

Understanding



Mother & Baby Care

A Guide to the First Days & Weeks



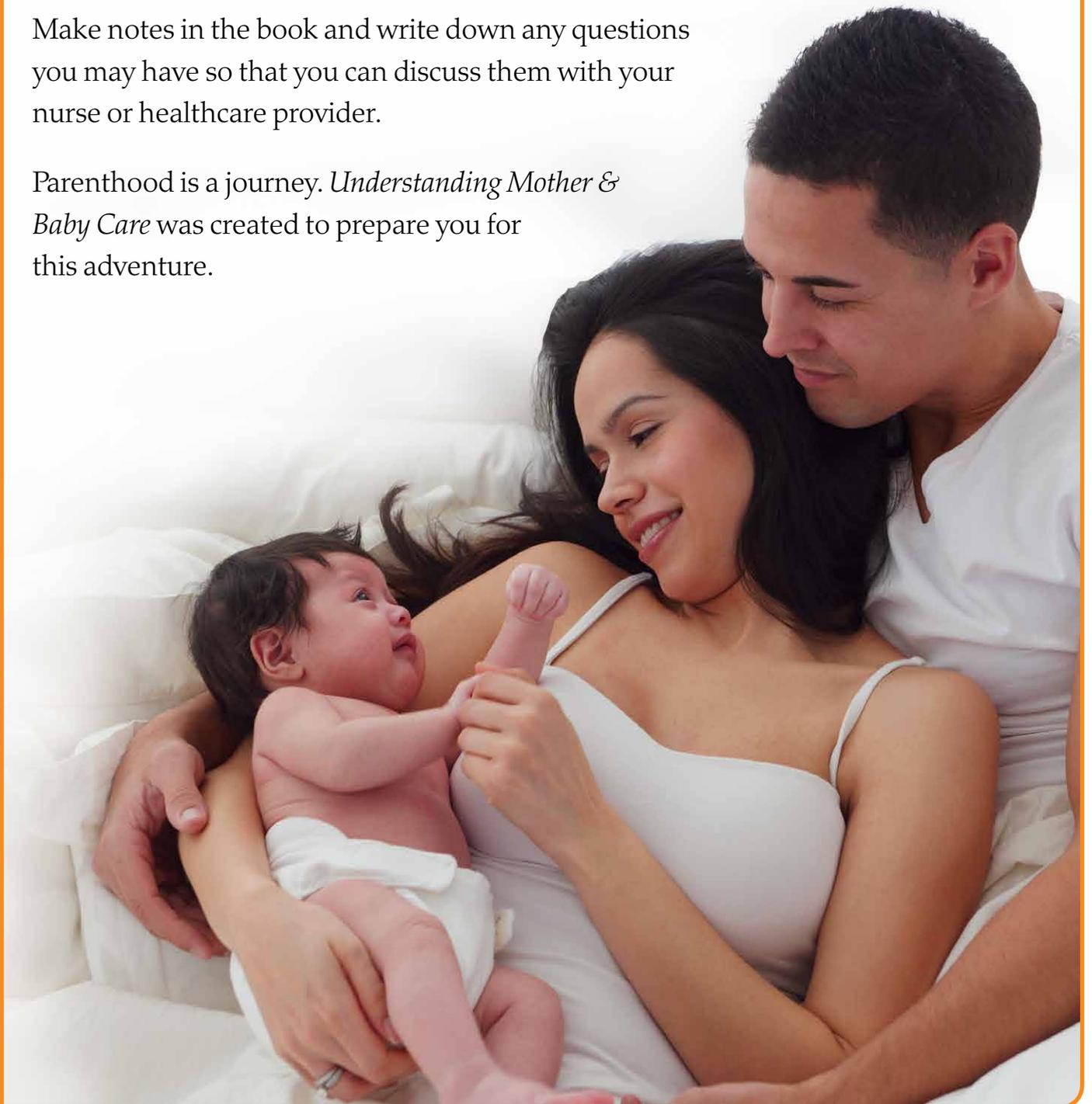
Congratulations on your growing family!

Becoming a parent is an exciting time with many new experiences, emotions, and a ton of questions. Consider *Understanding Mother & Baby Care* your go-to guide for what you need to know for the first days and weeks after birth.

This guide covers essential information about caring for your newborn, feeding your baby, and taking care of yourself after childbirth. It also highlights important warning signs so you know when to call for help.

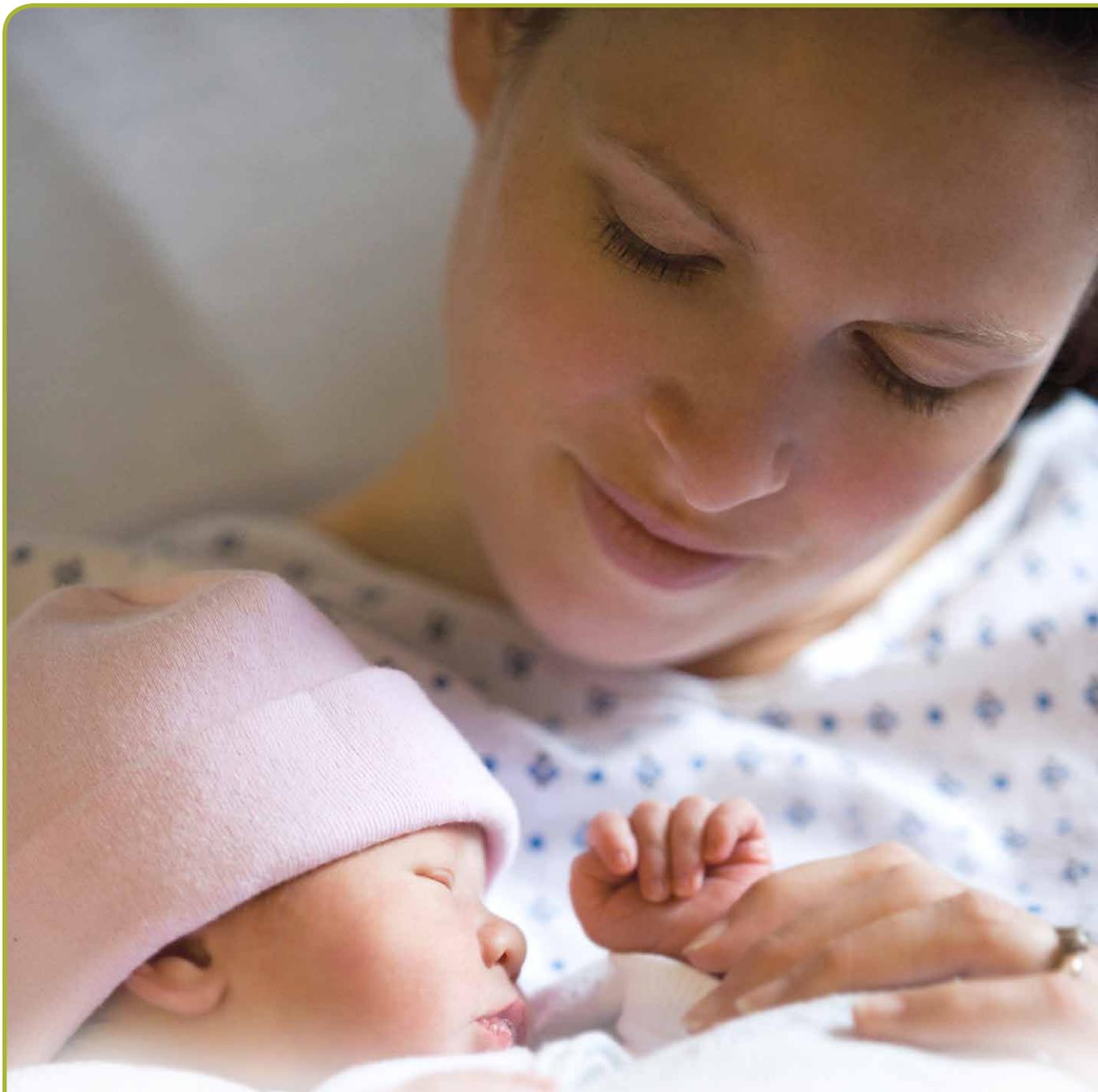
Make notes in the book and write down any questions you may have so that you can discuss them with your nurse or healthcare provider.

Parenthood is a journey. *Understanding Mother & Baby Care* was created to prepare you for this adventure.



Understanding

The First Days



“The nurses were so amazing at the hospital. My advice to other new parents is to ask lots of questions and learn as much as you can before you go home. The more I know, the more confident I feel.”

—Becca, mom of 1-week-old Lucy

The First Days: Baby Care

Newborn Screenings

All babies are screened within the first couple of days after birth. Screening tests identify rare conditions and diseases in babies. The sooner doctors can identify and treat babies with such health conditions, the more likely they are to lead healthy lives.

Heel Stick

A nurse gently sticks your baby's heel once to take a few drops of blood that will be sent to a lab. Most states will test for at least 26 different conditions. Talk to your healthcare provider to find out which conditions your baby will be screened for and if any additional screenings are needed based on your family history.

Two common tests include:

- **PKU test** - PKU (or phenylketonuria) is a disease that can cause brain damage and seizures if not treated.
- **Hypothyroidism test** - hypothyroidism is a condition where your baby isn't making enough thyroid hormone. This can result in slowed growth or brain damage if left untreated.

It can take a couple of weeks to get the test results. Your baby's healthcare provider will share the results with you at your next appointment.

Each condition tested has a positive or negative test result. If your baby's test comes back negative, that means she did not show evidence of the condition tested. If the results come back positive, then your baby could be at risk for one or more of the conditions tested. A positive result does not always mean that she has the condition, but it does mean that more testing is needed.

Heart Screening

A sensor called a pulse oximeter is attached to your baby's foot or right hand to detect the amount of oxygen in her blood. A lack of oxygen can indicate a heart condition. This is a test usually done in your hospital room.

Hearing Test

A tiny speaker similar to an earbud is inserted into your baby's ear, checking for a reaction and for any hearing loss. Catching and treating hearing loss early helps minimize speech and language problems later in life.



Your baby's heel will be stuck to provide blood for sampling



Your baby's hearing test is done using a tiny earphone

Newborn Appearance

Nothing seems more beautiful than the sight of your newborn baby, but don't be surprised if her appearance may also be a little bit surprising to you.

Common newborn characteristics:

- A cone-shaped head, formed during birth
- Fontanelles: the soft spots on her head where the bones will eventually join together
- Milia: tiny white bumps on her face
- A newborn rash or red splotches on her skin
- Stork bites: patches of deep-pink skin on her face and neck
- A Mongolian spot: a bluish-green or gray birthmark that's usually found on the lower back or buttocks
- Skin tone that may be paler than yours if you have dark skin
- Swelling in the genital area
- Vaginal discharge or blood spotting in girls

Jaundice

Some newborns develop a yellowish color in their skin and/or eyes, known as jaundice. Jaundice is caused by a buildup of bilirubin, a pigment in the blood. Bilirubin is passed in the baby's stools and urine, so frequent breastfeeding helps treat it. Most cases of newborn jaundice clear up by the end of the first week.

Some babies develop high levels of bilirubin, causing severe jaundice. Treatment usually involves putting the baby under special lights. Your baby will be checked for jaundice in the hospital and at her first well-baby checkup.

