stay awake during feedings. Hand expressing your milk into a spoon and feeding it to your baby can help reassure you that your baby is getting enough to eat.

## BURPING

After feeding, try to burp your baby. Not all babies will burp in the first few days after birth. To burp, pat the baby's back gently or stroke the back with an upward motion. If your baby doesn't burp after a few minutes, resume the feeding.

Over the shoulder



Lying belly-down across your lap



Sitting in your lap with chin supported



## GROWTH SPURTS

You may find that your baby has days when they want to feed more than usual. Many new parents worry that something is wrong, but this is common. The need to breastfeed more often usually lasts a few days to a week. Then your baby will return to feeding less often. These hungrier periods are known as "growth spurts." And they're your baby's way of increasing your milk supply so they can grow. Although these times may be more demanding for you, trust when your baby's telling you they need to breastfeed more often and follow their feeding cues. As long as you don't hold back your baby's need to breastfeed, your milk volume should be just right.

## ENGORGEMENT

Your milk supply really starts increasing around 2-5 days after childbirth. When it does, your breasts may become larger, and feel heavy or warm. This is called engorgement. It's caused by increased blood flow to the breasts, swelling of the surrounding tissue, and the increase of milk. For some people, the breasts will be swollen and uncomfortable. Others may feel a throbbing sensation and discomfort as milk begins to flow. Everyone's experience is different. But breast swelling usually goes down within 1-2 days.

### You can minimize or prevent engorgement if you:

- Breastfeed often and don't skip feedings
- Don't limit time at the breast
- Make sure baby is latched properly
- Express milk regularly when baby's not nursing well
- Use massage during the feeding to help milk flow
- Apply cold compresses for 15-20 minutes after a feeding
- Don't wear a bra that's too tight—it can decrease milk supply
- Avoid early use of pacifiers, bottles, and formula

If the breast becomes too full and the areola is hard, it may be difficult for your baby to latch on. It may help to apply a warm compress for a few minutes or even hand express some milk to soften the nipple area first.

## BLOCKED DUCTS

Sometimes, your milk flow gets clogged. This happens when you have a plugged milk duct. They can feel like pea-sized lumps or maybe an area of your breast feels engorged. Often, they're sore to the touch—like a bruise. But sometimes, they're warm to the touch.

### Causes of blocked ducts:

- Engorgement from oversupply or poor latch-on
- Infrequent or skipped feedings
- Pressure from a tight or underwire bra
- Pressure from your thumb or finger
- Stress or fatigue
- Breast surgery

### Treatment for blocked ducts:

- Take a warm shower or apply a warm pack to affected area
- Have frequent feedings
- Massage affected area toward the nipple while nursing
- Hand express or gently pump after feedings
- Apply cold pack to affected area if there's discomfort after feedings
- Drink plenty of fluids
- REST

## MASTITIS

When one of your milk ducts is blocked, it can become tender and inflamed. This is called **mastitis**. It can cause fever, chills, and flu-like symptoms and there's a risk of infection. If you have these symptoms—along with swelling, pain, redness, and a hard red lump—call your health care provider. Mastitis needs immediate medical attention.

## SORE NIPPLES

Some people experience nipple tenderness in the early days of breastfeeding. A little tenderness is not cause for alarm. This usually peaks around days 3-4, is better by day 7, and is gone within 2 weeks. With this pain, there's no skin damage—no cracks, blisters, or bleeding. It feels more like chapping.

Your nipple should look the same before and immediately after feeding—not flattened, creased, or pinched. Some people experience latch-on pain that lasts about 30 seconds into the feeding. It's often described as mild pain or discomfort. But because pain is subjective, everyone experiences it differently, some feel more severe pain. The pain should not continue through the entire feeding, and there shouldn't be pain between feedings.

### When should I be concerned about sore nipples?

If you notice cracking, bleeding, or any other nipple damage, this is not "normal."

Do not let someone tell you everything looks fine. There's likely an underlying cause. This means that something is causing the damage—like an anatomical issue or infection.

