

# So You Think You Might Be in Labor?

Please call us right away if you are experiencing any of the following:

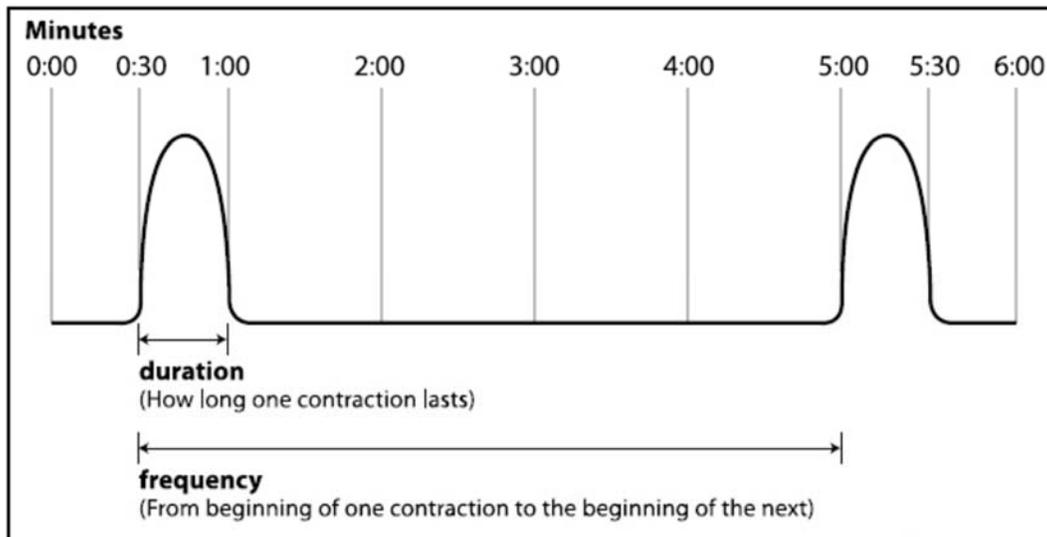
- Contractions that last 30-60 seconds, are at least 5-8 minutes apart for more than two hours.
- Leaking or gushing of fluid from your vagina. If you are not sure that your bag of water has broken, please give us a call (even after hours)—it is better to be safe and ask.
- Bleeding from your vagina. It is normal to have some spotting after sex or a vaginal exam, however, anything more than spotting should be discussed with a provider.
- Decreased fetal movement—if you have not felt the baby move, or have not been able to pass your fetal kick count —PLEASE CALL (even after hours).

Call within the next 24 hours if you have:

- A bad headache that does not resolve with rest, fluid and Tylenol.
- Nausea, vomiting and/or diarrhea that will not go away.
- Blurry vision or seeing flashes or spots/dots of light.
- Severe swelling of your face or eyes.
- Feeling faint or dizzy.
- Itching or burning in your vaginal area.
- Burning or pain with urinating.
- Decreased urination.
- Chills and/or fever greater than 100° .
- Itching palms of hands and soles of feet, and/or all over abdomen

## How do I time contractions?

- Use a clock or watch with a second hand.
- Feel your belly (uterus) while lying down on your left side. If it is hard and you can't press your fingertips in, this is a contraction.
- When your belly starts to get hard, this is the beginning of a contraction.
- Write down the time the contraction begins. The time from the beginning of one contraction to the beginning of the next contraction is how far apart the contractions are.
- Write down how long the contraction lasts. The length of the contraction is from the beginning of the contraction to the end. This is measured in seconds. Contractions can usually last 30-70 seconds.
- Time your contractions for about two hours. If they are 10 minutes apart or closer, uncomfortable that you cannot walk or talk through, call the office for advice.
- Be able to tell your provider;
  1. How far apart the contractions are.
  2. How long your contractions last.



## Why is it important to time contractions?

- With the help of your provider, you can learn to recognize and time contractions, and may be able to keep your baby from being born too soon.
- If you are at the end of your pregnancy (full term), you will need to time your contractions to know when active labor has started.

# The New Mother – Taking Care of Yourself after Birth

The postpartum period begins after the delivery of the baby and ends when the mother's body has nearly returned to its pre-pregnant state. This period usually lasts six to eight weeks. The postpartum period involves the mother progressing through many changes, both emotionally and physically, while learning how to deal with all the changes and adjustments required with becoming a new mother. A mother needs to take good care of herself to rebuild her strength.

## Rest

Every new parent soon learns that babies have different time clocks than adults. A typical newborn awakens about every three hours and needs to be fed, changed and comforted. Especially if this is their first baby, parents, especially the mother, can become overwhelmed by exhaustion. Although a solid eight hours of sleep for you may not happen again for several months, the following suggestions may be helpful in finding ways to get more rest now.

