RESOURCES FOR NEW MOMS, CAREGIVERS, AND FAMILIES

Patient and Family Education
intermountainhealthcare.org

A Guide to Caring for Your Newborn

LIVING AND LEARNING TOGETHER

Congratulations on the birth of your baby! Whether you're a first-time parent or a veteran, a newborn baby is always a wonder.

This booklet provides an overview of some of the special characteristics you may notice about your newborn, and guides you through the basics of infant care. It will also help you recognize potential health concerns with your baby and know when to seek medical help.

Keep in mind that no booklet can replace the advice and care you receive from a doctor or other healthcare provider. We encourage you to consult with your baby's healthcare provider any time you have questions or concerns about your baby's health.

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INSURING YOUR NEWBORN

Be sure to call your health insurance plan to enroll your newborn within 30 days of birth. Otherwise, his medical expenses may not be covered.

Note: Since the use of he/she and him/her can be distracting, this booklet alternates references to the baby's gender.

In this booklet, two icons are used to show when you need to seek medical care:

The symptoms may indicate an urgent problem. Call 911 or take your baby to the nearest hospital emergency room immediately.

The symptoms may indicate a problem. Call your baby's doctor now to determine the best course of action.

Skin color in newborns can vary greatly — from a pink, white, yellowish, or even red tone to shades of tan or purplish blue depending on ethnicity.

Your Baby's Appearance

Every new baby is unique and beautiful. Don't be surprised, however, if your baby doesn't look like the babies you see on television commercials or in magazine advertisements. Your baby may have lumps on his head, puffy or crossed eyes, a flat nose, a small chin, dry skin, or a rash. And don't be alarmed if your baby jerks occasionally while sleeping, has mild nasal congestion, breathes unevenly, sneezes, hiccups, and spits up occasionally. Such characteristics are normal and only temporary unless your doctor tells you otherwise. This section discusses some of what you can expect to see in a normal newborn's appearance and what should cause you concern.

Skin

Many parents' first anxious questions relate to the appearance of their baby's skin. "Is my baby too red?" "What are those marks on his skin?" "Why does she have pimples?" Here are some things you may discover about your baby's skin:

- **Skin color:** Skin color in newborns can vary greatly — from a pink, white, yellowish, or even red tone to shades of tan or purplish blue depending on ethnicity. Even from one moment to the next, skin color can vary depending on the activity level of the baby.

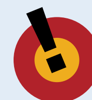
  At birth, the skin of the normal newborn will range from reddish-purple to darker shades of purplish blue in color. The skin will turn bright red or bright purple when the baby cries. (During the first few days of life, the skin gradually loses this quality.) In addition, the newborn's hands and feet may be cool and blue. By the third day, he may also appear slightly yellow. This condition is called **jaundice**. It is common in newborns, and only occasionally requires special treatment. (See page 22 for more information on jaundice.) Some babies' skin will darken during the months following birth.

- **Rash:** Your infant's tender and sensitive skin commonly reacts to his new environment. Scattered, pinhead-sized, or somewhat larger papules (pimples) surrounded by a mild red zone may appear in various areas of the body when your baby is about 2 days old. These will disappear over time. The cause is unknown, and the rash requires no treatment. Some babies may have a rash called **pustular melanosis** **[PUHS-chu-ler mel-uh-NOH-sis]** with small, pus-filled blisters that heal to dark spots on the skin. The spots eventually disappear. This rash is common in babies with darker skin and requires no treatment.

- **Acrocyanosis:** A blue color of the hands and feet is called **acrocyanosis [ak-roh-sahy-uh-NOH-sis]**. It is caused by a decrease in the circulation of blood to the skin of the hands and feet. This condition frequently occurs during the early hours of life. However, a baby should never be blue around the face and lips. If you notice that your baby's face and lips have a blue color or if she has dusky or blue skin, this may indicate a serious problem and requires immediate medical attention.
- **Mottling:** A new baby's skin can also look blotchy or mottled. This is especially noticeable if the baby is uncovered or cold. Mottling can also occur if your baby is ill. If your baby's skin color becomes pale or mottled, take her temperature. If it is higher or lower than the normal range, call your baby's healthcare provider.
- **Cradle cap:** Cradle cap is a scaly patch of skin that develops on the scalp. Brushing your baby's hair daily and washing it frequently — every time you bathe him or 2 to 3 times per week — may help prevent cradle cap. If cradle cap occurs, call your baby's healthcare provider.
- **Milia:** The whitish, pinhead-size spots, mainly on and around the nose or the newborn's chin, are called **milia [MIL-ee-uh]**. Although they appear as tiny pimples, it is important not to disturb or break them or to put acne medicine on them. Doing so could produce a rash or cause the skin to scar. Milia are normal in newborns and usually disappear within a few weeks.
- **Stork bite marks:** This is a fanciful term for the areas of pink or red often present in the newborn on the upper eyelids, forehead, and back of the neck. These marks are caused by blood vessels that are close to the surface of the skin. They usually fade by the end of the baby's second year. These "birthmarks" occur in as many as half of all newborns, especially in those with fair complexions.

Legs

At birth, the newborn's legs are relatively short in proportion to the total body length. In some newborns, there is a significant separation of the knees when the ankles are held together, giving the appearance of bowed legs. This usually corrects itself.



GET EMERGENCY CARE in the following case:

Dusky or blue skin on face or lips

CALL YOUR BABY'S HEALTHCARE PROVIDER if you notice any of the following:

- Jaundice (a yellow appearance) that doesn't go away, or spreads to cover more of the body (see page 22 for more information on jaundice)
- A rash that concerns you — it could be an allergic reaction, an infection, or a symptom of an illness
- Mottled and pale skin and a temperature that is higher or lower than normal
- Cradle cap

WHAT ARE THESE SOFT SPOTS ON MY BABY'S HEAD?

The "soft spots" on your baby's skull — where you can sometimes see a pulse beneath the skin — are called **fontanels [fon-tn-ELS]**. Most babies have two of them, one on the top of the head and one a little farther back. These areas are where the bones of your baby's skull haven't yet grown together. This flexible arrangement allows the skull to compress during labor and to continue to grow during the early years of life. The rear fontanel usually closes within 4 months, while the front one doesn't close until the child is at least a year old. Don't be afraid to touch these spots gently — they're covered with a tough membrane to protect your baby's brain.

Head and face

Newborn babies rarely have nice round, perfectly shaped heads. Some babies have large heads, some have small. Some have round heads, and some have elongated heads as a result of squeezing through the birth canal. Here are a few of the variations you may notice with your newborn's head and face:

- **Forceps marks:** If your baby was delivered using forceps, marks left from the pressure of the forceps may be noticeable on your baby's face, usually on the cheeks and jaws. Be assured that the marks will disappear quickly, usually within a day or two. After the marks fade, don't be alarmed if you can feel hard little lumps along the cheekbones where the marks were located. These lumps will also disappear.
- **Molding:** Molding of the skull bones as the baby moves down the birth canal is a common cause of temporary lopsidedness of the head. Usually the head will return to its normal shape by the end of the first week. Molding is not usually present after a cesarean or breech delivery.
- **Caput:** A **caput [KAP-uht]** is a soft swelling of the skin on the baby's scalp. It occurs as a result of the top of the baby's head being pressed against the mom's cervix throughout labor and delivery. The swelling usually disappears within the first few days of life.
- **Cephalohematoma: Cephalohematoma [sef-uh-loh-hee-muh-TOW-muh]** is a collection of blood in the baby's scalp tissue. You will notice this as a bruise on top of your baby's head. As with caput, cephalohematoma most commonly occurs when the baby's head is forced through the birth canal. It differs from caput in that it tends to be more distinct and long-lasting. Cephalohematoma is not usually present until several hours after birth. It may take 2 weeks to 2 months for the baby's body to reabsorb the excess blood and for the bruise to go away. Because the excess blood is absorbed from the center first, there may be a dent on the scalp for a while. Also, a baby with cephalohematoma may be more likely to develop jaundice.
- **Facial asymmetry [ey-SIM-i-tree]:** Your baby's face may appear lopsided if crowding in the uterus caused the head to be held for some time in a sharply flexed position (with the shoulder pressed firmly against the jawbone). This unevenness disappears by itself in a few weeks or months.

Eyes

You'll likely spend a lot of time looking into your newborn's eyes. Here are some things you may notice:

- **Eye color:** Babies aren't born with their final eye color. Eyes at birth are usually grayish-blue in Caucasian infants and grayish-brown in infants of darker-skinned races. Pigment is slowly distributed to the eye and produces the final eye color of the baby by 6 to 12 months.
- **Sclera [SKLEER-uh]:** The sclera (whites of the eyes) may have a bluish tint in the normal newborn because the membranes surrounding the eyeball are still very thin. If the baby is jaundiced, the sclera may appear yellow.
- **Tear ducts:** The tear ducts in a newborn are small and do not function at birth. Tears are usually not produced with crying until the baby is 1 to 3 months old.
- **Cross-eye:** Many newborns appear to have cross-eye because the upper eyelids of the newborn often show folds. This — in combination with the wide, flat bridge of the nose — can create an illusion of the baby having cross-eye. The illusion can be tested by looking at the reflection in the baby's pupils to see if both eyes are focused on the same object. This condition tends to disappear with further development of the facial structures.
- **Uncoordinated eye movements:** Uncoordinated eye movements are common in newborns. At times, it might seem that the eyes are operating independently. This is normal. Coordination of eye movements gradually occurs as the nerves and muscles of the eye develop. Fairly good eye coordination is usually apparent by the third or fourth month. In newborns, random and jerky movements are also normal.
- **Closed eyes:** In addition to sleeping, a number of things can cause your baby to close his eyes — including bright lights, loud noises, and touching the eyelids, eyelashes, or eye.
- **Subconjunctival hemorrhage:** One of the common results of birth may be the breaking of a small blood vessel on the white area of the eye, creating a bright red spot. This bright red spot is called a **subconjunctival [sub-kon-juhngk-TAHY-vuhl] hemorrhage [HEM-rij]**. It is caused by a sudden increase in pressure in the eye as the baby passes through the birth canal. Since the blood is usually absorbed within 7 to 10 days, you can be reassured that the red spot is temporary and not a cause for worry.

Basic Care Activities

Your newborn will depend on you for every aspect of her care. This section provides guidelines for some basic care activities.

Bathing

For the first year of life, your baby will only need to be bathed every 2 to 3 days. Immersion bathing is a good way to help you and your baby become accustomed to a new routine. When immersion bathing isn't possible, give a sponge bath.

There is no one right way to bathe a baby, but there are some basic guidelines to follow. As you become more comfortable with your baby, you can adapt these guidelines to fit your baby's needs:

- Bathe your baby in a warm, draft-free environment. Keep duration of the bath under 5 minutes to prevent cold stress.
- Have bath supplies ready before beginning the bath.
- Keep the water temperature comfortably warm, not hot. Before placing your baby in the water, always test the temperature of the water with your elbow.
- Wash the baby's face first, using plain water and a washcloth. Wash your baby's eyes from the inner corner to the outer, using different parts of the washcloth for each eye.
- Keep the umbilical cord clean and dry. If the umbilical cord stump becomes soiled with urine or stool, clean with water and dry thoroughly to remove moisture.
- Use a mild, non-deodorant soap and a soft washcloth to wash the rest of the baby's body, working downward toward the baby's feet. Pay special attention to folds and creases.
- When washing the genitals, always wipe girls from front to back. When bathing a boy, never forcefully push back the foreskin on an uncircumcised penis.
- To avoid heat loss, wash the baby's hair last.
- To help keep your baby warm after a bath, cover her head with a dry towel.
- Use only lotions that are fragrance-free and alcohol-free.

NEVER leave your baby (or toddler) unattended in the bath. A newborn can drown in just an inch of water.

FINGERNAIL CARE

Babies will scratch themselves if their nails are too long. It may be easier to clip your baby's nails when he is asleep or with someone else's help. Use clippers designed especially for babies, and be careful not to cut the fingertips. You can also use a soft emery board to file your baby's fingernails.

Diapering

You should change your baby's diaper frequently, as soon as it's wet or soiled. Initially, you may feel clumsy diapering — but as with any new skill, you'll get better with practice. Here are some tips:

- **Be ready.** Before beginning to diaper, have the necessary items within easy reach.
- **Be safe.** If you use a changing table, it should be sturdy and have a safety strap. Also be sure it has plenty of room to contain all the items you need to change your baby. Even with a safety strap, you should never turn your back while changing the baby.
- **Clean well.** Gently and thoroughly clean the skin.
  - **For girls:** Wipe the genitals from front to back. For the first 4 weeks after birth, it's not unusual for girls to have a white, milky discharge that may or may not be tinged with blood.
  - **For boys:** Clean under the scrotum. Do not push or pull the foreskin on an uncircumcised penis.
- **Watch those pins.** If you use cloth diapers, watch out for open safety pins. Always point them outward, away from the baby.
- **Skip the powder.** Baby powder may smell good, but it can irritate your baby's lungs. It can also irritate the broken skin of a diaper rash. See page 17 for tips for preventing and treating diaper rash.

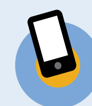
NORMAL BOWEL MOVEMENTS

A baby's first bowel movements consist of a sticky black or greenish brown material called **meconium [mi-KOH-nee-uhm]**. By the fourth day of life, bowel movements should become the characteristic yellowish color produced by a milk diet.

Color, consistency, and number of bowel movements will vary between babies. A breastfed baby tends to have loose, seedy yellow or mustard-colored movements that do not have a strong smell. Milk formula produces pasty and formed bowel movements, which are light yellow to brown, and have a strong sour-milk odor.

Some variations in color and texture can be normal if the infant seems healthy. You will soon be able to judge if a bowel movement seems unusual. Apparent straining during bowel movements is common.

IMPORTANT: Pay attention to the number of wet and messy diapers your newborn makes. Too few may signal a problem.



Call your baby's doctor if you notice any of the following:

- **ON the 1st day of life,** your baby doesn't have at least 1 wet diaper and 1 messy diaper in a 24-hour period
- **ON the 2nd day of life,** fewer than 2 wet diapers and 2 messy diapers in a 24-hour period
- **ON the 3rd day of life,** fewer than 3 wet diapers and 3 messy diapers in a 24-hour period
- **ON the 4th day of life:**
  - Your **breastfed** baby has fewer than 4 wet diapers and fewer than 4 mustard-yellow stools ("poops") in a 24-hour period
  - Your **formula-fed** baby has fewer than 4 wet diapers and no messy diapers in a 24-hour period
- **AFTER the 4th day of life:**
  - Your **breastfed** baby has fewer than 6 wet diapers and fewer than 4 mustard-yellow stools ("poops") in a 24-hour period
  - Your **formula-fed** baby has fewer than 6 wet diapers and no messy diapers in a 24-hour period
- **No messy diapers at all in a 24-hour period** for a baby younger than 2 months old
- Sudden changes in bowel movements in combination with irritability, poor eating, or other concerns

Circumcision and penis care

A circumcision is a procedure that removes a fold of skin, called the **foreskin** [FOHR-skin], from the head, or **glans** [glanz], of a baby boy's penis. It's done either in the hospital before your baby is discharged or in the doctor's office at one of your baby's first checkups. Circumcision is no longer performed routinely. It's your choice whether or not to have your baby boy circumcised. The following information and resources can help you decide.

Making a decision

Circumcision is no longer considered medically necessary. According to the American Academy of Pediatrics and the American Medical Association, there is not enough medical evidence to support routine circumcision. Studies do show some potential medical benefits of circumcision, but there are also potential risks (see the table at the bottom of the page). Since circumcision is not essential to the child's current well-being, parents should determine what is in the best interest of their child.

Whether or not to have your son circumcised is YOUR choice. In addition to weighing potential medical benefits and risks, you should also consider any cultural, religious, or ethnic traditions that may affect your decision. To learn more, ask your healthcare providers. Make sure you have the information you need to make an informed choice.

You may have to pay for your son's circumcision. Because routine circumcision is not considered medically necessary, your healthcare insurance may not pay for it. In fact, in many states — Utah and Idaho included — Medicaid no longer pays for circumcision. You should check with your own insurance provider before you make a choice. Also, talk with hospital or clinic staff, if needed, for information on costs and financial assistance.

WHAT ABOUT PAIN?

Newborn babies do feel pain, and a circumcision may be painful. However, pain medicines given to the area of the surgery can greatly reduce your baby's discomfort. If you decide to circumcise your son, talk with your child's healthcare provider about pain management.

Most healthcare providers use one of three types of local anesthesia to make the operation less painful:

- A numbing cream that is put on the skin of the penis
- A nerve block injected at the base of the penis (pain medicine that numbs the nerve to the penis for a short time)
- A nerve block injected under the skin around the penis shaft (pain medicine that numbs the nerve to the penis for a short time)

Also, before the procedure, the doctor may give your baby some medicine to make him a little sleepy and a sugar-dipped pacifier to help lower his stress (and yours).

POTENTIAL BENEFITS

- **Reduced risk for urinary tract infection (UTI) in the first year of life.** The risk is 1 in 1,000 for circumcised boys, and 1 in 100 for boys who are not circumcised.
- **Slightly reduced risk of developing cancer of the penis.** However, this type of cancer is very rare in both circumcised and uncircumcised males.
- **Slightly reduced risk of getting sexually transmitted diseases (STDs), including HIV, the virus that causes AIDS.** However, for determining risk of HIV infection, behavioral factors are far more important than the presence or absence of a foreskin.
- **Easier genital hygiene and prevention of infection under the foreskin.** However, boys who are not circumcised can learn how to clean beneath the foreskin.

POTENTIAL RISKS

- **Bleeding, infection, and improper healing.** These are risks of any surgery.
- **Cutting the foreskin too short or too long.** If too little skin is removed, the circumcision may have to be repeated. If too much skin is removed, the penis can take longer to heal, or may require reconstructive surgery.
- **Irritation and urination problems.** When the foreskin is removed, the tip of the penis may become irritated and cause the opening of the penis to become too small. In rare cases, this can cause urination problems that may need to be surgically corrected.

CARE OF THE CIRCUMCISED PENIS

If your child HAS BEEN circumcised:

- **For all types of circumcision:** It's normal for the site to be red and raw and to have a yellow, mucus film on it for about 5 days. Don't try to wipe this off — it's a wet scab that protects the wound. Just keep the penis clean by gently washing it with warm water during your son's bath. Don't use cotton swabs, astringents, or any special bath products. Observe the site for signs of infection — listed under "call your baby's doctor" to the right. The circumcision should heal completely within 7 to 10 days.
- **For a circumcision using a Plastibell clamp:** The Plastibell is a plastic rim that is placed between the foreskin and the glans of the penis. If your baby has a Plastibell, don't use any special dressings or ointments on your baby's penis. The plastic rim usually drops off in 5 to 10 days.
- **For a circumcision using a Gomco or Mogen clamp:** Gomco and Mogen clamps are used to surgically remove the foreskin. No special dressing is required. However, to prevent the diaper from rubbing against or sticking to the sore area, you can use a small amount of petroleum jelly on the tip of the penis.

CARE OF THE UNCIRCUMCISED PENIS

If your child HAS NOT BEEN circumcised:

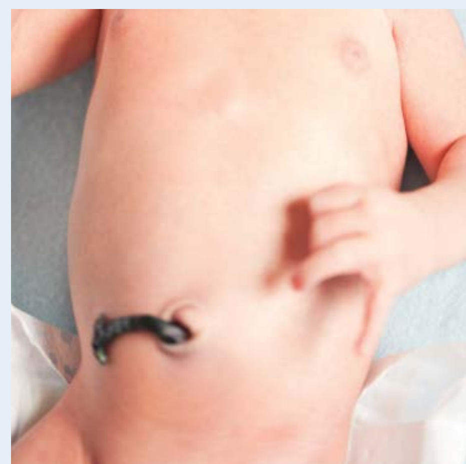
- Wash the penis gently with soap and warm water during your son's bath. You don't need to use cotton swabs, astringents, or any special bath products.
- Never forcibly pull back the foreskin to clean beneath it.
- Over time, the foreskin will retract on its own. This happens at different times for different children, but most boys can retract their foreskins by the time they're 5 years old. After that time, you can teach your child to gently pull the foreskin back away from the glans, and clean the glans and the inside fold of the foreskin with soap and warm water.

CALL YOUR BABY'S HEALTHCARE PROVIDER if you notice any of the following:

- Increased redness, swelling, and tenderness
- Development of pus-filled blisters
- Bleeding — apply pressure and call your baby's doctor right away
- Signs of discomfort with urination
- Failure to urinate within 6 to 8 hours after a circumcision

Umbilical cord care

Your baby's umbilical cord doesn't require any special care, except for keeping it clean and dry. If the cord does become dirty — for example, if there is a small amount of drainage on or around the cord — simply wipe it with a warm, wet washcloth, cotton ball, or cotton swab (Q-tip), and let it dry. Since there are no nerve endings in the umbilical cord, you don't need to worry about hurting your baby. Folding the baby's diaper below the cord will improve air circulation and help keep the cord dry.



After the cord drops off, usually in about 12 to 14 days after birth, you may notice some drainage and slight bleeding. This is normal — just clean the cord site gently until the drainage stops. However, if the skin around the umbilical cord becomes reddened, firm, and / or has pus or a foul smell — call your baby's healthcare provider. It could be infected.

CALL YOUR BABY'S HEALTHCARE PROVIDER if you notice any of the following:

Reddened or firm skin around the umbilical cord — or skin that has pus or a foul smell

The American Academy of Pediatrics recommends breastfeeding for at least the first year of your baby's life. Mother's milk (breast milk) has special properties that help protect your baby from illness. Still, if you are breastfeeding, you must be careful about the medicine — especially any narcotics — you take.

See Intermountain Healthcare's ***Guide to Breastfeeding*** booklet to learn more.

Feed your baby only mother's milk or infant formula for the first 6 months unless otherwise instructed by your baby's healthcare provider.

Feeding

Mother's milk (breast milk) or infant formula is the only food your baby will need for the first 6 months of life. Water, sugar-water, juice, and electrolyte drinks (for example, Pedialyte) are not needed — don't give them unless you are instructed to do so by your doctor. Cow's milk or goat's milk should also not be fed to a baby younger than 1 year of age. These milks are high in protein and salt and are harder for babies to digest. In addition, these milks do not contain many of the important vitamins and minerals your baby needs. They are especially low in folic acid and vitamin B12, nutrients that help prevent anemia and iron deficiency.

Understanding the importance of vitamin D

Doctors recommend that all breastfed infants receive a daily supplement of vitamin D, beginning shortly after birth. Talk to your doctor about vitamin D for your baby.

Preparing formula

If you feed your baby formula, keep in mind that the American Academy of Pediatrics recommends using iron-fortified formula. Always carefully follow the preparation instructions for the formula you give to your baby. (For example, never try to "stretch" formula by adding more water.) Also, make sure you're using water from a safe water source.

To reduce waste, prepare only the amount of formula your baby usually takes in one feeding. Throw away any formula left in the bottle after each feeding. As your baby grows, she will gradually take more formula.

TYPES OF INFANT FORMULA

Formulas are available in the following forms:

- **Ready-to-feed formula:** This type of formula does not require water to be added. It comes in multiple or single-serving cans, or in ready-to-use baby bottles. It's convenient, but it's also the most expensive type of formula available.
- **Concentrated liquid:** This type of formula is packaged with an "add water" symbol on the label. To use it, follow the instructions provided on the label.
- **Powdered formula:** Powdered formula also has an "add water" symbol on the label. Always follow the instructions for formula preparation and storage provided on the label. This is the least expensive type of formula, and it can be easily stored and transported.

Cleaning your baby's bottles

Wash your bottles with hot, soapy water and rinse well. Check bottle nipples for tears or cracks, stickiness, or enlargement. If any of these occur, throw the nipple away. Rinse bottles before putting them in the dishwasher.

Knowing how much and how often to feed your baby

The table below shows the approximate number of feedings per day — and number of ounces per feeding — for babies of different ages. Remember that every baby is unique. If your child's feeding schedule varies greatly from this, talk to your doctor.

AGE	APPROXIMATE NUMBER OF FEEDINGS PER DAY	APPROXIMATE NUMBER OF OUNCES PER FEEDING
0 to 1 months	on demand, 6 to 8 feedings	2 to 5 ounces each
1 to 2 months	5 to 7 feedings	3 to 6 ounces each
2 to 3 months	4 to 7 feedings	4 to 7 ounces each
3 to 4 months	4 to 6 feedings	6 to 8 ounces each

WARMING FORMULA

You should never microwave formula. The microwave heats formula unevenly, causing hot spots that may burn the baby's mouth. This may occur even if the bottle feels warm to the touch. It is best to warm formula under a warm faucet, in a pan of warm water, or in a bottle warmer.

PACIFIERS

If your baby uses a pacifier, follow these simple guidelines:

- Keep the pacifier clean.
- Do not tie a pacifier around your baby's neck. Your baby could strangle.
- If the pacifier becomes torn, cracked, sticky, enlarged, or shows other signs of wear, replace it immediately.
- Use only store-bought pacifiers.

SPITTING UP AND VOMITING

Most babies spit up after eating, especially at first. There is a difference between spitting up and vomiting. Spitting up is like "spilling over" and is usually not a cause for worry. Your baby will outgrow this. Vomiting is when a large amount of milk is returned forcibly. Some babies vomit occasionally. If vomiting continues, consult your baby's doctor.

Positioning your baby

Hold your baby in a semi-sitting position to eat. This helps keep air from entering his stomach, allows you to watch out for choking, and helps you feel bonded to your baby. Never prop a bottle for feeding. Also, never leave your baby with a bottle while sleeping, as this promotes tooth decay.

Burping your baby

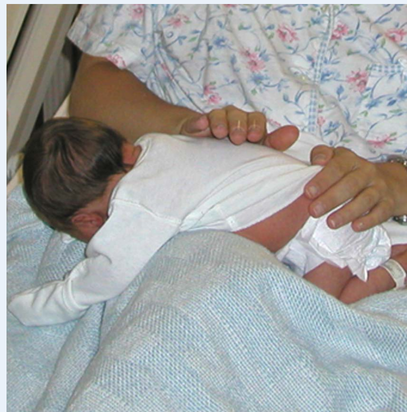
When babies eat, they may swallow air, especially when drinking from a bottle. Not all babies have to burp, so if your baby doesn't burp, he probably doesn't need to. As your baby gets older, you won't need to burp him as often. To help make your baby more comfortable:

- When formula feeding your baby, burp him midway through and at the end of the feeding. In the beginning, this would be after every half-ounce. Keep the nipple full of formula throughout the feeding to decrease the amount of air your baby swallows.
- When breastfeeding, burp your baby when you switch breasts, and after each feeding. Breastfed babies take in less air, so your breastfed baby may not burp.

Here are 3 effective burping positions:

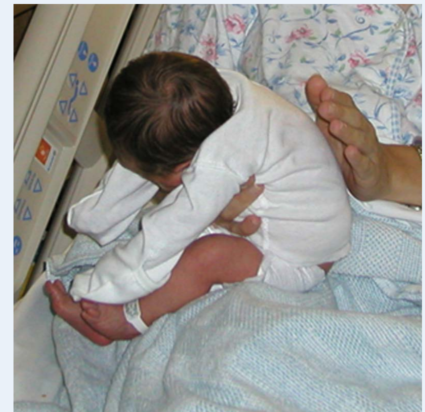
OVER YOUR SHOULDER

Hold your baby against your chest with his head supported on your shoulder. Gently pat his back with your hand.



ACROSS YOUR LAP

Lay your baby face down across your legs/knees, making sure the head is supported. Gently rub or pat your baby's back.



SITTING ON YOUR LAP

Sit your baby on your lap. Support his chin with one hand. Lean your baby forward and pat his back.

CALL YOUR BABY'S DOCTOR *if:*

- You have questions about giving your baby vitamin D
- Your baby's feeding schedule varies greatly from what is expected for his age
- Your baby has regular vomiting.

Sleeping

Most — but not all — newborn babies sleep a lot. Some sleep for as many as 18 to 20 hours a day, while others may sleep for only 8 hours a day. Some babies are more active and alert, while others are more fussy and demanding — or more calm and quiet. In general, as your baby gets older, he will require fewer naps.

Most parents are eager for their newborn to sleep through the night. When this time comes, it is a glorious event! But be patient — it might be a while. Every baby is different and there is no set schedule. In the beginning, parents should adapt their sleeping patterns to the baby's. ***Feeding your baby solid foods will NOT help your baby sleep through the night. When your baby is ready, he will sleep through the night.***

BACK TO SLEEP

Always put your baby on his back to sleep. (If your baby has special needs, your healthcare provider may recommend other sleeping positions.) Studies show that back sleeping lowers the chance of Sudden Infant Death Syndrome (SIDS or crib death).