### Get help if you experience any of these symptoms:

- Intense, excruciating pain
- Pain that continues through the entire feeding
- Pain between feedings
- Pain that continues past the first couple of weeks
- Skin damage, like cracks, blisters, or bleeding

If you're struggling, please don't simply assume "this must be what breastfeeding is like." And don't be too hard on yourself. Ask for help! Your pain can have a number of causes and you want to get to the bottom of it. Call your lactation consultant or health care provider. Don't let the problem get worse.

## ALCOHOL

Most sources advise limiting alcohol intake to no more than 1 drink per day. You should wait a minimum of 2 hours after drinking before breastfeeding your baby.

### Alcohol:

- Passes through your breast milk to your baby
- May decrease the length of time your baby nurses
- May change the taste of your breast milk
- Peaks in breast milk 60-90 minutes after you consume it
- Can be detected for 2-3 hours per drink after you consume them

## SMOKING AND VAPING

When you're breastfeeding and you inhale chemicals, so does your baby. Plus, it can make breastfeeding more challenging. So smoking or vaping is never a good idea for a breastfeeding parent.

### Dangers of smoking and vaping:

- Causes nicotine to pass into your breast milk
- Decreases your milk supply
- Increases your baby's risk of SIDS
- Takes 95 minutes for half of the nicotine to be eliminated from your body

## MARIJUANA (CANNABIS)

Although research is evolving, many studies confirm that a breastfeeding parent who smokes, vapes, or ingests marijuana can pass drug byproducts to their baby through breast milk. The psychoactive component of cannabis, THC, enters breast milk in small quantities. But studies have shown that it can be detected in breast milk up to 6 weeks after ingestion. THC can cause sleepiness in babies, which can result in slower weight gain and overall development. Marijuana use may also inhibit a parent's milk production and increase their baby's risk of SIDS. Health experts strongly recommend that parents avoid or limit the use of any cannabis products while breastfeeding.

## MEDICATIONS AND DRUGS

Almost all medications will pass into your milk in a small amount. Very few medications need to be avoided. However, antihistamines, some decongestants, and hormonal birth control can have an effect on your milk supply. Always check with your provider or lactation consultant before taking any medications. This includes over-the-counter medications, vitamins, and herbal supplements. If you're using illegal and street drugs—like cocaine, heroin, and amphetamines—you will pass them to your baby through your breast milk. As you can imagine, this is very harmful to your baby.



Resource: [www.infantrisk.com/categories/breastfeeding](http://www.infantrisk.com/categories/breastfeeding)

# Expressing Breast Milk



SCAN + PLAY

If you and your baby must be separated during your hospital stay, it's important you replace breastfeeding with pumping or hand expression. It's ideal to begin expressing your milk within 1 hour of the birth—6 hours at the very latest. If possible, pump for about 20 minutes with a double electric pump every 2-3 hours. Yes, even at night. Your goal is 8 pumping sessions in 24 hours. Many hospitals will provide pumps for you. Make sure to track

your milk production over a 24-hour period. During the first couple of weeks, you should be getting more milk each day.

When you skip a feeding—or if you're not breastfeeding regularly—it signals your body to slow down or even stop milk production. That's why it's important to express during times when breastfeeding isn't an option.



## HAND EXPRESSION

Milk expression for storage can also be done by hand. Before collecting your milk, wash your hands with soap and hot water. Make sure you choose clean containers that can be closed with airtight seals. Look for hard plastic or glass storage containers. If you're using plastic, make sure it's labeled BPA-free. You can also get special bags made especially for storing breast milk. Avoid using ordinary plastic storage bags because they can leak or spill.

### Why is hand expression important?

- Helps reassure you that you have breast milk
- Helps promote latch and increase milk volume
- Expressed milk may be spoon-fed to your baby
- Great companion skill to pumping breast milk

**1** Wash your hands with soap and water.

**2** Have a clean container (bowl or cup) ready to catch your milk.

**3** Gently massage each breast from the top toward the nipple to help the milk flow more easily.

**4** Place your hand in a wide, C-shaped hold on your breast.

**5** Press in toward chest wall.

**6** Compress your breast to express milk, then relax. Don't rub or move your fingers on your skin.

**7** Rotate your fingers to another position on the breast and repeat.

## BREAST PUMPS

There are many types of breast pumps. Hand pumps can be useful for short, occasional absences from the baby. So can battery-operated single breast pumps. But for longer or regular separation from your baby—like when you’re returning to work—we recommend using an electric pump. They’re as close as it gets to the real thing. These pumps mimic the suck of a breastfeeding baby and provide the added benefit of double pumping (pumping both breasts at the same time). The result? You get optimal milk production. Always contact a lactation consultant to get individualized information about pumping.