- Sleep when the baby sleeps. Take naps during the day when possible.
- Save steps and time. Have your baby's bed near yours for feedings at night.
- NEVER sleep with your baby in your bed.
- Get outside for a few minutes each day. You can begin walking.
- After the first two to three weeks, if you want, introduce a bottle (filled with breastmilk) to breastfed babies for an occasional nighttime feeding. This way, someone else can feed the baby, and you can have a longer period of uninterrupted sleep.

## Nutrition

A mother's body has undergone many changes during pregnancy, as well as with the birth of her baby. She needs to heal and recover from pregnancy and childbirth. In addition to rest, all mothers need to maintain a healthy diet to promote healing and recovery. All mothers need to continue to eat well so that they can be healthy, active and able to care for their baby. Continue to take your prenatal vitamins and iron if prescribed.

## Weight loss

After you give birth, you might look like you're still pregnant. This is normal. Some women lose weight immediately after birth, including the weight of the baby, placenta and amniotic fluid. In the days after delivery, you'll lose additional weight from leftover fluids. After that, a healthy diet and regular exercise can help you gradually return to your pre-pregnancy weight. Although most mothers want to lose their pregnancy weight, extreme dieting and rapid weight loss can be unhealthy for you and to your baby if you are breastfeeding.

Along with balanced meals, breastfeeding mothers should increase fluids. Many mothers find they become very thirsty while the baby is nursing. Water, milk and fruit juices are excellent choices.

## Help for new parents

New and experienced parents realize that babies require a lot of work. Meeting the constant needs of a newborn involves time and energy and often takes parents away from other responsibilities in the home. Sometimes help may be needed, encouraged and welcomed.

Helpers can be family, friends, or a paid home care provider. A family member such as the new baby's grandmother or aunt may be able to come for a few days or longer.

Whoever you decide to have as helpers, share with them the tasks that would be most helpful to you. Communication is important in preventing hurt feelings or misunderstandings when emotions are fragile these first few weeks. People should assume the chores in the home such as cooking, cleaning, laundry and grocery shopping. This will help the new mother take care of herself, and keep her from limiting her time with her baby.

## Physical changes after delivery

### Tender breasts

A few days after birth, your breasts might become full, firm and tender (engorgement). Frequent breastfeeding is recommended to avoid or minimize engorgement. To ease breast discomfort, apply warm washcloths or take a warm shower before breast-feeding or expressing, which might make milk removal easier. If you're not breastfeeding, wear a supportive bra, such as a sports bra. Do not use a breast pump or express the milk, while engorged as this can overstimulate your body to make more milk.

### Hair loss and skin changes

During pregnancy, elevated hormone levels increase the ratio of growing hair to resting or shedding hair. The result is often an extra-lush head of hair. After delivery, you may experience hair loss for up to five months – due to the increased hair growth during pregnancy.

Stretch marks won't disappear after delivery, eventually they'll fade from red to silver. Expect any skin that darkened during pregnancy — such as dark patches on your face (chloasma) — to slowly fade as well.

### Mood changes

Childbirth triggers a jumble of powerful emotions. Many new moms experience a period of feeling down or anxious, sometimes called the baby blues. Symptoms include mood swings, crying spells, anxiety and difficulty sleeping. The baby blues typically subside within two weeks. In the meantime, take good care of yourself. Share your feelings, and ask your partner, loved ones or friends for help. If you experience severe mood swings, loss of appetite, overwhelming fatigue and lack of joy in life shortly after childbirth, you might have postpartum depression. Contact your health care provider if you think you might be depressed, especially if your symptoms don't fade on their own, you have trouble caring for your baby or completing daily tasks, or you have thoughts of harming yourself or your baby.

### The postpartum checkup

Usually between 6 and 8 weeks, but within 12 weeks after delivery, see your health care provider for a comprehensive postpartum evaluation. During this appointment your health care provider will check your mood and emotional well-being, discuss contraception and birth spacing, review information about infant care and feeding, talk about your sleep habits and issues related to fatigue and do a physical exam. This might include a check of your abdomen, vagina, cervix and uterus to make sure you're

healing well. This is a great time to talk about any concerns you might have, including resuming sexual activity and how you're adjusting to life with a new baby.

## Information to know

- There are 2 people allowed in the delivery room, only 1 person for a cesarean section. Your family needs to know this. Decide ahead of time who you want to be with you.
- Children are not allowed in the delivery room and cannot be left unattended.

## Discuss with your partner before the baby is born and decide:

- Do you want your child to have the Hepatitis B vaccination?
- If having a boy, do you want them to have a circumcision?