What to do if your baby has jaundice:

- Call your healthcare provider if you notice an increased yellow tone in your baby's eyes and/or skin
- If your baby is jaundiced, make sure she is feeding often and effectively
- Keep follow-up appointments with your baby's healthcare provider to recheck the jaundice levels



Milia - tiny white bumps that will go away with time



Breastfeeding helps clear up jaundice

Call Baby's Healthcare Provider

Jaundice Warning Signs

- Your baby's skin and/or the whites of her eyes look yellow
- Your baby is not having enough stools per day (see p. 7)
- Your baby is not feeding well or is very sleepy

Breathing

Newborns don't have mature breathing patterns at first, so don't be concerned when your baby pauses for a second or two between breaths, when he sneezes, or when he makes little noises in his sleep. As long as your baby is calm and his lips, tongue, and mouth are a normal pink color, there is no reason to be worried.

Gagging & Choking

In the first 24 hours after birth, newborns need to clear out the amniotic fluid and mucus that's still in their lungs. This may result in some choking or gagging.

What to do if your newborn gags:

- Hold your baby upright and leaning slightly forward, and gently pat his back
- If the gagging continues, put him tummy-down on your lap or forearm with his head lower than his body, and firmly pat his back while keeping a good hold on his chest and shoulders
- If needed, use a bulb syringe to remove any fluid or mucus (see below)

Bulb Syringe

Sometimes it's helpful to use a bulb syringe to clear fluids out of your baby's mouth and nose, especially if the fluids are causing your baby to have a hard time breathing or breastfeeding. Ask your baby's healthcare provider about when and how you should use a bulb syringe. Overuse of the bulb syringe can lead to nasal swelling, so use it only when necessary.

How to use a bulb syringe:

- Lay him down with his head turned to the side
- Squeeze the bulb first, then gently place the tip inside his mouth in the lower cheek pocket or in the nostril where you see mucus
- Release the bulb slowly so it pulls the fluid in
- Squeeze the bulb into a tissue or sink to clear the syringe, and repeat if necessary
- Wash the syringe in warm, soapy water

Infant CPR

One of the best things you can do for your family is to take an Infant CPR and First Aid class. You can look for classes at your local hospital, or buy a CPR kit from the American Heart Association or American Red Cross. Consider taking a refresher course if you have taken a CPR class before; the recommendations may have changed.



Firmly pat your baby's back if he chokes

Go to the Emergency Room or Call 911

Signs of Breathing Problems

- If your baby seems to be having serious difficulty breathing
- If your baby has a blue color of the lips, tongue, or mouth

Umbilical Cord Stump Care

Follow the instructions given to you by your baby's healthcare provider on how to care for the umbilical cord stump.

Cord care tips:

- Keep the cord stump clean and dry
- Fold diapers down so they don't rub against the cord
- Dress your baby in loose clothing so air can circulate around the cord
- Don't pick at the cord stump; it will fall off on its own in a few weeks, possibly with a little blood

Circumcision Care

If you have your son circumcised, his penis will be red and you might see a small amount of discharge. Follow the care instructions given by your baby's healthcare provider, and keep that area clean and dry. Call your provider if the circumcision area looks infected (see box).

What to expect with a Gomco or Mogen Clamp circumcision:

- A small square of gauze with petroleum jelly will be placed loosely on the head of the penis
- When the gauze comes off, follow the doctor's recommendations
- Don't try to remove the yellow crust that forms around the wound—it's part of the healing process

What to expect with a PlastiBell circumcision:

- It is normal for a dark scab to form around the plastic
- Let the scab fall off by itself
- Allow the ring to fall off by itself

Uncircumcised Penis Care

If your son isn't circumcised, his penis doesn't need any special care. Just keep it clean, and don't force back the foreskin—this can be painful.



The cord stump will fall off on its own



Keep the circumcision area clean and dry

Call Baby's Healthcare Provider

Umbilical Cord Stump & Circumcision Warning Signs

- The skin around the cord or circumcision is red, has pus, drainage, or a foul smell
- There is swelling or bright-red bleeding around the circumcision
- Your baby cries if you touch the area
- Your baby doesn't urinate within 12 hours of the circumcision
- The circumcision doesn't seem to be healing, or your baby seems ill
- The PlastiBell device slips down the penis or doesn't fall off within 10 days

Bowel & Bladder Functions

Expect your baby's stools to change in texture and color in the first days of life as his intestinal tract begins its work.

How your baby's stools change:

- A baby's first bowel movement, called meconium, is black, sticky, and should be passed in the first 24 hours after birth
- A breastfed baby's stools should become loose, yellow, and seedy by Day 5
- The number of stools may decrease after 4 to 6 weeks

Constipation

Some babies can have problems with constipation, which is when stools are hard and difficult to pass. Talk to your baby's healthcare provider if you are concerned about constipation.

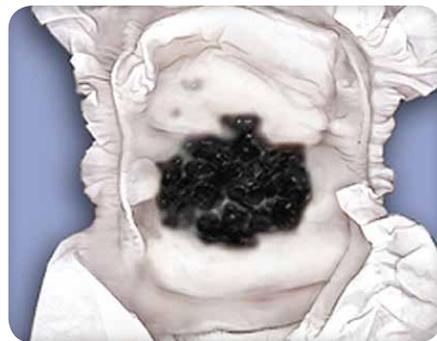
Dehydration

Dehydration occurs when your baby does not drink enough milk or loses fluids due to fever, diarrhea, or vomiting. Dehydration is a serious condition requiring immediate medical attention.

If you use disposable diapers, it is sometimes difficult to know when the diaper is wet. One way to tell is to pinch the diaper. If it feels squishy, then it's wet. Many diapers have a strip that changes color when it gets wet.

Signs of infant dehydration include:

- Fewer than 6 wet diapers a day by Day 5
- Dark-yellow urine
- Seeing urate, a reddish-colored stain, in more than one diaper or after the first 72 hours
- A dry mouth and lips
- A lack of energy and alertness
- Sunken soft spot on baby's head



Meconium is your baby's first stool



Pinch the diaper to see if it's wet

Call Baby's Healthcare Provider

Bowel & Bladder Warning Signs

- Fewer than 3 stools a day by Day 3
- Still passing meconium after 3 days
- Fewer than 6 wet diapers a day by Day 5
- Dark-yellow urine
- A dry mouth and lips
- Urate (a reddish stain) in more than one diaper or after the first 72 hours
- White or bloody stools
- A drastic change in urine or stool patterns after the first week
- A lack of energy and alertness

Diapering

Keep your baby comfortable and avoid rashes by changing his diaper often. Always keep one hand on your baby while changing a diaper, and always use the changing-table strap. Newborns can make sudden movements!

How to diaper a baby:

1. Place your baby on a secure surface, such as a changing table, the floor, or a bed.
2. Open the diaper. If you have a boy, cover his penis with a cloth or tissue to prevent urine from spraying.
3. Using the old diaper, wipe stool away from front to back.
4. Dispose of the dirty diaper.
5. Clean the diaper area from front to back with a clean, wet cloth or unscented wipe.
6. Place a clean diaper under your baby.
7. Gently dry your baby's bottom with a clean towel, or let it air dry.
8. Apply rash ointment if your baby has a rash.
9. Close and secure the diaper. If you have a boy, point his penis downward.

Diaper Rash

If your baby's diaper area looks red, chances are it's diaper rash. Diaper rash can be caused by leaving a wet or dirty diaper on for too long, leading to skin irritation or infection. Detergents, soaps, or scented baby wipes can also affect babies with sensitive skin. The sooner you treat a diaper rash, the faster it will heal.

How to treat diaper rash:

- Change your baby's wet or dirty diaper as soon as possible
- Expose your baby's bottom to fresh air on a regular basis
- Use a clean cloth and warm water until the rash gets better
- Only use skin ointments that your baby's healthcare provider recommends
- If diaper rash persists or is very uncomfortable, call your baby's healthcare provider
- Baby powder is not recommended (see box)



Change your baby's diaper often



Treat diaper rash right away

Take Note

No Baby Powder

The American Academy of Pediatrics (AAP) recommends never using baby powder. It can cause breathing problems and serious lung damage if your baby inhales it.

Why Babies Cry

It's not unusual for your newborn to cry a lot in the first couple of months. Crying is one way to communicate that she is tired, hungry, overstimulated, uncomfortable, or sick. Responding quickly to your baby's cries teaches her that you care. She'll feel more secure and will cry less as she gets older.

Comfort Techniques

Sometimes your baby will cry and you won't know why. When this happens, just focus on comforting him. Besides your love and attention, babies are comforted through touch, movement, and sound.

Ways to comfort your crying baby:

- Try to feed and burp her
- Change her wet or dirty diaper
- Check to see if she has a stuffy nose
- Change her clothes if they are wet or uncomfortable
- Hold her close (try skin to skin or in a safe front carrier)
- Rock, gently bounce, walk, or swing her, but never leave a baby alone in a swing, and make sure to buckle her in for safety
- Talk, sing, and make shushing noises
- Provide white noise created by a vacuum, fan, or car ride

Swaddling

Swaddle your baby in a light blanket, but keep it loose enough so that her legs can move. If your baby is swaddled while sleeping, make sure she is lying on her back and not overheated. Stop swaddling when she is around 2 months old (before she can roll over).

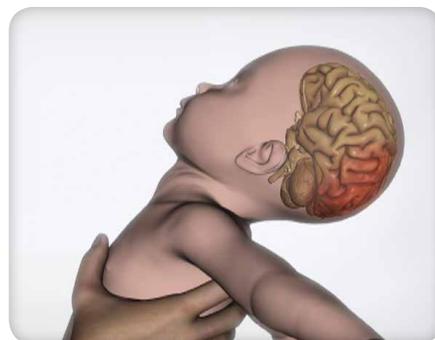
Never Shake Your Baby

Some babies cry for a long period of time and nothing seems to comfort them; but no matter how stressed you feel, never shake, hit, or throw your baby. Even a quick shake can harm her. Abusive Head Trauma, also called Shaken Baby Syndrome, can cause brain damage, blindness, or death.

Find at least one other person you can leave your baby with if you need a break. If you are alone, put your baby in a safe place, such as her crib or bassinet. Walk into another room until you feel calm. Call your healthcare provider or a parent hotline if you need help coping with the stresses of having a newborn.



Responding to your baby's cries teaches her that you care



Shaking your baby can cause brain damage or even death

Go to the Emergency Room or Call 911

Signs of Abusive Head Trauma

- Irritable
- Very sleepy or unresponsive
- Tremors or seizures
- Vomiting
- Difficulty breathing

Handling Your Newborn

Your baby is strong for someone so tiny, but he still needs your help to stay safe and healthy.

Protect your baby:

- Always support your baby's neck and head
- Wash your hands often, and ask others to do the same
- Don't allow contagious people around your baby
- Make sure you and all of your baby's caregivers, including grandparents, have been vaccinated, especially for pertussis (whooping cough)

Bathing

A simple sponge bath 2 or 3 times a week is usually all your newborn needs. Bathe your baby in a draft-free room, and use water that is comfortably warm—around 95°F (35°C). Unless your baby's healthcare provider says otherwise, give your baby only sponge baths until his umbilical cord stump has fallen off, the area around it has healed, and his circumcision has healed.