### How often to express

When illness or separation is not a factor, you can begin collecting and storing breast milk for future feedings after about 3 weeks. By then, you’ll have an idea how well breastfeeding is going. It may take several pumping sessions over several days to collect enough breast milk for a full feeding. Just stick with it. Breastfeed your baby as usual, then follow with a 5-10 minute pumping session. Mornings are a good time, but don’t express more than 1-2 times a day.



During the first few weeks, it is best to focus on direct breastfeeding.

## STORING BREAST MILK

### Tips for storing breast milk:

- With waterproof label and ink, write date on container (and name if going to childcare).
- Store in small amounts (2-4 ounces) and always use oldest milk first.
- Keep milk collected from 1 day separate from other days.
- It’s ok to combine expressions from a single day to get the amount you need for container.
- If combining, refrigerate newly collected milk 1 hour before adding to already collected milk.
- Thaw milk by putting container under warm running water or in a bowl of warm water.
- Do not microwave or boil breast milk to thaw.
- Swirl milk in the container to mix it.

## HUMAN MILK STORAGE GUIDELINES

Always ask your lactation consultant or health care provider for the best storage guidelines and recommendations. For premature babies, these guidelines may be a little different. **If pumping and storing for a premature baby, please talk to your health care team about proper storage.**

Type of Breast Milk	Storage Location			
	Countertop 60-80°F (16-29°C) (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F or colder (-18°C)	Deep Freezer -4°F (-20°C)
Freshly Expressed/Pumped	4-8 hours <u>4 hours ideal</u>	4-8 days <u>4 days ideal</u>	3-6 months <u>3 months ideal</u>	6-12 months is acceptable
Thawed, Previously Frozen	1-2 hours	Up to 1 day (24 hours)	Never refreeze human milk after it has been thawed	
Left Over from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding			

Sources: The Academy of Breastfeeding Medicine, CDC and Human Milk Banking Association of North America