Giving a pacifier may also help prevent SIDS — but if you're breastfeeding, wait until breastfeeding is well established before giving a pacifier to your baby.

Note that your baby should NOT sleep in a baby swing or car seat. See pages 28 and 29 for more DOs and DON'TS for sleeping and crib safety.

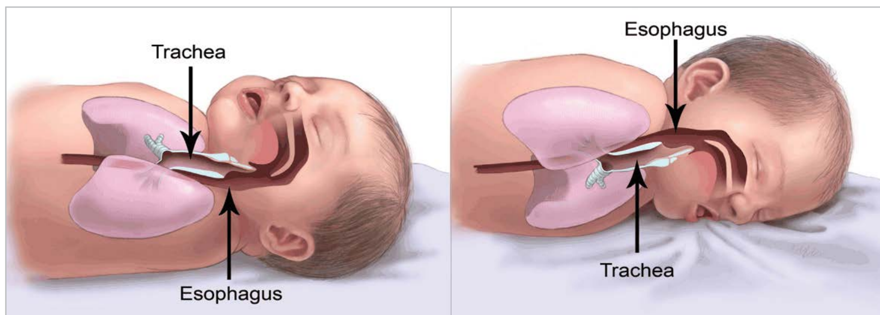


Image courtesy of the Safe to Sleep® campaign; Eunice Kennedy Shriver *National Institute of Child Health and Human Development, http://www.nichd.nih.gov/sids.*

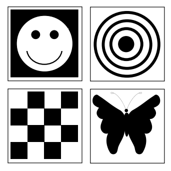
If your baby spits up while sleeping, he has less risk of choking if he's on his back. When he's on his back, his esophagus (eating tube) is beneath his trachea (breathing tube). In this position, gravity helps keep any food out of his airway.

TUMMY TO PLAY

On the first day home from the hospital, when your baby is awake and being watched — give him some play time (a few minutes) on his tummy. Tummy time helps your baby develop muscles and gain the skills to roll over, crawl, pull to a stand, and walk.

TIPS FOR TUMMY TIME

- **Do it early.** Begin on his first day home from the hospital or at least before he is two weeks old.
- **Do it regularly.** Put your baby on his tummy 2 to 3 times each day for a few minutes. As your baby grows, increase his tummy time.
- **Do it with your baby.** Get down on the floor with your baby. Give him some toys to reach for, or lie down on your back and put him on your chest. Your baby will learn to enjoy playing with you in this position. See the next page for more ideas about playing with your baby.
- **And remember, if your** baby falls asleep, gently place him on his back. For sleep, back is best.



A newborn can see contrasting colors better than similar colors. That's why a simple black-and-white picture may keep your baby's interest longer than a more colorful image.

SKIN-TO-SKIN CARE

Skin-to-skin care means holding your baby so that your bare skin touches her bare skin. Skin-to-skin snuggling feels great to baby — and is nice for mom and dad too.

It also does the following:

- Helps you bond with your baby
- Improves breastfeeding
- Relaxes your baby

Playing and interacting

Playing with your newborn is one of the most important things you can do. It encourages his development and helps him feel loved and secure. Interact with your baby by giving him experience with all of his senses. Normal newborns can see, hear, feel, smell, taste, suck, swallow, follow with their eyes a short distance, and distinguish sounds. Newborns also show interest in human faces and voices. Infant development studies show that newborns can understand and learn. There are many ways you can play and interact with your baby:

- Talk and sing to your baby.
- Give him musical toys, brightly colored toys, or a mobile for him to follow with his eyes.
- Smile and play with your baby.
- Try to establish eye contact.
- Stroke, pat, massage, and rock him.
- Make bathing, changing, and feeding times special.

You can help your baby learn more and you can enjoy her more by understanding her development. Your baby is an individual who will learn faster in some areas and more slowly in others. Don't try to push or rush your baby. Allow her to develop at her own pace.

IF YOUR BABY HAS A BROTHER OR SISTER

Often, older siblings have a hard time with a new baby at home. They may experience feelings of jealousy or rivalry about the new baby. Some regress to earlier behaviors such as bed-wetting. They may request a bottle when they notice that the new baby is getting a lot of attention.

You can help older siblings adjust to your newborn with the following strategies:

- Even before you bring the new baby home, reassure older brothers and sisters that they are just as important to you, even though the new baby will take a lot of time and attention.
- Give siblings extra love, and try to spend some special time with them.
- Read to them while you feed the baby, and help them hold or examine the new baby. (They might need constant supervision and reminders that the baby is not a doll or a toy.)
- Give siblings a doll to care for. Having their own "baby" to care for may ease their jealousy.

Common Problems

Diaper rash

Most babies, at some time or another, will probably get a rash on their bottoms (diaper rash). To prevent diaper rash, keep the diaper area clean and dry by changing the diaper every time it is wet or soiled. If your baby has diarrhea or is on antibiotics, the possibility of developing a diaper rash is increased. Use protective cream such as petroleum jelly, A&D ointment, Desitin, or zinc oxide to help prevent or treat the diaper rash.

To treat diaper rash, expose your baby's skin rash to air as often and for as long as possible.

If you are using cloth diapers:

- Remove plastic pants during the day as often and for as long as possible.
- If a strong ammonia smell is present, treat the diapers with a solution of bleach. Be sure to rinse thoroughly.
- Try washing diapers with a different soap and rinse carefully.

If you are using disposable diapers or wipes:

- Try changing to a different brand.

Constipation

Your baby might become constipated, especially if he's being fed formula. If your baby is constipated, his stool will appear hard and formed or pellet-like. If constipation persists, notify your baby's healthcare provider.

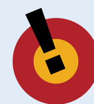
Diarrhea

If your baby's stool is watery, green, foul-smelling, or contains mucus, notify your baby's healthcare provider. Babies can dehydrate very rapidly.

Use petroleum jelly, A&D ointment, Desitin, or zinc oxide to help prevent diaper rash.

CALL YOUR BABY'S HEALTHCARE PROVIDER if you notice any of the following:

- Vomiting more than occasionally
- Severe or persistent diaper rash
- No messy diapers at all in a 24-hour period for a baby younger than 2 months old
- Diarrhea, or stool that's watery, green, foul-smelling, or contains mucus or blood



GET EMERGENCY CARE if:

Your baby's vomit is green or bloody

A normal temperature taken in the baby's armpit is between 97.7° F (36.5° C) and 99.5° F (37.5° C).

CALL YOUR BABY'S HEALTHCARE PROVIDER if you notice either of the following:

- **Low temperature** (armpit temperature less than 97.7° F or 36.5° C). Your baby can become stressed and develop difficulty breathing.
- **High temperature** (armpit temperature more than 99.5° F or 37.5° C). An infection could be starting.

Fever

Call your baby's doctor if your baby's temperature is higher or lower than the normal range given below. You only need to take your baby's temperature when you think he is ill.

Where to take the temperature

For children less than 3 months (90 days) old, take an **axillary** (armpit) temperature. It's a safe method that works well for screening.

Normal temperature range

Armpit temperature ranges from 97.7° F (36.5° C) to 99.5° F (37.5° C).

How to take armpit (axillary) temperatures

- Make sure your baby's armpit is dry.
- Put the tip of the thermometer in your baby's armpit, directly against her skin (skin should completely surround the tip of the thermometer).
- Close your baby's armpit by holding her elbow against her chest.
- Follow the directions on your thermometer to determine how long you should hold it in place before reading it.

Note: As your baby gets older and less fragile, your baby's doctor may suggest taking your baby's temperature rectally (in the anus). The doctor can show you how to take a rectal temperature.

Choking on mucus or milk

If your baby begins to choke on mucus or milk, turn him on his side with his head slightly lower than his body. If necessary, use a cloth to gently clear any visible fluid from his mouth or nose. If this doesn't work, you may need to use a suction bulb. See instructions for using a bulb syringe below.

USING A SUCTION BULB

If repositioning your baby or wiping your baby's mouth or nose doesn't relieve congestion or choking, you may need to try using a suction bulb. Be careful as you do this. Suctioning too hard, too often, or too long can hurt your baby's delicate tissues. Here's how to safely use a suction bulb:

- **In the mouth:** Turn your baby on her side with her head slightly lower than her body. Press in the bulb before placing it in the baby's mouth. As you suction out the mucus or milk, be careful not to catch the delicate mucous membranes inside the cheeks or the back of the throat. Remove the bulb, and squirt the contents into a cloth.
- **In the nose:** Suction mucus from the nostrils in a similar way, inserting only the tip of the bulb.
- **And after every use:** Clean the bulb by flushing it out several times with hot soapy water, then rinse well with clear water. Shake and squeeze the bulb to get water droplets out, then allow it to dry. (Don't wash the bulb in the dishwasher or use it with another child.) When baby has recovered, throw the bulb away and get a new one for next time.

Colds and other illnesses

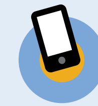
Babies can get colds just like the rest of us. A cold is caused by a virus and usually results in mild symptoms in your baby (stuffy or runny nose, mild fever, mild cough).

Another common illness in infants is **respiratory** [RES-per-uh-tawr-ee] **syncytial** [sin-SISH-uhl] **virus (RSV)**. RSV usually causes mild, cold-like symptoms — but sometimes it can be more serious. Look at the guidelines on the right to help you know when to call your healthcare provider or get emergency care.

For mild colds, there is usually no special treatment. However, if the nose becomes too runny or stuffy, it may make it hard for a young baby to nurse or drink from a bottle. Since a baby can't blow her nose, you may have to clear out mucus by suctioning with a bulb syringe (see below). Also talk to your healthcare provider about using warm water or saline nose drops to loosen up dried mucus before suctioning. Don't give your baby any medicines without checking first with healthcare provider.

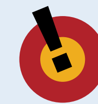
The best thing you can do for colds and other illnesses is **prevent** them. Follow the guidelines listed below — especially if you have a small or near-term baby:

- **Wash your hands.** Wash your hands with soap and warm water before touching your baby, and ask others to do the same.
- **Stay home.** Keep your baby at home as much as possible. Especially avoid taking your baby to crowded locations, such as shopping malls, restaurants, and church.
- **Surround your baby with people who are vaccinated.** Everyone in the family should be up to date on their vaccines. The same goes for all of your baby's caregivers.
- **Keep sick people away.** Keep people who have colds away from your baby, including brothers and sisters. Parents or other caregivers who feel ill should wear a mask and refrain from kissing the baby.
- **Don't smoke.** Don't smoke — or allow others to smoke — near your baby. Exposure to smoke increases the risk and severity of short-term illness and long-term lung problems for your baby. Recent studies point to danger from e-cigarette vapor as well.



CALL YOUR BABY'S HEALTHCARE PROVIDER if you notice any of the following:

- Fever (armpit temperature over 99.5° F or 37.5° C)
- Poor eating or excessive irritability
- Breathing rate faster than 60 breaths per minute
- Wheezing or coughing



GET EMERGENCY CARE in the following cases:

- Trouble breathing (or chest sinking in with breathing)
- Dusky or blue skin on the face or lips
- Excessive sleepiness, floppiness, or difficulty waking

Crying and colic

All babies cry a lot during the first few months of life. Your baby's crying may mean he needs feeding, a diaper change, sleep, a temperature change, or comforting. Some infants cry every day in the late afternoon or evening. Feeding and changing may help, but sometimes even that doesn't work. If your baby cries more often than normal and can't be comforted — or if you notice signs of illness such as a fever — contact your baby's healthcare provider.

Is all this crying normal?

It may take awhile for you to learn how to comfort your baby when he cries, and that is OK — keep trying. Many young infants go through a "crying phase" when nothing seems to comfort them. Eventually, they grow to become more settled and are easier to comfort. Babies going through "the crying phase" tend to cry in the same ways. Does your baby and his crying fit the following checklist?

- ☐ My baby is between 2 weeks and 5 months old.
- ☐ My baby seems to start crying for no reason, especially in the late afternoon or evening.
- ☐ My baby cries for hours at a time and doesn't stop when I comfort him.
- ☐ My baby looks as if he's in pain while crying, but I can't find anything wrong.

Crying won't hurt your baby, but it can be frustrating for you. It may help you to remember that most parents cope with this kind of crying at some point. Remember, your baby is not trying to manipulate you by crying. Picking him up will not spoil him.

You can learn ways to keep yourself calm so you can take the best care of your baby. To help soothe your baby — and your nerves — try the tips listed at left. If you start to feel angry or upset:

- **STOP.** Put your baby down in a safe place like a crib or a playpen. If possible, call a friend or family member to take over.
- **TAKE A BREAK.** Do something to relax and calm down for 10 to 15 minutes.
- **TRY AGAIN.** Go back to comforting your baby when you feel calmer.

WAYS TO COPE WITH CRYING

Sometimes babies cry for hours at a time, and nothing seems to soothe them. Try the following techniques to help both of you cope:

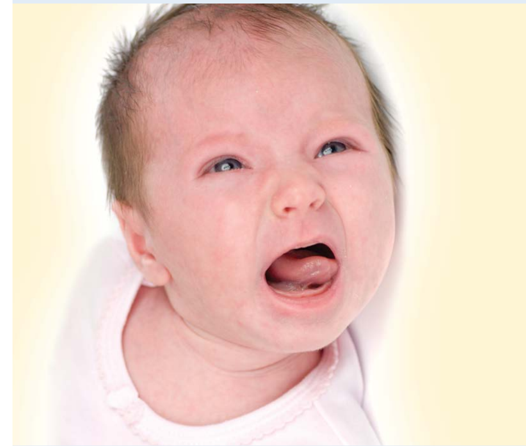
- **Check your baby's basic comfort needs.** Feed and diaper her — babies like to be dry, warm (but not hot), and full.
- **Decrease your baby's stimulation.** Create a more quiet, calm, environment. Avoid sudden noises, keep the lights dimmed, and limit visitors.
- **Hold your baby so he feels secure.** Try swaddling him in a soft, warm blanket. Or, cuddle him skin to skin.
- **Try anything that provides a slow, gentle motion** like riding in a stroller or in the car. Also, try cuddling her in a rocking chair or letting her sit in an infant swing.
- **Try singing, talking quietly to your baby, or playing white noise or the radio.** Sometimes, running a vacuum, a humidifier, or a tape of a heartbeat may help.
- **Try nursing longer on one breast** to allow your baby to receive richer milk.
- **Call a relative or friend.** They may offer advice or watch the baby for a while. Crying can be frustrating — and you need support.
- **Set aside time for yourself.** Schedule time every day to have a nap or hot shower, go for a run, or walk around the block.

Is it colic?

If you've ruled out other causes of crying, your baby may have **colic [KOL-ik]** (irritable infant syndrome). Symptoms of colic include:

- Baby cries or is fussy for more than 3 hours per day.
- It is difficult to soothe your baby.
- Baby is happy much of the day, but becomes progressively fussier as the day goes on.
- Baby draws his knees up to his chest and passes gas, flails his arms, and frequently arches his back and struggles when held.
- Baby's belly muscles may feel hard during crying.

Occasionally, colic is caused by sensitivity to food in the nursing mother's diet. Cow's milk products, such as cheese, ice cream, and butter, are common sensitivities. Other food items that may cause problems include stimulants (caffeine) and gas-producing foods. Your baby's healthcare provider or your lactation consultant may suggest eliminating these food products for a time to see if the colic symptoms improve.



Talk with your healthcare provider if you think your baby may have colic. The cause of colic is unknown, but your parenting style is generally not a factor. Nor is feeding style. Breastfed babies are as likely to have colic as bottle-fed babies.

Shaken baby syndrome

Shaking a baby can be fatal. When people shake a baby, it's usually because tension and frustration build up when a baby is crying or irritable. However, shaking a baby can cause shaken baby syndrome, which is a serious — and sometimes fatal — form of child abuse.

Babies have very weak neck muscles. If they're shaken, their heads wobble back and forth, which may cause the brain to shift inside their skull. This shifting may cause bleeding in and on the surface of the brain, leading to blindness, brain damage, or death. **Never shake a baby or child for any reason.**

- Always support your baby's head when holding him, playing with him, or transporting him.
- Make sure that everyone who cares for your baby knows the dangers of shaking him. This includes babysitters, child/day care personnel, and siblings.
- Learn what you can do if your baby won't stop crying. Remember, all babies cry a lot during the first few months of their lives.

For more information on shaken baby syndrome, call **1-888-273-0071** or go to **dontshake.org**.

CALL YOUR BABY'S HEALTHCARE PROVIDER if:

- Your baby cries constantly for more than 3 hours
- The cry sounds painful rather than fussy
- The baby also has vomiting or diarrhea
- Your baby continues to cry for hours each day even after 3 months
- You're afraid you might hurt your baby

Frequent feedings of mother's milk or formula will also help decrease jaundice.

CALL YOUR BABY'S HEALTHCARE PROVIDER if you notice any of the following:

- Jaundice (a yellow appearance) that does not go away or spreads to cover more of the body
- Breathing rate faster than 60 breaths per minute
- Listlessness or excessive sleepiness (baby is difficult to wake)
- Poor eating
- An unstable temperature

Jaundice

Jaundice is the yellowish coloring of the skin and eyes that is sometimes seen in newborns. Jaundice is caused by **hyperbilirubinemia** [hahy-per-bil-uh-roo-buh-NEE-mee-uh] — a condition in which a substance called **bilirubin** [bil-uh-ROO-bin] builds up in the bloodstream and is deposited in the skin. Your baby is tested for high bilirubin before leaving the hospital.

A little jaundice is common in newborns for the first 3 to 5 days. The yellow color of jaundice starts at the head and gradually moves downward on the baby. As the baby's liver breaks down bilirubin, the jaundice gradually disappears. However, in up to 5% to 6% of babies, bilirubin levels are high enough to require treatment. Treatment includes **phototherapy** (fluorescent light treatment) and frequent feedings of mother's milk or formula. Treatment can usually be done at home, but sometimes hospitalization is required.

If your baby's bilirubin level is above normal in the hospital — but not high enough to require treatment — your doctor may schedule you for a follow-up bilirubin test. It's very important to have this testing done. If high bilirubin levels are not treated, some babies may suffer neurological (brain) damage. That's why it's also important to notify your baby's doctor if you notice your baby becoming more yellow or if the jaundice covers more of the body than when you were in the hospital. You should also notify your baby's doctor if your baby becomes lethargic, is eating poorly, has an unstable temperature, or has behavior changes — these can all be signs of a high bilirubin level. Prompt treatment is important to prevent permanent injury in a newborn.

Thrush and other yeast infections

Thrush may appear as white or grayish-white, slightly raised patches resembling milk curds on the tongue, throat, inside of the cheeks, or the lips. These patches cling and will not wipe or rinse off easily. If they are wiped off, they leave the underlying tissue raw and may make it bleed. Other symptoms of thrush may include irritability, poor eating, and a persistent diaper rash. Diaper rash caused by a yeast infection may have red spots along the edges. If you think your baby has thrush or a yeast infection, contact their healthcare provider.

If you are breastfeeding and your baby develops thrush, you may also have a yeast infection on your breasts, which can cause your nipples to crack, itch, or burn. Nipples may also become red, swollen, and painful. For information on treating yeast infections — for your baby or yourself — refer to Intermountain Healthcare's *Guide to Breastfeeding* booklet. If you have a vaginal yeast infection, you need to be sure to thoroughly wash your hands so you don't pass it on to your baby.

Thrush and other yeast infections are treated with medicine and/or ointment. Many times, both you and your baby must be treated at the same time.

Change in behavior
(irritability or lethargy)

Every baby has his own temperament and personality. Some babies are calm and placid, while others are fussy. Most babies are very sleepy for a couple of days after birth. You will quickly discover your baby's unique temperament. Changes in your baby's temperament or energy level may signal problems. Look at the guidelines on the right to help you decide when to call the doctor or get emergency care.

Rapid or slow breathing

A newborn's breathing pattern tends to be more rapid and irregular than an adult's breathing. However, if your baby takes more than 60 breaths per minute, call your baby's doctor.

If your baby's chest sinks in during breathing or if your baby appears to have trouble breathing, seek emergency care.

GET EMERGENCY CARE in the following cases:

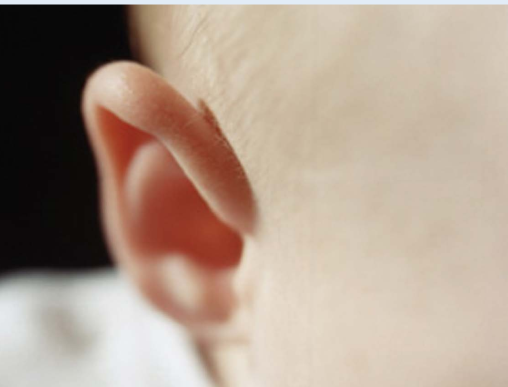
- Floppiness or extreme difficulty waking the baby
- Trouble breathing or chest sinking in with breathing

CALL YOUR BABY'S HEALTHCARE PROVIDER if you notice any of the following:

- Thrush — white or grayish-white, slightly raised patches that look like milk curds on the tongue, throat, inside of the cheeks, or the lips
- An overall change in your baby's activity or temperament
- Excessive irritability (has a high-pitched cry or cannot be comforted)

FOLLOW UP AS INSTRUCTED

If your healthcare provider instructs you to have a follow-up bilirubin test after you take your baby home from the hospital, it's very important that you do so. If the bilirubin level becomes too high — and isn't treated — your baby could suffer neurological (brain) damage.



Newborn Screening Tests

Your baby is screened for several problems before going home— including high bilirubin, hearing impairment, and hereditary diseases.

Bilirubin screening

Every newborn is screened for **high bilirubin (hyperbilirubinemia)** before leaving the hospital. High bilirubin causes jaundice (described on page 22). If your baby's test result shows that your baby is at risk, you'll be instructed to take your baby to your doctor's office or to the hospital or an outpatient lab to repeat the test a day or two after your baby goes home. It's very important that you have this follow-up test as instructed.

Hearing screening

Good hearing is essential for the normal development of language and listening skills, yet 1 in 300 newborns have some sort of hearing problem. Too often, hearing loss is not detected until a speech or language delay has already occurred. That's why the American Academy of Pediatrics recommends — and state laws often require — that all newborns have a hearing screening before they leave the hospital.

YOUR HOUSE MAY NEED TESTING, TOO

For a safer environment for your new baby, install smoke detectors and carbon monoxide detectors, if you haven't already. But don't stop there. Consider testing your home for the following:

- **Radon.** Radon is a gas that can cause cancer. Found all over the U.S., radon can seep into homes and build up to dangerous levels. To learn how to get a free testing kit, see radon.utah.gov.
- **Lead paint.** If your home was built before 1978, consider testing the paint, dust, and soil in and around your home for lead. Just dust particles from lead-based paint are enough to poison a baby or young child, and the effects can last a lifetime. To learn more, visit: epa.gov/lead/protect-your-family-exposures-lead.

Talk with your healthcare provider if you have questions or concerns.

Metabolic and genetic disorder screening

Most states require that all newborns be tested for certain metabolic and genetic disorders. A metabolic disorder affects the body's ability to get energy, to grow, or to repair itself. A genetic disorder is an illness caused by a problem in the genes or **chromosomes [KROH-muh-sohms].**

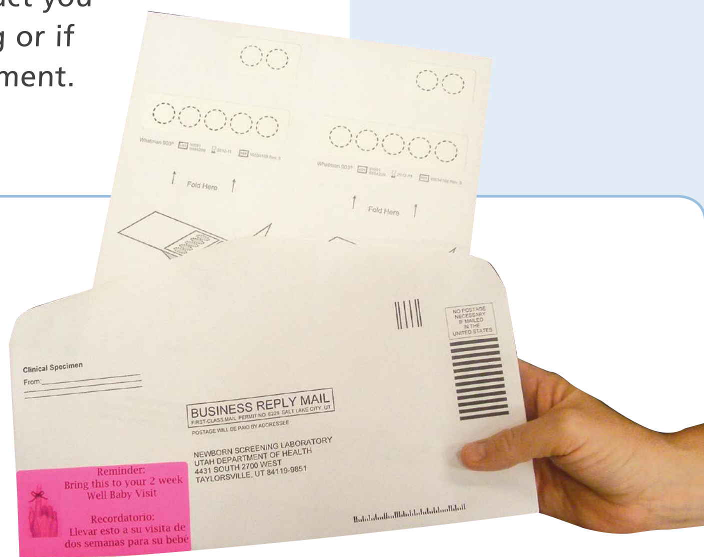
If a baby has a metabolic or genetic disorder, it's best to know as soon as possible so that treatment can begin. Early treatment brings the best chance for a healthy life.

Screening all newborns is a way to identify some of the more common metabolic and genetic disorders. It requires taking and testing a few drops of blood from the baby's heel. Two tests are necessary:

1. **The first test** is done in the hospital, shortly after your baby is born.
2. **The second (follow-up) test** happens within a few weeks of birth. This test usually happens at the doctor's office during one of your baby's early checkups. While you're still in the hospital, you may be given a follow-up screening form in an envelope, with instructions to take it to your baby's doctor within a specified number of days. **In this case, remember to take the form and the envelope home with you — and bring them to the follow-up appointment!**

Your baby's doctor or the hospital will contact you only if there is a problem with the screening or if the results show that your baby needs treatment.

If you've been given a follow-up testing form, be sure to take it home from the hospital — and bring it to your baby's healthcare provider within the specified number of days.



Newborn Screening Tests

Immunizations (vaccines) are an important way to protect your baby from life-threatening diseases. Vaccines are among the safest and most effective preventive measures. Vaccines work best when they are given at certain ages, with some vaccines given over a series of properly spaced doses. They are started at birth, and many are required before starting school.

The following table summarizes the routine early-childhood immunization schedule. This schedule is based on 2014 recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control.

AGE	VACCINATIONS (# IN SERIES)
Newborn	Hepatitis B (1)
2 months	Hepatitis B (2) DTaP (1) Hib (1) Polio (1) Pneumococcal (1) Rotavirus (1)
4 months	DTaP (2) Hib (2) Polio (2) Pneumococcal (2) Rotavirus (2)
6 months	Hepatitis B (3) DTaP (3) Hib (3) Influenza (yearly after age 6 months) Polio (3) Pneumococcal (3) Rotavirus (3)
12 to 18 months	DTaP (4) Hib (4) Pneumococcal (4) MMR (1) Varicella (1) Hepatitis A (1)
18 to 24 months	Hepatitis A (2)
4 to 6 years	DTaP (5) Polio (4) MMR (2) Varicella (2)

Abbreviations used...

DTaP = Diphtheria, Tetanus, and Pertussis

Hib = Haemophilus influenza type b

MMR = Measles, Mumps, Rubella

When your baby is vaccinated, your healthcare provider should give you a Vaccine Information Statement (VIS) for each vaccine your baby receives. For more information, visit the following websites:

immunize-utah.org
cdc.gov/vaccines

YOU TOO, MOM AND DAD

In the first few months of life, babies' immune systems are not ready to protect against many infections. Some can even be life threatening. The most common source of infection in newborns? Close family members.

To help make sure you won't catch an infection that you could pass on to your new baby, Intermountain hospital staff will check your immunizations after delivery. They'll offer you the chance to catch up on any missing immunizations while you're in the hospital. Take this opportunity to make your baby's homecoming safer. And while you're at it, see to it that other family members and caregivers are up to date, too.

VACCINE SAFETY

Worried about things you've heard or read on the Internet? Talk to your doctor about vaccine myths and facts.

Safety Guidelines

As a parent of a newborn, you're likely to have many concerns about the safety of your baby. This section provides some guidelines on keeping your baby safe.

Poison safety

It's never too early to poison-proof your home. Children under the age of 5 are at the greatest risk for accidental poisoning. All children are born with a natural curiosity about the environment around them. They explore this environment by putting everything into their mouths. As they begin to crawl, walk, and climb, this curiosity increases and so does the risk for poisoning.

Many poisonings occur while a parent is using a product — such as a cleaning solution or paint. The child may start to play with the cleaning bucket or paint can. Don't be taken by surprise!

If a poisoning occurs, remain calm and follow these instructions:

- **Swallowed poison:** Call the Poison Control Center.
- **Poison in the eye:** Gently rinse the eye with lukewarm (not hot) water for 15 minutes. Do not force the eyelid open! Call the Poison Control Center.
- **Poison on the skin:** Remove contaminated clothing and rinse skin with water for 10 minutes. Wash skin gently with soap and water, and rinse thoroughly. Then, call the Poison Control Center.
- **Inhaled poison:** Immediately move into fresh air. Avoid breathing fumes. Open doors and windows wide to allow fresh air into the area. If your baby is not breathing, start CPR and call the Poison Control Center.