To give your newborn a sponge bath:

- Wrap your baby in a towel to keep him warm.
- Have a towel, a washcloth, mild baby soap, and a diaper within reach.
- Unwrap the areas you're washing as you go.
- Wash his scalp with mild baby soap once a week or as needed.
- To clean around his eyes, use a clean washcloth and wipe once from the inside corner out. Use a different part of the washcloth to clean the other eye.
- Use a little baby soap on his hands and diaper area, and pay special attention to the folds and creases.
- For boys, don't miss the area under the scrotum. For girls, avoid getting soap near her urethra (where her urine comes out).
- Rinse thoroughly with a clean, damp cloth.
- Use a washcloth to clean his nose and outer ears. Do not use a cotton swab in your baby's ears.



A simple sponge bath is usually all your newborn needs

Take Note

Tub Bath Safety

When it's time for tub baths, follow these safety guidelines:

- Fill the tub or basin with 2 inches of water.
- Never leave your baby alone around water.
- Take your baby with you if you need to answer the door or check on something—babies can drown in water that's just 1-inch deep.
- Stop running the hot water before you set your baby in the bath. The temperature can change very quickly.
- Before putting your baby in the bath, dip your elbow in the water to check the temperature.
- Set your home's hot-water heater to 120°F (48.8°C). Water that's hotter than this can burn your baby's skin.

Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome, or SIDS, is defined as the unexplained death of an infant in the first year, and in most cases occurs during sleep. Though SIDS is rare, there are ways to reduce your baby's risk. Follow these steps, and share this information with all of your baby's caregivers!

Back Sleeping

- Always place your baby on her back to sleep.
- Give your baby supervised tummy time when she is awake to help strengthen her back and neck muscles.

Safe Sleep Environment

- Use a firm, tight-fitting mattress and new crib.
- Put nothing in the crib but your baby—no soft objects, loose bedding, or bumper pads.
- Use wearable blankets or sleep sacks if you think your baby is cold.
- Keep your baby in the same room as you (but not in the same bed) for at least the first 6 months and ideally for the first year.
- Avoid wedges, positioners, or other products that claim to reduce the risk of SIDS.

Breastfeeding

- Breastfeed for as long as possible.
- If you are tired and could fall asleep, don't breastfeed while sitting in an armchair or on a couch.

Pacifiers for Sleep

- After breastfeeding is well-established, offer your baby a pacifier when you lay her down to sleep.
- Do not force her to take it or coat it with any substances.

Smoking

- Do not smoke (or allow others to smoke) in your home, car, or around your baby. The contamination that remains on someone's skin, clothes, hair, car, and upholstery also increases the risk of SIDS.

Avoid Overheating

- Once you return home from the hospital, do not put a hat on your baby indoors.
- Do not overdress your baby. Keep her in the same amount of clothing you would be comfortable in, plus another light layer if needed.
- Keep the room at a comfortable temperature—around 70°F (21°C)—and adjust for the winter and summer seasons.

Well-Baby Visits

- Attend well-baby checkups for routine vaccinations.
- Recent studies suggest that vaccinations may help reduce SIDS.



Always put your baby to sleep on her back

Take Note

Age Is a Factor in SIDS

- Infants are at risk from 0-12 months
- The highest risk is between 2-4 months
- The risk dramatically decreases after 6 months

Taking Your Baby's Temperature

Your baby's healthcare provider can tell you how they want you to take your baby's temperature, either under-the-arm or rectally. Before you are discharged from the hospital, ask them (or a nurse) to show you how, and find out what they consider to be a normal temperature.

How to take an axillary (under-the-arm) temperature:

- A good time to take his temperature is when he's sleeping or feeding
- Place the silver end of a digital thermometer in the middle of your baby's armpit
- Hold his arm firmly against his body for a few minutes until the thermometer beeps

Infant Car Seats

Use the appropriate car seat for your child on every trip, starting with your trip home from the hospital.

Car seat safety tips:

- Do not take your child out of his car seat for any reason while the car is in motion.
- Use a rear-facing infant car seat until age 2.
- Avoid adding anything that doesn't come with the car seat, such as a headrest or hanging toys.
- Check the expiration date and know the history of your car seat. If it's too old or has been in an accident, it's unsafe.
- Follow the car seat manual carefully. Proper installation could save your baby's life in a crash. Install the seat before your baby's due date.
- To get a car seat inspection from certified technicians, visit SeatCheck.org.

Hot Car Safety

Every year dozens of children die from heat stroke after being left in hot cars. The inside of a car can reach dangerous temperatures very quickly. Never leave your child alone in the car, even if you plan to come back soon. If someone else is transporting your child, stress the importance of taking these precautions. It's easy to be distracted, especially if it's a new routine.



To prevent fidgeting, take your baby's temperature when he's asleep or feeding

Call Baby's Healthcare Provider

Signs of Illness

- Refusing to eat or not eating well
- Unusual sleepiness
- A fever of 100.4°F or higher (or about 99°F if taken under the arm)
- Yellow skin or eyes
- Constant crying
- A drastic change in stool patterns after the first week
- Stools that look like pebbles (constipation)
- Watery stools (diarrhea)
- White stools or stools with blood or mucus
- Urate (a reddish stain) in more than one diaper after the first 72 hours
- Projectile vomiting
- Frequent coughing
- Difficulty breathing
- Pale or blue skin color

Call 911 or go the ER, whichever is faster

- Lips, tongue, or mouth are blue
- Serious difficulty breathing

The First Days: Feeding

Newborn Hunger Cues

Watch your baby, not the clock, to know when to feed her. Your baby will make special movements and sounds when she is hungry. Feed her when you see her hunger cues and before she gets fussy. This helps her latch on and nurse better.

At first it may be hard to notice these cues, especially if your baby was born before 37 weeks. Soon, it will become second nature.

Your baby may be hungry when you see these cues:

- She opens her mouth, sticks out her tongue, or makes sucking movements and noises
- She brings her hand up to her mouth
- She moves her arms and legs as if she is crawling
- She turns her mouth toward your breast or chest (this is called “rooting”)
- She cries (which is a late sign of hunger)

Skin-to-Skin Contact

Studies show that babies who have immediate skin-to-skin contact and are held close to the breast after birth breastfeed better. Hold her skin to skin whenever possible (at the hospital and at home). Partners can do this too! Be careful not to fall asleep when holding your baby skin to skin, and make sure that her head is turned so she can breathe easily.

The benefits of skin-to-skin contact:

- Keeps babies warm and comfortable
- Helps in the transition to life outside the womb
- Allows babies to latch on and breastfeed better (which helps with milk production)
- Helps babies breastfeed exclusively for a longer period of time
- Decreases crying—babies are calmer and less stressed

Keep Your Baby Close

Keep your baby in the same room with you at the hospital and at home, day and night. This allows you to watch for hunger signs and nurse her as soon as she is hungry. Responding quickly to her needs develops trust between the two of you and might help her to cry less.



Feed your baby when she shows hunger signs



Immediate skin-to-skin contact helps get breastfeeding off to a great start

Take Note

When to Breastfeed

- When you see your baby's hunger cues
- About 8-12 times every 24 hours, including night feedings
- Let your baby breastfeed as long as he or she wants

Breastfeeding

It may take a few feedings before you and your baby figure out the best way to breastfeed. Be patient—it gets easier with time. Once your baby latches onto your breast, she will suck rapidly until the milk starts flowing. Then she will settle into a rhythm of sucking and swallowing. Once you are comfortable and your baby has a good latch, let her nurse as long as you can see and hear her sucking and swallowing.

How to help your baby latch on:

- Get comfortable and use pillows for support
- Hold your baby close to your body with her tummy facing yours and her nose across from your nipple
- Gently tickle her upper lip up and down with your nipple until her mouth opens wide like a yawn
- Pull her in quickly, chin first, so she takes in as much breast as possible, resulting in a deep latch
- With a deep latch, her mouth is open wide, lips flared out, and her chin is touching your breast
- Relatch if she has a shallow latch (only the nipple or a small amount of breast is in her mouth)



An effective, deep latch is when your baby has a mouthful of breast and you can see and hear her sucking and swallowing



A shallow latch is when your baby does not have enough breast in her mouth to effectively transfer milk, which can lead to nipple soreness

Breastfeeding Positions



Laid-Back

Recline comfortably at about a 45° angle. Position your baby so she lies with her tummy on your body.



Football

Hold your baby along the side of your body. This is a good hold if you had a cesarean or are nursing twins.



Cross-Cradle

Support your baby's upper back and shoulders with one hand, keeping your fingers low behind her ears.



Cradle

Support your baby's head in the crook of your arm. This position can be used when your baby gains more neck and head control.



Side-Lying

Lie on your sides, tummy to tummy. Make sure to keep bedding away from your baby.

Feeding Patterns

In the first weeks, breastfeeding can take up a lot of time, but as your baby gets better at it, it will take less time. You can also expect some clustered feedings. This is when he nurses more frequently for several feedings and then takes a longer break before feeding again.

Offer Both Breasts

Feed your baby from both breasts throughout the day and night. Removing milk regularly from both breasts supports healthy milk production and helps prevent painful breast engorgement (see “Engorgement,” p. 17). Babies usually drink more from the first breast, so change the side you start on at each feeding.

How to offer both breasts at each feeding:

- Let your baby feed from the first breast as long as he keeps sucking and swallowing or until he lets go
- If you need to remove your baby from your breast, break the suction by placing a clean finger in the corner of his mouth and over your nipple
- Try to burp your baby (he may not need to)
- Offer the second breast (don't worry if he doesn't take it)
- At the next feeding, start on the side that wasn't drained as much at the previous feeding (it usually feels fuller)

Burping Your Baby

Burping after a feeding is another great way for partners to help out and spend time with the baby. If you try to burp your baby and nothing happens, don't worry—breastfed babies don't always need to burp.

How to burp your baby:

- Put a cloth under his chin in case of spit-ups
- While you hold him on your lap, support his chest and chin with one hand, and gently pat his back with the other hand
- Once your baby has better head and neck control, you can hold him against your chest with his chin on your shoulder

Avoid Pacifiers

Early use of pacifiers may make it harder for your baby to learn how to latch on and breastfeed. This can limit your milk production. That's why it's best to avoid pacifiers (unless there is a medical need) until breastfeeding is going well and your milk production is established. This usually occurs when your baby is around 3 to 4 weeks old. Then you can consider offering your baby a pacifier when he is going to sleep (see “Pacifiers for Sleep,” p. 11).



Feed your baby when and for as long as he wants



Gently pat your baby's back to help him burp

Take Note

Breastfeed at Least One Year for Maximum Benefits

The American Academy of Pediatrics (AAP) recommends that you feed your baby only breastmilk for about the first 6 months and continue to breastfeed through the first year (even after starting solid foods) and for as long as you and your baby desire. Any amount of breastfeeding is beneficial for both of you.

Is My Baby Getting Enough Milk?

If your baby feeds often and you see the signs listed below, she's probably getting enough milk. If you have any concerns or questions, call your baby's healthcare provider or a lactation consultant. Use a feeding log (see p. 44) to track your baby's feeding and wet and dirty diapers.