## Hospital Check list

- Clothes and blanket for the baby to go home in
- Appropriate size car seat for discharge
- Pediatrician or family doctor for the baby

# Care of the Newborn

## Establish Respiration and Maintain Clear Airway

The most important need for the newborn immediately after birth is a clear airway to enable the newborn to breathe effectively. Newborns are obligatory nose breathers until they are about 3 weeks old. The reflex response to nasal obstruction, opening the mouth to maintain airway, is not present in most newborns until 3 weeks after birth. Keep the nostrils unobstructed. Remove mucus and other particles that may cause obstruction.

## Care of the Eyes

Routine care of the newborn is to give prophylactic eye treatment against gonorrhea conjunctivitis. The causative agent may be passed to the fetus from the vaginal canal during delivery. Erythromycin or Tetracycline Ophthalmic Ointment are the ones commonly used for eye prophylaxis because they do not cause eye irritation and are more effective against Chlamydial conjunctivitis.

## Vitamin K or Aquamephyton

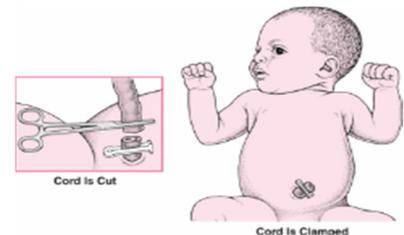
The newborn has a sterile intestine at birth; hence, the newborn does not possess the intestinal bacteria that manufactures Vitamin K which is necessary for the formation of clotting factors. This makes the newborn prone to bleeding. As a preventive measure, Vitamin K or aquamephyton is injected IM in the newborn's anterior thigh muscle.

## Hepatitis B Vaccinations

All babies should get the first shot of hepatitis B vaccine before they leave the hospital. This shot acts as a safety net, reducing the risk of getting the disease from moms or family members who may not know they are infected with hepatitis B.

## Care of the cord

The cord is clamped and cut within 30-60 seconds after birth and removed after 24-48 hours when the cord has dried. The cord stump usually dries and falls off within 7 to 10 days leaving a granulating area that heals on the next 7 to 10 days.



### Instruction on Cord Care:

Avoid wetting the cord. Sponge bath only until the cord falls off. Leave the cord exposed to air. Fold diaper so as not to cover the cord and make sure it does not get wet when the diaper soaks with urine.

Report any unusual signs and symptoms which indicate infection:

- Foul odor in the cord
- Redness around the cord
- Presence of discharge
- Newborn fever
- The cord remains wet and does not fall off within 7 to 10 days

## The APGAR Scoring System

The APGAR Scoring System was developed as a method of assessing the newborn's adjustment to extrauterine life. It is taken at one minute and five minutes after birth. With depressed infants, repeat the scoring every five minutes as needed.



ASSESS	0	1	2
HEART RATE	Absent	Below 100	Above 100
RESPIRATION	Absent	Slow	Good crying
MUCLE TONE	Flaccid	Some flexion	Active motion
REFLEX IRRITABILITY	No response	Grimace	Vigorous cry
COLOR	Blue all over	Body pink, Extremities blue	Pink all over

## Physical Exams

An exam will be done by the nurses every shift starting immediately after birth. The pediatrician will give your baby a complete examination check on your baby's general health and feeding daily.

### Tests

In the hospital the baby may have some blood taken from the umbilical cord directly after birth for blood typing and other tests that may need done. This will be especially important if your blood type is rH negative. The baby will also have a blood test known as a PKU-this is a government issued test that screens for certain inherited conditions that need treatment early in life. Lastly your baby will have a hearing screen. This is done right at your bedside even if the child is sleeping.

## Handling a Newborn

If you haven't spent a lot of time around newborns, their fragility may be intimidating. Here are a few basics to remember:

- **Wash your hands (or use a hand sanitizer) before handling your baby.** Newborns don't have a strong immune system yet, so they are susceptible to infection. Make sure that everyone who handles your baby has clean hands and are not sick.
- **Be careful to support your baby's head and neck.** Cradle the head when carrying your baby and support the head when carrying the baby upright or when you lay your baby down.
- **Be careful not to shake your newborn, whether in play or in frustration.** Shaking can cause bleeding in the brain and even death. If you need to wake your infant, don't do it by shaking — instead, tickle your baby's feet or blow gently on a cheek.
- **Make sure your baby is securely fastened into the carrier, stroller, or car seat.** Limit any activity that could be too rough or bouncy.
- **Remember that your newborn is not ready for rough play,** such as being jiggled on the knee or thrown in the air

## Bonding and Soothing Techniques

Bonding, probably one of the most pleasurable aspects of infant care, occurs during the sensitive time in the first hours and days after birth when parents make a deep connection with their infant. Physical closeness can promote an emotional connection. For infants, the attachment contributes to their emotional growth, which also affects their development in other areas, such as physical growth. Another way to think of bonding is "falling in love" with your baby. Children thrive from having a parent or other adult in their life who loves them unconditionally. Babies usually love vocal sounds, such as talking, babbling, singing, and cooing. Your baby will probably also love listening to music. Baby rattles and musical mobiles are other good ways to stimulate your infant's hearing. If your little one is being fussy, try singing, reciting poetry and nursery rhymes, or reading aloud as you sway or rock your baby gently in a chair.