WHAT IS THE POISON CONTROL CENTER?

The national Poison Control Center has trained staff available 24 hours a day to answer any questions you have about poisoning.

Call the Center any time you suspect someone has been poisoned.

Poison Control Center:
1-800-222-1222

IF YOU HAVE A QUESTION ABOUT MEDICINE AND BREASTFEEDING...

If you're breastfeeding and have a question about whether or not a particular medicine is safe to take, you can call the MothertoBaby helpline (Pregnancy Risk Line):
1-800-822-BABY (2229).

CURRENT INFO ON THE USE OF IPECAC SYRUP

The American Academy of Pediatrics no longer recommends keeping a bottle of ipecac syrup on hand at home. In fact, they recommend that parents throw away existing ipecac syrup. The **first action** for a caregiver of a child who may have ingested a toxic substance is to **call the Poison Control Center.** The AAP also continues to stress **prevention** as the most effective weapon against poisoning.

Because of concerns about infant suffocation on soft bedding products, bumper pads are not recommended.

WHERE DOES BABY SLEEP?

The American Academy of Pediatrics recommends that your baby sleep in your bedroom and in a separate bed (or crib or bassinet). Other things you can do to reduce the risk of suffocation:

- Avoid soft sleep surfaces.
- Don't put quilts, blankets, pillows, comforters, or other soft material under the baby.
- Don't smoke or use substances like alcohol or drugs that may make it harder for you to wake up.

Safe sleep

Most people who care for babies suppose that a baby is always safe while sleeping. However, some sleep situations can lead to injury or death. Young babies have suffocated in soft bedding materials, and others have died when they became caught between the mattress and the bed frame. Some babies have even been smothered by a parent who rolled over them while sleeping in the same bed. These situations can be prevented. See the following recommendations from the American Academy of Pediatrics.

Sleeping DON'Ts

- **DON'T** place your baby to sleep on any soft, loosely filled surface such as comforters, pillows, sheepskins, or cushions filled with polystyrene beads. Also watch out for foam-type mattresses that are meant to mold to the sleeper. These surfaces can mold to your baby's face and interfere with breathing.
- **DON'T** use bumper pads in your baby's crib, and keep other soft objects or bedding — pillows, blankets, plush toys — out of the bed as well.
- **DON'T** allow hanging crib toys (mobiles, crib gyms) within your baby's reach. Remove any hanging crib toy when your baby begins to push up on her hands and knees or when she is 5 months old, whichever comes first. These toys can strangle your baby.
- **DON'T** let your baby sleep on a waterbed. Babies can become trapped and suffocate.
- **DON'T** use an infant sleep positioner. Positioners are mats with soft, wedge-like sides meant to keep a baby on his back during sleep. Tragically, positioners have caused several deaths. Government and consumer agencies warn against the use of infant sleep positioners.
- **DON'T** use thin plastic wrapping materials such as cleaning bags or trash bags as mattress covers. Do not allow these things near your baby. The baby may suffocate if these items are near the face.
- **DON'T** allow your baby's head to become covered during sleep. Keep any blankets at armpit level or below.
- **DON'T** allow cords from drapes or window blinds near the crib. Do not place any items with strings or small parts near the crib. These things can strangle or choke the baby.
- **DON'T** leave the baby alone on a couch or a bed.
- **DON'T** let your baby sleep in a car seat, infant swing, or bouncy chair. Your baby's head can flop forward, cutting off breathing.

Sleeping Dos

- Always put your newborn to sleep on his back (unless he has special needs and your doctor has advised against this). Alternate which side of his head your baby lies on each time. When your baby can roll over on his own, he can choose his own sleeping position.
- Consider using a sleeper or other sleep clothing as an alternative to blankets. You don't want to overheat your baby.
- Keep the room temperature about 70°F.
- If you use a blanket, make sure that the blanket comes up no higher than your baby's chest. (You don't want your baby's head to become covered, or your baby to get too hot.) Tuck the ends of the blanket under the mattress.
- Be sure your baby's crib is in good repair and has fixed railings, not drop-down sides.
- Make sure crib slats are no more than 2⅜ inches apart to prevent the baby's head from getting stuck. If you can put a soda can between the bars, they are too far apart.
- Make sure the railing is at least 26 inches higher than the lowest level of the mattress support, so your growing baby can't climb over it easily.
- Make sure the mattress is firm and fits the crib. The space between the mattress and the crib should not allow more than 2 finger widths.
- Make sure the crib has smooth surfaces, sturdy hardware, and a secure teething rail.
- Place the crib next to an inside wall rather than near an outside wall or window. Keep the crib away from radiators and hot or cold air ducts. A baby can receive a burn from a radiator. The forced air ducts can dry out your baby's nose and throat, increasing her susceptibility to respiratory problems.
- Make sure that ALL of your baby's caregivers and babysitters follow these guidelines.

If you can put a soda can between the bars of your baby's crib, the bars are too far apart.

TO CHECK THE SAFETY OF YOUR CRIB OR OTHER BABY PRODUCTS

The Consumer Products Safety Administration website lets you search for safety warnings and product recalls for a variety of baby equipment and products: **cpsc.gov**

For information and resources to help you quit smoking, ask your healthcare provider for a copy of Intermountain Healthcare's ***Quitting Tobacco: Your Journey to Freedom.*** This booklet is also available online at **intermountainhealthcare.org/tobacco.**

This booklet presents a step-by-step approach to quitting. It also lists Intermountain Healthcare, state, and national resources to help you quit — including the popular online programs, Freedom from Smoking (**ffsonline.org**) and Quit for Life (**quitnow.net**).

Secondhand smoke

Cigarette smoke is harmful to your baby. Numerous studies show that exposure to smoke puts your baby at higher risk for the following problems:

- Colds, coughs, and sore throats
- Bronchitis and pneumonia
- Ear infections and reduced hearing
- Developing or worsening asthma
- Sudden infant death syndrome (SIDS, also called crib death)

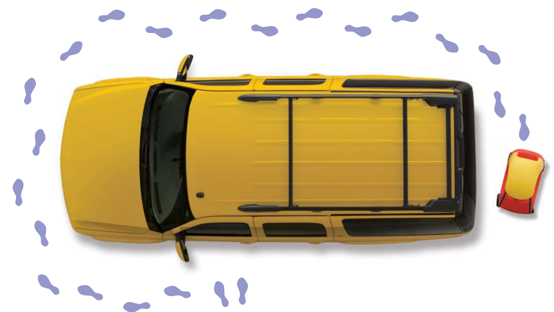
Here's what you can do to prevent these risks:

- If you smoke, quit.
- If you quit smoking when you were pregnant, don't start again.
- Don't let others smoke in your home, in your car, or around your baby.

Finally, don't switch to — or start using — e-cigarettes, either. Studies suggest that they may not help you quit "real" cigarettes and that the vapor produced carries its own dangers for your health and the health of people around you.

Car Safety

It's important to be aware of all children around your vehicle, not just your newborn. Be sure to **SPOT THE TOT!** Remember to walk completely around your vehicle before getting in to drive.



Car seats

Despite laws in all 50 states that require the use of car seats for young children, more children are killed as passengers in car crashes than from any other type of injury. Almost half of these deaths can be prevented if children are properly restrained in an appropriate car seat. An appropriate car seat:

- Is the right size for the child
- Fits the vehicle's safety belt or Lower Anchors and Tethers for Children (LATCH) system
- Is easy for parents to use properly
- Meets all applicable federal safety standards

The next few pages summarize car seat guidelines for your child, beginning with infants (like your newborn baby). Keep the information for toddlers, school-age, and older children as a reference as your child grows.

IT'S THE LAW

Utah law

- Everyone in the car must be properly restrained.
- Children younger than 8 years must be restrained in a federally-approved car seat unless they are 4' 9" tall or taller.

Idaho law

- Everyone in the car must be properly restrained.
- Children 6 years old and younger must be placed in an appropriate car seat.

DOS AND DON'TS for car travel and safety seats

- **DO** use an approved car seat — for every trip, every time.
- **DO** enter and exit the car on the curb side.
- **DON'T** buy a used car seat. If you plan to use a secondhand seat from a friend or relative, make sure you know its history and have it checked out (see note at right). Has it ever been in a crash? (If so, don't use it.) Also, make sure the seat has its instruction manual and all its parts and labels.
- **DON'T** leave your child unattended in a car seat — not even for a moment — even if the seat isn't in the car.
- **DON'T** use your car seat as a bed for your child.

FOR CAR SEAT SAFETY HELP

Call **801-662-6583** if you have any questions about your car seats — or for information on having your car seats checked at an approved site in your area.

Infants and young children

INFANTS AND YOUNG CHILDREN *Rear-facing as long as possible — **at least** until they reach the maximum height or weight allowed in your car seat manufacturer's guidelines. (AAP)*

Car seat	• Always read the car seat instructions! Follow the manufacturer's guidelines. • Most "rear-facing-only" car seats are used for infants weighing between 5 and 30 pounds. Check the owner's manual for specific height and weight requirements for your car seat. You can use some rear-facing-only seats with or without the base. • Read the car seat instructions to determine where the car seat handle should be during use in the vehicle. Some seats allow it to be up over the seat, but others require it to be behind the baby's head. • "Convertible" seats can be used in a rear-facing position for most infants.
Placement	• The back seat, especially the center back seat, is usually the safest place for a car seat. • The American Academy of Pediatrics advises parents to keep their babies and toddlers in rear-facing car seats until age 2 or until they reach the maximum height and weight for their car seat. • NEVER put a rear-facing seat in the front passenger seat of vehicles with air bags.
Car seat harness straps	• Do not wrap the infant in blankets or extra clothing. Fasten **harness straps** on the infant first. Cover the infant with a blanket last. • On the back of the seat, place harness straps in the slots that position them level with or below the baby's shoulders. • Fasten the harness snugly. At your baby's collarbone, you should not be able to pinch up any of the excess harness strap webbing between your fingers. • Always use the **chest clip** to hold the shoulder straps in place. Position the clip at armpit level (see the picture above).
Safety belts	• If installed properly using the safety belt or the Lower Anchors and Tethers for Children (LATCH) system, the car seat should move very little: 1 inch or less from side to-side and from front to back (where the safety belt attaches to the car seat). • Always read your vehicle manufacturer's instruction manual to learn how to use your safety belt or LATCH system. Use either the safety belt or the LATCH system to install the car seat. Don't use both.
Special considerations	Some newborns have a Car Seat Challenge Test before leaving the hospital. But passing this test can't guarantee that your baby won't have problems in the seat. These considerations apply to ALL newborns: • Limit car travel time with your newborn. If you can't avoid a long car trip, take frequent rest stops. • Watch your newborn closely in the car seat. When possible, have an adult sit in the back seat next to the safety seat and observe the baby for breathing or other problems. • Make sure the rear-facing seat is reclined enough to keep the baby's head from falling forward. If not, adjust the recline angle on the seat (30° to 45° is usually about right). Check the car seat manual for other options. • If needed to prevent slouching or sliding in the seat, place rolled-up diapers or blankets on both sides of the baby's body. Do NOT put padding under the baby's bottom or behind the back. Use ONLY the inserts that come with the safety seat. • In an emergency, remove the entire seat from the car — with the baby in it — by releasing the safety belt or lower anchor straps. This is often faster than trying to unbuckle the baby.

Children

CHILDREN *30 to 40 pounds or more AND older than 2 years*	
Car seat	• Always read the instructions! Follow the car seat manufacturer's guidelines. • For children weighing up to 40 pounds, always use car seats that have harnesses. Also, if the instructions allow, use the seat with the harness up to the highest stated weight. Some seats allow harness use up to 80 pounds.
Placement	• Face the car seat toward the front of the car as per the car seat manufacturer's recommendations. • Generally, the center back seat is the safest place for a car seat.
Car seat harness straps	• Use the **harness straps** at all times. On the back of the car seat, adjust the harness straps to the upper slots at or above the child's shoulder level. On some convertible seats, the top harness slots **must** be used. • Fasten the harness snugly. At your child's collarbones, you should not be able to pinch up any of the excess harness strap webbing between your fingers. • The **chest clip** is used to hold the shoulder straps in place. Position the clip at armpit level.
Safety belts	• Most cars and rear- and forward-facing car seats may use the Lower Anchors and Tethers for Children (LATCH) system to attach the car seat to the car. In this case, do NOT use the safety belt system and LATCH together — use one or the other. Read the vehicle and car seat guidelines. • Most safety belt systems require that the shoulder belt be pulled all the way out when installing a car seat. This locks the belt to secure the car seat.
Special considerations	• You may place your child in a booster seat when: – Your child's ears are above the top of the car seat back **OR** – The upper weight limit of the car seat is reached, usually around age 4 and 40 pounds. Many car seats with harnesses will hold children with weights greater than 40 pounds. Be sure to check your car seat's manufacturer's guidelines for your car seat's maximum holding weight.

School-aged and older children

booster seat

SCHOOL-AGED CHILDREN *40 to 100 pounds and under 4' 9"*

Car seat / booster seat	• Children will need to ride in a booster seat until they reach 4' 9" (four feet, nine inches) tall. Most often this includes children who are between ages 8 and 12 years. • There are backless and high-back booster seats. Always read the car seat manufacturer's instructions and guidelines to choose the booster seat that best fits your child and vehicle.
Placement	• The safest place for a booster seat is the back seat. Always use a location that has a lap and shoulder belt. If using a backless booster, make sure the seating location has a head rest for upper body protection. • Any child younger than 13 years should sit in the rear seat.
Safety belts	• The vehicle's lap and shoulder belts do not fit a child without the use of a booster seat. The booster seat raises the child up for a better fit of the shoulder and lap belt. The lap belt must stay low over the hips. Do not let the shoulder belt cross the neck or face.

OLDER CHILDREN *over 4' 9"*

Placement	• The safest place for a child is in the back seat with the lap and shoulder belts fastened. • Any child younger than age 13 should sit in a rear seat. • For children 13 years of age or older who must sit in the front seat of a vehicle with a passenger-side air bag, they should be properly restrained and the vehicle seat moved back as far as possible.
Safety belts	• Most children will fit in a lap and shoulder belt when they are at least 80 pounds and 4'9" tall. • Keep the lap belt snug and low across the hips, and do not let it ride up on the abdomen. • Make sure the shoulder belt rests at the middle of the collarbone and not high on the child's neck or face. Do not wear the shoulder belt behind the back or under the arm. • For better fit of the seat belt, the child may slide closer to the buckle (toward the center of the vehicle).

Other safety guidelines

DO

As your newborn grows and begins to explore his environment, be sure to follow these safety guidelines.

- Put safety covers on all unused electrical sockets.
- Install gates at the top and the bottom of stairs.
- Have the Poison Control Center emergency number on every phone: 1-800-222-1222.
- Have smoke and carbon monoxide (CO) detectors installed on each level of the home. Check once a month to see if they are working. Replace the batteries yearly — use a yearly event such as a holiday or birthday as a reminder.
- Use a bathtub mat.
- Keep all of the following items locked up in child-proofed cupboards:
  - Household cleaning products
  - Prescription and over-the-counter medicines
  - Gardening and auto products
- Keep detergent pods for the laundry and dishwasher out of reach.
- Keep children away from space heaters.
- Keep all razors and blades away from children.
- Buy only fire-resistant nighttime clothing.
- Keep the iron in an out-of-the-way, safe place after using it.
- Turn the water heater temperature down from 160° to 120°. (160° water can cause 3rd-degree burns in a second! Water that is 120° allows 2 to 3 seconds to respond to hot pain.)
- Keep all plants out of reach of children. Some plants are poisonous when eaten.
- Teach children to stay away from the garbage, paper shredder, cigarettes, ash trays, matches, safety pins, and straight pins.
- Keep all plastic bags away from children.
- When using tablecloths, try not to have them hang over the edge of the table. Remove all heavy objects on the top of tablecloths.
- Turn pot handles toward the center of the stove while cooking so children can't pull pots off the stove and get burned.
- Use a harness or belt in a high chair and stroller.
- Avoid giving toys and foods that may be choking hazards. For example, children can choke on broken pieces of balloons. Small children can also choke on objects such as hot dog pieces, peanuts, carrots, popcorn kernels, pennies, and marbles.
- Avoid buying toys with button batteries or magnets. Both are extremely harmful to children when swallowed.

For more information on protecting your child from injury, visit:
primarychildrens.org/kidshealth **safekids.org**

DON'T

- **DON'T** leave a child alone in the house or car (even for a short time) for any reason.
- **DON'T** leave a child under the age of 5 alone in the bathtub. Children can drown in as little as 1 inch of water in only 1 to 2 minutes. If the phone or doorbell rings, wrap the child up in a towel and take him with you — or better yet, let the phone ring.
- **DON'T** pick up a child by his arm. Instead, grasp him at the chest.
- **DON'T** smoke around your baby.
- **DON'T** leave babies or young children alone while they're eating.
- **DON'T** say, "Medicine is candy." It isn't.
- **DON'T** leave a mop-pail or any other bucket of water where a child could get into it — a child could drown.
- **DON'T** allow plastic bags where your baby could reach them or roll into them.
- **DON'T** leave an infant alone on a bed or changing table.
- **DON'T** use a sling-style carrier or "wrap" with any baby younger than 4 months of age. The U.S. Consumer Product Safety Commission (CPSC) reports that these carriers pose a suffocation risk to babies in the first few months of life.

PET SAFETY

For a new baby, pets can be a source of joy or a serious hazard. Pets may also be a source of potential infection. Be sure to watch the pet's reaction to the infant. Some animals experience hostility or jealousy and may harm the baby. You may have to take steps to protect the baby, especially if you have an exotic pet. Never leave a new baby alone with any pet.

KNOW YOUR CHILD

Being aware of your child's development allows you to keep one step ahead by injury-proofing areas before your child can reach them.

Babies up to 6 months old:

- Roll over and reach for objects.
- Are often poisoned or given foods that can be choked on by older siblings trying to be helpful.

Babies 7 to 12 months old:

- Learn to crawl, pull to stand, and walk by holding onto furniture.
- Can pull pans off a stove or pull on a tablecloth with objects on it. In either case, a severe injury could occur.

Toddlers:

- Like to investigate and are very curious.
- Have the highest accident rate of any age group.
- May get into danger by climbing on high, unlocked cabinets and shelves.

Safe Haven or “Baby Drop-Off” Laws

Safe haven or “baby drop-off” laws aim to prevent the unsafe abandonment of a child. These laws allow a person to anonymously give up a newborn at any 24-hour hospital — no questions asked.

Utah law

The Utah Newborn Safe Haven law allows a birth mother or any other person to turn over a newborn **(not older than 72 hours)** to any staff member at a hospital offering 24-hour services. This law ensures that the person relinquishing the newborn won't be questioned. (However, the person may choose to give medical information that could help in the care of the baby.) This law has protected infants from injury and death by providing a safe place for the baby and secrecy for the person dropping off the newborn.

If you have questions about Utah Newborn Safe Haven, please visit the website **utahsafehaven.org** or call the hotline at 1-866-458-0058.

Idaho law

Idaho law allows a birth mother or other person to relinquish a baby **(not older than 30 days)** at any hospital offering 24-hour services. As in Utah, no questions are asked of the person dropping off the baby.

DEPARTMENT OF HEALTH HOME VISITATION PROGRAMS

In home visitation programs throughout Utah, nurses and other caregivers visit new moms and babies at home to check on their health and answer any questions. You might receive a call asking if you'd like a visit. You can also call your local Department of Health to ask about arranging a visit to your home.

Keeping Your Baby Secure

We want to provide a safe and secure environment for your new baby. Although baby abductions are very rare, we still take strict precautions to prevent them in our facilities. To help us, we ask that you read and follow the guidelines presented here.

...and don't forget:

If you're feeling sleepy, dizzy, or just a little bit "out of it" — put your baby in the crib. This helps prevent an infant fall.

In the hospital

1. Never leave your baby alone in the room — and always keep your baby in your line of sight. If you want to sleep, shower, or go to the bathroom, make sure that a family member is watching the baby, or call a nurse to take your baby to the nursery.
2. Keep your door closed at all times when your baby is in the room.
3. Don't leave the Mother/Baby Unit with your baby until you're discharged.
4. Only the following people may transport your baby:
   - a. **An authorized staff member.** A staff member authorized to transport your baby will be wearing *a photo ID badge with an Intermountain Healthcare logo and a special transport authorization.* Different hospitals have different authorizations — your nurse will explain what the one at your hospital looks like.
   - b. **A parent or other designated person** wearing a wristband ID that matches your baby's ID. Keep in mind that this person should not remove the band and may not share it with anyone else.
5. Within the Mother/Baby Unit, your baby can only be transported in the clear plastic bassinet, never carried in someone's arms.
6. Keep all ID bands on until after your baby leaves the hospital.
7. If you feel uncomfortable in any way about letting someone transport your baby, please ask for the charge nurse to come to your room.
8. Intermountain Healthcare has electronic security systems in their facilities. A security device will be placed on your baby. This device tracks your baby's movements in the hospital. It will trigger warning "chirps" or alarms if your baby is taken too close to an exit, given to the wrong mother, or if the device is removed or tampered with. You will have a device on your wristband that is matched to your infant's device. Talk to your nurse if the device needs to be adjusted or if you have any questions.

At home

Safety tips from the National Center for Missing and Exploited Children

1. If someone arrives at your home unannounced for a visit or delivery, don't let the person inside. (Home health visits or equipment delivery will be arranged with you before your baby is discharged, and Department of Health home visits are also scheduled beforehand.) Even for scheduled visits, make sure that the person can show proper ID before you let them inside your home.
2. Be selective about whom you allow into your home for social visits as well. Only allow into your home people who are well known by the family. Recent acquaintances — especially if you've only known them since your pregnancy or birth — shouldn't be allowed in.
3. Most experts say that you shouldn't place a birth announcement in the newspaper or online. If you do decide to publish an announcement, never include first names or your home address.
4. Don't decorate your home or yard to announce your new baby's arrival.
5. Be aware that most baby monitor devices don't use secure technologies. Strangers may be able to listen in on conversations in your home. (If you have a video monitor, they may also be able to see inside your home.) If you want to use a baby monitor, choose carefully to find one that protects your family's security and privacy.
6. Review your privacy settings on Facebook and other social media sites before posting any information about your family, especially your newborn. Be cautious about the amount of detailed information you post on Facebook, and take similar precautions on Instagram, Flickr, MySpace, LinkedIn, etc. Be careful about tweeting details about your newborn because privacy is impossible to guarantee on Twitter.

Summary of When to Seek Medical Help

GET EMERGENCY CARE *if you notice any of the following with your baby:*

- **Vomit that is green or bloody**
- **Dusky or blue skin or lips**
- **Floppiness or extreme difficulty waking the baby**
- **Poisoning or suspected poisoning** — call the Poison Control Center first **(1-800-222-1222)**
- **Trouble breathing or chest sinking in with breathing**

CALL YOUR BABY'S HEALTHCARE PROVIDER TODAY *if you notice any of the following:*

SIGNS OF INFECTION OR ILLNESS

- **Listlessness or excessive sleepiness,** or an overall change in activity or temperament.
- **Unstable or abnormal temperature**. A baby's normal temperature (armpit) is from 97.7° F (36.5° C) to 99.5° F (37.5° C).
- **Excessive irritability** (has a high-pitched cry or cannot be comforted).
- **Vomiting more than occasionally.**
- **Poor eating** (for example, refusal to eat at all, or consistently sleeping 5 to 6 hours between feedings).
- **Reddened or firm skin around the umbilical site** — or skin that has **pus or a foul smell.**
- **Thrush** — white or grayish-white, slightly raised patches that look like curds of milk on the tongue, lips, or throat.
- **Breathing faster** than 60 breaths per minute.
- **Wheezing or coughing.**
- **Redness, swelling, tenderness, pus, or bleeding at the circumcision site.**

SKIN

- **Jaundice** (a yellow appearance) that does not go away, or spreads to cover more of the body.
- **A rash** that concerns you.
- **Mottled and pale skin — and a temperature that's higher or lower than normal.**
- **Cradle cap** (scaly skin on the scalp).
- **Severe or persistent diaper rash.**

BOWEL MOVEMENTS AND URINATION

Pay attention to the number of wet and messy diapers your newborn makes. Too few may signal a problem. Call your baby's doctor if you notice any of the following:

- **ON the 1st day of life**, your baby doesn't have at least 1 wet diaper and 1 messy diaper in a 24-hour period
- **ON the 2nd day of life**, fewer than 2 wet diapers and 2 messy diapers in a 24-hour period
- **ON the 3rd day of life**, fewer than 3 wet diapers and 3 messy diapers in a 24-hour period
- **ON the 4th day of life:**
  - Your ***breastfed*** baby has fewer than 4 wet diapers and fewer than 4 mustard-yellow stools ("poops") in a 24-hour period.
  - Your ***formula-fed*** baby has fewer than 4 wet diapers and has no messy diapers in a 24-hour period.
- **AFTER the 6th day of life:**
  - Your breastfed baby has fewer than 6 wet diapers and fewer than 4 mustard-yellow stools ("poops") in a 24-hour period.
  - Your formula-fed baby has fewer than 6 wet diapers and has no messy diapers in a 24-hour period.
- **NO MESSY DIAPERS AT ALL IN A 24-HOUR PERIOD** for a baby younger than 2 months old
- **Sudden changes in bowel movements** combined with irritability, poor eating, or other concerns
- **Diarrhea**, or stool that's watery, green, foul-smelling, or contains mucus or blood
- **Signs of discomfort with urination** or failure to urinate within 24 hours of a circumcision

To find other resources for moms and babies, go to:
intermountainhealthcare.org/mombaby

facebook.com/intermountainmoms

Intermountain Healthcare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Se proveen servicios de interpretación gratis. Hable con un empleado para solicitarlo. 我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助。

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Patient and Family Education
intermountainhealthcare.org

A Guide to Breastfeeding

LIVING AND LEARNING TOGETHER

Intermountain® Healthcare

The decision to breastfeed is a positive one for both you and your baby. By choosing to breastfeed, you are giving your baby the healthiest start possible.

Mother's milk (breast milk) is the best food for your baby. Besides having all the nutrition your baby needs to grow, mother's milk has special properties that help protect your baby from illness. For these reasons, the American Academy of Pediatrics (AAP) recommends breastfeeding for at least the first year of your baby's life. (In fact, the AAP recommends that for the first 6 months, mother's milk should be the only food your baby receives.) After the first year, breastfeeding should continue for as long as mother and baby wish.

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Note: Since the use of he/she and him/her can be distracting, this booklet often uses "they" when referring to the baby.

In this booklet, the following icon is used to show when you need to seek medical care:

The symptoms may indicate a problem. Call your baby's healthcare provider now to determine the best course of action.

You can also see a summary of this information on **page 39.**

Overview

Research has shown that exclusive breastfeeding can benefit your child at every stage of life.

For this reason, the American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months. Mother's milk is the only food your baby needs until healthy foods are started at 6 months.

The benefits

Breastfeeding has many benefits for both you and your baby.

For the baby:

- Mother's milk contains antibodies, which are substances that help your baby resist disease. In fact, breastfed babies have fewer ear infections, lung infections, and respiratory illnesses than formula-fed babies.
- Mother's milk provides your baby with the best nutritional balance and rarely causes allergies. Breast milk is also easier to digest, and your baby is less likely to vomit or have diarrhea.
- Mother's milk is free and convenient. It doesn't need to be prepared and is always in supply. It's even good for the environment since there are no bottles, cans, or boxes to throw away!
- Studies have shown that breastfeeding is linked to improved intelligence and retinal (eye) development, especially in preterm infants.

For the mother:

- Breastfeeding reduces the risk of ovarian cancer.
- Breastfeeding reduces the risk of breast cancer in premenopausal women.
- Breastfeeding builds bone strength to protect against bone fractures in older age.
- Breastfeeding helps the uterus return to its pre-pregnancy size more quickly.
- Breastfeeding burns calories and helps you get back to your pre-pregnancy weight more quickly.

The challenges

Whether you know you want to breastfeed or are just beginning to think about this decision, you're sure to have many questions. You might be concerned about how to fit breastfeeding into your busy life or that your family and friends won't support your decision. Or you might wonder if you'll be physically able to breastfeed.

It's true that breastfeeding doesn't necessarily come easily for everyone. You may have difficulty with positioning, worry that your baby is not getting enough milk, or have sore or tender nipples. Also, it takes practice and patience to find a pattern that works best for you and your baby. Having the support of family and friends is helpful when you are breastfeeding, as is knowing that you are giving your baby the best possible start in life.