Signs that your baby is getting enough milk:

- She breastfeeds about 8 to 12 times every 24 hours (including at least 1 to 2 night feedings)
- During feedings, you can see and hear her suck and swallow
- She has 4 or more loose yellow stools and 6 or more clear or pale-yellow wet diapers per day by Day 5
- She seems calm and full after feedings
- She has periods of being awake and alert during the day
- Your breasts feel full before feedings and softer after feedings
- She regains her birth weight within 10 to 14 days and gains 5 to 7 ounces a week for the next couple of months

Sleepy Eaters

Some babies sleep a lot and are not interested in eating during the first few days. If your newborn does not feed at least 8 times in 24 hours, you need to wake her up to eat.

How to wake your baby up to eat:

- Wake her when she's in a light sleep (when she's restless or her eyes are moving under her eyelids)
- Take off some of her clothing, or undress her down to her diaper
- Hold her skin to skin against your bare chest
- Change her diaper
- Gently stroke her face, mouth, belly, and arm
- Gently compress or massage your breast to express milk into her mouth

How to keep your baby awake during feedings:

- Make sure she has an effective, deep latch (see p. 14)
- Gently massage or compress your breast to keep the milk flowing
- Gently rub her foot or hand if she starts to drift off to sleep
- Switch breasts or try a different position when her sucking slows down
- Change her diaper or burp her to wake her up again



Your baby should regain her birth weight within 10-14 days



Keep your sleepy baby awake by stroking her feet during a feeding

Call Baby's Healthcare Provider

Signs of Poor Feeding

- Has difficulty latching on
- Frequently goes longer than 4 hours between feedings
- Frequently needs to be awakened to feed
- Has not regained birth weight within 10-14 days
- Often acts hungry after breastfeeding
- Has fewer than 6 wet diapers and 4 dirty diapers by Day 5
- Sleeps through the night

Engorgement

If your breasts become firm, swollen, and warm, they are engorged. Very engorged breasts are hard and painful. It may also be difficult for your baby to latch on. Nursing often and draining your breasts regularly helps prevent engorgement. If your breasts are uncomfortably full after a feeding, you can express (remove) your milk by hand or with a breast pump. Express your milk until your breasts are no longer hard or lumpy. If your engorged breasts aren't softening within 24 hours, call your lactation consultant or healthcare provider.

Hand Expression

If your breasts are too full, your baby may have trouble latching on. If this happens, express some milk by hand to soften your breasts before a feeding. If your breasts are still full after a feeding, you can express milk to relieve the fullness and to make sure enough new milk will be made. Before leaving the hospital, ask your nurse or lactation consultant to show you how to express your milk by hand. Always wash your hands before touching your breasts. You can also express milk using a breast pump (see p. 36).



Use a cold compress to help with engorgement

Take Note

Tips for Engorgement

- Prevent and reduce engorgement by breastfeeding your baby often and not skipping feedings
- Apply a warm, moist compress and express a little milk before nursing to soften your breast so your baby can latch on more easily
- Gently massage your breast during a feeding to help your baby get more milk
- Express milk after the feeding if your breast feels uncomfortably full
- Apply a cold compress for a few minutes after feeding to reduce swelling

How to Hand Express



Massage your breast

1. Gently massage your breasts to help your milk let down. Thinking about your baby can help you relax.



Place your fingers

2. Place your thumb and first two fingers opposite each other, about 1-2 inches behind your nipple.



Press against your chest

3. Press your thumb and fingers back against your chest wall (avoiding stretching the skin around the nipple and areola).



Squeeze your breast

4. Squeeze your breast gently by bringing your thumb and fingers together. Relax, and squeeze again. Repeat steps 2-4. Move your hand around your breast to drain all areas.

Nutrition for Breastfeeding Moms

There is no special diet for breastfeeding mothers. If you eat healthy foods when you're hungry and drink healthy fluids when you're thirsty, you'll probably get what you need. Continue to take prenatal vitamins as long as you are nursing, unless your healthcare provider says otherwise. Also ask about taking calcium and other supplements. (See p. 37 for more on maternal nutrition.)

Healthy eating tips:

- Keep healthy, one-handed snacks around
- Eat a variety of foods: proteins; whole grain cereals, breads, and pastas for fiber; fruits and vegetables for minerals and vitamins; and healthy fats, such as nuts, avocado, and fish
- Drink water, milk, and 100% juice when you are thirsty
- Visit **ChooseMyPlate.gov** to create a nutrition plan that's tailored to breastfeeding moms

What You Eat and Drink Can Affect Your Baby

Your milk naturally meets your baby's needs. However, some things you eat and drink can pass into your milk and affect your baby.

- Most medicines are safe to take when breastfeeding, but if you need to take over-the-counter or prescription medicines, talk to your healthcare provider or pharmacist first. Always take medication as directed.
- Alcohol passes into your milk. It can harm your baby and decrease your milk production. Limit your alcohol to one small drink now and then, and wait 2 hours to breastfeed.
- If you smoke, quitting is the best thing for you and your baby. If you can't quit, breastfeeding is still best for you and your baby. Limit smoking to just after feeding so less nicotine gets into your milk. Don't smoke around your baby. Secondhand smoke may increase the risk for Sudden Infant Death Syndrome (SIDS) and many infant health issues.
- Caffeine may keep your baby awake or make him fussy. Limit your coffee intake to 1 or 2 cups a day, and remember that some soda, energy drinks, teas, and chocolate also contain caffeine.
- Do not do illegal drugs. Heroin, methamphetamine, and cocaine, as well as prescription medications that are abused, can pass into the milk and harm your baby's development.
- Marijuana should not be used while breastfeeding. It can pass into the milk and may harm your baby's brain development.



Keep healthy snacks on hand

Take Note

Breastfeeding & Weight Loss

- When you are breastfeeding, dieting is not recommended
- The energy it takes for your body to produce milk can help you lose weight
- Expect to lose about 1 pound every 2-3 weeks
- It's not healthy to lose more than 1-2 pounds a week

Breastfeeding for Special Situations

Your baby can still benefit from your breastmilk even if you gave birth to multiples, your baby is born early, or with a medical condition, or if you've had breast surgery. If your baby isn't able to breastfeed right away because of a medical reason, she can still receive your milk from hand expressing or pumping. Human milk from a milk bank may also be available if needed. Speak to the hospital staff or a certified lactation consultant about your situation.

Breastfeeding Preterm Babies

Premies need special care; they are often sleepier than full-term babies, and you may need to wake him to feed, or stroke his cheek, back, or legs to keep him awake during feedings. Holding your baby skin to skin often has many benefits, including an increased interest in breastfeeding. You may also need to pump after feedings to increase your milk supply. It's important that your breasts are emptied at least 8 to 12 times every 24 hours.

Multiples and Breastfeeding

If you gave birth to twins or triplets, you can still breastfeed your babies—many mothers of multiples find they can make enough milk for all of them. After you are comfortable latching each baby onto your breast, you can try to feed two at one time. Ask your nurse or lactation consultant to show you how to breastfeed using a double football hold and pillows for support. Alternate which breast you offer each baby to ensure good milk production in both breasts. If you have more than two babies, you may need to alternate who breastfeeds first.

Breastfeeding Outside the Home

Feeding your baby away from home is easy. In most states, it's legal to breastfeed in public places.

Tips for breastfeeding on-the-go:

- Find a comfortable place to sit down
- Cover up with a blanket or nursing cover if it makes you feel more relaxed
- Wear a two-piece outfit so you can lift your top and nurse discreetly
- Practice at home in front of a mirror to help you get more comfortable



This mother holds her premature baby against her warm skin



Using a double football hold helps this mother breastfeed her twins

The First Days: Mother Care

Pain Management

After childbirth, you can expect some soreness. Ice, heat, rest, and relaxation techniques are helpful. Some medications also offer relief. Tell your nurse if you are in pain. Your nurse and healthcare provider will monitor your pain level and help you feel comfortable. Be sure you get plenty of rest as your body heals.

Lochia

One thing you'll notice after childbirth is lochia, a vaginal discharge caused by your uterus shedding blood and tissue as it shrinks. Lochia is different than a period, and it occurs if you have a vaginal or cesarean birth.

Characteristics of lochia:

- Bleeding is heavy at first and decreases over time
- Color of discharge gradually changes from red to brown to white
- It can last up to 6 weeks after birth
- Bleeding can increase after breastfeeding or lying down
- Being too active can increase bleeding, so be sure to take it easy
- Passing blood clots in lochia is normal, as long as they become smaller and less frequent and you aren't having heavy bleeding or cramping

Infection

Because there is a risk of infection to the uterus and vaginal area after childbirth, there are a few things you should do to keep yourself healthy.

Reduce your risk of infection by:

- Avoiding pools and hot tubs until lochia has ended (about 4 to 6 weeks)
- Wearing sanitary pads, not tampons
- Consulting your healthcare provider to discuss when you may resume intercourse
- Not douching unless advised by your healthcare provider



Lochia may increase temporarily when you are breastfeeding

Call Your Healthcare Provider

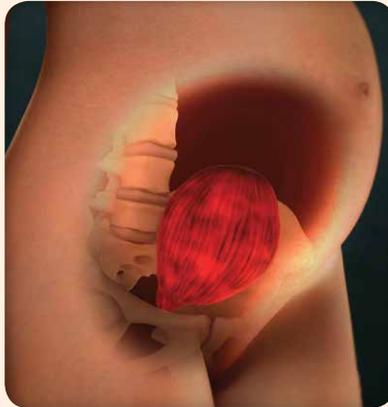
Lochia & Afterpains Warning Signs

- Lochia with a foul-smelling odor
- Saturating one or more pads within an hour
- Passing clots larger than a ping-pong ball
- Frequent blood clots or sudden heavy bleeding
- Feeling dizzy with increased bleeding
- Severe abdominal pain or cramping
- A temperature of 100.4°F (38°C) or higher

Involution: The Shrinking of the Uterus



Immediately After Birth



At 3 Weeks



At 6 Weeks

Involution & Afterpains

After giving birth, your uterus will begin shrinking back to its pre-pregnancy size. This is called involution. You may also feel contractions called afterpains. They are weaker than labor contractions and can feel stronger while you are breastfeeding.

Ease afterpains by:

- Using your labor-breathing techniques
- Emptying your bladder before breastfeeding
- Placing a heating pad on your belly (keep it away from baby's skin)
- Taking a pain medication recommended by your healthcare provider (make sure it's safe if you are breastfeeding)

Constipation & Hemorrhoids

After birth, it's common to become constipated. Ask your healthcare provider for advice on using laxatives or changing your diet.

Constipation can also cause or worsen hemorrhoids. These are enlarged veins in the anus that commonly occur during pregnancy and after childbirth. For relief from hemorrhoid discomfort, use a doctor-recommended hemorrhoid cream or medication. (See "Perineal Care" on p. 22.)

How to prevent and relieve constipation:

- Drink plenty of water
- Eat fiber-rich foods, such as fruits, vegetables, and whole grains
- Don't resist the urge to have a bowel movement
- Take short walks frequently
- Take an over-the-counter stool softener

Call Your Healthcare Provider

Bladder & Bowel Warning Signs

- Pain or burning with urination accompanied by a fever (can indicate a urinary tract infection)
- Worsening pain in your perineum
- Constipation that doesn't respond to changes in your diet
- Increasing drainage from the area around your stitches
- Sudden heavy bleeding
- Feeling dizzy with increased bleeding
- Severe abdominal pain or cramping
- A temperature of 100.4°F (38°C) or higher

Perineal Care

Your perineum, the skin between your vagina and anus, needs extra care in the first few weeks. If you delivered vaginally, this area was stretched during birth. It may have torn or been surgically cut (an episiotomy). After a few weeks, stitches will dissolve on their own.