# BABY'S DAILY FEEDING LOG

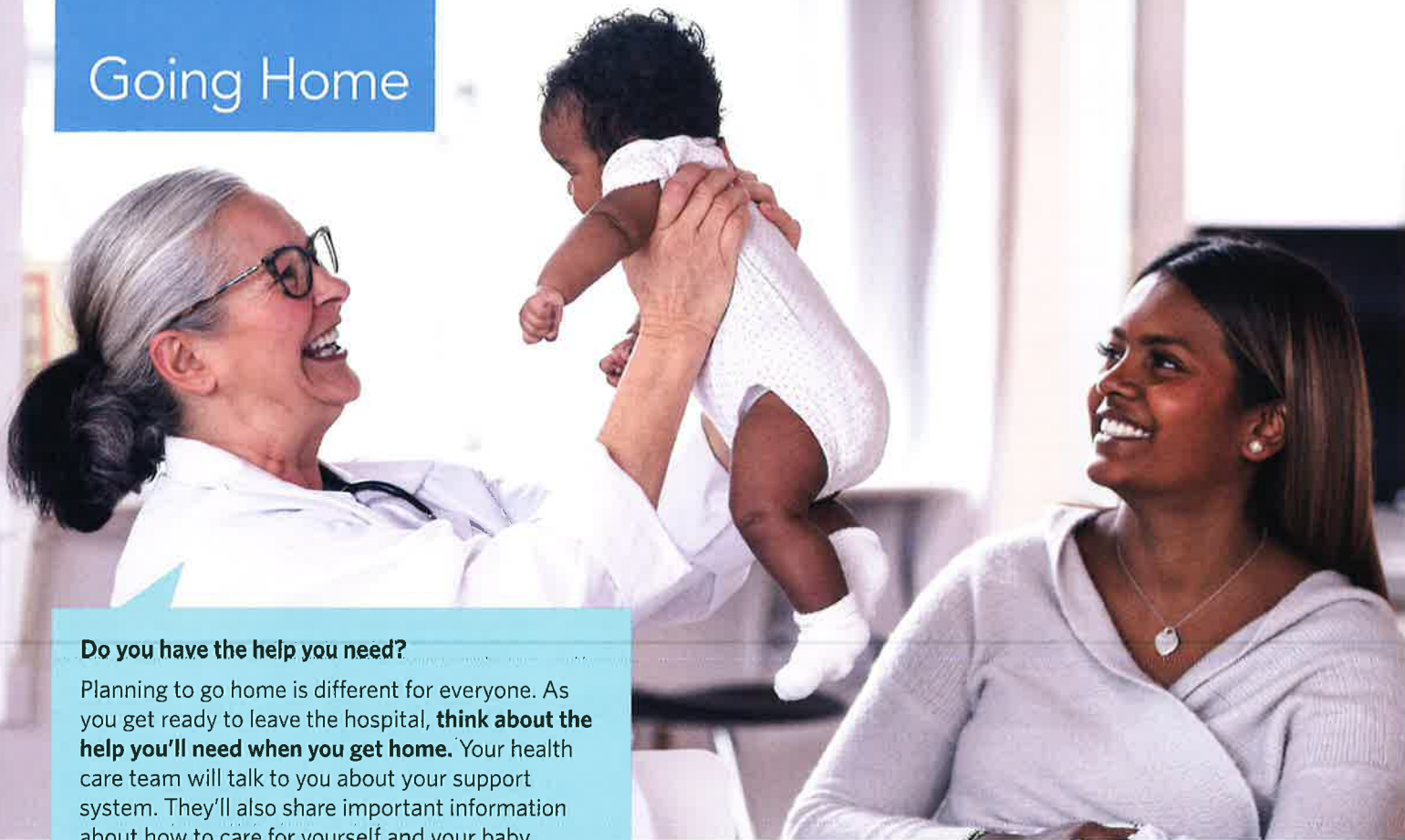
Quality: Evaluate each feeding by writing **G** for good, **F** for fair and **P** for poor\*  
 Length: Write down the length of each feeding in minutes for each breast separately  
 Diapers: Circle around one **W** for each wet diaper and one **S** for each soiled diaper  
 For more details, scan the Scan + Play code and watch the video.



Sample (The first box on day 1 is the first feeding after birth. The first box on day 2 should be 24 hours after the birth time.)								
Time	2:30 PM	5 PM	8 PM	10:30 PM	1:30 AM	4 AM	7:30 AM	10:15 AM
Quality	F	P	G	G	F	P	F	F
Length	10 10	15 10	20 20	15 20	15 15	10 10	20 15	15 10
Wet diaper:	W W W			W W W W W W			Black soiled diaper: S S S S S	
<b>Day 1 (Birthday 0 to 24 Hours)</b>			<b>Day 1 Goals:</b>			Attempt 8 feedings • 1 wet diaper • 1 black soiled diaper		
Time								
Quality								
Length								
Wet diaper:	W W W			W W W W W W			Black soiled diaper: S S S S S	
<b>Day 2 (24 to 48 Hours)</b>			<b>Day 2 Goals:</b>			At least 8 feedings • 2 wet diapers • 2 brown soiled diapers		
Time								
Quality								
Length								
Wet diapers:	W W W			W W W W W W			Brown soiled diapers: S S S S S	
<b>Day 3 (48 to 72 Hours)</b>			<b>Day 3 Goals:</b>			At least 8 feedings • 3 wet diapers • 3 green soiled diapers		
Time								
Quality								
Length								
Wet diapers:	W W W			W W W W W W			Green soiled diapers: S S S S S	
<b>Day 4 (72 to 96 Hours)</b>			<b>Day 4 Goals:</b>			At least 8 feedings • 4 wet diapers • 4 yellow soiled diapers		
Time								
Quality								
Length								
Wet diapers:	W W W			W W W W W W			Yellow soiled diapers: S S S S S	
<b>Day 5 (96 to 120 Hours)</b>			<b>Day 5 Goals:</b>			At least 8 feedings • 5 wet diapers • 4 yellow soiled diapers		
Time								
Quality								
Length								
Wet diapers:	W W W			W W W W W W			Yellow soiled diapers: S S S S S	

\*Good - latches easily, steady sucking, some swallowing heard  
 Fair - took several attempts to latch, short sucking with long pauses, minimal swallowing  
 Poor - difficulty remaining latched, baby fell asleep, no swallowing heard

## Going Home



### Do you have the help you need?

Planning to go home is different for everyone. As you get ready to leave the hospital, **think about the help you'll need when you get home.** Your health care team will talk to you about your support system. They'll also share important information about how to care for yourself and your baby.