Swaddling, which works well for some babies during their first few weeks, is another soothing technique first-time parents should learn. Proper swaddling keeps a baby's arms close to the body while allowing for some movement of the legs. Not only does swaddling keep a baby warm, but it seems to give most newborns a sense of security and comfort. Swaddling also may help limit the startle reflex, which can wake a baby.

Here's how to swaddle a baby:

1. Spread out the receiving blanket, with one corner folded over slightly.
2. Lay the baby face-up on the blanket with his or her head above the folded corner.
3. Wrap the left corner over the body and tuck it beneath the back of the baby, going under the right arm.
4. Bring the bottom corner up over the baby's feet and pull it toward the head, folding the fabric down if it gets close to the face. Be sure not to wrap too tightly around the hips. Hips and knees should be slightly bent and turned out. Wrapping your baby too tightly may increase the chance of hip dysplasia.
5. Wrap the right corner around the baby, and tuck it under the baby's back on the left side, leaving only the neck and head exposed. To make sure your baby is not wrapped too tight, make sure you can slip a hand between the blanket and your baby's chest, which will allow comfortable breathing. Make sure, however, that the blanket is not so loose that it could become undone.
6. Babies should not be swaddled after they're 2 months old. At this age, babies might be able to roll over while swaddled, which increases their risk of sudden infant death syndrome (SIDS).



## Bathing Basics

You should give your baby a sponge bath until:

- The umbilical cord falls off and the navel heals completely (1-4 weeks)
- The circumcision heals (1-2 weeks)

You'll need the following items before bathing your baby:

- A soft, clean washcloth, towels or blankets, clean diaper, clean clothes
- Mild, unscented baby soap and shampoo
- A soft brush to stimulate the baby's scalp
- An infant tub with 2 to 3 inches of warm, not hot water



## Sponge Baths

For a sponge bath, pick a warm room and a flat surface, such as a changing table, floor or counter. Undress your baby. Wipe your infant's eyes with a washcloth dampened with water only, starting with one eye and wiping from the inner corner to the outer corner. Use a clean corner of the washcloth to wash the other eye. Clean your baby's nose and ears with the washcloth. Then wet the cloth again and, using a little soap, wash his or her face gently and pat it dry. Next, using baby shampoo, create a lather and gently wash your baby's head and rinse. Using a wet cloth and soap, gently wash the rest of the baby, paying special attention to creases under the arms, behind the ears, around the neck, and in the genital area. Then, make sure they are dry and then diaper and dress your baby.

## Tub Baths

The first baths should be gentle and brief. If he or she becomes upset, go back to sponge baths for a week or two, and then try the bath again. Undress your baby and then place him or her in the water immediately. Make sure the water in the tub is no more than 2 to 3 inches deep. Throughout the bath, regularly pour water gently over your baby's body so he or she doesn't get cold. Use a washcloth to wash his or her face and hair. Gently massage baby's scalp with the pads of your fingers or soft baby hairbrush, including the fontanels (soft spots) on the top of the head. When rinsing shampoo, cup your hand across the forehead so the soap doesn't get into the eyes. Gently wash the rest of your baby's body with water and a small amount of soap. While bathing your infant, never leave the baby alone. If you need to leave the bathroom, wrap the baby in a towel and take the baby with you.

## Sleeping Basics

You may be surprised to learn that your newborn actually sleeps about 16 hours or more! Newborns typically sleep for periods of 2-4 hours. You can expect your baby to sleep through the night (between 6-8 hours) at 3 months of age. Like adults, babies must develop their own sleep patterns and cycles, so if your newborn is gaining weight and appears healthy, don't despair if he or she hasn't slept through the night at 3 months. It's important to place babies on their backs to sleep to reduce the risk of SIDS. In addition, remove all fluffy bedding, quilts, sheepskins, stuffed animals, and pillows from the crib to ensure that your baby doesn't get tangled in them or suffocate. Also be sure to alternate the position of your baby's head from night to night (first right, then left, and so on) to prevent the development of a flat spot on one side of the head. Many newborns have their days and nights "mixed up." One way to help them is to keep the stimulation at night to a minimum. Keep the lights low. Reserve talking and playing with your baby for the daytime. When your baby wakes up during the day try to keep him or her awake a little longer by talking and playing.

# Postpartum Depression

## What does postpartum depression feel like?

- “It feels scary.”
- “It feels out of control.”
- “It feels like I’m never going to be myself again.”
- “It feels like each day is a hundred hours long.”
- “It feels like no one understands.”
- “It feels like my marriage cannot survive this.”
- “It feels like I’m a bad mother.”
- “It feels like I should never have had this baby.”
- “It feels like if I could only get a good night sleep, everything would be better.”
- “It feels like I have no patience for anything.”
- “It feels like I’m going crazy.”
- “It feels like I will always feel like this.”