How to care for your perineum:

- In the first 12 to 24 hours after birth, apply a covered ice pack to reduce swelling.
- Wash your hands before and after going to the bathroom.
- Wipe yourself from front to back to avoid infection.
- Take sitz baths in a clean bathtub with shallow water, or use a plastic sitz tub that fits on your toilet. Use warm water to soothe soreness, or cold water to help reduce swelling.
- Try squirting warm water from a bottle onto your vaginal area while you urinate. This prevents stinging and helps keep the area clean—which is essential if you have stitches.
- Apply witch hazel compresses and anesthetic numbing sprays.
- Use a donut-shaped foam ring for sitting.
- Avoid lifting anything heavier than your baby, and don't overdo stair climbing.
- Rest. Let family and friends help you care for yourself and your baby.

Resuming Sex

It is recommended to wait at least 6 weeks before resuming sexual intercourse to give your body time to heal and reduce the risk of infection (see p. 38).

Kegels

Do Kegel exercises regularly to strengthen your pelvic-floor muscles and relieve perineal discomfort.

How to do a Kegel:

- Slowly squeeze the muscles around the vagina and rectum (the same way you would stop your flow of urine)
- Hold for a count of 5, and slowly release
- Rest, and then repeat 4 more times
- Build up to 10 Kegels several times a day



Witch hazel pads can help with soreness in your perineum nerve

Call Your Healthcare Provider

Postpartum Preeclampsia

Postpartum preeclampsia is a rare condition that can develop within the first 48-72 hours after delivery. In very rare cases, preeclampsia can occur up to 4-6 weeks postpartum.

If you notice any of these signs or symptoms, contact your health care provider right away.

Signs of Postpartum Preeclampsia

- Swelling of face or limbs
- High blood pressure
- Nausea or vomiting
- Severe headache
- Abdominal pain, especially under the ribs on the right side
- Very little urine output
- Sudden weight gain (more than 2 pounds in a week)
- Sudden shortness of breath

Emotions

Mother's Hormonal Changes

After your baby is born, your hormone levels drop dramatically. This sudden decrease can cause some noticeable changes, such as mood swings and losing more hair than usual. Don't worry—it will grow back. After your hormones settle down, your moods should become more stable.

Baby Blues

Most new moms feel some sadness, anxiety, and fatigue. This is called the baby blues. With your hormones changing, your lack of sleep, and responding to your baby's needs, it's normal to feel emotional. The baby blues usually pass within a few weeks.

How to ease the baby blues:

- Rest often
- Eat healthy foods and drink plenty of fluids
- Make housework a low priority
- Ask friends and family to help
- Talk to someone about your feelings
- Join a new-parent or mother group

New Father Emotions

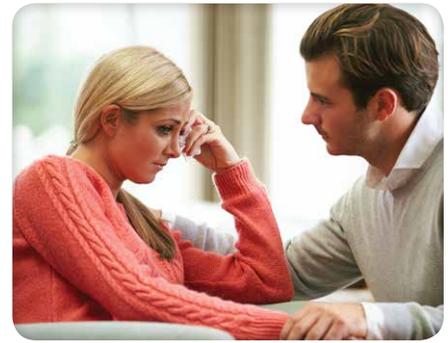
New fathers can develop the baby blues after birth too. The change in routine, lack of sleep, and added stress can lead to emotional swings. For most dads, these feelings fade away as they adapt to all the changes.

Paternal Postpartum Depression

Some men develop moderate to severe depression within weeks of their baby's birth. If you are concerned about your emotions, answer the questions listed on the Edinburgh Postnatal Depression Scale (p. 45). It's the most widely used assessment for postpartum depression and anxiety for both women and men. Paternal postpartum depression is a serious condition and needs to be treated. Call your healthcare provider if you experience the signs listed below.

Signs of depression:

- Feeling irritable, unmotivated, worthless, or guilty
- Having changes in weight, appetite, or sleep
- Abusing alcohol or drugs
- Experiencing violent urges
- Thinking about suicide or death



Most moms get the baby blues

Partner Tip

Helping Mom Cope

- Make sure she gets as much sleep as possible
- Encourage her to talk about her feelings, and listen without judgment
- Help her with housework and other chores
- Tell her she's doing a great job
- Watch for signs of postpartum depression (see p. 24)—if you notice any, call her healthcare provider



New dads can experience a variety of feelings

Postpartum Mood Disorders

Some new moms experience more serious mood disorders, including postpartum depression (PPD). Unlike the baby blues, these conditions usually require treatment and counseling for recovery. If you are concerned about your emotional health, fill out the Edinburgh Postnatal Depression Scale (see p. 45).

Characteristics of postpartum depression:

- It can happen days, weeks, or months after birth
- It's caused by a change in brain chemistry—it isn't your fault
- Signs include feeling anxious and sad, being unsure of your ability to be a good parent, an inability to take care of yourself or your baby, and an inability to do everyday things, such as chores
- It's treatable with counseling and/or medication

Women at risk include those who:

- Have experienced postpartum mood disorders or another psychiatric illness before (such as anxiety)
- Recently experienced high levels of stress
- Aren't getting at least 5 consecutive hours of sleep a night
- Don't have support from a partner, family members, or friends



Postpartum depression can occur days, weeks, or months after birth

Call Your Healthcare Provider

Postpartum Mood Disorders Warning Signs

- Excessive worrying and anxiety
- Irritability
- Persistent crying or sadness
- Inability to sleep, even when you're exhausted
- Difficulty concentrating
- Not finding pleasure in things you used to enjoy
- Changes in appetite
- Thoughts of suicide
- Inability to take care of yourself or your baby
- Thoughts of harming yourself or your baby
- Extreme changes in your behavior

Go to the emergency room or call 911 if:

- You have hallucinations (seeing things that aren't there)
- You fear that you *will* harm yourself or your baby

For more information on postpartum mood disorders, go to:

- Postpartum Support International
Postpartum.net
- Postpartum Health Alliance
PostpartumHealthAlliance.org

Cesarean Birth Recovery

If you gave birth by cesarean, it's even more important for you to rest whenever possible and follow your healthcare provider's instructions. Go slowly with activities until you are completely healed. Full recovery from a cesarean usually takes around 6 weeks.

Healing tips for cesarean birth:

- Take the medication that your doctor prescribed as directed
- Walk on a regular basis to help prevent blood clots in your legs as well as constipation
- Don't lift anything heavier than your baby (see p. 26)
- Ask your healthcare provider what activities to avoid, such as driving or lifting a car seat
- Breastfeed using the football or laid-back positions to avoid pressure on the incision (see p. 14)
- Nourish yourself with a healthy diet and lots of fluids

How to simplify your daily life:

- Keep diapers and your water bottle nearby
- Get help with cooking and housework
- Make lists to stay organized

Emotions

You may feel disappointed, confused, or sad about having an unexpected cesarean birth. These feelings are normal, but it's still important to talk about them with your partner and healthcare provider. (See p. 23 for more information on postpartum emotions.)

Tips to help you recover emotionally:

- Talk to your partner, other moms, and your healthcare provider if you feel disappointed or anxious
- Rest when your baby rests
- In the first few weeks, limit visitors to those who will be helping you and your family
- Accept plenty of support—you will need help doing chores and taking care of the baby while you're recovering
- Visit [Ican.org](https://www.ican.org) for more information about recovering from a cesarean and finding emotional support



Walks help prevent blood clots

Call Your Healthcare Provider

Cesarean Recovery Warning Signs

- Signs of infection around your incision, such as bleeding, fluid, or discharge; separation around the edges; increased swelling, redness, or tenderness
- A temperature of 100.4°F (38°C) or higher
- A sudden pain, or pain that gradually gets stronger, in your incision area
- A red, tender area on your leg or arm—this could be a blood clot

Moving Safely After a Cesarean

Use these techniques to help you move safely after you have had a cesarean surgery.



The log roll is an easy way to get out of bed

Log Roll (to get up from lying down)

- From your back, roll onto your side so that you are about 6 to 12 inches from the edge of the bed
- Using your arm closest to the ceiling, push your hand against the bed directly in front of your chest
- Slowly sit up, swinging your legs over the side of the bed
- If needed, have someone support you as you stand up



Lift with your legs

Lifting With Your Legs

- Do not lift anything heavier than your baby
- Move your body close to the object you're going to lift
- Keep your feet shoulder-width apart, with one foot slightly forward to give you better balance
- Bend at the knees and squat down, keeping your upper body straight and your chin up
- Tighten your belly muscles
- Lift the object, holding it close to your body
- Stand up slowly, using a sturdy piece of furniture if needed



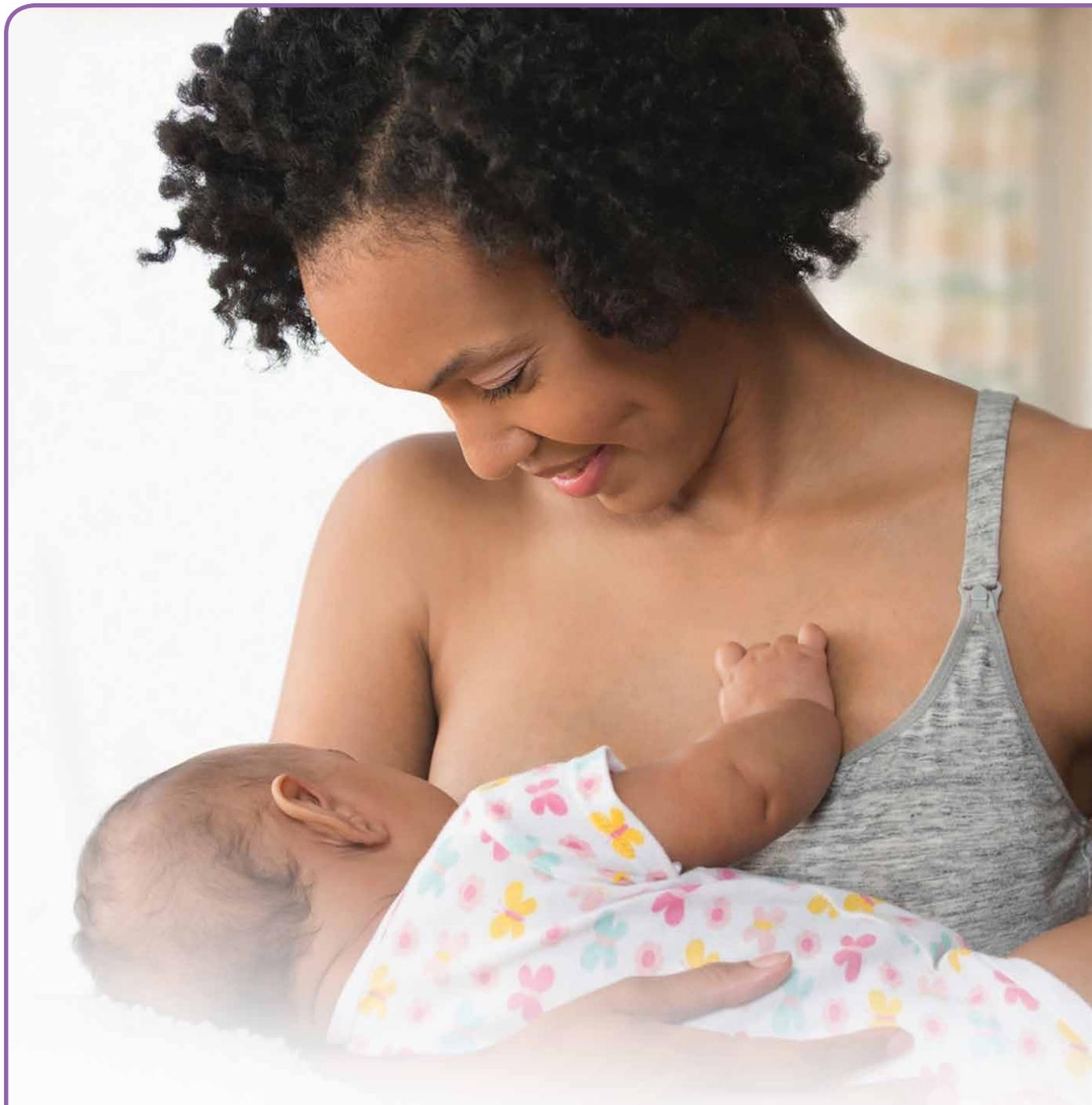
Splint your incision when you cough or sneeze

Splinting Your Incision

- If you have to sneeze or cough, try hugging a pillow or using your hands to support the incision

Understanding

The First Weeks



“We kept joking that we were going to take the nurses home with us, but the *Understanding Mother & Baby Care* book they gave us turned out to be super handy! Every time we have a question, we’re like, “Go grab the book.”