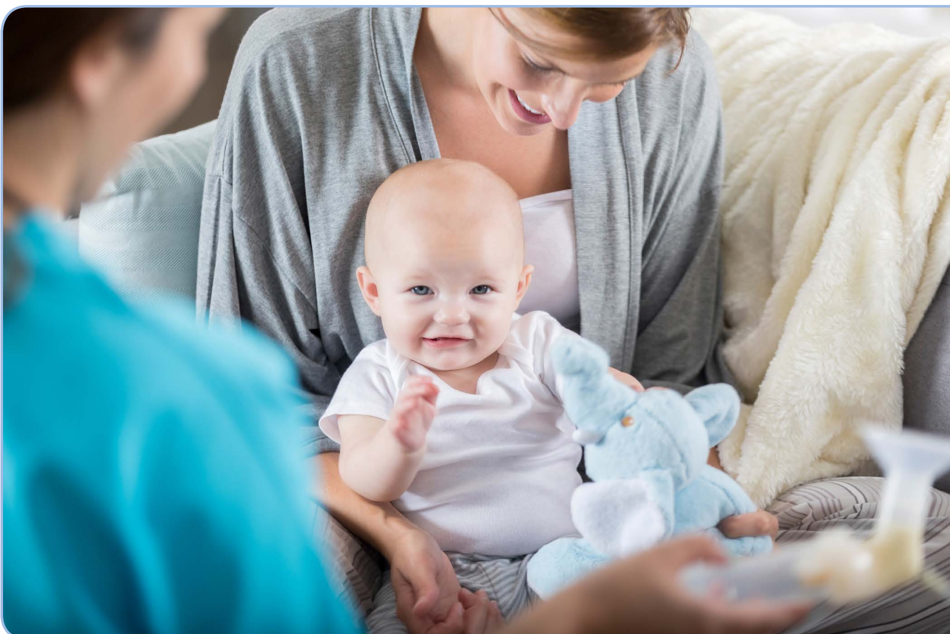
The goals of this guide

The goals of this **Guide to Breastfeeding** are to teach you what breastfeeding is all about and to answer common questions about getting started and overcoming some of the challenges of breastfeeding. You should feel confident about your decision to breastfeed and comfortable in learning what works best for you and your baby.

Note: Be careful with breastfeeding information you find on the Internet. Not all websites are reliable. If you have questions about information from a website, check with your healthcare provider.

BREASTFEEDING IN PUBLIC

It's your choice if you want to breastfeed when other people are around. But you might want to know that many states have laws that confirm a woman's right to breastfeed in public, even if there is some exposure of the breast. Breastfeeding is healthy, natural, common — and an easy way to feed your baby on the go.

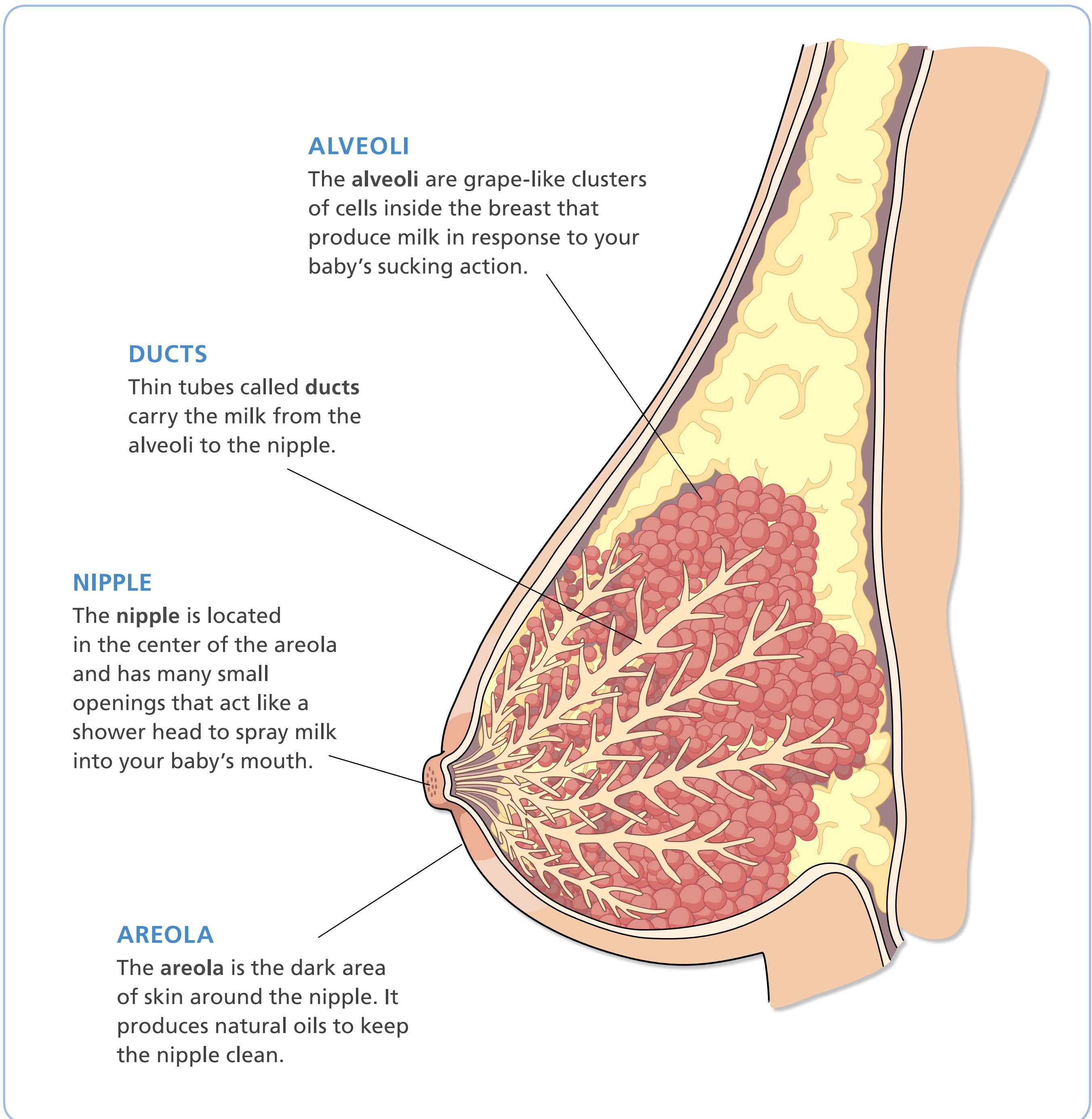


Lactation is another word for breastfeeding. If you have trouble with breastfeeding, can't seem to keep up your milk supply, or your baby shows signs of not getting enough milk, you may be referred to a lactation consultant.

A **lactation consultant** is a healthcare provider who has advanced training and certification in breastfeeding.

Anatomy of the Breast

Before learning the specifics of how to breastfeed, you should first know how your breasts perform this remarkable function. During pregnancy, your body makes all of the nutrients your baby needs to grow and thrive in your womb. After your baby's birth, your breasts naturally begin to provide milk, making as much as is needed to feed your baby as they grow outside your body. The picture below shows how it works.



Milk Production and Delivery

Preparing to make milk — what happens in pregnancy

During early pregnancy, your breasts may become fuller and more tender as the milk-making glands develop. As your breasts enlarge and blood flow increases, small stretch marks may appear and the veins in your breasts may be more visible. Your nipples may also become more sensitive to touch.

Producing and delivering milk

Once your baby is born, your body knows it's no longer pregnant, and your breasts begin to make milk. The more you breastfeed or pump, the more milk your body will make. Each time you breastfeed or pump, your body releases the milk. The release of milk is called **letdown**.

The first few times you breastfeed, letdown may take a few minutes. It will eventually occur much more quickly, usually within a few seconds. Sometimes with letdown, milk may start dripping from the other breast, and you may feel strong cramping in your uterus. These are normal signs. Moms feel letdown in different ways, and some don't feel anything at all.

The milk you make

Your body makes different types of milk to meet your baby's needs. **Colostrum**, the white, clear, or yellowish "first milk" that may leak from your breasts during late pregnancy, is your baby's first food. It provides your baby with food and antibodies (disease-fighting substances similar to medicine) that your body has built up over time to help protect your baby.

During the first few days after delivery, your breasts produce colostrum. Over the next 2 weeks, your breasts will gradually begin to produce more mature mother's milk. Also, the milk your baby drinks can change over the course of a single feeding. The more watery **foremilk** comes first in a feeding, giving your baby plenty of liquid along with nutrients and antibodies. As your baby continues to drink, the milk gradually changes to creamy **hindmilk**, which gives your baby additional healthy fats. It's important for your baby to get both foremilk and hindmilk at each feeding. An imbalance could cause your baby to have extra gas or to have medical problems. Contact a lactation consultant if you have questions.

BEGIN WITH SKIN-TO-SKIN

Hold your baby so that your bare skin touches their bare skin. Human touch warms your baby better than blankets or an incubator and can be a natural pain reliever for them during procedures like heel sticks for blood tests. Just as important, snuggling skin-to-skin feels great to a baby — and it's nice for mom and dad too. It relaxes your baby and helps the two of you bond. Skin-to-skin is especially good for breastfeeding sessions. Why?

- It helps your baby wake up and get ready to breastfeed.
- It helps you recognize your baby's **feeding cues** — the signs that show your baby is hungry — such as bringing their hands to their mouth, moving their mouth and tongue, or just quietly moving around.
- It helps with letdown, the release of milk from your breasts.

No matter how you're holding your baby, watch for these 2 breastfeeding basics:

- **Your baby's nose should be at the same level as your nipple.** They shouldn't have their chin on their chest or need to lift up their chin to grasp the nipple.
- **Your baby's chin should be in a straight line with their belly, not turned to the side.** (Make sure their belly is directly facing you and that their knees are touching you.)

These basics make feeding easier for your baby. You can try it yourself: Take a sip of water with your chin on your chest or with your head turned to the side. It's not easy to swallow, is it? Keeping your baby's head straight helps them swallow easily and also helps make sure they get enough of the nipple and breast into their mouth.

Getting Started

This section describes options for positioning your baby and getting a proper latch-on.

When your baby is ready to eat

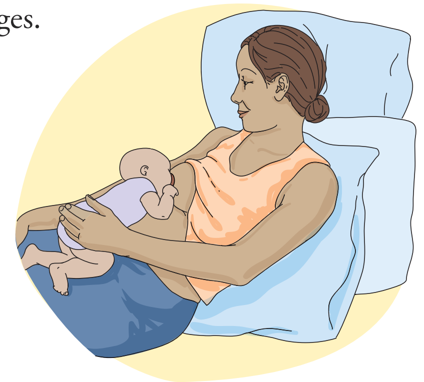
When your baby wants to eat, they will give you cues to show you how hungry they are. It's best to feed your baby when they are ready to eat rather than trying to follow a set schedule. If it has been 3 hours and your baby has not eaten, you should try to wake your baby and offer the breast. If your baby does not wake up after 5 minutes, do skin-to-skin and try again in an hour or two.

When your baby starts to get hungry, they may move around a little, open their mouth, and turn their head as if rooting for the breast. If they are very hungry, they may put their hand in their mouth, stretch, and move a lot. Babies who are not fed when they show hunger will become agitated or upset and cry hard. If your baby is upset, you should calm them down before breastfeeding. Cuddle your baby to your chest, and talk to them. Skin-to-skin cuddling may help calm them down enough so they can be fed.

Positioning yourself and your baby

Every mother and her baby have different needs, so you'll want to find positions and holds that are comfortable for both of you. You may find that placing a rolled towel or washcloth beneath your breast provides support for you and helps your baby latch on better. Experiment a bit, and use what works best for you. As your baby grows, you may find your preference changes.

Laid-back position



A laid-back position — in which your head, neck, and shoulders are supported, and your baby is resting on your body — is an option you can use when you begin breastfeeding your new baby. It's very comfortable for both mom and baby and seems to help newborns take in the breast deeply.

You can use this position in bed or on a couch or soft chair. Just arrange your bottom so that you can lean back into the pillows or cushions, far enough that your baby can rest completely on your body. (If you've had a C-section, have the baby lie across your body in a way that protects the incision — try different angles.) In this laid-back position, you don't need to lift your baby up with your arms. Your baby's weight is completely supported by your body, so you and your baby can relax and enjoy.

Football hold

Many women find the football hold helpful, in part because it seems to help babies latch on well. Especially good for large-breasted women, this position can also help protect a C-section incision, provide you with a free hand, or allow you to breastfeed two babies at once.

Begin by placing pillows at your back and side to support your body as you hold your baby. Hold your baby in your arm and lay your arm on the pillow at your side. Support your baby's neck and head with your hand, and support their back with your forearm. Tuck your baby's legs between your arm and body, as if carrying a football. If your baby is troubled by gas, adjust this hold so your baby sits slightly upright, leaving less room for air in their tummy.

Cross-cradle hold

The cross-cradle hold often works well for babies who are having trouble latching on or who are very small.

For this hold, position yourself comfortably with pillows behind you so that you don't have to bend over your baby. Support your baby with your arm and place your arm on a pillow or cushion in a horizontal or semi-upright position. Hold your baby using the arm opposite from the breast you'll begin feeding from. Support your baby's neck and head with this hand as your baby's body extends along the length of your forearm. Use the hand on the side of the breast you are feeding from to support your breast. Position the baby's nose at the level of your nipple, with their body resting on their side, facing you. When looking down, you should not see any space between you and your baby. Their ear, shoulder, and hip should be in a straight line.

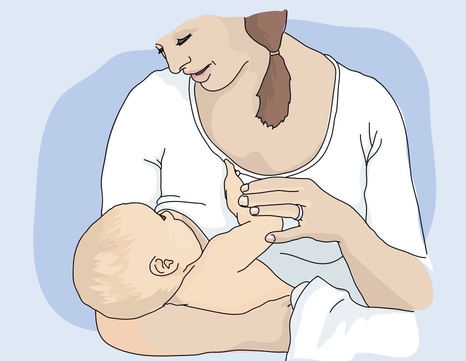
Side-lying

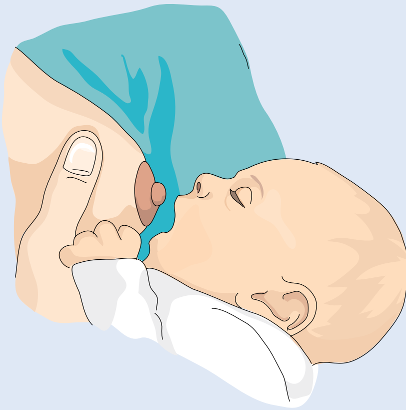
For breastfeeding in bed or keeping an active baby away from a C-section incision, the side-lying hold is a good choice.

Stretch out on your side with your baby facing you, tummy to tummy. Use pillows to provide yourself and your baby with back support. If you want to switch breasts, gather your baby close to your chest, then roll onto your back and across to the other side.

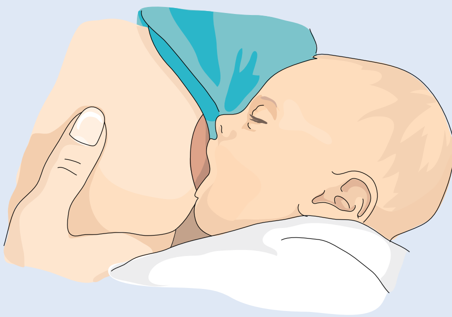
Cradle hold

The cradle hold usually works best when your baby has learned to breastfeed well. For this hold, sit upright, making sure you have good back support. Select a chair with armrests or use pillows to help raise your baby to breast height. Keep your knees even with your hips by putting a stool or pillows under your feet. Now, cradle your baby at your breast with your baby's tummy facing yours. When looking down, there should not be any space between you and your baby. Your baby's ear, shoulder, and hip should be in a straight line.





Position your baby so that their nose is in line with your nipple. Tickle their upper lip with your nipple to encourage them to open wide.



When your baby's mouth is open wide, bring them to your breast with their upper lip aiming for the nipple and their bottom lip aimed as far away from the base of the nipple as possible. With this latch, your areola will show above your baby's top lip.

Offering your breast and helping your baby latch on

Begin by supporting your breast with your hand. Put your thumb on top and your fingers below the breast, cupping your breast with your hand in a "C" or "U" shape. Make sure that the fingers on the underside of your breast aren't touching the areola (the darker skin around your nipple).

Next, position your baby's body by bringing them in close to your side.

Position your baby's head so that their nose is in line with your nipple. Encourage your baby to open their mouth wide by tickling their upper lip with your nipple.

When your baby's mouth is wide open, bring them toward your breast, making sure that:

- **Your nipple is pointing toward the roof of your baby's mouth.**
- **Your baby's upper lip is aiming for the nipple**. Their bottom lip should be aimed as far away from the base of the nipple as possible.
- **When your baby connects with your breast, their chin touches first.** Support their neck and shoulder with your open hand. (Do NOT push their face into your breast.)

With this **asymmetrical (off-center) latch**, your areola will show above your baby's top lip, and your baby's tongue will draw in more of the breast tissue below. Your baby's chin and lower lip will be close against your breast, and their head will be slightly tilted back. Don't use your finger to create an air pocket under your baby's nose. If it seems like your baby can't breathe easily at your breast, pull their shoulder closer to you and let their forehead fall slightly away from your breast.

When your baby first nurses, you'll feel a tugging sensation. Listen for the sound of your baby swallowing. A clicking sound (the baby's tongue against the roof of their mouth) may mean that your baby isn't latched on well. Other signs of a poor latch-on are nipple pain or pinching. If you think the latch-on isn't right, slip your finger into the side of your baby's mouth to break the suction, and then reposition and try again. It may take several tries to get the latch-on correct.

Let your baby nurse well on one breast before changing to the other side. Most babies will let go of the breast when they are finished on that side. If you need to remove your baby from your breast to switch them to the other side, gently put your finger into a corner of their mouth to break the suction.

Metro North Hospital and Health Service
Putting people first

Baby feeding cues (signs)

Early cues – "I'm hungry"

Stirring

Mouth opening

Turning head
Seeking/rooting

Mid cues – "I'm really hungry"

Stretching

Increasing
physical movement

Hand to mouth

Late cues – "Calm me, then feed me"

Crying

Agitated body
movements

Colour turning red

Time to calm crying baby

- Cuddling
- Skin-to-skin on chest
- Talking
- Stroking

For more information refer to the Queensland Health booklet *Child Health Information: Your guide to the first twelve months*
Visit the Queensland Health breastfeeding website: http://www.health.qld.gov.au/breastfeeding/

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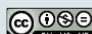
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Learning and Growing Together

You and your baby are different people with different personalities. The two of you may need a week or a couple of weeks before breastfeeding feels natural. Breastfeeding is a skill that you and your baby will learn together. How often and how long you breastfeed will change as your needs and the needs of your baby change.

The first feedings

Think of your first breastfeeding as a special "hello" between you and your new baby. The sooner you get acquainted, the better. Babies are very alert after they are born and are usually hungry too! Your baby's first feeding can be within the first 30 minutes to 2 hours after delivery. If possible, right after delivery, your baby should be placed on your chest or belly, skin to skin, and remain there until they have successfully breastfed.

Some mothers and babies are unable to breastfeed right away. If this is the case for you, be assured that your healthcare providers will help you to begin pumping so you can build and maintain your milk supply until you have a chance for that first special feeding.

Although your first few breastfeeding sessions may feel awkward, these early feedings encourage milk production and give your baby a healthy start in life. Don't be shy about asking for help.

Don't worry if it seems like your baby is only getting a very small amount of milk during these first feedings. In the first 3 or 4 days, your baby will only need and receive 1 to 2 teaspoons of colostrum at each feeding. This small amount is enough to nourish your baby. Also, don't worry if your baby seems hungry again soon after a feeding. It's normal for newborns to feed frequently and for some of these feedings to be close together. This is called "cluster feeding." Cluster feeding is normal and often occurs at a specific time of the day or night, usually during a fussy time that is 4 to 5 hours long.

See page 36 for more helpful information on what to expect during the first days of breastfeeding.

LOOK, LISTEN, AND FEEL FOR SIGNS
that the feeding is going well

- **LOOK to see that your baby is swallowing.** (Their whole jaw is moving rhythmically.)
- **LISTEN for swallowing sounds, especially after your milk comes in and your baby is getting more volume.** The sounds may include a little "aah" as your baby breathes between several swallows. (But clicking, slurping, or smacking sounds may indicate a poor latch.)
- **FEEL for a tugging sensation — but not pain.**

The first few days

By day 3 or day 4, your milk supply will increase. Your breasts should feel full before feedings and softer afterward. Mother's milk is easy to digest, so at first your baby may want to eat at least every 2 to 3 hours. Breastfed babies should eat 8 to 12 times or more in a 24-hour period during these early days. Offer the breast frequently, and allow your baby to feed for as long as they want to.

If your baby doesn't wake up on their own after 3 hours, wake them for a feeding. If they fall asleep within the first few minutes of breastfeeding, remove them from the breast and try to wake them so they can nurse for a longer time. To wake your baby for a feeding, try unwrapping them, holding them skin-to-skin, firmly rubbing their back, changing their diaper, or uncovering their hands.

To help maintain your milk supply, offer your baby both breasts at each feeding. However, always allow your baby to finish one breast before you offer the second. Not all babies will take both breasts at each feeding, so switch the side you start on.

Watch your baby for active feeding — this means the whole mouth and jaw are moving in a rhythmic fashion. Try to breastfeed on the first breast long enough to supply hindmilk (released after about 5 to 10 minutes of nursing). Your baby is probably full when the rhythm of their suck is no longer active. At this time, you may want to burp your baby, and then offer the second breast. Let your baby continue nursing as long as they want — usually 10 to 20 minutes per breast. You should hear swallowing throughout the feeding.

TIPS FOR INCREASING YOUR MILK SUPPLY

If you are concerned that your baby is not getting enough milk, try the following suggestions for 3 days:

- Breastfeed as often as your baby will take the breast (at least every 2 hours during the day).
- Do not go longer than a 5-hour stretch at night without breastfeeding.
- Pump both breasts after breastfeeding for added stimulation.
- Avoid using a pacifier. Let your baby suckle at your breast instead. This will help increase the amount of milk your body makes.
- Be sure your baby is positioned correctly at your breast.
- Eat at least 3 well-balanced meals and one nutritious snack each day. Do not try to lose weight if you are trying to boost your milk supply.
- If you feel thirsty, drink more water, milk, or juice.
- Make sure you get plenty of rest and reduce stress.

When the pace picks up — growth spurts

When your baby is in an active growing stage, expect more frequent feedings. Your body will naturally meet the extra demand for milk, so you won't need formula to fill in the extra feedings. In fact, if you give your baby formula at this time, your breasts will not get the message to increase milk production.

Luckily, growth spurts last only for a day or two, and the number of feedings soon returns to normal. Your baby's first growth spurt may come at 2 or 3 weeks of age. You may notice additional growth spurts as your baby nears 6 weeks, 3 months, and 6 months of age.

About vitamin D

Healthcare providers recommend that all breastfed infants receive a daily supplement of vitamin D, which should begin soon after birth. Talk to your doctor about vitamin D for your baby.

PACIFIERS

You should know:

- The use of pacifiers has been linked to earlier weaning (stopping breastfeeding) and a higher risk of breastfeeding problems.
- Pacifiers can make an infant's muscles weaker and can change how an infants sucks.
- If you choose to use a pacifier, wait until breastfeeding is well established — usually at about 3 to 4 weeks of age — before giving one to your baby.
- Pacifier use may decrease the risk of SIDS. The American Academy of Pediatrics recommends introducing a pacifier at 1 month of age to reduce this risk.

Follow these pacifier guidelines:

- Use a pacifier after a feeding, not in place of a feeding. Do not use a pacifier to space feedings or if your baby is still wanting to eat.
- Do not use a pacifier within 30 to 60 minutes of when you are planning to feed your baby again.
- Do not tie a pacifier around an infant's neck. Your baby could strangle.
- Check the pacifier before each use. Keep it clean. If it becomes torn, cracked, sticky, enlarged, or shows other signs of wear, replace it immediately.
- Use only store-bought pacifiers.
- Do not give your baby a pacifier during a growth spurt or when your baby is happy or bored.

Is Your Baby Getting Enough Milk?

When you're breastfeeding, you can't directly see how much milk your baby is taking in. An easy first way to gauge your baby's milk "input" is to check their "output" — wet and dirty diapers. As time goes on, you and your baby's doctor can use weight gain to gauge whether your baby is getting enough nutrition.

Early on

- **On the 3rd day of life**, your baby should have at least 3 bowel movements in a 24-hour period. Your baby's first few bowel movements will look dark and sticky, but will gradually become greenish-yellow.
- **On the 4th day of life**, your baby should have at least 4 mustard-yellow bowel movements and at least 4 wet diapers in a 24-hour period.

IMPORTANT:

Pay attention to the number of wet and messy diapers your newborn makes. Too few may signal a problem.

Call your baby's healthcare provider if:

- **ON the 1st day of life,** your baby doesn't have at least 1 wet diaper and 1 messy diaper in a 24-hour period
- **ON the 2nd day of life,** fewer than 2 wet diapers and 2 messy diapers in a 24-hour period
- **ON the 3rd day of life,** fewer than 3 wet diapers and 3 messy diapers in a 24-hour period
- **ON the 4th day of life, your breastfed** baby has fewer than 4 wet diapers and fewer than 4 mustard-yellow stools ("poops") in a 24-hour period
- **AFTER the 4th day of life,** your **breastfed** baby has fewer than 6 wet diapers and fewer than 4 mustard-yellow stools ("poops") in a 24-hour period
- **In the first 2 months,** your baby has no messy diapers at all in a 24-hour period
- Your baby has jaundice (a yellow appearance in the skin and eyes) that does not go away or spreads to cover more of their body
- Your baby refuses to eat at all or consistently sleeps 5 to 6 hours between feedings

Also, if you don't think your milk has come in by the morning of the 5th day (there is no change in how your breasts feel) — call your healthcare provider or your baby's healthcare provider.

Babies younger than 2 months

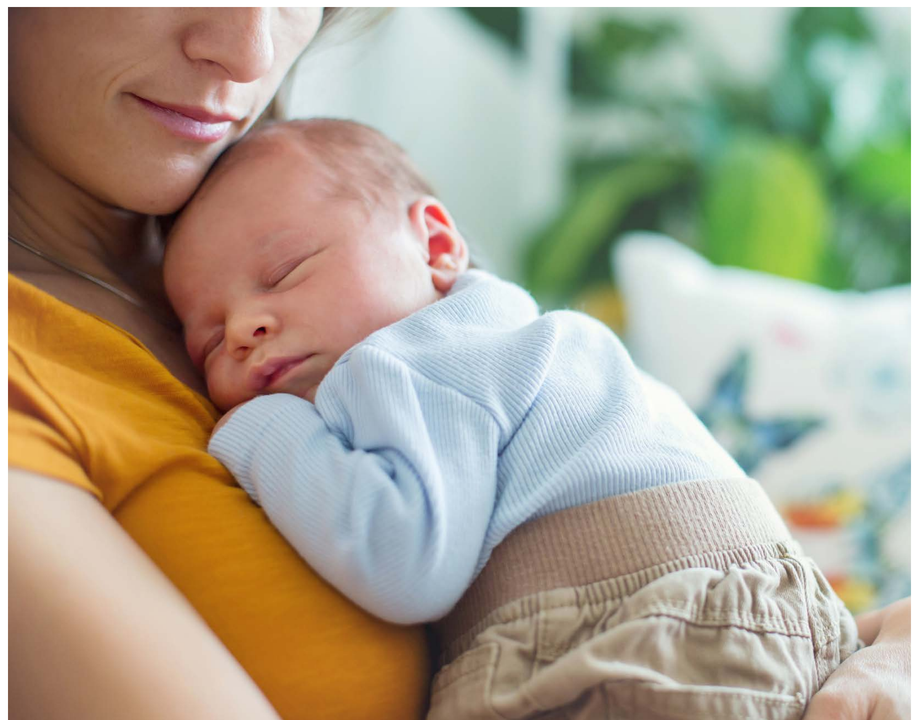
A baby younger than 2 months will usually:

- Breastfeed 8 to 12 times each day.
- Actively suck and swallow for about 10 to 20 minutes at every feeding. Note: It's important to make sure your baby gets hindmilk so let them nurse as long as they want on the first breast before you switch them to the second. Remember, some babies are satisfied after nursing on one breast and may not suck very long on the second breast. Just switch the side you start on next time.
- Have 6 or more wet diapers and 4 or more dirty diapers each day.
- Seem full and satisfied after eating.
- Gain at least 4 to 7 ounces per week.