## Why did this happen to me?

There is no single cause or reason. Postpartum depression (PPD) is a condition that results from a combination of biologic, hormonal, environmental and psychological factors. It is most often influenced by a number of risk factors, some of which may include: dramatic hormonal changes, unexpected childbirth experience, chronic sleep deprivation, your family’s medical history, your previous experience with depression, (particularly PPD), recent losses, lack of social support, environmental stressors, high-needs infant, perceived loss of control, unsupportive partner, or a history of abuse. It is important to note that PPD can strike women with no risk factors too. It is not fully understood why it happens to some women and not to others, but we do know exactly what to do to treat it. For each woman with PPD, the combinations of factors that cause it are unique.

## Will this ever go away?

Yes. Postpartum depression is more common than you might think. It is a real medical condition that affects 20% of new mothers. It is not your fault. It did not happen because you are weak, or thinking the wrong things, or because you are not a good mother. PPD is a mood disorder characterized by a cluster of symptoms (which are present most of the time during a period of at least two weeks) which can include: weepiness, irritability, anxiety, sleeplessness, loss of appetite, excessive guilt, difficulty concentrating, obsessive thoughts, panic, feelings of sadness, hopelessness, thoughts about death, or general fatigue. These feelings and thoughts — which can make you feel like you are doing something wrong or simply not handling motherhood very well — are symptoms which respond well to treatment.

## How do I know if I have postpartum depression or if what I’m feeling is normal?

Trust your instincts. If you think something is wrong, it probably is. That doesn’t mean anything terrible is happening. It may mean you are overwhelmed and overloaded and need some down time so you can get things back on track. It is possible for you to be experiencing what we call Postpartum Stress Syndrome is not a clinical depression, but rather an adjustment disorder that is self-limited and responds well to supportive intervention. Baby blues, which is marked by feelings of sadness, fatigue, anxiety, occurs shortly after birth and lasts for a few days to a couple of weeks. Postpartum Stress Syndrome and Postpartum Depression can emerge any time during the first postpartum year. If you notice that you are feeling worse as time goes on, it’s important for you to let someone know how you are feeling. Do not let feelings of guilt or shame or embarrassment get in the way of you doing what you need to do to feel better.

### What can I do about it?

First, focus on self-help measures, such as eating nutritiously, even if you're not hungry; resting as much as you can, even if you can't sleep; getting out of the house for a walk, even if you don't feel like moving. Avoid caffeine, alcohol, high fat and sugar foods. Talk to someone you trust about the way you are feeling. Let your doctor know. Let your partner know. Find supportive people who can help you and accept their help. Do not delay getting proper treatment. The longer you wait, the harder it is to treat.

### What if I still don't feel better?

Sometimes, self-help measures are not enough. If symptoms persist for more than two weeks, you should consider seeking professional support. Ask your doctor for the name of a good therapist who specializes in the treatment of women and depression. Often, the combination of therapy and antidepressant medication is the most efficient, effective treatment for PPD.

### What can my loved ones do to help?

- Encourage you to rest as much as possible.
- Listen to your concerns.
- Go to the doctor or therapist with you to get more information and support for everyone.
- Help you set limits.
- Sit with you when you're feeling bad.
- Remind you that you are loved.
- Reassure you they're not going anywhere, and that they can wait this out as long as it takes.
- Give you permission to do what you need to do to take care of yourself during this vulnerable time.
- Continue to take care of themselves so they can remain strong and supportive.

### Is there anything else I can do to help myself feel better?

- You can stop blaming yourself.
- You can stop feeling guilty.
- You can begin to accept that you have an illness that is treatable and take the steps necessary for recovery.
- You can put yourself on top of your list of things to take care of.
- You can ask for help and accept it when it is offered.
- You can try to make time for yourself and do your best not to overload yourself.
- You can give yourself permission to rest, to exercise, to surround yourself with things that feel good.
- You can avoid people and things that make you feel bad.
- You can stay close to those who love you unconditionally.
- You can thank them for their continued support.
- You can accept your feelings, good and bad.
- You can take one day at a time, allow yourself the freedom to make mistakes and you can remind yourself that you will not always feel this way.
- You can understand that the healing process is a slow one and may not move as quickly as you would like.
- You can believe that you will feel better again.