—Joy, mom of 3-week-old Quinn

The First Weeks: Baby Care

Sleep

Newborns sleep a lot, as much as 16 to 18 hours a day. Babies usually sleep in 1- to 3-hour periods, but sometimes in spurts as short as 15 minutes. Don't worry about being absolutely quiet when your baby is sleeping. She needs to get used to the sounds of everyday life. Remember: always put your baby to sleep on her back to reduce the risk of Sudden Infant Death Syndrome (see "SIDS," p. 11).

Night Sleeping

Waking up 2 or 3 times a night is normal and healthy for newborns, at least for the first few months. This allows them to feed at night, which helps with newborn growth. When she wakes up at night, keep the feedings quick and the room quiet and dark to help her go back to sleep.

Sleep Cycles

Your baby goes through cycles of light and deep sleep about every 30 minutes. If you have a very sleepy baby who has gone more than 4 hours without eating, wake her up, especially for daytime feedings (see p. 16).

Infant sleep cycles:

- Deep sleep is when your baby hardly moves and nothing seems to wake him up
- Light sleep is when she is fidgety and can easily wake up

Newborn Senses

Even at birth, your baby can see, hear, taste, touch, and make sounds. Help him learn about the world and develop his rapidly growing brain by stimulating his senses when he's awake and calm. If he's looking away, arching his back, or frowning, he may be more ready for a feeding or sleep than interacting.

Engage your newborn's senses:

- Your baby loves the sound of your voice. Talk and sing to him. This also stimulates language development.
- He likes to feel the warmth of your body, especially when you hold him skin to skin. Physical contact improves your baby's physical, emotional, and mental development.
- Newborns can smell and taste; they're especially familiar with their mother's scent. This helps your baby find your breast for feeding right after birth.
- He can see you at close range. Babies aren't born with fully developed eye muscles, so sometimes they appear cross-eyed. This is normal, and typically gets better by the time he is 6 months old.



Infants usually sleep in 1- to 3-hour periods

Take Note

Room Sharing

The American Academy of Pediatrics (AAP) recommends that your baby sleep in the same room as you—but not in the same bed—for at least 6 months and ideally for the first year.

Room-sharing benefits

- Makes night feedings easier
- Improves your ability to sleep
- Helps you learn your baby's cues
- Reduces the risk of SIDS

Safety

Never leave your baby alone where he could fall, such as on a changing table or couch. Use all restraints that are available on changing tables, swings, and car seats. Also, always supervise your baby around pets.

Sibling Safety

If your baby has older brothers or sisters, supervise them when they are with your baby.

Sibling safety tips:

- Never leave your baby alone with a young child—accidents can happen quickly
- Never let your baby sleep with a sibling
- Show your child how to handle the baby properly, including how to hold him and support his head
- Teach older siblings about SIDS and to never shake the baby
- It's normal for children of any age to experience sibling rivalry, so talk to your healthcare provider and read up on ways to make your baby's arrival peaceful and happy for everyone

Toy Safety

Remove stuffed animals and loose objects from the crib to keep your baby safe. Remember that small toys or toys with small removable parts are a choking hazard.

Safe toys for newborns:

- Mobiles that are attached high above the crib out of your baby's reach
- Stuffed animals or toys that you hold and move close enough for him to see
- Baby-safe mirrors (unbreakable)
- Soft infant books with textures and bold colors

Outdoor Safety

Keep your newborn out of the sun and away from mosquitos as much as possible.

When you go outside, take these precautions:

- Stay out of direct sunlight
- Use long sleeves, pants, hats, and umbrellas for sun protection
- Stay indoors before dawn and after dusk to avoid mosquitoes
- Ask your baby's healthcare provider for sunscreen and insect repellent recommendations



Always supervise when young siblings are around the baby

Take Note

Safety Tips

- Buy a book or video on child safety with a complete childproofing section
- Look for a JPMA (Juvenile Products Manufacturers Association) certification seal on all of your baby equipment
- Use a crib that meets current standards, and place it away from furniture, windows, blinds, and drapery cords
- Stay up to date on recalled products, including car seats, at www.Recalls.gov

Dressing & Nail Care

Your baby can't regulate her body temperature the way adults can, so dress her warmly in cool weather and lightly in hot weather.

Tips for dressing your baby:

- All-in-one sleepers can make diaper changes easier
- Choose soft, comfortable clothing without rough tags, zippers, or seams
- Use mild detergents (chemicals found in some detergents can irritate your baby's skin)
- When it's cool out, add a hat and one more (light) layer of clothing when you go outside

Nail Care

Your baby's nails are tiny, but they can be sharp. Keep his fingernails short so he does not scratch himself. An emery board might be the easiest and safest way to keep them smooth. Try working on your baby's nails when he's asleep and less likely to move his hands away.

Well-Baby Visits

When you return home, don't hesitate to call your baby's healthcare provider if anything seems odd or if you see any of the signs of illness listed on page 46. Even if your baby is not sick, she will need to go to the doctor for well-baby visits.

Your baby will likely have well-baby checkups at:

- 1 to 3 days after leaving the hospital
- 1 to 2 weeks after birth
- 4 weeks after birth
- 2 months, 6 months, and beyond

Growth & Development

One thing your healthcare provider will check for at your well-baby visits is how your baby is growing and developing. That's why it's important to start playing with your baby now to help encourage her development.

When she's calm and alert, put her on your lap so she's facing you. Talk to her as you gaze into her eyes. After a couple of weeks, start spending time with her on her tummy while she's awake. This helps to develop her back and neck muscles.



All-in-one sleepers make dressing easier

Take Note

Well-Baby Visits

Your baby's healthcare provider will:

- Make sure your baby is growing and developing
- Discuss your baby's vaccine schedule (vaccines protect infants from preventable diseases)
- Answer any questions you have (bring a list of questions and another person to take notes)



It's important to go to all of your well-baby visits

The First Weeks: Feeding

Breastfeeding Is Natural

Babies are born to breastfeed. Your milk provides the most complete nutrition possible because it's the ideal mix of nutrients and antibodies that your baby needs for growing.

Why is breastfeeding important?

- It leads to better health for you and your baby
- Your milk is perfectly designed to support your baby's immune and digestive systems, which means fewer ear infections and colds and less diarrhea and constipation
- Your baby will grow up healthier and with less chance of developing conditions such as obesity and diabetes
- You can feed and comfort your baby quickly, leading to less crying and a happier baby
- Breastfeeding hormones help you feel calm and connected with your baby
- Breastfeeding may help you lose pregnancy weight sooner
- Breastfeeding helps reduce your risk of breast and ovarian cancer, heart disease, and type 2 diabetes
- Reduces the risk of SIDS

Getting Support

It's important to ask for help if you need it, especially in the first weeks when you and your baby are learning how to breastfeed.

Where to find breastfeeding help:

- Your hospital's mother-and-baby unit
- A certified lactation consultant
- The follow-up clinic at your hospital
- Your healthcare provider
- A local breastfeeding information hotline (ask your hospital for the number)
- La Leche League or other local breastfeeding-support groups
- Your local health department or WIC (Women, Infants, and Children) clinic
- A friend or family member who has breastfed



Get breastfeeding support early

Partner Tip

Help Mom With Breastfeeding

- Support her decision to breastfeed so that your baby can be as healthy as possible
- Bring her pillows and water
- Turn off the television or loud music to keep a calm atmosphere
- Dim the lights and quiet the room
- Get involved in other ways, such as burping, diapering, and holding your baby

How Your Body Makes Milk

Your breasts are filled with milk-making glands that are called alveoli. Your milk is made there and travels from the alveoli through milk ducts to the nipple openings, where your baby draws it out. The more often your baby breastfeeds, the more milk your breasts produce.

The Letdown Reflex

When your baby latches on and begins to breastfeed, the alveoli release milk. This is called the letdown reflex. You may feel some tightening in your breasts or a tingly pins-and-needles sensation during letdown. Some women feel nothing at all. Your body is so in tune with your baby that your milk may let down when you see, hear, or even think about him.

How Your Milk Changes

During pregnancy, your breasts make colostrum, a thick first milk. A few days after birth, colostrum changes to thinner, more plentiful mature milk.

Your milk has amazing qualities:

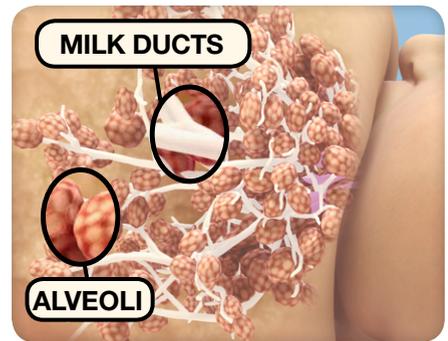
- It is designed to meet your baby's changing needs
- It supplies antibodies, which are special proteins that help protect your baby from illness
- If your baby is born early, your milk provides the nutrition and disease protection he needs

Leaking Milk

It is normal for your breasts to leak milk. As you and your baby get used to breastfeeding, leaking will slow down and eventually stop.

How to deal with leaking breasts:

- While nursing on one side, allow milk from the other breast to drip onto a towel or to collect in a cup
- Put breast pads in the cups of your bra, and replace when wet
- Sleep on a towel, or wear a comfortable bra with extra breast pads at night
- Gently press against your nipples or fold your arms across your chest when you feel your breasts starting to leak



Milk-making glands in the breast are called alveoli



Putting pressure on your breasts can stop leaking

Take Note

Choosing the Right Bra

Your bra size will likely change once you start nursing. Select a bra that is not too tight and has good support and easy-to-open cups. Underwire bras should be properly fitted to avoid pressure on milk ducts.