Babies older than 2 months

A baby older than 2 months will usually:

- Breastfeed 7 or more times per day.
- Be more efficient at emptying the breast, so feeding time is shorter.
- Have 6 or more wet diapers each day. They may continue to have several messy diapers each day or may go several days without one.
- Seem full and satisfied after feeding.



Nutrition and General Health

Eating a balanced diet

What you eat and drink is very important when you're breastfeeding, especially during the first 2 to 3 weeks when your milk supply is becoming established. Don't diet during this critical time. Follow an eating plan that includes a generous intake (1,800 to 2,200 calories each day) of nutrients from all food groups.

Follow these tips as you breastfeed and throughout your life:

- **Eat plenty of fruits and vegetables.** Dark green, orange, and yellow vegetables are especially healthy choices.
- **Make most of the grains you eat *whole* grains.** Examples include whole-wheat bread, brown rice, and oatmeal. These have lots of healthy fiber and nutrients.
- **Choose heart-healthy proteins.** Examples include beans, eggs, low-fat cheese, nut butters, skinless poultry, and lean red meats. Fish is another good protein source, but limit your intake of mercury (common in many sea fish) by eating no more than 12 ounces a week of the following fish: halibut, sea bass, swordfish, mackerel, grouper, red snapper, and orange roughy.
- **Select low-fat dairy products**. Go for non-fat or low-fat milk, yogurt, and cheese. If breastfeeding, you need at least 4 servings of dairy each day.
- **Choose unsaturated fats and oils — and stay away from trans fats.** Read food labels to see what's inside.
- **Limit salt and sweets.** Most Americans get far too much sodium (salt) in their diet and eat too many sweets. Keep salty and sweet snacks to a minimum — save your appetite for foods that are packed with the nutrients you need.

Once your milk supply is established, gradual weight loss should not interfere with breastfeeding. However, keep in mind that diets of less than 1,800 calories a day are often low in vitamins, minerals, and iron and often lead to fatigue and low milk supply. Diets with fewer than 1,500 calories a day — or those that severely limit carbohydrates or fats — are also not recommended at any time while you're breastfeeding.

What about foods to avoid? Contrary to popular belief, there are no "forbidden foods" for breastfeeding women. Unless you have a food allergy in the family, you should be able to eat everything in moderation — including spicy foods, nuts, dairy, broccoli, and chocolate. Your baby's occasional fussiness is probably not related to your diet. However, if you're concerned, you can try eliminating a particular food for a time to see if things improve, or you can talk with your baby's healthcare provider.

If you find that you are more physically active or are losing weight too quickly to maintain an adequate milk supply, increase the number of servings of foods from each food group.

If you're exercising, make sure that you're taking in enough fluids and calories to maintain your milk supply and prevent fatigue.

Other recommendations

Fluids

You should be drinking plenty of fluids. Try to drink at least 8 cups every day. However, forcing fluids beyond your thirst will not increase your milk supply.

Vitamins

Doctors recommend that all women of childbearing age take a vitamin with at least 400 micrograms (mcg) of folic acid every day:

- Before they're pregnant
- During their pregnancy
- After a baby is born
- Always — if they have any chance of getting pregnant, on purpose or accidentally

Folic acid is important to help prevent certain birth defects. And it's good for you too. If you have any chance of becoming pregnant, take folic acid daily. If you took prenatal vitamins or iron during your pregnancy, keep taking them for the first few months of breastfeeding. But be aware that vitamins don't take the place of nutritious foods, and they can be dangerous in large amounts. Always take the amount recommended by your healthcare provider.

Vegetarian and vegan diets

If you have chosen to follow a vegetarian diet, you can continue to follow this diet while breastfeeding. Make sure you are consuming enough calories, protein, iron, calcium, vitamin D, and zinc. It's also important to make sure that you are getting enough vitamin B12. This vitamin is only found in animal products. A vitamin B12 supplement is recommended for mothers on strict vegan diets who avoid eggs, milk products, and meat products.

Exercise

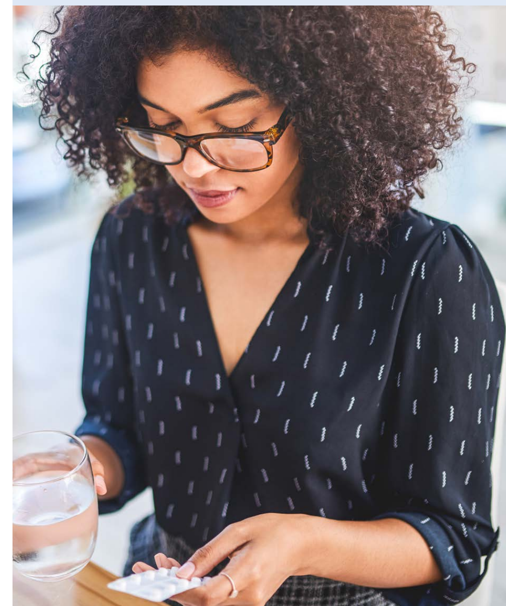
Exercising has many health benefits and is recommended during breastfeeding. If you were exercising during pregnancy, it's safe to continue your exercise routine. Just make sure that you are consuming enough fluids and calories to maintain your milk supply and prevent fatigue. If you're just beginning an exercise program, check in with your healthcare provider and get their OK. Then follow these safe exercise habits: Start slowly and build up gradually; exercise at least 3 days a week; and warm up before you exercise. You can breastfeed right after you exercise — there is no need to wait.

Medicine, herbs, and dietary supplements

Before you use any herb, dietary supplement, or medication — either prescription or over-the-counter — ask the advice of your healthcare provider, pharmacist, lactation consultant, or dietitian. Some substances and essential oils are not recommended during breastfeeding and can be dangerous. You can also get information from the MotherToBaby Utah helpline (Pregnancy Risk Line) at 1-800-822-BABY (2229) or **mothertobaby.utah.gov**.

Prescription pain medicines should be used with caution while breastfeeding. If you have incision pain, you may have been prescribed a narcotic pain reliever such as Tylenol #3 (acetaminophen-codeine), Vicodin, Norco, Percocet, or Lortab. Small infants (less than 6 weeks old or less than 5 pounds) are especially sensitive to narcotics in breast milk and could have trouble breathing or become too sleepy to eat. To reduce this risk, avoid narcotic pain medicines before you breastfeed. Ibuprofen (Advil, Motrin) and acetaminophen (Tylenol) may be taken for pain management. Follow your healthcare provider's dosage instructions exactly. If your pain is not better and you decide to take a prescribed narcotic, nurse your baby **before** you take the narcotic.

Remember that narcotics are prescribed for incision pain and are NOT intended for pain from engorgement, damaged nipples, or constipation. If your incision pain or cramps suddenly get worse, call your healthcare provider. Remind your healthcare provider that you're breastfeeding. Finally, never share prescription medicines.



TAKING MEDICINE SAFELY

Breastfeeding mothers often need to take medicine. Many medicines, if taken in the proper doses, are safe for you and your baby. However, there are some that are not recommended. Always check with your healthcare provider before taking any medicine. Also, be aware that birth control pills and pseudoephedrine may reduce milk supply.

Some common medicines that are safe for nursing mothers are:

- Over-the-counter pain killers such as acetaminophen (Tylenol) and ibuprofen (Motrin, Advil)
- Many antibiotics
- Some over-the-counter cold medicines

For up-to-date information about medicine safety while breastfeeding, call the Mother to Baby helpline at 1-800-822-BABY (2229).

ILLNESS

In most cases, it's fine for an ill mother to keep nursing her baby. In fact, for most illnesses that are common, continuing to breastfeed will help protect your baby. You pass on valuable infection fighters called **antibodies** through your milk. Illnesses in which you need to stop breastfeeding are rare and tend to be more serious (like HIV infection).

Marijuana and other street drugs

Mothers who breastfeed their babies should not use marijuana in any form according to the American Academy of Pediatrics. This includes smoking, edibles, oils, and powders.

Tetrahydrocannabinol (THC), the active ingredient in marijuana, is stored in fat and passes into breast milk at concentrated levels that are 6 to 8 times higher than maternal plasma levels. THC may negatively affect your baby's brain development.

Pumping and dumping your expressed breast milk after marijuana use is not recommended because marijuana can stay in your body for a long time. It is unhealthy for both you and your baby to breathe marijuana smoke. Do not let anyone smoke marijuana around your baby as it increases the risk of SIDS.

You should not breastfeed if you use any amount of street drugs. These drugs pass into your breast milk. Even a small amount that feels mild to you can make your baby very ill. Care of your baby can be compromised following use of street drugs. Talk to your healthcare provider to make a care plan for feeding your baby if you use street drugs.

Smoking and nicotine

Smoking is bad for you — and for your baby. It affects your breast milk, can reduce your milk supply, and may mean that your baby gets sick more often. If you smoke, stop as soon as possible. Talk to your doctor, or visit online Freedom from Smoking (**ffsonline.org**) or Quit for Life (**quitnow.net**).

If you can't quit or are in the process of quitting, it's still best to breastfeed. The benefits of breastfeeding are greater than the risks from your smoking. Just make sure you do these things:

- Don't let anyone smoke in the house or around your baby.
- Cut down your smoking as much as you can.
- Breastfeed before you smoke, not right afterward.
- When you smoke, cover up with a jacket and pull your hair back.
- Before you breastfeed, take off the shirt or jacket you wore while smoking.

Caffeine

Mother's milk is only slightly affected by caffeine. Just keep your intake moderate — avoid drinking more than 2 to 3 cups a day of coffee, tea, or soda that has caffeine. More than that could make your baby fussy and unable to sleep.

Alcohol

You should limit alcohol to an occasional single drink. Alcohol passes to your baby when you breastfeed. A newborn's liver doesn't work efficiently and will have a hard time cleaning the alcohol from their system. Alcohol can also cause your body to make less milk. If you become uncomfortable because your breasts are full — and it's been less than 2 hours since you've had an alcoholic drink — pump your milk, and be sure to discard it. Pumping won't clear the alcohol from your system any faster. It still takes about 2 hours.

KEEPING YOUR BABY'S TEETH, GUMS, AND MOUTH HEALTHY

Your baby's oral health has a significant impact on their overall health.

"Baby teeth" don't last a lifetime, but they're important because they help your child speak clearly and chew naturally. The 20 baby teeth that will fall out between ages 6 and 12 form a pathway that permanent teeth can follow when it's time for them to "come in."

You can help your baby get a healthy start to their oral health by preventing cavities. Like everyone, you and your family have bacteria in your mouths that can be passed to your baby through kissing, sharing spoons, and licking pacifiers. Cavities can form on your baby's teeth when harmful bacteria feed on sugar in your baby's mouth and, as a result, make acid. This acid can dissolve your baby's teeth. Cavities can begin forming when your baby's first teeth start to appear at 4 to 6 months.

To prevent cavities on your baby's new teeth:

- **Make sure that you and your family members have good dental health.** Visit the dentist on a regular basis for check-ups and treatment of cavities. Your untreated tooth decay increases the amount of harmful bacteria in your mouth that can be passed on to your baby.
- **Limit the amount of sugar-containing drinks you give your baby, especially at night.** After breastfeeding (breast milk has sugar), use a wet washcloth to gently wipe your baby's gums and any teeth they have. This will help remove bacteria and sugar from their mouth.
- **Once your baby gets that first tooth**, continue to use a wet washcloth on their gums. You should also begin to brush your baby's teeth twice a day with a small, soft-bristled toothbrush. Use a smear of fluoridated toothpaste with each brushing.
- **Visit a pediatric dentist when your baby is no older than 1 year old** to establish a "dental home" for your baby and get them started on a lifetime of good oral health.

Problem Solving

For the most part, your breasts will take care of themselves. Just rinse them with warm water every day and let them air-dry. Avoid soaps and perfumed cleansers since they can crack your nipples. The best way to prevent problems with your breasts is to stick to regular feedings that keep your milk flowing.

Sore, tender nipples

If your nipples are sore, your baby may not be latching on correctly. When feeding, your baby should grasp onto the areola with a wide-open mouth. You should feel a tug on your nipple but no pinching or pain.

If breastfeeding hurts, try these suggestions:

- **Try different nursing positions.** Switching positions may help decrease nipple soreness. See pages 8 and 9 for ideas.
- **Break the suction when you finish feeding.** Gently put your finger into the corner of your baby's mouth when you want to remove your baby from your breast.
- **Don't allow your baby to chew on your nipple.** Also, don't allow your baby to sleep holding your nipple in their mouth.
- **Use mother's milk and pure lanolin** to soothe and heal sore nipples. After feeding, express (draw or squeeze out) a drop or two of milk and rub it gently onto the nipple. (Mother's milk is soothing to the nipples and helps with healing.) While the nipple is still moist, apply 100% pure lanolin cream that is approved for breastfeeding use. This will encourage moist wound healing of your sore nipples and prevent breast pads from sticking.
- **For cracked, scabbed, or bleeding nipples,** contact a lactation consultant to help evaluate the reason for the problem and to assess the need for lactation creams or gel pads.
- **If your breasts are very full,** express some milk before breastfeeding. This will soften the breast so that the baby can latch on more easily.
- **Keep your nipples clean and dry.** Use warm water only, and do not use soap on your nipples.

Flat or inverted nipples

Some women have flat or inverted nipples. Most babies can breastfeed on this kind of nipple without problems because when babies are latched on correctly, they suck on the breast, not the nipple. If needed, try these tips:

- Roll your nipple between your fingers.
- Avoid giving your baby bottles or pacifiers.
- Use a breast pump at the start of a feeding to help draw your nipple out.

Breastfeeding should not be painful. There may be some discomfort for 1 to 2 days, but if nursing hurts after this time, ask your healthcare provider or lactation consultant for help.

CALL YOUR HEALTHCARE PROVIDER or lactation consultant if you:

- Have discomfort that lasts for more than 2 days or becomes worse
- Experience a sudden increase in nipple soreness (with or without a rash) that continues after the end of a breastfeeding session
- Develop cracks or blisters or see blood on your nipples

Engorgement

It is common for your breasts to feel fuller 2 to 3 days after your baby's birth. This is a wonderful sign that your milk is coming in. If your breasts become so full that they are very hard and lumpy, you are experiencing **engorgement** (swelling). You may feel discomfort from engorgement and it can flatten your nipples, making it difficult for your baby to latch on. With frequent feedings, engorgement usually goes away in a day or two.

If you have engorgement, try these suggestions:

- **Continue to breastfeed often** — at least every 2 hours. Whenever breasts feel hard and full, breastfeed or pump until they feel softer.
- **Apply warm, moist heat** (such as a warm, wet washcloth) to the nipple and areola for about 5 minutes before feedings. Do not apply heat to the upper portion of the breast because this may cause more swelling.
- **To encourage letdown, massage your breasts,** gently stroking the breast from the outer portion of the breast toward the nipple.
- **If your nipples flatten** and your infant has trouble latching on, squeeze or pump out enough milk to soften the areola and restore nipple shape.
- **If your baby is too sleepy to nurse** for very long, try switching breasts more often, changing their diaper, or firmly rubbing their back. If your baby falls asleep after nursing on only one breast, pump the other breast.
- **If the above suggestions don't work, you can apply washed, cool, slightly crushed, green cabbage leaves** to your breasts after breastfeeding, three times a day for 15 minutes. (You can use a rolling pin to crush the cabbage leaves). When putting the cabbage on your breasts, don't cover your nipples. You can also try cold packs (store-bought ice packs or bags of frozen peas or crushed ice that are wrapped in a thin towel). **Don't keep the cabbage leaves or cold packs on for longer than 15 minutes, and don't use them more often than suggested — this can reduce milk supply.**
- **Use acetaminophen (Tylenol) or ibuprofen (Advil)** for pain control.
- **Wear a bra with extra support.**

Do not use a nipple shield over your nipple unless advised to do so by a lactation consultant.

Drinking less water will not reduce engorgement.

CALL YOUR HEALTHCARE PROVIDER or lactation consultant if:

Your baby continues to have trouble latching on after you try the suggestions described in this booklet

If you have a plugged milk duct, continue to breastfeed. If you stop, the plugged duct may get worse and lead to a breast infection.

CALL YOUR HEALTHCARE PROVIDER or lactation consultant if:

You continue to have plugged milk ducts after trying these suggestions

Plugged milk ducts

Sometimes the breast does not drain completely and an area may become clogged with milk. If this happens, you'll usually find that an area of your breast feels firm, warm, and tender to the touch. While a plugged duct won't leave you feeling sick or give you a fever, it's important to clear the plugs so the milk can flow freely through the ducts. If the area doesn't clear, the risk of developing a breast infection called **mastitis** increases (see page 25 for more information).

If you think you have a plugged milk duct, try these suggestions:

- **Continue to breastfeed.** This helps clear the blockage and prevent infection.
- **Focus on emptying your tender breast by using it frequently for breast feeding.** Start each feeding with the tender breast, and for the first 24 hours, nurse or pump at least every 2 to 3 hours.
- **Begin each feeding by applying a warm, moist cloth** to the blocked area for 5 to 10 minutes.
- **Try a warm shower** to help your milk flow better.
- **Position your baby at the breast** so that their chin or nose is pointed at the tender area — this may help to empty your breast.
- As your baby nurses or you pump, **gently massage your breast, moving from behind the blocked areas toward your nipple**.
- If your baby's feeding does not soften your breast, **hand express or pump until your breast feels soft**.
- **Avoid anything that might block the flow of your milk** (such as tight or under-wire bras, baby carriers, or holding the breast too tight).
- **Drink more fluids.** Nursing mothers should drink about 8 to 10 glasses of water each day.
- **Take lecithin as a food supplement.** Lecithin seems to help some mothers prevent chronic or recurring blocked ducts. According to pediatrician Jack Newman, the author of popular breastfeeding books, lecithin may help by making the breastmilk less sticky. Lecithin doesn't cause side effects and is inexpensive. Talk with your lactation consultant or healthcare provider to learn more about this treatment option.

Breast infection (mastitis)

Mastitis is a swelling and infection of the breast tissue and glands — not an infection of your milk itself. Most breast infections result from missed feedings or not frequently emptying your breasts, which leads to milk buildup. You are also more likely to develop a breast infection if you have damaged nipples or plugged ducts, or if your defenses are lowered by lack of rest, poor diet, or stress.

Symptoms of a breast infection may include flu-like symptoms (such as chills, body aches, fatigue, headache, and fever above 100.4° F) and a throbbing pain in one breast. In addition, an area of your breast may be red and painful to the touch, or the skin may look tight and shiny.

If you have a breast infection, do the following:

- **Continue to breastfeed.** By moving your milk through the breast frequently, breastfeeding may actually relieve the problem. If you stop nursing, mastitis will get worse.
- **Call your healthcare provider for antibiotics.** (Be aware that a frequent side effect of antibiotics is an overgrowth of yeast. See the next page for information on yeast infections.)
- **Concentrate on getting better and nursing your baby.** Find someone to help out with your other children and household chores so you can go to bed and rest.
- **Nurse or pump at least every 2 to 3 hours for the first 24 hours.** Start each feeding with the sore breast.
- **Apply a warm, moist cloth to the area before each feeding.** This helps to increase the flow of milk and the blood supply to the infected area.
- **Breast massage before or after each feeding or pumping may be helpful.**
- **Drink enough fluids.** Pale yellow urine is a sign that you are getting enough fluids.
- **For pain relief,** try acetaminophen (Tylenol) or ibuprofen (Advil), or take other pain medicine as prescribed.

If you decide to discontinue breastfeeding, gradually reduce the number of daily feedings. **DO NOT** stop breastfeeding suddenly.

CALL YOUR HEALTHCARE PROVIDER *if you notice any of the following:*

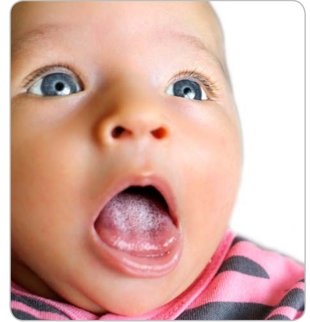
- You don't feel better after 24 hours of being treated with antibiotics for a breast infection
- Flu-like symptoms (chills, body aches, fatigue, or headache)
- Fever of 100.4°F (38.0°C) or higher
- Extremely painful nipples
- Cracks, blisters, or blood on your nipples
- Throbbing pain in one breast, or a part of your breast becomes red and extremely painful to the touch

Yeast infections

Sometimes a yeast infection can develop on the mother's breast or in the baby's mouth. Some yeast infections are noticeable only in the mother, and some are noticeable only in the baby. However, since the breastfeeding mother and the baby can re-infect each other, **both mother and baby need medicine.**

A yeast infection in your baby can also appear as a persistent diaper rash that may have red spots along the edges.

Symptoms



- **In your baby:** A yeast infection in a baby's mouth is called **thrush**. Thrush may appear as white or grayish-white, slightly raised patches that look like milk curds on the tongue, throat, inside the cheeks, or on the lips. These patches cling and will not wipe or rinse off easily. If they are wiped off, they leave the underlying tissue raw and possibly make it bleed.
- **In you:** Yeast infections can cause your nipples to crack, itch, or burn. Nipples can become red, swollen, and painful. Some mothers also develop breast pain.

YEAST INFECTION TREATMENTS for your baby

- To treat thrush in your baby's mouth, your doctor will prescribe a liquid medicine called Nystatin. Follow the package directions to gently rub the medicine on your baby's tongue, cheeks, and gums. This is usually done after a feeding, 4 times a day for 2 weeks.
- If you are using a breast pump, pacifier, or bottle nipple, boil it for 20 minutes, run it through a dishwasher, or use a micro-steam sanitizer each day. Be aware that boiling may wear down bottle nipples and pacifiers, so you may have to use new ones after about a week of boiling.
- Wash your baby's toys often in hot, soapy water to prevent your baby from becoming re-infected.
- To treat a yeast diaper rash, you doctor will prescribe an ointment that you will apply to the diaper area at least 4 times a day for 2 weeks. You should also try not to use diaper wipes from stores. Instead, use clear water and non-scented tissues or washcloths, and pat dry. Soaking the diaper area in warm water for 5 to 10 minutes, 4 times a day, and then letting your baby's bottom air-dry, can also be soothing for your baby.

Part of the treatment for thrush is washing your baby's toys often in hot, soapy water.

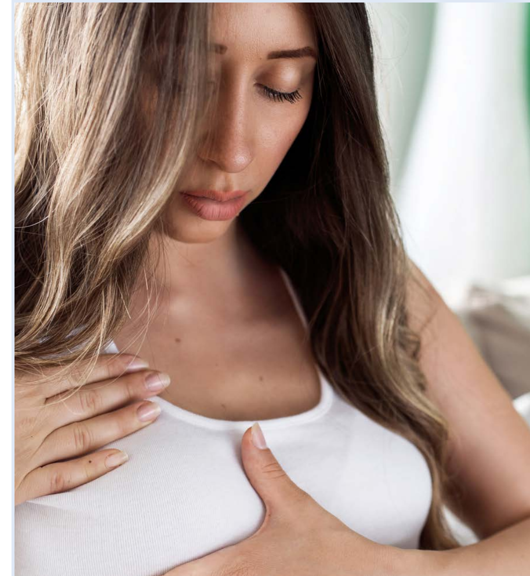
YEAST INFECTION TREATMENTS for you

Rinse your nipples with warm, clear water after breastfeeding. A mixture of water and vinegar may be even more effective than plain water. (Mix 1 tablespoon of vinegar in 1 cup of water.) Pat your nipple dry with a soft towel when you're done. Do not rub your milk onto your nipples. Yeast can grow when it comes in contact with the natural sugars in breast milk.

- Apply a thin layer of antifungal cream to your nipples and areolas after each feeding for 14 days, or follow your doctor's instructions. The cream usually absorbs into the skin between feedings. However, if you notice any extra cream, remove it with a wet cotton ball before breastfeeding.
- Since yeast thrives in dark, moist environments, change your breast pads or bra whenever they become wet with milk. Use cotton bras and breast pads (without waterproof linings) because they allow air to reach the nipples.
- Wash your bras, pajamas, sheets, towels, and washcloths in hot water daily.
- Wash your hands after you use the bathroom or change your baby's diaper.
- If you're expressing your milk, you can still feed freshly expressed milk to your baby. However, because of the risk of reinfection, it may not be wise to freeze the milk for later use.

CALL YOUR DOCTOR *if you:*

- Think you or your baby may have a yeast infection.
- Have a yeast infection that does not go away with the treatments discussed here. (Your healthcare provider may prescribe a stronger medicine to be taken in pill form)



Breastfeeding and birth control

Breastfeeding is NOT a guarantee against pregnancy. You need to use birth control as soon as you are ready to have sex again after your baby's birth.

Consult with your doctor or health care provider to help you choose a birth control method that will work best for you throughout the time in which you are breastfeeding.

NOTE: You should not use time-release hormones (such as birth control shots or patches) until your milk supply is well-established. This usually takes 3 to 4 weeks. Also, some time-released hormones may lead to decreased milk supply. See ***Caring for Yourself After the Birth of a Baby*** for a summary of birth control options.

Pumping and Storing Your Milk

You can transfer milk from your breasts into a bottle by **hand expressing** or **pumping.** (Pumping involves expressing milk with a breast pump. Common types of breast pumps include manual or hand-operated, battery-powered, and electric.)

Hand expressing or pumping your milk can give your partner and others a chance to feed your baby. It can also free you up and make activities outside the home possible, such as returning to work or school. If you're not able to pump, you can use formula during work or other activities, and breastfeed while you're at home.

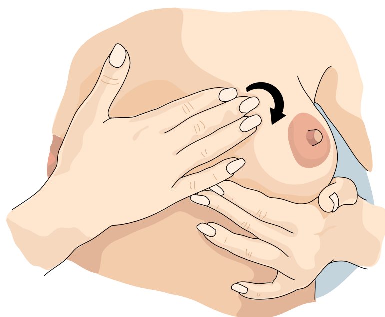
Hand expressing

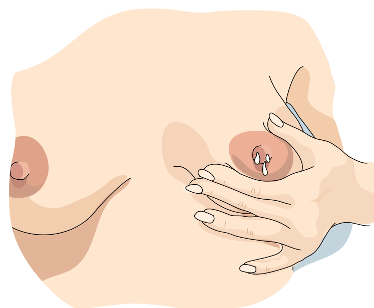
Hand expression can help your milk come in faster and — in combination with pumping — help your body make more breast milk later on. Hand expression is also easy and free. You can do it without any special equipment.

Your first tries at hand expression may not produce much milk, but you'll get better at it with practice.

How to hand express

1. **Wash your hands and your collection cup thoroughly.**
2. **Stimulate milk flow. Try the following:**
   - Apply a warm, moist towel to the breasts for 1 to 3 minutes. (A warm shower will also work.)
   - Massage your breast using small, circular motions. Move your fingers around the breast, working from your chest down toward your nipple.
   - Massage for at least 2 minutes, then repeat on your other breast.
   - Relax and think of your baby.
3. **Collect your milk by doing the following:**
   - Place your finger and thumb about 1 to 1 and a half inches behind the base of the nipple.
   - Gently lift, then press the breast back toward your chest while compressing your fingers together toward the nipple. Relax and let go.
   - Repeat the press-compress-relax motion several times before switching to the other breast.
   - As you alternate sides, and the milk begins to flow, collect it in a tube, spoon, or cup so that it can be easily fed to your baby.
   - Continue working around your breast to reach all of the milk sacs.





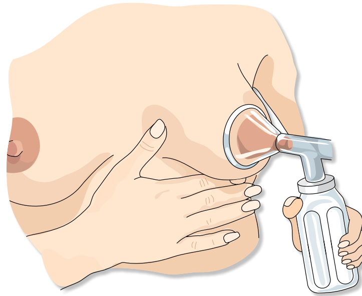
You can also try hand expressing from one breast while feeding your infant from the other. Your baby's suckling will stimulate your milk flow and make it even easier to hand express.

Pumping

Most mothers can begin pumping 5 to 7 days after delivery. Plan to begin pumping your milk for at least 2 to 3 weeks before returning to work or school. If you and your baby are apart, begin pumping within 6 hours.

It's important to pump your breast milk as often as you would be nursing (at least every 3 to 4 hours). Try to mimic your baby's feeding pattern and express both breasts at each session. Pump any time you feel you have extra milk. One of the easiest times to pump is whenever the baby only nurses on one side — you can then pump the other side. Some mothers even pump while their babies nurse.

The plastic funnels that go directly against your breasts are called flanges. Flanges come in several sizes. Ask a lactation consultant to check the fit of the flanges to your breasts. A good fit means more efficient and comfortable pumping.