Cohen LS, Wang B, Nonacs R, et al. Treatment of mood disorders during pregnancy and postpartum. *Psychiatric Clinic of North America*. 2010 Jun;33(2):273-93\Hirst KP, Moutier CY. Postpartum major depression. *Am Fam Physician*. 2010 Oct 15;82(8):926-33. Review Date: 9/19/2012. Reviewed by: David Zieve, MD, MHA, Medical Director, A.D.A.M. Health Solutions, Ebix, Inc. David B. Merrill, MD, Assistant Clinical Professor of Psychiatry, Department of Psychiatry, Columbia University Medical Center, New York, NY

# SpeakUP™



## What you need to know about breastfeeding in the hospital

- Speak up about your desire to breastfeed. Tell your nurses and doctors that you want to breastfeed as soon as possible after your baby is born.
- Ask that your baby be placed skin-to-skin on you as soon as your baby is born. Stay skin-to-skin until after the first breastfeeding. Skin-to-skin contact can help keep your baby's temperature and breathing normal. It can also increase your milk supply.
- If you are cold, ask for a blanket to cover you and your baby. Your body heat will keep your baby warm as long as your baby's back is covered. Your baby does not need to be tightly wrapped.
- Tell caregivers you want to breastfeed before your baby's tests are done. Many tests can be done while your baby is skin-to-skin on you. Ask to go along if your baby is taken away for a test.
- If you have a Cesarean birth, you can still have skin-to-skin contact and breastfeed. You should be able to do this within the first two hours unless there is a medical reason not to.
- You can usually breastfeed if you have more than one baby. Your body will make enough milk to feed all your babies.
- Have your baby stay in your room. "Rooming in" encourages skin-to-skin contact and helps you recognize early feeding cues such as when your baby starts sucking his or her fist.
- Speak up and tell staff that you do not want your baby given formula or water, unless there is a medical reason for it.
- Ask staff not to give your baby a pacifier or bottle. These should not be given until your baby is about four weeks old, after breastfeeding is well established.

## Get the breastfeeding support you need in the hospital

- Ask your nurse to help you breastfeed. The nurse should watch you breastfeed several times before you leave the hospital. The nurse can tell if your baby is latching on and getting milk.
- If you have trouble breastfeeding, ask your nurse for help. Ask to talk to a lactation consultant if you continue to have trouble.
- Talk to your doctor, nurse or lactation consultant about what you should eat or drink while you are breastfeeding.
- Wash your hands often, especially before touching your baby. Watch to see that caregivers wash their hands. Do not be afraid to speak up if they do not. Ask visitors to wash their hands.
- Breast milk is very important if your baby is born early or is sick. Breast milk can help your baby get better faster and develop properly. The nurses or lactation consultant can help you learn how to pump your milk if your baby cannot breastfeed.
- If your baby has to stay in the hospital, stay with your baby, if possible. If you cannot stay, visit often. Ask the doctor or nurse if you can hold your baby skin-to-skin. This may be possible, even in a special care unit.
- When you leave, ask if you can call the hospital when you have questions about breastfeeding. Also ask for contacts at a breastfeeding support group in your area.
- Breastfeeding may be uncomfortable at first, but it should not hurt. If it does, ask for help.
- If anyone tells you to stop breastfeeding, ask why and get a second opinion.

### Speak Up: What you need to know about breastfeeding is supported by

Academy of Breastfeeding Medicine  
American Academy of Pediatrics  
Association of Women's Health, Obstetric and Neonatal Nurses  
Baby-Friendly USA, Inc.  
Centers for Disease Control and Prevention  
March of Dimes  
United States Breastfeeding Committee



Helping health care organizations help patients

The Joint Commission is the largest health care accrediting body in the United States that promotes quality and safety.

# What Does A Safe Sleep Environment Look Like?

The image below shows a safe infant sleep environment.

Baby's sleep area is in the same room, next to where parents sleep.

Use a firm and flat sleep surface, such as a mattress in a safety-approved crib\*, covered by a fitted sheet.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Do not smoke or let anyone else smoke around your baby.



Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.

Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

Always place your baby on his or her back to sleep, for naps and at night.



Eunice Kennedy Shriver National Institute of Child Health and Human Development



\* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at **1-800-638-2772** or <http://www.cpsc.gov>.

# Safe Sleep For Your Baby

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



Always place baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.



Use a firm and flat sleep surface, such as a mattress in a safety-approved crib\*, covered by a fitted sheet with no other bedding or soft items in the sleep area.



Share your room with baby. Keep baby in your room close to your bed, but on a separate surface designed for infants, ideally for baby's first year, but at least for the first 6 months.



Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area.

To reduce the risk of SIDS, women should:



Get regular prenatal care during pregnancy.



Avoid smoking, drinking alcohol, and using marijuana or illegal drugs during pregnancy or after the baby is born.



Do not smoke during pregnancy, and do not smoke or allow smoking around your baby or in your baby's environment.



Think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS.



Do not let your baby get too hot during sleep.