Nipple Care

Breastfeeding can feel tender, but should not be painful. In the first few days, you may experience some tenderness when your baby latches on. If you continue to feel discomfort after 30 to 60 seconds, you may need better positioning. If your nipples are sore or cracked, seek help from a lactation consultant or your healthcare provider.

How to care for sore nipples:

- Wash your hands before touching your breasts
- Start feeding on the breast that is the least sore, and move to the other side once your milk has let down
- During feedings, make sure your baby's body is facing yours and that she has a deep latch
- If you nurse for a shorter time due to tenderness, feed more often (about every 1 ½ to 2 hours)

If these tips don't help, talk to a lactation consultant, who can check your breastfeeding technique and offer additional assistance.

Flat or Inverted Nipples

Some babies may need help latching onto a flat or inverted nipple. If your baby is having trouble latching on, a lactation consultant can give you tips and show you how to use some breastfeeding aids if needed.

Yeast or Bacterial Infection

If your nipples are red, shiny, and painful, you may have a yeast or bacterial infection. Yeast that grows in your baby's mouth is known as thrush. Look inside your baby's mouth for white patches that look like cottage cheese. Another sign of a yeast infection is a diaper rash that does not go away with normal care. Call your healthcare provider or your lactation consultant if you think that yeast is causing your sore nipples. They can prescribe medication to treat it.



Call a lactation consultant for help if you have sore or cracked nipples

Call Your Healthcare Provider

Signs of a Yeast or Bacterial Infection

- Your nipples are red, itchy, achy, or painful
- White patches inside your baby's mouth
- A diaper rash that doesn't go away with normal care

Nipple Types

Every woman's nipples are different. Some protrude (stick out), some are inverted (push in), and some are flat. All of these are normal. It's just a little easier for babies to latch on to nipples that protrude.



Protruding Nipple



Inverted Nipple



Flat Nipple

Blocked Ducts

Unrelieved engorgement can cause a milk duct to become blocked, which creates a sore, tender area on your breast. If left untreated, this could lead to a breast infection called mastitis.

How to treat blocked ducts:

- Nurse often on the breast with the blocked duct
- Take a shower or apply moist heat, and gently massage your breast before feedings
- Make sure your baby is taking in milk
- Massage the blocked area while your baby is feeding
- Express milk after feedings if needed
- Rest as much as possible

Mastitis

Mastitis is a breast infection. Symptoms include a painful, firm, red area on your breast, a fever, and flu-like symptoms. Nipple damage, infrequent or poor breastfeeding, and blocked ducts can cause mastitis. It can be worsened if you're fatigued. One way to reduce the risk of a breast infection is to wash your hands often, especially after changing your baby's diaper and before breastfeeding.

If you have mastitis:

- Call your healthcare provider
- Take the full course of antibiotics prescribed, and follow up with your healthcare provider if you aren't feeling better within 48 hours
- Rest as much as possible, and drink plenty of fluids
- Make sure your baby is feeding effectively
- Continue feeding your baby from both breasts
- If your baby is premature and in the hospital, don't breastfeed from the breast with mastitis until symptoms are gone
- If needed, express your milk to drain your breasts and protect your milk supply
- Get advice from a lactation consultant



Massage your breast if a milk duct becomes blocked



If you experience blocked ducts or mastitis, it's important to rest and continue to breastfeed

Call Your Healthcare Provider

Mastitis Warning Signs

- A painful, firm, red area on your breast
- Flu-like symptoms, such as chills or aches and pains (including headaches)
- A temperature of 100.4°F (38°C) or higher

Expressing Your Milk

If there are times when you are not able to breastfeed, you will need to express milk from your breasts to keep up your milk production. Ask your lactation consultant how to express your milk—either by hand or with a pump.

Why expressing your milk is useful:

- Helps relieve breast fullness and prevent engorgement
- Allows someone else to feed your baby when you can't
- Keeps milk production going strong, even if your baby is not always able to feed at your breast



Use safe containers to store your milk

Storing Your Milk

Because storage guidelines can vary, ask your healthcare provider or lactation consultant to tell you the most recent guidelines for storing your milk.

Breastmilk storage tips:

- Keep your pumped milk in a refrigerator or freezer
- Store your milk in breastmilk storage bags, glass, or BPA-free plastic bottles
- Store milk in 2- to 4-ounce serving sizes
- Once your baby has fed from a bottle, throw away any remaining milk

Guidelines for thawing frozen milk:

- Frozen milk thawed in the refrigerator should be used within 24 hours—never refreeze milk
- Frozen milk thawed quickly under warm running water should be used within 4 hours
- Never thaw frozen milk in a microwave
- Gently swirl the bottle, and test the temperature of the milk on the inside of your forearm
- Do not refreeze milk that has been thawed

Breastmilk Storage for Healthy Full-Term Babies

Type of Milk	Maximum Duration	Comments
Room Temp. 85°F (29°C) or colder	4 hours (ideal) 4-6 hours (acceptable under very clean conditions)	Keep in covered container
Refrigerated 39°F (4°C)	4 days (ideal) 4-8 days (acceptable)	Store in back of refrigerator (not on door)
Frozen -4°F (-20°C) or colder	12 months (ideal)	Store in back of upright freezer (not on door) or in a chest freezer

The First Weeks: Mother Care

Fatigue & Rest

Most new parents don't get enough sleep. When you are sleep deprived, you may feel confused, moody, or anxious. Talk to your partner about ways you can work together to get enough sleep.

Tips for getting rest:

- Rest when your baby is sleeping during the day
- Make sleep a priority over chores
- Put your baby in a bassinet or crib next to your bed for convenience
- At night, go to sleep as soon as your baby does
- Try to get as many hours of uninterrupted sleep as possible
- If possible, take turns with your partner to care for your baby during the night
- Lie down or recline when you breastfeed (see "Breastfeeding Positions," p. 14)

Night Sweats

Due to changes in your hormone levels, you may feel warmer than usual at night. Night sweats usually go away a few days after birth. If you have a temperature of 100.4°F (38°C) or higher, you should call your healthcare provider.

Nutrition

As a new mom, it's important to provide your body with nutritious food for the energy it needs. You can visit **ChooseMyPlate.gov** to create a nutrition plan that's right for you.

Food groups:

Grains – Bread, pasta, rice, cereal, and oats are included in this group. Try to make at least half of your grains whole grains, such as whole wheat bread or brown rice.

Vegetables – Eat a variety. Choose from steamed, cooked, raw, or frozen veggies and 100% vegetable juice.

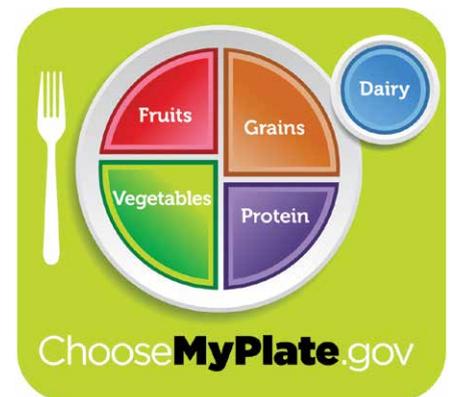
Fruits – Enjoy a variety of fruits. Options include fresh, canned, frozen, or dried fruits and 100% fruit juices. Juices can be high in calories, so limit how much you drink.

Protein – This group includes meat, poultry, fish, beans or peas, eggs, nuts, and seeds.

Dairy – This group is a great source of calcium, which is important for bones and dental health. Choose the low-fat varieties of milk, yogurt, cheese, and frozen yogurts.



Rest when your baby is sleeping during the day



Go to ChooseMyPlate.gov to create a nutrition plan that's tailored to you

Menstrual Cycle

The return of your period can happen at any time. You might start ovulating as soon as 2 weeks after giving birth. When your period returns, it may be shorter, longer, or less regular than you were used to, and your cramping may feel lighter. Your cycle will slowly return to normal.

When to expect your period:

- If you are only breastfeeding your baby (without supplementing) during the day and night, you might not get a period until you begin to add food to your baby's diet
- If you are breastfeeding and your baby is sleeping through the night, your period may start as early as 3 months
- If you are not breastfeeding your baby, you may get your period within 1 month

Family Planning

Consider how close to space out your pregnancies to provide the best health for you and your baby. Studies show that pregnancies spaced too closely together are at higher risk of being preterm. Talk to your healthcare provider about your family-planning options, and let the doctor or nurse know if you are breastfeeding.

Sex After Birth

When to become sexually active again is unique to each woman's recovery. Your body has been through a lot of changes and needs time to heal (usually around 6 weeks). Since you and your partner are dealing with new emotions and fatigue, one (or both) of you may not be ready for sex. Talking openly can reduce frustration. It's important to respect each other's needs and be patient.

Resuming sexual intercourse:

- Consult your healthcare provider if you are wondering whether or not your body has recovered enough
- Don't feel pressured if you are not ready
- Once you are ready, consider using a water-based lubricant
- Due to hormone release during lovemaking, it's normal for your breasts to leak milk



Breastfeeding may delay the return of your period

Take Note

Don't Be Fooled by a Missing Period

Keep in mind that your body will be fertile even before you menstruate. This means that you could get pregnant again without knowing that your cycle has resumed. Plan accordingly.



Learn to connect in other ways if you aren't ready for sex

Body Changes

Skin

Your skin may have changed during pregnancy. Maybe you developed *linea nigra* (the dark line that extends down the belly), or birthmarks, or scars that became darker. These changes occurred because your body produced more melanin (the pigment that gives your skin color) during pregnancy. Most of these skin changes fade away after childbirth.

Swelling

You may experience some swelling in your legs and feet after birth. To reduce swelling, drink water and elevate your legs.

Swelling of the face and limbs can also be a sign of postpartum preeclampsia. This is a rare but serious condition (see p. 22).

Weight Loss

It's possible to lose up to 20 pounds in the first month. A more realistic number is closer to 10 to 12 pounds, depending on your body type. Some of this weight loss is water from your pregnancy. If you are breastfeeding, you may have a slight advantage with weight loss.

Exercise

It may be hard to find the time, but exercise relieves stress and improves your health. Talk to your healthcare provider about when to start exercising and what is safe. Begin slowly, and don't push yourself too hard.

Safety guidelines for exercise:

- Check with your doctor before starting a new exercise regimen
- Stretch first
- Drink plenty of water
- Stick to low-impact activities, such as walking and light stretching
- Stop if you feel pain, cramping, dizziness, or shortness of breath
- Stop if you feel a sudden increase in bleeding (lochia)



Elevate legs to reduce swelling



Take walks when you feel up to it

Postpartum Exercises

Check with your healthcare provider before starting these exercises.