Pumping at work

No matter where you work or what type of job you have, you should be able to pump your milk while you're at work. It just takes a bit of planning and preparation. Here are a few tips:

- **Prepare with your employer.** Before you go back to work, tell your employer that you're breastfeeding, and that when you're at work, you'll need to pump throughout the day. Ask where you can pump (it should be clean and private) and where you can store the milk. Discuss how you can fit pumping into your workday. And make sure your employer knows the facts: Studies show that breastfeeding mothers miss less work than other new moms! If your supervisor can't meet your needs, check with your Human Resources department.
- **Start pumping before you go back to work — 2 to 3 weeks before, if possible.** This way, you can build up a supply of frozen mother's milk for the first few days. Also, make sure your baby gets some practice drinking expressed milk from a bottle.
- **When you're at work, pump about every 3 to 4 hours.** Try to mimic your baby's feeding pattern. If you don't pump often enough, you could have problems with leaking and blocked milk ducts.
- **If you have a double pump, pump both breasts at the same time.** This will cut down on pumping time and make the most of your body's natural letdown reflex.
- **Think of your baby!** Thinking of your baby while you pump will help with letdown — and remind you of the gift you're giving your baby by continuing to breastfeed.

What will happen when I'm apart from my baby?

When moms return to work, some babies go through a normal period of adjustment that may include a lack of appetite and an increase in fussiness. They will soon make the adjustment.

Breastfeed as soon as you get home from work and frequently when at home with your baby. This will help you maintain your milk supply.

Many mothers find that the stress of returning to work or school causes a temporary decrease in their milk supply. Preparing by building up a supply of frozen mother's milk will help you through this period.

INSTRUCTIONS FOR PUMPING:

- Wash your hands before pumping.
- Pump until your flow of milk slows or stops — this takes about 10 to 20 minutes if you are using a double electric pump. You will need to pump longer if you are using a smaller pump or a hand pump.
- After each use, wash any piece of the pump kit that touches your breast or holds milk. Use hot, soapy water and follow the pump manufacturer's instructions.

Pumping in the hospital to protect your milk supply

There are many reasons why women may need to start pumping while they are still in the hospital. Whether or not it's important for you to pump at this stage is based on your individual circumstances. If you will be pumping, plan to start as soon as possible, within 3 or 4 hours after delivery.

Note: If you have had breast surgery, talk with your healthcare provider about if and when to pump. The following reasons to start pumping may not apply to you.

You may need to start pumping in the hospital:

- **If your baby is born preterm (born before 37 weeks).** Pump after feedings regardless of how well your baby is latching since babies born early have a softer suck than full-term babies.
- **If your baby is in the NICU (newborn intensive care unit).** Pump every 2 to 3 hours with a 5-hour gap at night for a total of 8 pumps in 24 hours.
- **If you have more than one baby (such as twins).** Pump after feedings.
- **If you have a history of low milk supply, polycystic ovary syndrome (PCOS), or infertility.** Pump after feedings.
- **If your baby is not latching well in the first few days.** If not latching well on day 1, hand-express colostrum after feedings. If not latching well by day 2, start pumping after feedings.
- **If you are using a nipple shield.** Hand express after feedings on day 1. Start pumping after feedings on day 2.
- **If your baby is only breastfeeding well on one side.** Pump the breast that your baby is struggling with after feedings.
- **If you are supplementing your baby's feedings with pasteurized human milk or formula.** Pump after feedings.

Keep in mind: Nurses and lactation consultants at the hospital can teach and help you to start pumping and check to make sure you have the right size of flange (the part of the breast pump kit that fits over your nipple and forms a seal).

Choosing a pump

Breast pumps range from simple hand pumps to deluxe double electric pumps. They can be bought or rented. Check with your insurance provider — many insurance policies will help pay for pump rental or purchase. The type of pump you choose depends on the quality you want and how often you will be pumping. If you will be away from your baby often, it's wise to choose a high-quality pump. This will help you keep a good milk supply.

You may have received a list of pump suppliers from the hospital where you delivered. You can also look for breast pump suppliers by searching for your region and "breastfeeding" or "breast pumps" online. You may want to talk about which pumps may work best for you with a lactation consultant.

Did you know?

It's cheaper to rent or buy a quality pump than to buy formula.

Types of pumps

HAND PUMPS

With a hand pump, your muscles supply the power. Hand pumps are small and inexpensive, but they take longer to use than other pump styles such as electric pumps. These pumps can work well to draw out inverted nipples or to relieve mild engorgement. A hand pump may be all you need if you are only away from your baby once in a while or for a few hours at a time.

SMALL ELECTRIC / BATTERY PUMPS

These are hand-held devices that are best for occasional use. They are less expensive than the larger pumps and are easily portable. Some women find them more convenient to use than hand pumps. They are not as effective as larger pumps and may have problems such as poor suction from battery failure. With most small electric or battery pumps, you must release the suction frequently while pumping to prevent nipple damage.

PERSONAL, DAILY-USE ELECTRIC PUMPS

These are the most efficient of the personal pumps. Although not designed to help establish a woman's milk supply, daily-use breast pumps are good for moms who pump several times a day. Personal electric breast pumps offer portable convenience for discreet pumping anywhere and can effectively pump both breasts at the same time. (These pumps should not be shared, loaned, or used secondhand. They are meant for a single user.)

HOSPITAL-GRADE PUMPS

With technology that closely mimics the natural sucking motion of an infant, hospital-grade pumps are excellent for establishing and maintaining a woman's milk supply. They can efficiently empty both breasts at the same time, are easy to use, and are comfortable. They are more expensive to buy, but they can be rented. This is the best kind of pump to use if you work full-time, are separated from your baby because of illness, are trying to increase your milk supply, or need to relieve severe engorgement.

Breast milk can be safely refrigerated for 5 days or frozen for a longer period of time.

Storing mother's milk

You can store milk in glass or plastic bottles, resealable freezer bags, or plastic bags made especially for storing mother's milk. Disposable bottle liners may also be used, but be aware that freezer odors can seep into the milk, and water can evaporate out of the milk.

More tips for storing your milk:

- **Store milk in 2- to 4-ounce containers.** Storing small amounts, especially in the early days, may mean you don't have to throw away milk when your baby doesn't drink much.
- **Leave some room at the top** when filling the container since milk expands when frozen.
- **Label all containers with the date the milk was expressed.** If your baby takes your milk in a hospital NICU, a day care, or some other place outside your home, also put your baby's name on the container. Be sure to check the label before preparing stored milk for your baby or bringing it home from the hospital.
- **The storage containers must have an airtight seal.** Use screw-on lids, not nipples, on the bottles.
- **Never add warm milk to cold or frozen milk.** If you need to combine milk to have enough for a feeding, cool the warm milk first.
- **Mother's milk stored in the fridge should be used within 5 days — don't freeze it after this time.**
- **If you don't plan to use milk within 2 days, freeze it.** Breast milk can still be frozen if it's been in the fridge for 2 days or less.
- **Chill your milk as soon as possible after it's expressed.**

Tips for using stored mother's milk:

- **Always use the oldest milk first.**
- **Defrost or warm milk by placing the container of milk in a bowl of warm tap water.**
- **After removing milk from the freezer, place it in the refrigerator for about 12 hours to slowly defrost it.**
- **NEVER use a microwave or boiling water to warm milk.** A bottle warmer is OK to use, but be sure to follow the manufacturer's directions for safe use.
- **Gently swirl the milk to blend in the cream layer.**
- **If your baby does not finish a bottle of milk, throw the rest away immediately after feeding or within 1 hour of use. DO NOT REUSE.**

GUIDELINES FOR STORING MOTHER'S MILK FOR HEALTHY NEWBORNS

Milk that is…	Time at **room temp** (66°F to 77°F)	Time in an **insulated box / bag** (using blue ice)	Time in **refrigerator** (32°F to 39°F)	Time in **freezer** (*Not* in the door)
Freshly pumped	**Up to 6 hours**	**Up to 24 hours**	**Up to 5 days**	**Up to 6 months** (up to 12 months if in deep freeze -4°F)
Thawed in refrigerator (but not warmed)	**Up to 4 hours** after milk is completely thawed	**Up to 12 hours**	**Up to 24 hours**	**Do NOT re-freeze** thawed milk

Guidelines recommended by the Human Milk Banking Association of North America, Fort Worth, Texas

IF YOUR MILK HAS HIGH LIPASE LEVELS

Lipase is an enzyme found in breast milk that benefits your baby in many ways, including breaking down fats in breast milk. Some mothers have too much lipase in their milk. This can make the fat in their milk break down more quickly, causing their stored breast milk to smell or taste soapy or sour. Many moms don't find out they have high lipase until they try to use their older, refrigerated or frozen breast milk and notice the smell or find that their baby won't drink it. While high-lipase breast milk is still safe for your baby, it's best to feed your baby freshly pumped breast milk.

Since lipase makes its impact on milk over time, you may want to taste your milk every hour to determine when it begins to taste differently. This usually happens after 24 hours but can be sooner depending on your lipase levels. Scalding (heating your milk to a near boil) before it begins to smell or taste differently or before you freeze it will stop your milk from having lipase-related changes. However, if your pumped or thawed milk already has a different smell or taste from high lipase, scalding your milk will not be helpful. Talk with your lactation consultant for the best methods to scald your milk.

If you are not sure if you have high lipase levels in your milk, you can freeze your milk for several days and thaw it to see if it smells or tastes differently. This way you can prevent having a freezer full of milk that your baby refuses to drink.

If you have stored breast milk in your freezer that your baby is refusing, you can try using part freshly pumped milk with part of the frozen milk. If your baby still refuses the milk, you may be able to donate it to your local milk bank.

These storage guidelines are for healthy newborns. If your baby is hospitalized, you'll receive special instructions on pumping and storing your milk.

For example, milk for most preterm babies should only be stored for 48 hours in the fridge.

LABEL THE MILK — CHECK THE LABEL

- **Write the date** the milk was expressed so you'll know how long it has been stored when you're ready to use it.
- **Write your baby's name on the label.** If your baby takes milk in the hospital, at day care, or elsewhere outside your home, this can prevent mix-ups. You want to be sure **your** baby gets **your** milk.
- **Check the label** before preparing milk that has been stored for your baby, and check before taking home stored milk that has been at the hospital or day care.

Introducing the bottle

If breastfeeding has been going well, you can introduce your baby to a bottle around 3 to 4 weeks of age. After breastfeeding is well established, most babies can switch back and forth from the breast to a bottle without problems. You may need to try different kinds of bottle nipples to find one that your baby likes. To help your baby take mother's milk (or formula) from a bottle, offer the bottle when the baby is neither too full nor too hungry.

Once your baby is taking a bottle, continue to offer it 2 to 3 times each week until you go back to work or school. Do not give a bottle more than once a day, and give only an ounce or so at a time. This will help avoid problems with your milk supply and keep your baby interested in nursing.

It may be best if someone other than the mother feeds your baby a bottle.

A note about weaning

Weaning yourself and your baby from breastfeeding is a natural stage in your baby's development. Each mother must decide for herself when and how to begin weaning. It is a decision based on many factors, including your baby's needs, your needs, and your home and work situation. You should base your decision on these needs, not on the expectations of others. When you do decide to wean your baby, a gradual, planned weaning will be easiest for both of you. You may start by eliminating one feeding no more often than every 2 or 3 days. This allows your milk supply to decrease slowly, without fullness or discomfort. You might also decide to do partial weaning — for example, eliminating 1 or 2 feedings daily but continuing with the rest of the feedings you would normally do. This often works for moms returning to work who do not plan to pump. Keep in mind that after you stop nursing, it can take a month or two for your milk to go away completely.

Ask your care providers for more suggestions about weaning for your specific situation. It helps to be able to discuss your reasons for weaning and come up with a plan that is best for you and your baby.

Breastfeeding log

Whether you are just getting started with breastfeeding or you want reassurance that your baby is getting enough milk, you may want to keep track of feeding times. There are many ways to keep track of feedings, including phone apps and written logs. The log on the following pages provides a place for you to record details such as how long and how often you are feeding your baby and how many wet or messy diapers your baby has. This information can help you and your healthcare providers figure out where adjustments can be made, if necessary. Feel free to make additional copies if you want to keep a log for a longer period of time.

The first days of breastfeeding: What to expect

DAY 1

- Your body makes colostrum for your baby. This "first milk" is made in small amounts, which is just right for your new baby.
- It's best to breastfeed within the first hour of birth. After that, breastfeed at least 6 to 8 times in the first 24 hours.
- Your baby may want to cluster feed, which is when they want to nurse every hour for a few hours in a row.

DAY 2

- Sometime during this day or perhaps the next day, your baby may become very restless, especially at night. Many moms doubt their ability to make milk, when really babies just need to be nursed and snuggled more as they adjust to the world. Your breast is the best comfort you can offer!
- Your milk may start to change color and become less thick.

DAY 3

- Your breasts may become very full, heavy, and hot. This is called engorgement. Breastfeeding your baby as often as possible will help you be more comfortable. Engorgement usually lasts about 24 hours and can happen as late as day 5.
- Your milk will continue to change in color, becoming light yellow or even white or bluish white.
- Baby may continue to feed sporadically, every 1 ½ to 2 hours, or continue to cluster feed.
- As you nurse, you may feel tingling or fullness in your breasts, warmth in your upper body, or sleepiness. Whatever you feel, try to relax and enjoy your baby each time you nurse. Your baby can sense if you're upset, stressed, or in pain, and these feelings can slow the milk ejection reflex (let-down).

DAYS 4 THROUGH 7

Your milk may continue to change in color, becoming more white or bluish white and thin. This is called "mature milk," and it has everything your growing baby needs for the next year or so.

BREASTFEEDING LOG

Offer baby the breast every 2 to 3 hours. If your baby is uninterested, try again every hour until you have a successful feeding. Ask for help as you need it.

To know if your baby is getting enough milk, fill in the following log:

1. Circle each hour that your baby nurses.
2. Circle a "W" each time your baby has a wet diaper.
3. Circle an "S" each time your baby has a poopy diaper.

DAY OF BIRTH (1ST 24 HOURS) date:______________

Breast feedings (about 6 to 8 times)	12 am	1	2	3	4	5	6	7	8	9	10	11
	12 pm	1	2	3	4	5	6	7	8	9	10	11
Wet diaper (at least 1)	W											
Tarry soiled diaper (minimum of 1)	S											

DAY 2 date:______________

Breast feedings (at least 8 times)	12 am	1	2	3	4	5	6	7	8	9	10	11
	12 pm	1	2	3	4	5	6	7	8	9	10	11
Wet diaper (at least 2)	W	W										
Tarry soiled diaper (minimum of 2)	S	S										

After Day 2, your baby should nurse 8 to 12 times for 10 to 20 minutes, every 24 hours. Your baby will start to cluster feed at night, which are small feedings back-to-back.

DAY 3 date:______________

Breast feedings (at least 8 to 12 times)	12 am	1	2	3	4	5	6	7	8	9	10	11
	12 pm	1	2	3	4	5	6	7	8	9	10	11
Wet diaper (at least 3)	W	W	W									
Tarry soiled diaper (minimum of 3)	S	S	S									

DAY 4	date:_____________
Breast feedings (at least 8 to 12 times)	12 am 1 2 3 4 5 6 7 8 9 10 11 12 pm 1 2 3 4 5 6 7 8 9 10 11
Wet diaper (at least 4)	W W W W
Tarry soiled diaper (minimum of 4)	S S S S

DAY 5	date:_____________
Breast feedings (at least 8 to 12 times)	12 am 1 2 3 4 5 6 7 8 9 10 11 12 pm 1 2 3 4 5 6 7 8 9 10 11
Wet diaper (at least 6)	W W W W W W
Tarry soiled diaper (minimum of 4)	S S S S

DAY 6	date:_____________
Breast feedings (at least 8 to 12 times)	12 am 1 2 3 4 5 6 7 8 9 10 11 12 pm 1 2 3 4 5 6 7 8 9 10 11
Wet diaper (at least 6)	W W W W W W
Tarry soiled diaper (minimum of 4)	S S S S

DAY 7	date:_____________
Breast feedings (at least 8 to 12 times)	12 am 1 2 3 4 5 6 7 8 9 10 11 12 pm 1 2 3 4 5 6 7 8 9 10 11
Wet diaper (at least 6)	W W W W W W
Tarry soiled diaper (minimum of 4)	S S S S

It is OKAY for your baby to have more wet diapers or more soiled diapers. Call for an appointment with a lactation consultant if your baby has fewer than the number on this log.

Summary of When to Seek Medical Help

Baby's doctor:

name:

phone:

Call your baby's doctor

Pay attention to the number of wet and messy diapers your newborn makes. Too few may signal a problem. **Call your baby's doctor today if you notice any of the following:**

- **ON the 1st day of life**, your baby doesn't have at least 1 wet diaper and 1 messy diaper in a 24-hour period
- **ON the 2nd day of life**, fewer than 2 wet diapers and 2 messy diapers in a 24-hour period
- **ON the 3rd day of life**, fewer than 3 wet diapers and 3 messy diapers in a 24-hour period
- **ON the 4th day of life,** your **breastfed** baby has fewer than 4 wet diapers and fewer than 4 mustard-yellow stools ("poops") in a 24-hour period
- **AFTER the 4th day of life:** your **breastfed** baby has fewer than 6 wet diapers and fewer than 4 mustard-yellow stools ("poops") in a 24-hour period
- **IN the first 2 months:** NO MESSY DIAPERS AT ALL IN A 24-HOUR PERIOD
- **Sudden changes in bowel movements** combined with irritability, poor eating, or other concerns
- **Diarrhea**, or stool that's watery, green, foul-smelling, or contains mucus or blood
- **Signs of discomfort with urination** or failure to urinate within 24 hours of a circumcision
- **Jaundice** (a yellow appearance) that does not go away, or spreads to cover more of her body
- **Poor eating** (for example, refusal to eat at all, or consistently sleeping 5 to 6 hours between feedings)
- **Thrush** — white or grayish-white, slightly raised patches that look like milk curds on the tongue, throat, inside of the cheeks, or the lips
- **Any overall change in activity or temperament**

Call your doctor

If your baby has trouble latching on or you have other problems with breastfeeding, talk to your doctor or lactation consultant. **Call your doctor if you notice any of the following:**

- **Your milk has not come in** by the morning of the 5th day (no change in your breasts)
- **You have extremely painful nipples** or cracks blisters or blood on your nipples
- **You have a sudden increase in nipple soreness** (with or without a rash) that continues after the end of a breastfeeding session
- **You have throbbing pain** in one breast, or a part of your breast becomes red and extremely painful to the touch
- **You have flu-like symptoms** (chills, body aches, fatigue, or headache)
- **You have a fever of 100.4°F** (38.0°C) or greater
- **You have a breast infection that doesn't get better** after 24 hours of being treated with antibiotics
- **You have plugged milk ducts that don't go away or that keep coming back,** despite measures described on page 24
- **You or your baby has a yeast infection, or your yeast infection doesn't go away** even after treatments described on pages 26 to 27

To find other resources for moms and babies, go to:
intermountainhealthcare.org/mombaby

facebook.com/intermountainmoms

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Patient and Family Education

intermountainhealthcare.org

Caring for Yourself After Your Delivery

Intermountain® Healthcare

When you're pregnant, you're often so focused on the changes in your body and the upcoming delivery that you don't anticipate the enormous physical and emotional changes your body goes through after delivery. This booklet provides information that will help you care for yourself. Keep in mind, however, that no booklet can replace the advice and care of your doctor and other healthcare providers. Talk with your healthcare provider any time you have questions or concerns about your health.

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In this booklet, two icons are used to show when you need to seek medical care:

The symptoms may indicate an urgent problem. Call 911 or take your baby to the nearest hospital emergency room immediately.

The symptoms may indicate a problem. Call your baby's doctor now to determine the best course of action.

Don't forget!

In about 6 weeks, you'll need to see your healthcare provider for a postpartum checkup. (If you have any of the problems noted on **page 17** of this book — or if you've had a cesarean delivery ["C-section"] — you may need to go in earlier.)

Write the date and time of your postpartum checkup here:

Date: ________________ Time: ________________

As you increase your activity at home, you might notice that your bleeding increases. In this case, you should decrease your activity and notify your doctor.

Managing the Postpartum Course

The weeks immediately after delivery are called the **postpartum period**, and during this time your body undergoes many changes. It's important that you understand what is normal so you can recognize any problems that might need your doctor's attention.

Bleeding and discharge

After the delivery, you'll need to use sanitary pads to absorb the bleeding and discharge of the uterine lining. This bleeding and discharge will probably last for 4 to 6 weeks (individuals vary). Also, if you had a cesarean , you may have a lighter flow than if you delivered vaginally.

At first, bleeding is brighter and heavier than it is during regular menstrual periods. You may even feel a gush of blood when you cramp or stand up. This is because blood pools inside your vagina when you're lying down and is then passed by gravity when you stand up. Occasional passing of small clots is also considered normal.

Within a week, the flow of your vaginal discharge slows down and becomes thin, pink, and watery. After about 2 weeks, the discharge changes to a light-tan color.

Get emergency care in the following cases:

- Pain in chest
- Difficulty breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else

Call your doctor (or get emergency care if your doctor cannot be reached):

- Vaginal bleeding that becomes bright red and heavy (soaking through more than one pad per hour)
- Large red blood clots (the size of your fist or larger)
- Redness, swelling, separation, odor, or drainage at the site of your incision, episiotomy, or vaginal tearing
- **Fever** of 100.4°F (38.0°C) or greater
- Painful, tender, swollen, or reddened areas on your legs or breasts
- Headache that does not get better after taking pain medications, or a severe headache with vision changes

May require further evaluation and discussion with your doctor:

- Flu-like symptoms (for example, chills, body aches, fatigue, or headache)
- Any increase in pain
- Unusual, foul-smelling vaginal discharge
- Difficulty urinating — or burning, painful, or frequent urination
- Constipation that is not relieved by stool softeners or laxatives
- Engorgement (very full breasts) that does not go away after 24 to 48 hours
- Signs of postpartum depression: severe, daily, long-lasting (more than 2 weeks) feelings of sadness or hopelessness; trouble sleeping or concentrating; little or no interest or pleasure in people and activities; extreme fatigue, anger, or anxiety; thoughts of harming yourself

Caring for vaginal stitches

If you had an episiotomy or vaginal tearing, your doctor or midwife repaired the area using stitches that dissolve and don't have to be removed. If the stitches are uncomfortable, you may want to try these care measures:

- Use warm tap water and rinse every time you go to the bathroom. Use the plastic "peri-bottle" you were given in the hospital, and rinse from front to back.
- Place one or two witch-hazel pads (Tucks) next to the stitches. (You can also use numbing sprays, ointments, or foams up to 4 times a day.) Apply a clean sanitary pad afterward.
- Wrap an ice pack in a towel and place it on the area for 15 to 20 minutes at a time for the first 24 hours after delivery.
- After 12 to 24 hours, try sitting in a tub filled with about 6 inches of water. You can do this several times a day. Don't add soap or bubble bath to the tub until your incisions heal, but it's okay to use soap and shampoo when you shower.
- Sit on a soft pillow to help cushion the area. A hard surface may cause more swelling and damage.
- If these previous methods do not provide effective relief, you may take the prescription pain medication as directed by your provider. Take it only if you need it, and only for a short time (no more than 4 to 6 days).

Afterpains (cramping)

You may experience afterpains during the first few days following a delivery. Afterpains are cramp-like pains that are caused by a contraction of the uterus. This happens as your uterus returns to normal. Usually the pains get less severe after 48 hours. You may wish to try the following measures to relieve cramping:

- Empty your bladder frequently.
- Lie flat on your stomach with a pillow under your lower stomach for 10 to 15 minutes.
- Place an ice bag on your stomach.
- Over-the-counter medications like ibuprofen are effective for afterpains. Your provider may have also given you a prescription for your afterpains.

These care measures can be helpful even if you just feel sore from a vaginal delivery.

Use warm tap water and rinse every time you go to the bathroom. Use the peri-bottle you were given in the hospital.

Ask your family and friends for help as you manage all the expected changes.

Preventing infection

Good hand washing is the best way to prevent infection. Wash your hands frequently throughout the day.

Other ways to prevent infection include:

- Shower daily. It's okay to use soap on your vaginal stitches.
- Change pads every 2 to 3 hours or every time you go to the bathroom.
- After going to the bathroom, gently pat from front to back to avoid contamination.
- Rinse yourself with a full bottle of warm tap water each time you go to the bathroom, as long as you are bleeding. (You can also rinse while you're urinating to decrease stinging.)
- Avoid sexual intercourse, douching, or tampons until after your final follow-up visit with your healthcare provider at 4 to 6 weeks.

Bladder infection

It is normal to have a stinging sensation when you urinate for a week or so after a vaginal birth. However, burning, painful, or frequent urination — or difficulty urinating — may also be signs of a bladder infection. It's important to call your healthcare provider if you think you have a bladder infection.

Hemorrhoids

Hemorrhoids (swollen blood vessels around your anus) are a fairly common problem during pregnancy and after delivery. If hemorrhoid pain doesn't go away, tell your doctor. Do not try pelvic floor muscle exercises (Kegels) if you have painful hemorrhoids. Talk with your healthcare provider first. Try the suggestions given on the previous page under episiotomy care — they may also help ease painful hemorrhoids. Also, do what you can to prevent constipation.

Constipation

To prevent additional discomfort following a birth, it's important to avoid constipation. The following suggestions will help your bowel routine return to normal:

- Drink at least 6 to 8 glasses of fluids a day.
- Eat fresh fruits, vegetables, whole grain cereals, and breads.
- As recommended by your doctor, use a stool softener and/or a laxative to prevent and treat constipation.
- If you have hemorrhoids, don't strain with a bowel movement.

Call your doctor *if:*
Constipation is not relieved by a stool softener or a laxative

Cesarean section and tubal ligation

If you had a C-section or a tubal ligation, your incision may be tender and you may not feel like being up and about. You may also wonder about activities you should avoid and how to care for your incision.

Resuming activity

Although activity and walking may cause discomfort at first, the more you are up and moving, the easier movement will become. Being active will help prevent problems such as gas, stiffness, weakness, and pneumonia. **Physical activity also helps prevent a blood clot — a serious complication that is fairly common after delivery, especially for women who have had a cesarean section or other surgery.** Follow all of your caregivers' advice about physical activity and other measures to prevent a blood clot. As soon as you feel comfortable, you may also start the exercises shown later in this booklet.

There are a few activities you should avoid at first. These include:

- Lifting anything heavier than 6 to 7 pounds
- Strenuous pulling or stretching
- Heavy housework, such as vacuuming

Caring for your incision

Keep your incision clean and dry. Skin clips or staples are usually removed and replaced by Steri-Strips before you go home. These strips will start to fall off in 7 to 10 days as the surface of your incision heals. You can trim the edges of the strips as they start peeling. If the strips haven't fallen off on their own within 10 days, you can gently remove them (unless instructed otherwise). Sutures (stitches) and absorbable staples don't need to be removed and will dissolve on their own. If your surgeon has used a skin glue, you may notice a film on your skin. This will wear off over time. The incision will take 6 weeks or more to heal completely. It will leave a pink scar, which will gradually fade to white.

Call your doctor if you have any of the following signs of incision infection:

- Redness, swelling, separation, odor, or drainage from your incision
- A fever of 100.4°F (38.0°C) or greater
- Flu-like symptoms (for example, chills, body aches, fatigue, or headache)
- Any increase in pain

If you have gas

Gas build-up may occur after a cesarean section or a tubal ligation. The following activities may help prevent or get rid of gas:

- Increase walking.
- Drink warm drinks.
- Avoid carbonated drinks and the use of straws.
- Rock in a rocking chair.
- Lay on your left side, with your knees drawn up to your chest.
- Get on your knees and lean forward, placing your weight on your folded arms with your buttocks in the air.
- Press gently on your abdomen, as follows:
  1. Take several deep, cleansing breaths and blow out slowly.
  2. Place your hands below your navel with fingertips touching.
  3. Take a deep breath and hold it for 5 slow counts.
  4. Exhale slowly and completely through your mouth while you press gently in and down on your abdomen.
  5. Move your hands a half inch closer to your incision, and repeat steps 2, 3, and 4.
  6. Repeat these steps hourly until gas pains improve.