If you're a first-time parent, going home with your new baby may feel a little scary. If you're an experienced parent, you may have excited big brothers or sisters at home ready to meet the new baby. Some parents will have babies who have to stay in the hospital for a little while longer.

### While you're in the hospital:

- Read written instructions about how to care for yourself and your baby at home
- Ask any questions about how to care for yourself and your baby at home
- Read any information about medications you and your baby may be taking at home
- Ask your support people to come to the hospital to get any instructions from the nurses
- Remember to bring an approved car seat that's been properly installed in your car
- Ask family members to take home extra personal items, like flowers, cards, or clothes

### Before you're discharged:

- You'll be given information and instructions for follow-up medical appointments
- Review and understand the discharge instruction sheet—for you and your baby
- Ask your health care team about any final questions or concerns
- Find out who to contact about questions or concerns once you are home

### Once you're home:

- Don't stress about housework—let others help out
- Accept help with cooking meals for you and your family
- If someone offers to help with the laundry, let them
- Sleep when the baby sleeps—you need your strength
- Accept help with errands, shopping, picking up mail, etc.
- Line up help to get you and your baby to doctor's visits

### Follow-up care

For babies who were discharged less than 48 hours after birth, it is crucial to have an early follow-up appointment with their health care provider. This means your baby's appointment should be scheduled on or before their 3rd day of life. For babies discharged more than 48 hours after birth, their appointment should be scheduled before or on their 5th day of life. At this visit, they'll check your baby's weight, bilirubin level, and overall health. Be ready to discuss: (1) when and how much your baby is feeding; and (2) the number of wet diapers and stools your baby makes each day. You may be referred to a lactation consultant for help with breastfeeding.

# Glossary

**Areola.** The dark area around the nipple.

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

**Catheter.** A thin, flexible tube.

**Cesarean Birth.** The method used for birth of a baby through a surgical incision in the mother's abdomen and uterus.

**Circumcision.** The removal of the foreskin of the penis.

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

**Engorgement.** Filling of the breasts postpartum with milk that causes both pain and swelling of the breasts.

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

**Fontanelle.** (also known as soft spot) A gap between the skull bones on the top and back of a baby's head.

**Hemorrhage.** Heavy bleeding that can happen as a gush or constant stream.

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

**Hormone.** A chemical substance produced in the body that controls and regulates the activity of certain cells or organs.

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

**Late-Preterm Infant.** Premature infant born between 34 and 36 <sup>6</sup>/<sub>7</sub> weeks of gestation.

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

**Mastitis.** Swelling of the milk-producing glands in the breast; may be caused by an infection in the breast or by a plugged duct.

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

**Metabolic Screening.** Screens for rare but potentially serious disorders such as phenylketonuria (PKU), cystic fibrosis, and congenital hypothyroidism. A blood sample is taken from your baby's heel at or as soon as possible after 48 hours of age.

**Paternal Perinatal Depression (PPND).** A common condition among men after the birth of a child. Depression, anxiety or other problems with mood can occur anytime during the first year of your child's life.

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

**Phenylketonuria (PKU).** Not enough of the enzyme phenylalanine hydroxylase to process the essential amino acid phenylalanine.

**Phototherapy.** Treatment of jaundice in the newborn through light therapy.

**Postpartum.** The period of time following the birth of a child.

**Preeclampsia.** A very serious condition that includes a rise in blood pressure, large amounts of protein in the urine, and/or swelling of the hands, feet, and face.

**Prolactin.** A hormone secreted by the pituitary gland that stimulates lactation (milk production).

**Pulse Oximetry.** A small red light wrapped around the baby's hand or foot to monitor oxygen in the blood. The test is painless and takes only a few minutes.

**Sitz Bath.** A warm, shallow bath that cleanses and soothes the perineum. It can be done in a bathtub or plastic kit that fits over the toilet.