For more information about the Safe to Sleep® campaign, contact us:

**Phone:** 1-800-505-CRIB (2742) | **Fax:** 1-866-760-5947

**Email:** [SafetoSleep@mail.nih.gov](mailto:SafetoSleep@mail.nih.gov)

**Website:** <http://safetosleep.nichd.nih.gov>

**Mail:** 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425

**Federal Relay Service:** Dial 7-1-1



**Breastfeed your baby to reduce the risk of SIDS.**

Breastfeeding has many health benefits for mother and baby. If you fall asleep while feeding or comforting baby in an adult bed, place him or her back in a separate sleep area as soon as you wake up.



Follow guidance from your health care provider on your baby's vaccines and regular health checkups.



Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS.



Do not use heart or breathing monitors in the home to reduce the risk of SIDS.



Give your baby plenty of tummy time when he or she is awake and someone is watching.

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## Information for breastfeeding families

# *Is My Baby Getting Enough?*

Often, a new parent's biggest concern is about how much and how often the baby breastfeeds.

Here are some guidelines to help you know if your baby is getting enough:

- ✓ Your newborn baby should nurse 8 - 12 times in 24 hours during the first 2 - 3 weeks. As your baby gets older he will become more efficient and feedings may be less frequent.
- ✓ Some feedings may be close together, even an hour or so apart. Other feedings will be less frequent. Feedings do not need to be evenly spaced and are often irregular in the newborn baby. Wake your baby if he doesn't awaken to feed within 3 hours during the day. Night time feedings can be less frequent.

### Typical patterns for wet diapers is

- 1 wet diaper on day one
- 2 wet diapers on day two
- 3 wet diapers on day three
- 4 wet diapers on day four
- 5 wet diapers on day five
- 6 wet diapers on day six and from then on.

Look for light yellow to clear urine.

### Typical patterns for stools is several per day

- Day 1 Meconium (dark & tarry)
  - Day 2 Brownish
  - Day 3 Brownish yellow
  - Day 4 Dark yellow, soft
  - Day 5 Yellow, semi-liquid
- Some newborns stool after every feeding. Stools taper off and may not even occur every day as your baby gets older.

Babies generally lose a little weight in the first few days after birth and then begin to gain. This is a normal pattern. Ten percent is considered the maximum acceptable weight loss. Have your baby's weight checked a couple of times during the first 2 weeks, especially if you are concerned that your baby is not eating enough. A check of his weight is the only sure way to determine adequate intake. Once your baby has regained his birth weight, at about 2 weeks, you can relax and let your baby set the pace for the feedings.

Sometimes, babies seem to take a good feeding at the breast but wake within a few minutes wanting more. Offer the breast again. It will likely be a short feed "top off" feeding and your baby will drop off to sleep.

## Is My Baby Getting Enough?

### Signs of hunger

Rooting  
Mouthing movements  
Tense appearance  
Grunting, other sounds  
Hand-to-mouth activity  
Kicking, waving arms  
Crying

### Signs of a good latch-on

Relatively comfortable, latch-on pain subsides quickly  
Lips at the breast at least 140° angle or greater  
All or most of the areola in the baby's mouth with more areola covered from the area near his chin (asymmetrical latch-on)  
Lips flanged (rolled out)

### Signs the Baby is Full

Drowsiness, sleepiness  
Baby comes off the breast spontaneously  
Relaxed appearance  
Hands and shoulders are relaxed  
Sleeps for a period of time before arousing to feed again

### Signs of a good feeding

Easy latch-on, stays latched-on  
Swallowing you can hear  
Noticing that the breasts are softer after feedings  
Feeling strong, deep, "pulling", sucking  
Seeing milk in your baby's mouth  
Leaking from the other breast or feeling of a "let-down" reflex  
15 - 20 minutes vigorous sucking on each breast or 20 – 30 minutes on one side  
Wide jaw movements and consistent sucking

Please see the advice of a Lactation Consultant or another healthcare provider if:

1. Your baby has not begun to gain weight by his fifth day after birth or has not regained his birth weight by 2 weeks
2. Your baby is not voiding at least 6 - 8 times per day
3. Your baby is not having several stools per day

These signs can indicate inadequate feedings and can become a serious concern if not corrected quickly. You may wish to keep a written record of when your baby voids, stools and feeds for a few days so you can accurately report this to your health care provider. Please seek help if your problem does not resolve quickly.

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Feel free to duplicate.

Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this program.



# Storage and Handling of Breastmilk



Mothers who are pumping breastmilk for their infants should store the milk in the cleanest and safest way. It can be stored in any clean container: plastic, glass or nurser bags. Recommendations for storage temperatures and times vary greatly from one authority to another. We are recommending guidelines based on research and common sense.

### **Room Temperature**

Freshly pumped breastmilk can be kept at room temperature for 4 hours. If it will need to be kept longer, please refrigerate. Milk that has been previously chilled should be kept at room temperature for no longer than an hour or so.