Caring for Your Breasts

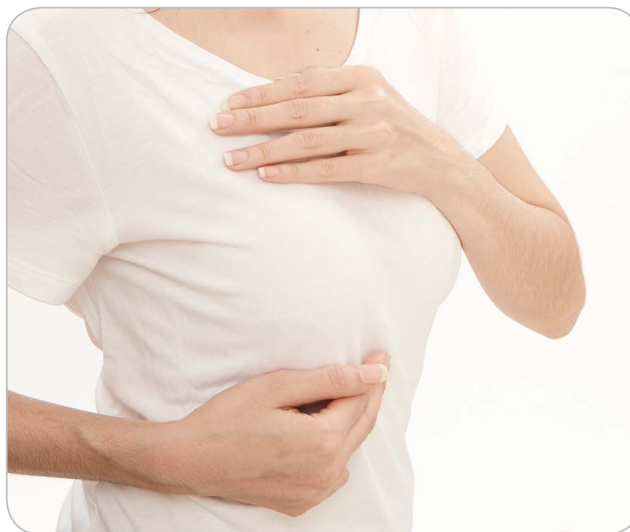
Your breasts will begin to feel fuller and may be uncomfortable 2 to 3 days after your delivery as you start producing milk. If your breasts become so full that they are hard, lumpy, and painful, you may be experiencing engorgement. If you have questions about how to stop your milk from coming in, ask your nurse and / or provider for additional information.

Call your doctor *if:*

Engorgement is not relieved after 24 to 48 hours by doing these care measures.

Engorgement usually lasts 24 to 48 hours. Here are some tips to help you through this period:

- As soon as possible after the delivery — starting in the hospital, if you can — wear a clean, well-fitting bra (such as a sports bra). Wear the bra both day and night.
- If engorgement occurs, apply cold packs or washed green cabbage leaves to your breasts. Do this three times a day for 15 minutes. (Cold packs may be purchased, or you may use bags of frozen peas or crushed ice, wrapped in a thin towel.)
- Take over-the-counter pain medication as needed for discomfort.
- If your breasts are painfully full, you may want to squeeze just enough milk to relieve the pressure. (Continue to use ice packs.)
- Avoid any kind of breast stimulation (for example, letting warm water hit your breasts for extended periods of time when showering) since it encourages milk production.



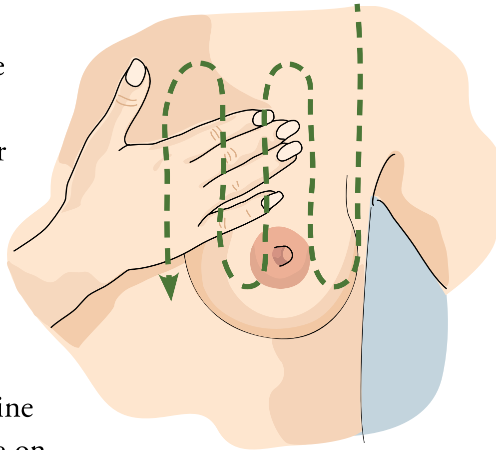
Staying Healthy

Breast self-exam

Why breast self-exam?

Most breast cancers are discovered by women themselves, yet only a small percentage of women practice regular breast self-exam (BSE). Breast self-exam is a self-care skill that requires only minutes a month and could possibly save your life. Breast cancers that are found early and treated promptly have excellent chances for cure. The fact that you've just had a delivery doesn't mean you should skip this important monthly activity.

Method



Using the fat pads of your 3 middle fingers, examine each breast in an up-and-down pattern, pressing your breasts with small circular motions. Starting at the top of your armpit, move your fingers up and down, working toward the outside top edge of your breast and then in toward the nipple. Be sure to examine the entire breast area. Do this twice on each breast, the first time with light pressure, the next with deep pressure. Always do your exam the same way and on the same day each month. Discuss any changes you find with your doctor.

1. **In the shower.** Gently lather each breast. With one arm raised, examine each breast and underarm area with the opposite hand. Feel for any lumps or thickenings that are different from previous exams.
2. **In front of a mirror.** See if there are any changes in your breasts while you are in each of the following positions: arms at your sides; arms over your head; hands clasped under your chin while flexing your chest muscles; and bent forward, with your breasts hanging.
3. **Lying down.** Place a small pillow or folded towel under your mid-back, on the side you are examining. Rub lotion on your breast and repeat the finger-pad exam explained above. Examine your left breast with your right hand and your right breast with your left hand.

The best time to do breast self-exam (BSE)

- If you're menstruating, do a BSE a week to 10 days after your period, when your breasts are usually not tender or swollen.
- If you've just had a delivery, do BSE on the first day of each month.

Mammograms

A mammogram is an x-ray of the breast. It can help detect cancer in your breast tissue. The American Cancer Society recommends that if you're 40 years old or older, you should get a mammogram every year, or as often as your doctor recommends.

Six building blocks of good nutrition

1. **Eat plenty of fruits and vegetables.** Dark green, orange, and yellow vegetables are especially healthy choices.
2. **Make the most of the grains you eat.** Make sure they are whole grains. Examples include whole-wheat bread, brown rice, and oatmeal. These have lots of healthy fiber and nutrients.
3. **Choose heart-healthy proteins.** Examples include beans, eggs, low-fat cheese, nut butters, skinless poultry, and lean red meats. Fish is another good protein source, but to limit your intake of mercury (common in many sea fish), eat no more than 12 ounces a week of halibut, sea bass, swordfish, mackerel, grouper, red snapper, and orange roughy.
4. **Select low-fat dairy products.** Go for non-fat or low-fat milk, yogurt, and cheese.
5. **Choose unsaturated fats and oils, and stay away from trans fat.** Read food labels to see what's inside.
6. **Limit salt and sweets.** Most Americans get far too much sodium (salt) in their diet and eat too many sweets, so keep salty and sweet snacks to a minimum. Save your appetite for foods that have more of the vitamins and minerals you need.

Immunizations

Healthcare providers at Intermountain hospitals evaluate the immunizations of all women after delivery. If your providers find you're not fully immunized, they'll offer you the chance to catch up on immunizations while you're in the hospital. Take the opportunity! **Immunizations help keep you and your family healthy**, so while you're at it, make sure that everyone in your household is up to date on their vaccinations. For more information visit:

immunize-utah.org
cdc.gov/vaccines

Nutrition

As you regain your strength after your delivery, it's important to get plenty of nutrients from the foods you eat. So make smart choices in every food group. Look to the six tips on the left.

Keep taking your prenatal vitamin, too. Your body can use the boost of nutrients. A prenatal vitamin can also ensure that you're getting enough folic acid, which is important throughout your childbearing years. Take your vitamin with juice or water, not milk. Milk can block absorption of iron, which you need to prevent anemia.

Do you need more vitamin D? Vitamin D is important for women after delivery. Check with your healthcare provider to see if you need to take vitamin D along with your prenatal vitamin.

Weight management in the postpartum period

Many women have questions about weight and fitness after pregnancy. Here are some tips that can help:

- **Don't focus on losing weight for at least 6 weeks after delivery.** Instead, focus on healing and recovery. Look to the 6 tips at left, and follow the physical activity guidelines on pages 11 to 12.
- **Plan for healthy meals and snacks — and shop accordingly.** Keeping a range of healthy foods and quick snacks on hand will help you make good choices throughout the day.
- **Watch what you drink.** Water is almost always the best choice. Calories from other drinks can add up quickly.
- **If losing weight, don't lose more than 1 or 2 pounds a week.** Losing weight too quickly is unhealthy — particularly right now. It can lower energy and increase mood swings.

If you have long-term concerns about your weight, talk to your provider. Many insurance companies now cover care for weight management.

Physical activity

Activity is good for you after pregnancy. However, it takes about 4 to 6 weeks for your body to heal after delivery, so you shouldn't overdo it. Follow these guidelines for balancing rest and activity:

- **Allow for rest periods during the day.** Get as much sleep as you can. If you can arrange for help with older children or housework, take advantage of it.
- **Ease back into physical activity.** Some activities you can start right away. (See the exercises below and on the next page.) For more vigorous exercise, wait until you check with your doctor. Most women can start vigorous exercise about 4 to 6 weeks after a vaginal delivery (wait 8 to 12 weeks after a C-section delivery). Keep in mind that because of hormone changes, your joints and muscles will be vulnerable to injury for several months, so be careful about activities that can cause strains or sprains.
- **Pay attention to your body.** If you have bleeding that becomes more red or heavy with activity (or that starts again after having stopped), talk to your doctor.
- **Keep in mind that during pregnancy and after delivery, women have a higher-than-normal risk for blood clots.** (If you've had a C-section or tubal ligation surgery, your risk is even higher right now.) To help prevent blood clots and other serious complications, follow all of your care team's advice about physical activity and other safety measures.

Suggested daily activities: Start these right away

Walking eases constipation and general pain, lowers the risk of blood clots — and helps you to just feel good.

- Begin with short distances.
- Increase your distance a little each day.

Pelvic floor muscle tightening (often called Kegel exercises) increases your ability to control the muscles around your vagina, bowel, and bladder. This can also help reduce stitch discomfort by improving muscle tone.

- Get in a comfortable position (sitting, standing, or lying down).
- Tighten the muscles around your vaginal, urinary, and rectal openings.
- Hold for a count of 10, retightening as needed, and then relax very slowly.
- Repeat frequently, building up to 100 times per day.

Abdominal tightening helps to tone abdominal muscles.

- Get in a comfortable position (sitting, lying down on your back).
- Tighten your abdominal muscles by pulling them in and up (or "sucking in").
- Make a strong "shhhh" sound. This will activate your deep lower abdominal muscles.
- Notice how this feels. You should feel your belly button pull inward and upward, your lower back flatten, and a "lightening" in your pelvic floor area as your abdominal muscles lift up the weight of your internal organs.
- Hold for a count of 5 to 10 seconds. Repeat 10 times.
- Do this exercise throughout the day. Use it while doing any activity that stresses your abdominal muscles (picking up objects, getting out of bed, etc.) Think of it as your body's natural brace or "corset" to support you during your recovery.

See more activity suggestions on the next page.

Suggested daily activities: Start these right away (continued)

Pelvic tilt exercises helps to tone abdominal muscles and relieve backache.

- Start by lying flat on your back with your knees slightly bent, feet on the floor.
- Pull your belly button in toward your spine and tighten your buttocks as if you're scooping your pelvis, tilting it upward. You should feel the small of your back flatten as you do this.
- While holding this position, exhale with a strong "shhhh" sound for 5 to 10 seconds.
- Slowly relax your abdomen and buttocks, allowing the hollow of your back to return to its normal position.
- Repeat 10 times, two or more times each day.

Heel slide exercises help to tone abdominal muscles

- Start by lying flat on your back with your knees slightly bent, feet on the floor.
- Do the pelvic tilt as described at left, and slowly slide one foot away from your buttocks so that your leg is straight. Your feet should still have contact with the floor.
- Slowly slide your leg back toward your buttocks to the starting bent position.
- Repeat with the other leg. You may have to "reset" your pelvic tilt and abdominal tightness as you transition.
- Repeat 10 times with each leg, two or more times each day.

Choosing a birth control method

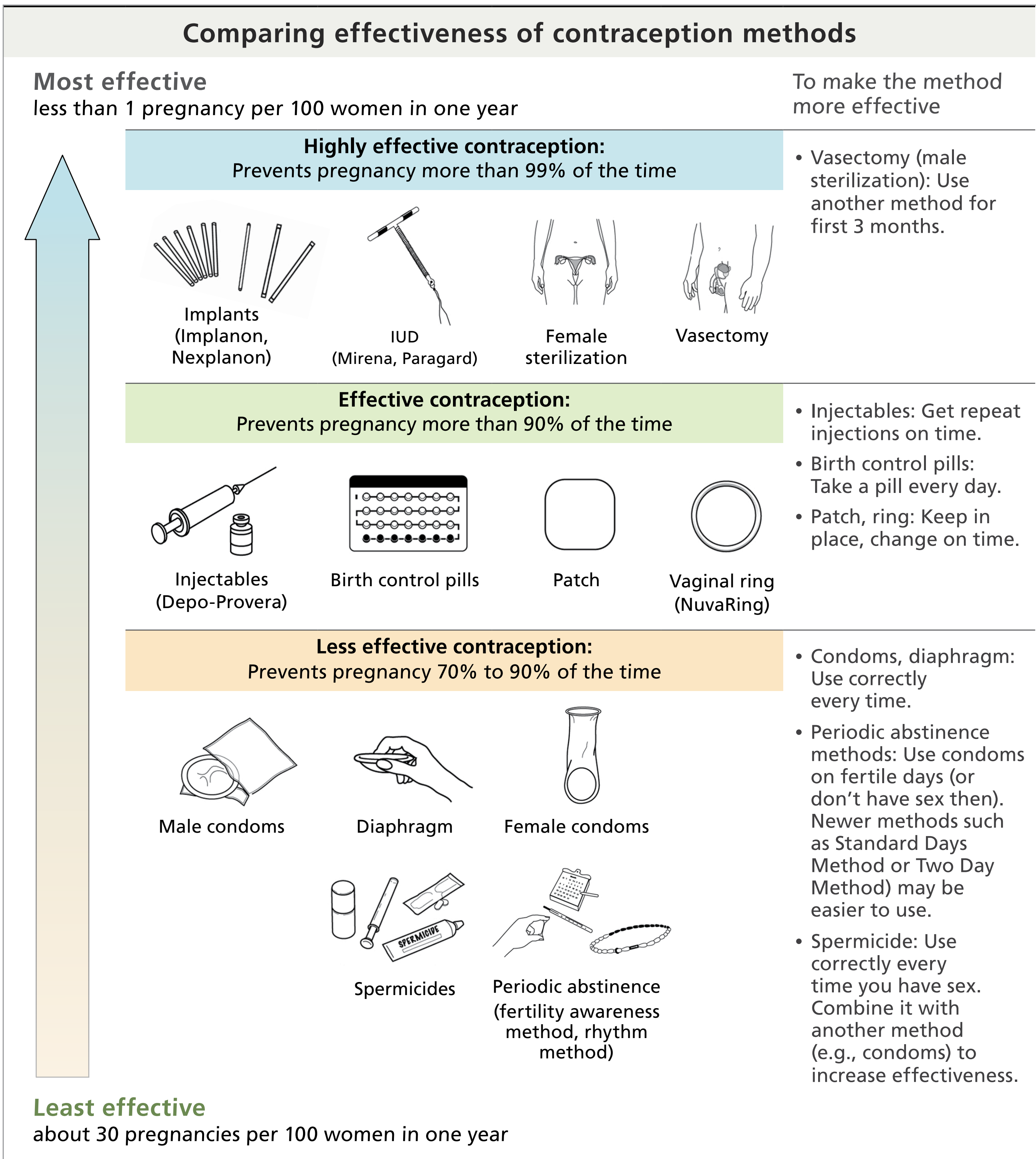
In the first few weeks after delivery, it's best to refrain from sexual intercourse. You can still use touch to share intimacy and affection with your partner, however. Massage is an excellent way to relieve stress, show affection, and meet your needs for closeness and connection.

Consider your birth control now, even before you start to have sex again. If you're like most women, your life is busy, and contraception is one thing you don't want to let slide. Talk with your healthcare provider concerning the timing of a future pregnancy. This spacing lowers the chance of a preterm delivery and gives your body a chance to recover.

Fertility returns when ovulation begins. You might ovulate and have a menstrual period in 6 to 8 weeks.

Choosing a birth control method is a personal choice. You need to consider how it will fit into your lifestyle, and how convenient, safe, and effective it will be. You will also want to consider that some birth control methods can be combined to increase effectiveness and reduce the risk of sexually transmitted diseases. Choose the most effective method that works for your plans, lifestyle, and personal health history.

The chart below summarizes the effectiveness of several methods. **Discuss these options with your healthcare provider to help you decide what will work best for you.**



Maternal Emotional Wellness:
The baby blues, postpartum depression and anxiety

Many women experience the “baby blues.” Baby blues can manifest as mood swings, lower ranges of irritability, crying spells, and moderate feelings of anxiety that fade within a week or two after delivery. However, for some women, the feelings don’t go away. This typically means the woman is experiencing a mental health condition such as postpartum depression or postpartum anxiety.

Emotional disruptions associated with pregnancy and delivery are common and treatable. Statistically, 1 in every 7 women will experience a pregnancy-related emotional health complication that might warrant clinical attention within the weeks following delivery. In some cases, this can present up to 1 year post-delivery. Women who experience a miscarriage or stillbirth, infertility, or an adoption are at risk for developing the same symptoms of postpartum depression. Suppression of breastfeeding can also increase the risk for these symptoms.

Women should feel empowered to seek help and speak up. Your emotional health during this time is important. It can affect your long-term well-being. Remember, you are not alone.

A loved one is often the first person to recognize symptoms and the woman’s need to see a doctor. If you notice symptoms that fit the pattern described here, please let your provider know. There are many effective treatments for postpartum depression and anxiety. These conditions are often caused by chemical imbalances in the brain and can be worsened by post-delivery fatigue and sleep disturbances.

These feelings are not isolated to women. At least 10% of fathers also develop an emotional health complication associated with the pregnancy and delivery.

Your emotional wellness is just as important as your physical health after your delivery. If you just don’t feel like yourself, please reach out for help.

One way to help manage your emotional wellness is to think of the acronym **SUNSHINE**. (see next page)

Taking care of yourself through **SUNSHINE**

S - SLEEP

Aim for at least a 6-hour stretch of sleep every night.

U - UNDERSTANDING

Seeking counseling with a trained mental health professional can prevent and treat depression and anxiety if you are at higher risk. Please call your obstetric provider for help. Or you can find a list of qualified providers by calling Help Me Grow at 801-691-5322 or **www.helpmegrowutah.org**.

N - NUTRITION

Continue taking a prenatal vitamin. Avoid caffeine and sweets when possible and include protein and unsaturated fats at every snack and meal. Ask your provider about your vitamin D levels; if they are low, they might affect your mood.

S - SUPPORT

Share your feelings with a trusted friend or family member, or find a support group online or in-person. Getting an hour each day to yourself is essential.

H - HYDRATION & HUMOR

Drink two large pitchers of water daily. Dehydration can trigger symptoms of anxiety and fuzzy thinking. Make time for silliness and joy each day. A funny movie or time with friends can improve your mood. If laughing seems impossible, it's time to seek more support.

I - INFORMATION

Read about emotional wellness at www.postpartum.net and take the Edinburgh Postnatal Depression Scale each month for at least a year to track your emotional health. Call **Help Me Grow** (801-691-5322) or your provider if your score is 10 or higher, or if you marked anything other than "never" on question 10 about self-harm.

N - NURTURE

Nurturing your spirit may come through: nature, spiritual practices, music and art, meditation, creative hobbies, dates with friends or your partner, etc. Schedule time in your calendar weekly for doing things you enjoy.

E - EXERCISE

Walking even 10 to 20 minutes a day can help your body, mind, and spirit. You can even try yoga or stretching.

When to call your doctor:

Call your doctor if your symptoms match the following pattern

- Edinburgh Postnatal Depression Scale (EPDS) score of 10 or greater
- Anxiety or racing thoughts
- Excessive irritability, anger or rage
- Unexpected difficulty sleeping or getting back to sleep
- Persistent tearfulness, sadness, or feeling worthless
- Intense shame about what you are experiencing
- Loss of interest in people or activities
- Significant loss of appetite

Get emergency care in the following cases

- Scary thoughts you are afraid to share
- Feeling confused, seeing or hearing things that aren't there, or having thoughts that don't make sense
- Thoughts of harming yourself or feeling your family may be better off without you

Where you can get help: Community resources

Postpartum Support International – Utah Maternal Health Collaborative

Postpartum Support International provides education and resources to women with any postpartum depression symptoms. The Utah Maternal Health Collaborative offers free phone and email support provided by mothers who have experienced emotional health complications as well as helpful local resources and referrals.

psiutah.org | **UNI Crisis Line** 1-801-587-3000

United Way, Help Me Grow

Go to helpmegrowutah.org or call 801-691-5322 and volunteers will link you to community mental health services.

National Suicide Prevention Hotline

Call 1-800-273-TALK (8255)

National Peer Mom Volunteers

Call 1-800-PPD-MOMS (773-6667)

Summary of When to Seek Medical Help

Get emergency care in the following cases:

- Pain in your chest
- Difficulty breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else

Call your doctor (or get emergency care if your doctor cannot be reached) if you notice any of the following:

- Vaginal bleeding that becomes bright red and heavy (soaking through more than one pad per hour)
- Large blood clots (the size of your fist or larger)
- Redness, swelling, separation, odor, or drainage at the site of your incision, episiotomy, or vaginal tearing
- Fever of 100.4°F (38.0°C) or greater
- Painful, tender, swollen, or reddened areas on your legs or breasts
- Headache that does not get better after taking pain medications, or severe headaches with vision changes

May require further evaluation and discussion with your doctor:

- Flu-like symptoms (for example: chills, body aches, fatigue, or headache)
- Any increase in pain
- Unusual, foul-smelling vaginal discharge
- Difficulty urinating – or burning, painful, or frequent urination
- Constipation not relieved by stool softeners and / or laxatives
- Engorgement (very full breasts) that is not relieved after 24 to 48 hours

Intimate partner violence

If you, or someone you know, is a victim of violence from an intimate partner — help is available!

Intimate partner violence (violence or abuse from a current or former intimate partner) can be physical, sexual, or psychological. It is most often, but not always, aimed at women and children. Intimate partner violence is against the law and should be reported. If you or someone you know is in an abusive relationship, call one of the hotline numbers listed on the right. Hotline staff can refer you to free help, including counseling, shelters, or other services.

Resources

National Domestic Violence Hotline:
ndvh.org

In Utah: 1-800-897-LINK (5465)

In Idaho: 1-800-669-3176

National hotline number:
1-800-799-SAFE (7233)
or
1-800-787-3224 (TTY)

Local resources for many issues including intimate partner violence: 2-1-1

If it's an emergency, call 911.

Notes

To find this and other Living and Learning items online, go to:
intermountainhealthcare.org

Intermountain Healthcare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Se proveen servicios de interpretación gratis. Hable con un empleado para solicitarlo. 我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助。

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Patient and Family Education
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Caring for Yourself After the Birth of a Baby

LIVING AND LEARNING TOGETHER

Intermountain® Healthcare

When you're pregnant, you're often so focused on the changes in your body and the upcoming birth that you don't anticipate the enormous physical and emotional changes your body goes through after delivery. This booklet provides information that will help you care for yourself. Keep in mind, however, that no booklet can replace the advice and care of your doctor and other healthcare providers. Talk with your healthcare provider any time you have questions or concerns about your health.

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In this booklet, two icons are used to show when you need to seek medical care:

The symptoms may indicate an urgent problem. Call 911 or take your baby to the nearest hospital emergency room immediately.

The symptoms may indicate a problem. Call your baby's doctor now to determine the best course of action.

DON'T FORGET!

In about 6 weeks, you'll need to see your healthcare provider for a postpartum checkup. (If you have any of the problems noted on **page 17** of this book — or if you've had a cesarean delivery ["C-section"] — you may need to go in earlier.)

Write the date and time of your postpartum checkup here:

Date: ________________ Time: ________________

As you increase your activity at home, you might notice that your bleeding increases. In this case, you should decrease your activity and notify your doctor.

Managing the Postpartum Course

The weeks immediately after childbirth are called the **postpartum period**, and during this time your body undergoes many changes. It's important that you understand what is normal so you can recognize any problems that might need your doctor's attention.

Bleeding and discharge

After the birth, you'll need to use sanitary pads to absorb the bleeding and discharge of the uterine lining. This bleeding and discharge will probably last for 4 to 6 weeks (individuals vary). Also, if you had a cesarean , you may have a lighter flow than if you delivered vaginally.

At first, bleeding is brighter and heavier than it is during regular menstrual periods. You may even feel a gush of blood when you cramp or stand up. This is because blood pools inside your vagina when you're lying down and is then passed by gravity when you stand up. Occasional passing of small clots is also considered normal.

Within a week, the flow of your vaginal discharge slows down and becomes thin, pink, and watery. After about 2 weeks, the discharge changes to a light-tan color.

GET EMERGENCY CARE in the following cases:

- Pain in chest
- Difficulty breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

CALL YOUR DOCTOR (or get emergency care if your doctor cannot be reached):

- Vaginal bleeding that becomes bright red and heavy (soaking through more than one pad per hour)
- Large red blood clots (the size of your fist or larger)
- Redness, swelling, separation, odor, or drainage at the site of your incision, episiotomy, or vaginal tearing
- **Fever** of 100.4°F (38.0°C) or greater
- Painful, tender, swollen, or reddened areas on your legs or breasts
- Headache that does not get better after taking pain medications, or a severe headache with vision changes

May require further evaluation and discussion with your doctor:

- Flu-like symptoms (for example, chills, body aches, fatigue, or headache)
- Any increase in pain
- Unusual, foul-smelling vaginal discharge
- Difficulty urinating — or burning, painful, or frequent urination
- Constipation that is not relieved by stool softeners or laxatives
- Engorgement (very full breasts) that does not go away after 24 to 48 hours
- Signs of postpartum depression: severe, daily, long-lasting (more than 2 weeks) feelings of sadness or hopelessness; trouble sleeping or concentrating; little or no interest or pleasure in people and activities; extreme fatigue, anger, or anxiety; thoughts of harming yourself or your baby

Caring for vaginal stitches

If you had an episiotomy or vaginal tearing, your doctor or midwife repaired the area using stitches that dissolve and don't have to be removed. If the stitches are uncomfortable, you may want to try these care measures:

- Use warm tap water and rinse every time you go to the bathroom. Use the plastic "peri-bottle" you were given in the hospital, and rinse from front to back.
- Place one or two witch-hazel pads (Tucks) next to the stitches. (You can also use numbing sprays, ointments, or foams up to 4 times a day.) Apply a clean sanitary pad afterward.
- Wrap an ice pack in a towel and place it on the area for 15 to 20 minutes at a time for the first 24 hours after your birth.
- After 12 to 24 hours, try sitting in a tub filled with about 6 inches of water. You can do this several times a day. Don't add soap or bubble bath to the tub until your incisions heal, but it's okay to use soap and shampoo when you shower.
- Sit on a soft pillow to help cushion the area. A hard surface may cause more swelling and damage.
- If these previous methods do not provide effective relief, you may take the prescription pain medication as directed by your provider. Take it only if you need it, and only for a short time (no more than 4 to 6 days). If breastfeeding, you should use acetaminophen (Tylenol) or ibuprofen (Motrin) instead of prescription pain medicine.

Afterpains (cramping)

You may experience afterpains during the first few days following a birth. Afterpains are cramp-like pains that are caused by a contraction of the uterus. This happens as your uterus returns to normal. Usually the pains get less severe after 48 hours. You may wish to try the following measures to relieve cramping:

- Empty your bladder frequently.
- Lie flat on your stomach with a pillow under your lower stomach for 10 to 15 minutes.
- Place an ice bag on your stomach.
- Over-the-counter medications like ibuprofen are effective for afterpains. Your provider may have also given you a prescription for your afterpains.
- You may notice more cramping when you're breastfeeding. Breastfeeding hormones stimulate your uterus to contract to its former, pre-pregnancy size. If you need pain medication, take it no more often than prescribed. Take the pain medication 30 to 60 minutes before breastfeeding to get the most benefit from it.

These care measures can be helpful even if you just feel sore from a vaginal delivery.

Use warm tap water and rinse every time you go to the bathroom. Use the peri-bottle you were given in the hospital.

Pregnancy requires you to take care of yourself — and so does the time after you have your baby. Enlist the support of your family and friends to help you manage the many changes you're experiencing.

PREVENTING INFECTION

Good hand-washing is the best way to prevent infection. Wash your hands frequently throughout the day.

Other ways to prevent infection include:

- Shower daily. It's okay to use soap on your vaginal stitches.
- Change pads every 2 to 3 hours or every time you go to the bathroom.
- After going to the bathroom, gently pat from front to back to avoid contamination.
- Rinse yourself with a full bottle of warm tap water each time you go to the bathroom, as long as you are bleeding. (You can also rinse while you're urinating to decrease stinging.)
- Avoid sexual intercourse, douching, or tampons until after your final follow-up visit with your healthcare provider at 4 to 6 weeks.

Bladder infection

It is normal to have a stinging sensation when you urinate for a week or so after a vaginal birth. However, burning, painful, or frequent urination — or difficulty urinating — may also be signs of a bladder infection. It's important to call your healthcare provider if you think you have a bladder infection.