**Swaddle.** To wrap (someone, especially a baby) tightly with a blanket.

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

**Varicose Veins.** Veins that are enlarged and twisted, often appearing as bulging, blue blood vessels that are visible through the skin.

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





# Baby's Warning Signs

Even experienced parents may feel worried as they adjust to a new baby's habits, needs, and personality. If you have questions or concerns do not hesitate to call your baby's health care provider.

## Call 911 if your baby:

- Has blue lip color
- Has difficulty breathing or turning blue

## Contact your health care provider if your baby has any of these signs or symptoms:

- Temperature below 97.5°F or above 100.4°F
- Yellowing of the skin or eyes
- Eating poorly or refusing to eat
- Repeated vomiting
- No wet diaper for 12 hours
- No stool for 48 hours
- Low energy or hard to wake up
- Changes in typical behavior
- An unusual or high-pitched cry
- An uncommon or severe rash
- Patches of white found in your baby's mouth
- Redness, drainage or foul odor from the umbilical cord
- Frequent bowel movements with excess fluid, mucus or unusually foul odor
- Signs of dehydration:
  - Dry or cracked lips
  - Dry skin
  - Dry or rough tongue
  - Increased sleepiness or irritability

My baby's health care provider: \_\_\_\_\_

Urgent Care closest to me: \_\_\_\_\_

Hospital closest to me: \_\_\_\_\_

# SAVE YOUR LIFE:

## Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after giving birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<p><b>Call 911</b> if you have:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>P</b>ain in chest</li> <li><input type="checkbox"/> <b>O</b>bstructed breathing or shortness of breath</li> <li><input type="checkbox"/> <b>S</b>eizures</li> <li><input type="checkbox"/> <b>T</b>houghts of hurting yourself or someone else</li> </ul>
<p><b>Call your healthcare provider</b> if you have:</p> <p>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>B</b>leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger</li> <li><input type="checkbox"/> <b>I</b>ncision that is not healing</li> <li><input type="checkbox"/> <b>R</b>ed or swollen leg, that is painful or warm to touch</li> <li><input type="checkbox"/> <b>T</b>emperature of 100.4°F or higher</li> <li><input type="checkbox"/> <b>H</b>eadache that does not get better, even after taking medicine, or bad headache with vision changes</li> </ul>



**Tell 911 or your healthcare provider:**

"I gave birth on \_\_\_\_\_ and  
(Date)  
I am having \_\_\_\_\_."  
(Specific warning signs)

**These post-birth warning signs can become life-threatening if you don't receive medical care right away because:**

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

**GET HELP**

My Healthcare Provider/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital Closest To Me: \_\_\_\_\_



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

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## **OTHER RESOURCES**

**CHP Car Seat Safety**  
Public Information Officer  
(408) 848-2324

**Mother's Milk Bank**  
(877) 375-6645  
mothersmilk.org

**Santa Clara County**  
Behavioral Health Services  
Department Call Center  
(800) 704-0900

**Contact Cares Crisis Line**  
(408) 279-8228

**Suicide and Crisis Line**  
(855) 278-4204 (toll free)

**Black Infant Health**  
(408) 937-2270

**Pregnancy and Parenting**  
Referral Line  
(800) 310-2332

**Supporting Mamas**  
(408) 475-4408

**Postpartum Support**  
International  
(800) 944-4773

**Women, Infants and Children**  
(WIC)  
(408) 792-5101

**March of Dimes**  
marchofdimes.org

  
**SANTA CLARA  
VALLEY MEDICAL CENTER**  
Hospital & Clinics  
  
scvmc.org



**Santa Clara Valley Medical Center**

751 S. Bascom Ave.  
San Jose, CA 95128

(408) 885-5000

  
**O'CONNOR HOSPITAL**  
A COMMUNITY HOSPITAL  
  
och.sccgov.org



**O'Connor Hospital**

2105 Forest Ave.  
San Jose, CA 95128

(408) 947-2500

  
**ST. LOUISE  
REGIONAL HOSPITAL**  
A COMMUNITY HOSPITAL  
  
slrh.sccgov.org



**St. Louise Regional Hospital**

9400 No Name Uno  
Gilroy, CA 95020

(408) 848-2000