### **Refrigerated**

Breastmilk may be stored in a refrigerator 4-8 days. If you think that you may not use it within that time period, freeze it. If you find you have milk that has almost reached its expiration date in the refrigerator, you may freeze it for later use.

### **Frozen**

Breastmilk may be stored in a freezer for up to 3 months and in a deep freeze for up to 12 months. The freezer is cold enough if it keeps your ice cream solid. That will be about 0° F or -20° C. It should be placed in a part of the freezer that will not be subject to changes in temperature as the door is opened and closed. If plastic nurser bags are used, they should be doubled or protected from being bumped and torn in the freezer.



### **Layering Breastmilk**

You may add “new” milk to previously chilled or frozen milk. Chill the “new” milk prior to adding it to the container of milk. The expiration date of that container of milk will be from the date of the original milk.

It is best to freeze milk in feeding-sized quantities. If you are just starting to pump, you may not yet have an idea of what will be the right size for your baby. Freeze in 2-3 oz quantities to start. You don't want to thaw out more milk than your baby will take in 24 hours. You can always get more if necessary, but you will be dismayed if you have to discard pumped breastmilk. After you have some experience with how much your baby takes from a bottle, you can freeze milk in that quantity.

### **Thawed**

Breastmilk can be thawed in lukewarm water in just a few minutes. Then it can be warmed to serving temperature in the same manner. Never make it warmer than body temperature. Never use a microwave to thaw or warm breastmilk. Discard any milk left in a bottle after a feeding. Thawed breastmilk must be discarded after 24 hours. Do not re-freeze it.



### **Transporting**

Chill any milk that you pump at work either in a refrigerator or a portable cooler bag. A cooler bag can be used to transport the milk home.



<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

# Hospital Pack List

## PRINT-AND-GO GUIDE

Don't wait until you are in labor to pack for the hospital. A few weeks before your due date, pull together the items from this list. When the big moment arrives, you can double check the list before leaving to pack last-minute items and to be sure you have all you need. Your partner also might want to bring an overnight bag with a change of clothes and personal items.

### Mom's Needs

- Your insurance card
- Bathrobe
- Socks
- Slippers
- Change of clothes, including a going-home outfit. Make sure clothes are loose-fitting and comfortable.
- Nursing bra, nursing pads, and maternity underwear
- Toiletries, such as toothbrush, toothpaste, deodorant, shampoo, conditioner, contact lens solution, lip balm, hair brush and clips or bands. Don't forget eye glasses, if you wear them.
- Music
- Something to read or keep you entertained, like crossword puzzles
- Your camera/video camera, including batteries and charger. Make sure your partner keeps track of and brings home anything valuable.
- Snacks for your partner, and for you after you have had your baby
- Phone numbers of friends and family members

### Baby's Needs

- Undershirt
- Going-home outfit, such as a stretch suit, nightgown, or sweater set
- A pair of socks or booties
- Receiving blanket, cap, and heavier blanket or bunting, if the weather is cold
- Diapers and wipes (some hospitals provide an initial supply of these)
- Rear-facing infant car seat
- Diaper bag

### What Not to Bring

- Jewelry
- Credit cards, lots of cash, or any other valuables

# HOW WELL DOES BIRTH CONTROL WORK?



Really, really well

Works, hassle-free, for up to...

	<b>The Implant (Nexplanon)</b>	<b>3 years</b>		<b>IUD (Skyla)</b>	<b>3 years</b>		<b>IUD (Mirena)</b>	<b>5 years</b>		<b>IUD (ParaGard)</b>	<b>12 years</b>		<b>Sterilization, for men and women</b>	<b>Forever</b>
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**No hormones**



O.K.

For it to work best, use it...

	<b>The Pill</b>	<b>Every. Single. Day.</b>		<b>The Patch</b>	<b>Every week</b>		<b>The Ring</b>	<b>Every month</b>		<b>The Shot (Depo-Provera)</b>	<b>Every 3 months</b>
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Not as well

For each of these methods to work, you or your partner have to use it every single time you have sex.

	<b>Pulling Out</b>		<b>Fertility Awareness</b>		<b>Diaphragm</b>		<b>Condoms, for men or women</b>
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**Needed for STD protection!**

**Use with any other method**

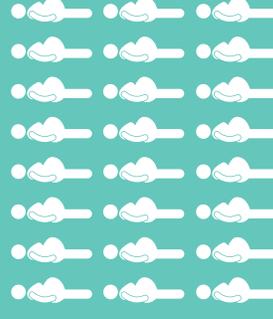
What is your chance of getting pregnant?



Less than 1 in 100 women



6-9 in 100 women, depending on method



12-24 in 100 women, depending on method

FYI, without birth control, over 90 in 100 young women get pregnant in a year.