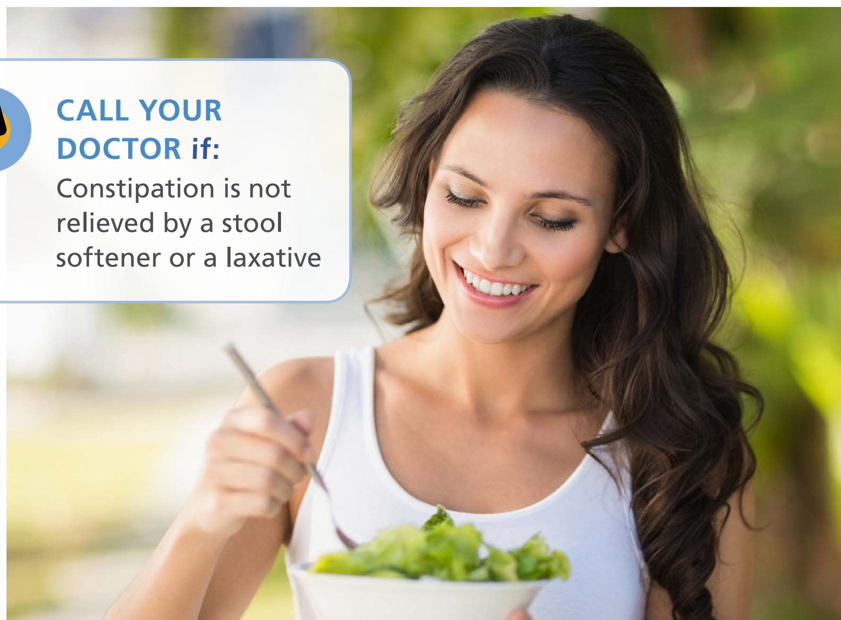
Hemorrhoids

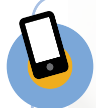
Hemorrhoids (swollen blood vessels around your anus) are a fairly common problem during pregnancy and after birth. If hemorrhoid pain doesn't go away, tell your doctor. Do not try pelvic floor muscle exercises (Kegels) if you have painful hemorrhoids. Talk with your healthcare provider first. Try the suggestions given on the previous page under episiotomy care — they may also help ease painful hemorrhoids. Also, do what you can to prevent constipation.

Constipation

To prevent additional discomfort following a birth, it's important to avoid constipation. The following suggestions will help your bowel routine return to normal:

- Drink at least 6 to 8 glasses of fluids a day.
- Eat fresh fruits, vegetables, whole grain cereals, and breads.
- As recommended by your doctor, use a stool softener and/or a laxative to prevent and treat constipation.
- If you have hemorrhoids, don't strain with a bowel movement.





CALL YOUR DOCTOR if:

Constipation is not relieved by a stool softener or a laxative

Cesarean section and tubal ligation

If you had a C-section or a tubal ligation, your incision may be tender and you may not feel like being up and about. You may also wonder about activities you should avoid and how to care for your incision.

Resuming activity

Although activity and walking may cause discomfort at first, the more you are up and moving, the easier movement will become. Being active will help prevent problems such as gas, stiffness, weakness, and pneumonia. **Physical activity also helps prevent a blood clot — a serious complication that is fairly common after birth, especially for women who have had a cesarean section or other surgery.** Follow all of your caregivers' advice about physical activity and other measures to prevent a blood clot. As soon as you feel comfortable, you may also start the exercises shown later in this booklet.

There are a few activities you should avoid at first. These include:

- Lifting anything heavier than your baby
- Strenuous pulling or stretching
- Heavy housework, such as vacuuming

Caring for your incision

Keep your incision clean and dry. Skin clips or staples are usually removed and replaced by Steri-Strips before you go home. These strips will start to fall off in 7 to 10 days as the surface of your incision heals. You can trim the edges of the strips as they start peeling. If the strips haven't fallen off on their own within 10 days, you can gently remove them (unless instructed otherwise). Sutures (stitches) and absorbable staples don't need to be removed and will dissolve on their own. If your surgeon has used a skin glue, you may notice a film on your skin. This will wear off over time. The incision will take 6 weeks or more to heal completely. It will leave a pink scar, which will gradually fade to white.

CALL YOUR DOCTOR if you have any of the following signs of incision infection:

- Redness, swelling, separation, odor, or drainage from your incision
- A fever of 100.4°F (38.0°C) or greater
- Flu-like symptoms (for example, chills, body aches, fatigue, or headache)
- Any increase in pain

IF YOU HAVE GAS

Gas build-up may occur after a cesarean section or a tubal ligation. The following activities may help prevent or get rid of gas:

- Increase walking.
- Drink warm drinks.
- Avoid carbonated drinks and the use of straws.
- Rock in a rocking chair.
- Lay on your left side, with your knees drawn up to your chest.
- Get on your knees and lean forward, placing your weight on your folded arms with your buttocks in the air.
- Press gently on your abdomen, as follows:
  1. Take several deep, cleansing breaths and blow out slowly.
  2. Place your hands below your navel with fingertips touching.
  3. Take a deep breath and hold it for 5 slow counts.
  4. Exhale slowly and completely through your mouth while you press gently in and down on your abdomen.
  5. Move your hands a half inch closer to your incision, and repeat steps 2, 3, and 4.
  6. Repeat these steps hourly until gas pains improve.

Caring for Your Breasts

Read **A Guide to Breastfeeding** for more information on how to avoid or manage the challenges that can come with breastfeeding.

CALL YOUR DOCTOR if:

Engorgement is not relieved after 24 to 48 hours by doing these care measures.

If you are breastfeeding

Breastfeeding shouldn't be painful, but it may take some time to adjust to it. See the listed pages in **A Guide to Breastfeeding** to help you with these and other challenges:

- Sore, tender nipples: **page 22**
- Flat or inverted nipples: **page 22**
- Engorgement: **page 23**
- Plugged milk ducts: **page 24**
- Breast infection (mastitis): **page 25**
- Yeast infection: **page 27**

If you are not breastfeeding

Your breasts will begin to feel fuller and may be uncomfortable 2 to 3 days after the birth of your baby as you start producing milk. If your breasts become so full that they are hard, lumpy, and painful, you may be experiencing engorgement.

Engorgement usually lasts 24 to 48 hours. Here are some tips to help you through this period:

- As soon as possible after the birth — starting in the hospital, if you can — wear a clean, well-fitting bra (such as a sports bra). Wear the bra both day and night.
- If engorgement occurs, apply cold packs or washed green cabbage leaves to your breasts. Do this 3 times a day for 15 minutes. (Cold packs may be purchased, or you may use bags of frozen peas or crushed ice, wrapped in a thin towel.)
- Take over-the-counter pain medication as needed for discomfort.
- If your breasts are painfully full, you may want to squeeze just enough milk to relieve the pressure. (Continue to use ice packs.)
- Avoid any kind of breast stimulation (for example, letting warm water hit your breasts for extended periods of time when showering) since it encourages milk production.

If you have questions about how to stop your milk from coming in, ask your nurse and / or provider for additional information.

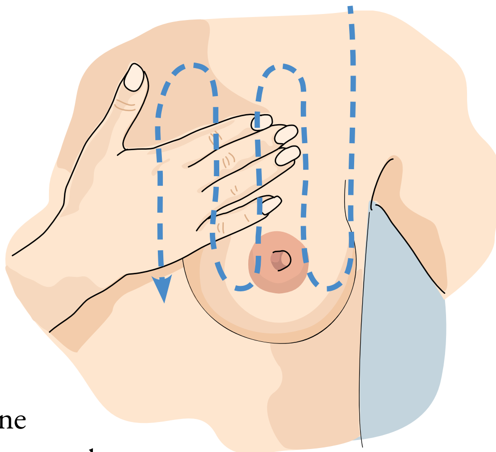
Staying Healthy

Breast self-exam

Why breast self-exam?

Most breast cancers are discovered by women themselves, yet only a small percentage of women practice regular breast self-exam (BSE). Breast self-exam is a self-care skill that requires only minutes a month and could possibly save your life. Breast cancers that are found early and treated promptly have excellent chances for cure. The fact that you've just had a baby doesn't mean you should skip this important monthly activity.

Method



Using the fat pads of your 3 middle fingers, examine each breast in an up-and-down pattern, pressing your breasts with small circular motions. Starting at the top of your armpit, move your fingers up and down, working toward the outside top edge of your breast and then in toward the nipple. Be sure to examine the entire breast area. Do this twice on each breast, the first time with light pressure, the next with deep pressure. Always do your exam the same way and on the same day each month. Discuss any changes you find with your doctor.

1. **In the shower.** Gently lather each breast. With one arm raised, examine each breast and underarm area with the opposite hand. Feel for any lumps or thickenings that are different from previous exams.
2. **In front of a mirror.** See if there are any changes in your breasts while you are in each of the following positions: arms at your sides; arms over your head; hands clasped under your chin while flexing your chest muscles; and bent forward, with your breasts hanging.
3. **Lying down.** Place a small pillow or folded towel under your mid-back, on the side you are examining. Rub lotion on your breast and repeat the finger-pad exam explained above. Examine your left breast with your right hand and your right breast with your left hand.

THE BEST TIME TO DO BREAST SELF-EXAM (BSE)

- If you're menstruating, do a BSE a week to 10 days after your period, when your breasts are usually not tender or swollen.
- If you've just had a baby, do BSE on the first day of each month.
- If you're breastfeeding, examine your breasts when all milk has been expressed. This sometimes requires that only one breast be checked at a time because all the milk can't be expressed completely from both breasts. If you feel a lump, it may be a plugged milk duct. Recheck daily. If a lump persists in the same place for one week, call your healthcare provider. Also read more about plugged milk ducts in **A Guide to Breastfeeding.**

MAMMOGRAMS

A mammogram is an x-ray of the breast. It can help detect cancer in your breast tissue. The American Cancer Society recommends that if you're 40 years old or older, you should get a mammogram every year, or as often as your doctor recommends.

SIX BUILDING BLOCKS OF GOOD NUTRITION

1. **Eat plenty of fruits and vegetables.** Dark green, orange, and yellow vegetables are especially healthy choices.
2. **Make the most of the grains you eat.** Make sure they are whole grains. Examples include whole-wheat bread, brown rice, and oatmeal. These have lots of healthy fiber and nutrients.
3. **Choose heart-healthy proteins.** Examples include beans, eggs, low-fat cheese, nut butters, skinless poultry, and lean red meats. Fish is another good protein source, but to limit your intake of mercury (common in many sea fish), eat no more than 12 ounces a week of halibut, sea bass, swordfish, mackerel, grouper, red snapper, and orange roughy.
4. **Select low-fat dairy products.** Go for non-fat or low-fat milk, yogurt, and cheese. If you're breastfeeding, you need at least 4 servings of dairy each day.
5. **Choose unsaturated fats and oils, and stay away from trans fat.** Read food labels to see what's inside.
6. **Limit salt and sweets.** Most Americans get far too much sodium (salt) in their diet and eat too many sweets, so keep salty and sweet snacks to a minimum. Save your appetite for foods that have more of the vitamins and minerals you need.

Immunizations

Healthcare providers at Intermountain hospitals evaluate the immunizations of all women after delivery. If your providers find you're not fully immunized, they'll offer you the chance to catch up on immunizations while you're in the hospital. Take the opportunity! **Immunizations help keep you and your family healthy**, so while you're at it, make sure that everyone in your household is up to date on their vaccinations. For more information visit:

immunize-utah.gov
cdc.gov/vaccines

Nutrition

As you regain your strength after having a baby, it's important to get plenty of nutrients from the foods you eat. So make smart choices in every food group. Look to the six tips on the left.

Keep taking your prenatal vitamin, too. Your body can use the boost of nutrients,, especially if you're breastfeeding. A prenatal vitamin can also ensure that you're getting enough folic acid, which is important throughout your childbearing years. Take your vitamin with juice or water, not milk. Milk can block absorption of iron, which you need to prevent anemia.

Do you need more vitamin D? Vitamin D is important for women after delivery. Check with your healthcare provider to see if you need to take vitamin D along with your prenatal vitamin.

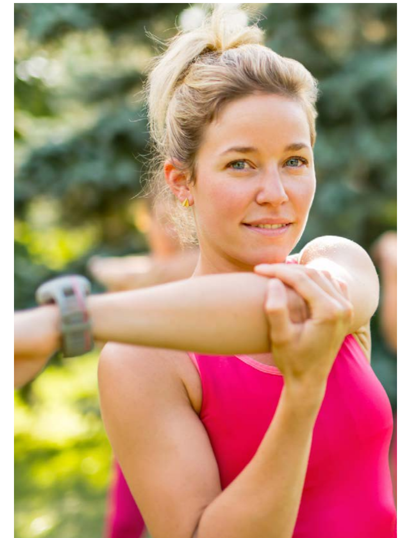
WEIGHT MANAGEMENT IN THE POSTPARTUM PERIOD

Many women have questions about weight and fitness after pregnancy. Here are some tips that can help:

- **Don't focus on losing weight for at least 6 weeks after delivery.** Instead, focus on healing and recovery. Look to the 6 tips at left, and follow the physical activity guidelines on pages 11 to 12.
- **Plan for healthy meals and snacks — and shop accordingly.** Keeping a range of healthy foods and quick snacks on hand will help you make good choices throughout the day.
- **Watch what you drink.** Water is almost always the best choice. Calories from other drinks can add up quickly.
- **If losing weight, don't lose more than 1 or 2 pounds a week.** Losing weight too quickly is unhealthy — particularly right now. It can lower energy, increase mood swings, and cause breastfeeding problems.

If you have long-term concerns about your weight, talk to your provider. Many insurance companies now cover care for weight management.

Physical activity



Activity is good for you after pregnancy. However, it takes about 4 to 6 weeks for your body to heal after having a baby, so you shouldn't overdo it. Follow these guidelines for balancing rest and activity:

- **Allow for rest periods during the day.** Get as much sleep as you can. If you can arrange for help with older children or housework, take advantage of it.
- **Ease back into physical activity.** Some activities you can start right away. (See the exercises below and on the next page.) For more vigorous exercise, wait until you check with your doctor. Most women can start vigorous exercise about 4 to 6 weeks after a vaginal delivery (wait 8 to 12 weeks after a C-section delivery). Keep in mind that because of hormone changes, your joints and muscles will be vulnerable to injury for several months, so be careful about activities that can cause strains or sprains.
- **Pay attention to your body.** If you have bleeding that becomes more red or heavy with activity (or that starts again after having stopped), talk to your doctor.
- **Keep in mind that during pregnancy and after delivery, women have a higher-than-normal risk for blood clots.** (If you've had a C-section or tubal ligation surgery, your risk is even higher right now.) To help prevent blood clots and other serious complications, follow all of your care team's advice about physical activity and other safety measures.

Suggested daily activities: Start these right away

Walking eases constipation and general pain, lowers the risk of blood clots — and helps you to just feel good.

- Begin with short distances.
- Increase your distance a little each day.

Pelvic floor muscle tightening (often called Kegel exercises) increases your ability to control the muscles around your vagina, bowel, and bladder. This can also help reduce stitch discomfort by improving muscle tone.

- Get in a comfortable position (sitting, standing, or lying down).
- Tighten the muscles around your vaginal, urinary, and rectal openings.
- Hold for a count of 10, retightening as needed, and then relax very slowly.
- Repeat frequently, building up to 100 times per day.

Abdominal tightening helps to tone abdominal muscles.

- Get in a comfortable position (sitting, lying down on your back).
- Tighten your abdominal muscles by pulling them in and up (or "sucking in").
- Make a strong "shhhh" sound. This will activate your deep lower abdominal muscles.
- Notice how this feels. You should feel your belly button pull inward and upward, your lower back flatten, and a "lightening" in your pelvic floor area as your abdominal muscles lift up the weight of your internal organs.
- Hold for a count of 5 to 10 seconds. Repeat 10 times.
- Do this exercise throughout the day. Use it while doing any activity that stresses your abdominal muscles (lifting your baby, getting out of bed, etc.) Think of it as your body's natural brace or "corset" to support you during your recovery.

See more activity suggestions on the next page.

Suggested daily activities: Start these right away (continued)

Pelvic tilt exercises helps to tone abdominal muscles and relieve backache.

- Start by lying flat on your back with your knees slightly bent, feet on the floor.
- Pull your belly button in toward your spine and tighten your buttocks as if you're scooping your pelvis, tilting it upward. You should feel the small of your back flatten as you do this.
- While holding this position, exhale with a strong "shhhh" sound for 5 to 10 seconds.
- Slowly relax your abdomen and buttocks, allowing the hollow of your back to return to its normal position.
- Repeat 10 times, two or more times each day.

Heel slide exercises help to tone abdominal muscles

- Start by lying flat on your back with your knees slightly bent, feet on the floor.
- Do the pelvic tilt as described at left, and slowly slide one foot away from your buttocks so that your leg is straight. Your feet should still have contact with the floor.
- Slowly slide your leg back toward your buttocks to the starting bent position.
- Repeat with the other leg. You may have to "reset" your pelvic tilt and abdominal tightness as you transition.
- Repeat 10 times with each leg, two or more times each day.

Choosing a birth control method

In the first few weeks after childbirth, it's best to refrain from sexual intercourse. You can still use touch to share intimacy and affection with your partner, however. Massage is an excellent way to relieve stress, show affection, and meet your needs for closeness and connection.

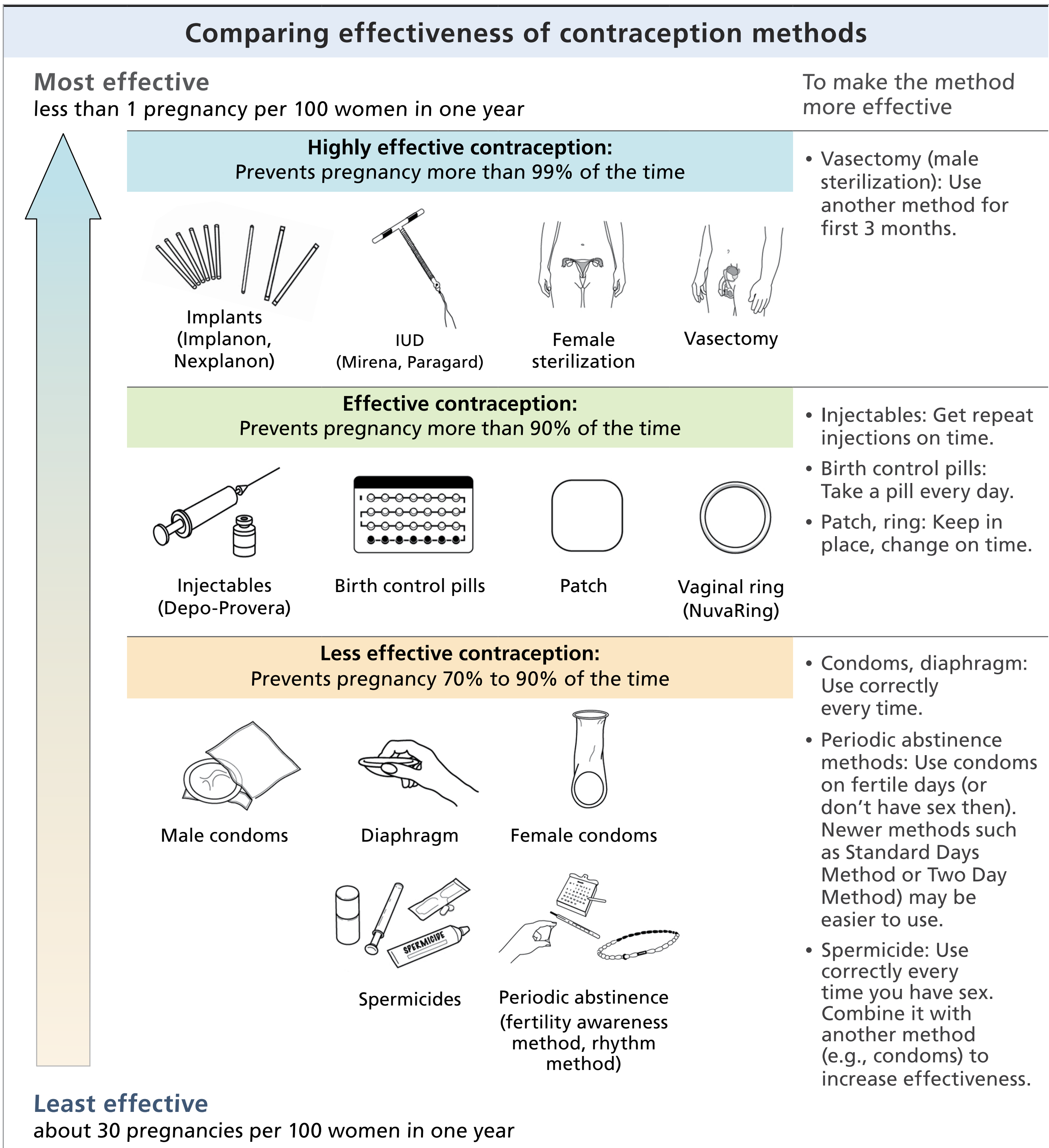
Consider your birth control now, even before you start to have sex again. If you're like most women, your life is busy, and contraception is one thing you don't want to let slide. Why? **Even if you want more children, it's best to wait at least 18 months before your next pregnancy.** This spacing lowers the chance of a preterm delivery and gives your body a chance to recover.

Fertility returns when ovulation begins. If you're bottle-feeding or supplementing breastfeeding, you might ovulate and have a menstrual period in 6 to 8 weeks. If you're only breastfeeding, you might ovulate and have a menstrual period in 2 to 6 months.

Breastfeeding is NOT a reliable form of birth control. You can be fertile even if your menstrual period hasn't returned. Use birth control if you're sexually active and don't want to become pregnant.

Choosing a birth control method is a personal choice. You need to consider how it will fit into your lifestyle, and how convenient, safe, and effective it will be. You will also want to consider that some birth control methods can be combined to increase effectiveness and reduce the risk of sexually transmitted diseases. Finally, remember that experts recommend that if you want to become pregnant again, you should wait at least 18 months before trying to conceive. It's important to choose the most effective method that works for your plans, lifestyle, and personal history.

The chart below summarizes the effectiveness of several methods. **Discuss these options with your healthcare provider to help you decide what will work best for you.**



Maternal Emotional Wellness:

The baby blues, postpartum depression and anxiety

Many women experience the "baby blues." Baby blues can manifest as mood swings, lower ranges of irritability, crying spells, and moderate feelings of anxiety that fade within a week or two after having a baby. However, for some women, the feelings don't go away. This typically means the woman is experiencing a mental health condition such as postpartum depression or postpartum anxiety.

Emotional disruptions associated with pregnancy and giving birth are common and treatable. Statistically, 1 in every 7 women will experience a pregnancy-related emotional health complication that might warrant clinical attention within the weeks following delivery. In some cases, this can present up to 1 year post-birth. Women who experience a miscarriage or stillbirth, infertility, or an adoption are at risk for developing the same symptoms of postpartum depression. Suppression of breastfeeding can also increase the risk for these symptoms.

Women should feel empowered to seek help and speak up. Your emotional health during this time is important. It can affect your long-term well-being. Remember, you are not alone.

A loved one is often the first person to recognize symptoms and the woman's need to see a doctor. If you notice symptoms that fit the pattern described here, please let your provider know. There are many effective treatments for postpartum depression and anxiety. These conditions are often caused by chemical imbalances in the brain and can be worsened by post-delivery fatigue and sleep disturbances.

These feelings are not isolated to women. At least 10% of fathers also develop an emotional health complication associated with the pregnancy and delivery.

Your emotional wellness is just as important as your physical health after your delivery. If you just don't feel like yourself, please reach out for help.

One way to help manage your emotional wellness is to think of the acronym **SUNSHINE**. (see next page)

Taking care of yourself through SUNSHINE

For many moms, taking care of "self" often falls at the bottom of our list. The acronym SUNSHINE gives us 8 helpful tips and reminds us that our physical and emotional health during pregnancy and after childbirth are a priority too.

S - SLEEP

Aim for a 4 to 6-hour stretch of sleep at least 3 nights a week. Because breastfeeding babies may need more frequent feeds than every 4 hours, consider having a family member or friend give the first feeding of the night.

U - UNDERSTANDING

Seeking counseling with a trained maternal mental health professional can prevent and treat depression and anxiety if you are at higher risk. Please call your obstetric provider for help. Or you can find a list of qualified providers by calling Help Me Grow at 801-691-5322 or **helpmegrowutah.org**.

N - NUTRITION

Continue taking a prenatal vitamin. Avoid caffeine and sweets when possible and include protein and unsaturated fats at every snack and meal. Ask your provider about your vitamin D levels; if they are low, they might affect your mood.

S - SUPPORT

Share your feelings with a trusted friend or family member, or find a support group online or in-person. Ask for help with baby care. Getting an hour each day to yourself is essential.

H - HYDRATION & HUMOR

Drink two large pitchers of water daily. Dehydration can trigger symptoms of anxiety and fuzzy thinking. Make time for silliness and joy each day. A funny movie, time with friends, or tickling your children can all improve your mood. If laughing seems impossible, it's time to seek more support.

I - INFORMATION

Read about emotional wellness at www.postpartum.net and take the Edinburgh Postnatal Depression Scale each month for at least a year to track your emotional health. Call **Help Me Grow** (801-691-5322) or your provider if your score is 10 or higher, or if you marked anything other than "never" on question 10 about self-harm.

N - NURTURE

Nurturing your spirit may come through: nature, spiritual practices, music and art, meditation, creative hobbies, dates with friends or your partner, etc. Schedule time in your calendar weekly for doing things you enjoy outside of motherhood.

E - EXERCISE

Walking even 10 to 20 minutes a day can help your body, mind, and spirit. You can even try yoga or stretching.

When to call your doctor:

CALL YOUR DOCTOR
if your symptoms match the following pattern:

- Edinburgh Postnatal Depression Scale (EPDS) score of 10 or greater
- Anxiety or racing thoughts
- Excessive irritability, anger or rage
- Unexpected difficulty sleeping or getting back to sleep
- Persistent tearfulness, sadness, or feeling worthless
- Intense shame about what you are experiencing
- Loss of interest in people or activities
- Significant loss of appetite

GET EMERGENCY CARE
in the following cases

- Scary thoughts you are afraid to share
- Feeling confused, seeing or hearing things that aren't there, or having thoughts that don't make sense
- Thoughts of harming your baby or yourself or feeling your family may be better off without you

Where you can get help: Community resources

Postpartum Support International – Utah Maternal Health Collaborative
Postpartum Support International provides education and resources to women with any postpartum depression symptoms. The Utah Maternal Health Collaborative offers free phone and email support provided by mothers who have experienced emotional health complications as well as helpful local resources and referrals.

psiutah.org | **UNI Crisis Line** 1-801-587-3000

United Way, Help Me Grow
Go to helpmegrowutah.org or call 801-691-5322 and volunteers will link you to community mental health services.

National Suicide Prevention Hotline
Call 1-800-273-TALK (8255)

National Peer Mom Volunteers
Call 1-800-PPD-MOMS (773-6667)

Summary of When to Seek Medical Help

GET EMERGENCY CARE in the following cases:

- Pain in your chest
- Difficulty breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

CALL YOUR DOCTOR (or get emergency care if your doctor cannot be reached) if you notice any of the following:

- Vaginal bleeding that becomes bright red and heavy (soaking through more than one pad per hour)
- Large blood clots (the size of your fist or larger)
- Redness, swelling, separation, odor, or drainage at the site of your incision, episiotomy, or vaginal tearing
- Fever of 100.4°F (38.0°C) or greater
- Painful, tender, swollen, or reddened areas on your legs or breasts
- Headache that does not get better after taking pain medications, or severe headaches with vision changes

May require further evaluation and discussion with your doctor:

- Flu-like symptoms (for example: chills, body aches, fatigue, or headache)
- Any increase in pain
- Unusual, foul-smelling vaginal discharge
- Difficulty urinating – or burning, painful, or frequent urination
- Constipation not relieved by stool softeners and / or laxatives
- Engorgement (very full breasts) that is not relieved after 24 to 48 hours

Intimate partner violence

If you, or someone you know, is a victim of violence from an intimate partner — help is available!

Intimate partner violence (violence or abuse from a current or former intimate partner) can be physical, sexual, or psychological. It is most often, but not always, aimed at women and children. Intimate partner violence is against the law and should be reported. If you or someone you know is in an abusive relationship, call one of the hotline numbers listed on the right. Hotline staff can refer you to free help, including counseling, shelters, or other services.

Resources

National Domestic Violence Hotline:
ndvh.org

In Utah: 1-800-897-LINK (5465)

In Idaho: 1-800-669-3176

National hotline number:
1-800-799-SAFE (7233)
or
1-800-787-3224 (TTY)

Local resources for many issues including intimate partner violence: 2-1-1

If it's an emergency, call 911.

Notes

To find other resources for moms and babies, go to:
intermountainhealthcare.org/mombaby

facebook.com/intermountainmoms

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