Pelvic Tilt

Pelvic Tilt

- Lie on your back with your knees bent
- Tighten your stomach and buttock muscles as you inhale
- Tilt your pelvis upward while keeping the small of your back against the floor as you exhale
- Hold for a count of 5
- Relax and let your pelvis return to the starting position as you inhale
- Repeat 3 to 5 times



Arm Raise

Arm Raise

- Raise your arms over your head, keeping your elbows straight with your palms facing one another, and hold for 5 to 10 seconds
- Lower your arms out to your side, palms facing down, and keep your upper back straight
- Bring the palms of your hands together as far as possible behind your back, and hold for 5 to 10 seconds
- Repeat 3 to 5 times



Modified Push-Ups

Modified Push-Ups

- Start on all fours with your knees below your hips and with your hands slightly more than shoulder-width apart
- Do a Kegel (see p. 22)
- Keeping your back flat and your stomach in, bend your elbows and then straighten them again (you don't need to lower yourself all the way)
- Exhale when you push up, and inhale when you go down
- Don't lock your elbows when you straighten them
- Repeat 3 to 5 times



Heel Slide

Heel Slide

- Lie on your back with your knees bent
- Do the Pelvic Tilt
- Keep your back flat against the floor while sliding one heel up and down the floor
- Repeat 3 to 5 times with each leg

Exercising After Cesarean Birth

Check with your healthcare provider before starting any exercise routine. At your first checkup (around 2 weeks after birth), you can ask about starting light exercises that tone your belly and increase blood flow. See page 40 for additional exercises, including the Pelvic Tilt. The Pelvic Tilt is a great exercise for moms recovering from a cesarean.



Simple breathing exercises can tone your abdominal muscles

Belly Breathing

- Lie on your back with your knees bent
- Place your hands above your belly button
- Inhale with your belly rising upward; stretch stomach muscles outward
- Hold for a count of 5
- Exhale while pulling your stomach muscles in
- Hold for a count of 5
- Repeat 3 to 5 times



Do ankle circles to prevent blood clots

Ankle Circles (to prevent blood clots)

- Lying on your back, make 10 clockwise circles with your ankles
- Repeat circles counterclockwise
- Repeat 3 to 5 times
- You can also do these while sitting



Walking is good for physical and emotional health

Walking

Take a daily walk. Stay at a pace and distance that are comfortable for you. You can start walking soon after getting home, but check with your healthcare provider first.

Walking can:

- Improve blood flow
- Decrease the risk of getting blood clots in the legs
- Decrease your chances of getting constipated
- Reduce swelling around your incision
- Help you lose your pregnancy weight
- Give you an emotional lift

Simplifying the First Month

Becoming a new parent can feel overwhelming at times, especially in the first month. Fortunately, there are several ways you can make those first few weeks a little easier.

Time-management tips:

- Sleep or rest during the day when your baby is sleeping.
- Make to-do lists, and write important dates on the calendar.
- Try to make a loose plan for the day. This helps you and your partner feel organized.
- Watch for your baby’s patterns. When does she become sleepy, fussy, or alert? This helps you plan your day according to her needs.
- Limit social events and unnecessary errands.



A safe front carrier keeps your hands free

How to Simplify the First Month

Keep nutritious snacks around so that you can eat with one hand while holding or breastfeeding your baby.

- Make a list of foods that are healthy, easy to prepare, and have a long shelf life.
- Set up changing stations in the living area and in your bedroom.
- Get a safe front carrier or wrap to keep your baby close and your hands free.
- Hire a postpartum doula.

Make a list of family and friends who can help with chores or watch the baby so that you can shower or nap. (Limit the number of other visitors—playing host can be very draining.)

Partner Tip

Take Time Off

The Family Medical Leave Act (FMLA) allows mothers and fathers nationwide to take 12 weeks of unpaid time off to care for their new baby.

How You Qualify for FMLA

- You work for a company that has 50 or more employees or for a public agency (federal, state, or local)
- AND you worked at least 1,250 hours at your job in the last 12 months

If You Don't Qualify for FMLA

- Take paid vacation or sick days off
- Take unpaid time off
- Check your state, union, and company's paternity-leave policy and/or benefits

Resources



Baby's Daily Breastfeeding Log

Consider keeping a daily log of your baby's feedings, wet diapers, and bowel movements. This helps you track whether he's feeding well and if you should seek early help for problems, such as poor weight gain, jaundice, or dehydration.

Instructions: Number your feedings and enter the time and date. Check the "Left" or "Right" box so you know which breast your baby started on. Each time your baby has a wet or dirty diaper, check a "Pee" and/or "Poop" box.

Feeding/ Day	Date	Time	Started on		Diaper Changes	Notes
			Left	Right		
1	8/21/16	2:45 am	✓		<input checked="" type="checkbox"/> Pee <input checked="" type="checkbox"/> Poop	Hand expressed after feeding
					<input type="checkbox"/> Pee <input type="checkbox"/> Poop	
					<input type="checkbox"/> Pee <input type="checkbox"/> Poop	
					<input type="checkbox"/> Pee <input type="checkbox"/> Poop	
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The Edinburgh Postnatal Depression Scale

As new parents, you may not recognize signs of depression or anxiety because you're sleep deprived and feeling overwhelmed. However, it's important to pay attention to your feelings. Use this scale to see how you are doing and if you have symptoms of a postpartum mood disorder. It does not tell you if you definitely have a disorder, but it helps you know if you should seek help.

Circle the answer that comes closest to how you have felt in the LAST 7 DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things:
 - 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all
2. I have looked forward with enjoyment to things:
 - 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong:
 - 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never
4. I have been anxious or worried for no good reason:
 - 0 No, not at all
 - 1 Hardly ever
 - 2 Yes, sometimes
 - 3 Yes, very often
5. I have felt scared or panicky for no very good reason:
 - 3 Yes, quite a lot
 - 2 Yes, sometimes
 - 1 No, not much
 - 0 No, not at all
6. Things have been getting on top of me:
 - 3 Yes, most of the time I haven't been able to cope at all
 - 2 Yes, sometimes I haven't been coping as well as usual
 - 1 No, most of the time I have coped quite well
 - 0 No, have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping:
 - 3 Yes, most of the time
 - 2 Yes, sometimes
 - 1 Not very often
 - 0 No, not at all
8. I have felt sad or miserable:
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Not very often
 - 0 No, not at all
9. I have been so unhappy that I have been crying:
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Only occasionally
 - 0 No, never
10. The thought of harming myself has occurred to me:
 - 3 Yes, quite often
 - 2 Sometimes
 - 1 Hardly ever
 - 0 Never

Add your score using the numbers to the left of your answers. Don't skip any questions. If your total score is 10 or higher, there is a possibility you have a postpartum mood disorder and you should talk to your healthcare provider as soon as possible. If you scored anything other than a 0 on question 10, you should seek help immediately.

**TOTAL
SCORE**

Warning Signs for Baby

Call your baby's healthcare provider if your baby:

Fever

- Has a rectal temperature of 100.4°F (38°C) or higher, or about 99°F (37.2°C) if taken under the arm

Breathing

- Has difficulty breathing
- Frequently coughs

Feeding

- Has difficulty latching on
- Is often going longer than 4 hours between feedings
- Needs to be awakened often to feed
- Frequently acts hungry after breastfeeding
- Chokes routinely during feedings
- Refuses to eat or eats poorly
- Is not eating at least 8 times every 24 hours

Behavior

- Is listless (doesn't have much energy) or fussy
- Is suddenly or unusually sleepy or hard to wake up
- Constantly cries or cries in a way that indicates he/she is distressed
- Has tremors or seizures
- Projectile vomiting
- Sleeps through the night

Skin Color

- Is jaundiced (when the skin and/or eyes look yellow)
- Has very pale, bluish, or grayish skin color
- Has a blue color at the lips, tongue or mouth

Umbilical Cord Stump

- Shows signs of infection of the umbilical cord stump, such as redness or swelling at the base, pus or other drainage, or a foul smell
- Cries when you touch the cord

Circumcision

- Has bright-red bleeding, thick yellow or green discharge, or a foul odor from circumcision
- Has unusual redness or swelling of the circumcised penis
- Is not urinating within 12 hours of the circumcision
- Circumcision doesn't seem to be getting better every day
- The PlastiBell device slips down the shaft or does not fall off within 10 days

Bowel and Bladder

- Has fewer than 3 stools a day by Day 3 if breastfeeding
- Has a sudden drastic change in his/her bowel movement patterns after the first week
- Has stools that look like pebbles (constipation), are watery (diarrhea), are white, or contain blood or mucus
- Has fewer than 6 wet diapers a day by Day 5
- Has a reddish stain in more than 1 diaper after Day 3
- Has a dry mouth and dry lips or dark-yellow urine

Go to the emergency room or call 911 if your baby:

- Has serious difficulty breathing
- Has blue lips, tongue, or mouth

Warning Signs for Mother

Call your healthcare provider if you:

Fever

- Have a temperature of 100.4°F (38°C) or higher

Lochia and Afterpains

- Have vaginal bleeding that saturates 1 pad or more in 1 hour
- Have vaginal discharge with a foul-smelling odor
- Pass clots of lochia that are larger than a ping-pong ball
- Pass frequent blood clots
- Have sudden heavy bleeding
- Become dizzy as your bleeding increases
- Have severe abdominal pain or cramping

Bowel and Bladder

- Have pain or burning with urination that's accompanied by a fever
- Are constipated longer than a few days

Breasts

- Have a painful, firm, red area on your breast
- Have flu-like symptoms, such as chills or body aches (including headaches)—you could have a breast infection
- Your nipples are red, achy, itchy, or painful (you could have a yeast or bacterial infection)

Perineum

- Have worsening pain in the perineum (the skin between your vagina and anus)
- Have increased drainage from your stitches

Cesarean Surgery

- See signs of infection around your cesarean incision, such as bleeding, fluid, or discharge, separation around the edges, or increased swelling, redness, or tenderness
- Have a sudden pain or pain that gradually gets stronger around your cesarean incision
- Have a red, tender area on your leg or arm, which could be a blood clot

Postpartum Preeclampsia

- Swelling of face or limbs
- High blood pressure
- Nausea or vomiting
- Severe headache
- Abdominal pain, especially under the ribs on the right side
- Very little urine output
- Sudden weight gain (more than 2 pounds a week)
- Sudden shortness of breath

Emotions

- Constantly cry or worry
- No longer find pleasure in things you used to enjoy
- Have problems eating or sleeping
- Have irritability or difficulty concentrating
- Are unable to care for yourself or your baby
- Have thoughts of harming yourself or your baby
- Have thoughts of suicide

Go to the emergency room or call 911 if you:

- Have hallucinations
- Fear you will harm yourself or your baby

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Personal Information Sheet (to be filled out by hospital staff)

UPCOMING APPOINTMENTS:

Baby's Healthcare Provider: _____

Phone: _____

Baby's Next Appointment: _____

Mother's Healthcare Provider: _____

Phone: _____

Mother's Next Appointment: _____

Lactation Consultant: _____

Phone: _____

Your Appointment: _____

Mother/Baby Desk at Hospital: _____

Special Postpartum Instructions: _____

Medications: _____

EMERGENCY NUMBERS:

Emergency (Fire, Police, Ambulance): 911

National Poison Center: 1-800-222-1222

Hospital: _____

NOTES: _____

Because you can't take your nurses home with you....

That's why you need to make sure you take home this *Understanding Mother & Baby Care* guide. Use it as a reference whenever you find yourself with a question or concern.

From umbilical cord stump care to breastfeeding basics, *Understanding Mother & Baby Care* helps you learn what you need to know about your newborn in these first few weeks after childbirth. And while caring for your baby is a priority, don't forget to care for yourself. Watch for postpartum warning signs, sleep when your baby sleeps, and ask for support. Prepare yourself for some of the most magical days you'll ever experience, but educate yourself for those challenging moments that all new parents go through.

The more you know, the more confident you'll feel, so you can simply focus on loving your baby.

