issue 10 | Postpartum

Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER

▶CONGRATULATIONS!

The day you've been waiting for is here! Congratulations on the birth of your new baby. Like pregnancy, the newborn period can be a time of excitement, joy, and exhaustion. Whether this is your first child or your fourth, every baby has a unique personality and individual needs. This issue of *Healthy Beginnings* addresses many of the questions new parents have. By providing specific advice on a variety of topics, we hope to ease your adjustment to parenthood and your new baby.

▶POSTPARTUM APPOINTMENT

Date: **Time:**

Day:

Practitioner:

Notes:

Please arrive for your appointment on time. If you need to cancel, call at least 24 hours in advance.

▶Taking care of yourself after delivery

POST DELIVERY PAIN RELIEF

Most women have some amount of post delivery pain. If you had pain medication during labor it will wear off within a few hours. It is best to control pain by staying ahead of it, so let your nurse know as soon as you are uncomfortable. Remember that pain intensity varies from woman to woman. It's important to be aware of your pain level so that you can communicate it to your nurse who will help you manage it. You may obtain relief from ice packs or "sitz baths" and if this is not enough, you may consider over-the-counter pain medications such as ibuprofen or acetaminophen. If you need more relief, ask for a prescription pain reliever. Most prescription pain medications are safe to take while breastfeeding.

HEALING

Whether you've had a vaginal or cesarean delivery, your body will need to recover from the birth. It usually takes 4 to 6 weeks from the time you have a baby until you feel fully recovered. If you've had a cesarean delivery, your recovery might take even longer. You should feel better and stronger each day. For the first few weeks after you return home, it's extremely important to rest each day and to increase your activity level gradually. Pace yourself and try to nap when your baby naps. Try not to have too many visitors or to do many social activities. Strenuous work, such as heavy lifting and housework, should also be avoided. Set up childcare for older siblings ahead of time and make sure that there is another adult in your home for a minimum of 2 to 3 days after you return home.

VAGINAL DISCHARGE (LOCHIA)

The vaginal blood-tinged discharge that occurs after delivery is called lochia. The discharge is bright red for a few days, gradually

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▶Your amazing newborn

In the first few weeks after birth, babies work hard to achieve a rhythm in their lives. They often have their days and nights reversed, and they haven't yet established a regular sleep pattern. Newborns will display behaviors that worry new parents, such as crossing their eyes, spitting up, breathing irregularly, sounding congested, sneezing, and hiccupping. These are normal behaviors. If you're concerned, calling the pediatric nurse will help you determine if you need to make a pediatric appointment.

Crying is your infant's way of communicating with you. When you respond to your baby's crying, you're teaching your baby to trust you. It's normal for a baby to cry up to 2 to 3 hours daily. Some babies cry more and some cry less often. A period of fussiness in the late afternoon or evening is common. Some babies are easier to soothe than others. Swaddling (wrapping your baby snugly in a soft blanket) and holding your baby close to your body while rocking will often help. The monotonous "white noise" produced by a CD or an air purifier is sometimes helpful. Babies cry less over time, especially if they are held often and are responded to quickly. It is not possible to "spoil" a newborn, so hold your baby as often as you like or the baby needs.

With all the attention that your baby needs, you might forget that new parents need attention, too. Limit your visitors and rest as often as you can. You may need to set new priorities. Decide what must be done versus what is possible to do. Becoming a new parent is just as much of a new beginning for you as birth is for your baby.

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▶PARTNER'S CORNER

After you bring your baby home, you'll soon realize that life as you know it has changed forever. A first child may change the special closeness that you once shared with your partner. You may need time and open communication to bring this new baby into your relationship. Schedule periods of time or dates together for special time alone with your partner. If you have another child (or several), the way the entire family relates will change. Try to be sensitive and patient with older children. They may view the new baby as an intruder and someone who is trying to take their place in the home and their parents' hearts. (See "Preparing older children" in *Healthy Beginnings,* Issue 7.)

You and your other children might experience feelings of jealousy and of being left out. You can prevent some of these feelings by helping with baby care, starting in the hospital. Even if your partner is breastfeeding, you and your other children can care for your baby in several ways. You can help by diapering, singing, burping, dressing, rocking, kissing, bathing, and caressing the baby.

Your partner is recovering from the physical and emotional challenges of childbirth and will appreciate all the help she receives. Here are some ways that you can help:

- Change your baby's diapers.
- Bring your baby to your partner for night feedings and take him or her back to bed.
- Burp your baby.
- Help out around the house with chores and cooking.
- Try to quit smoking. If you do smoke, go outside the house. Contact your practitioner or Health Education Center if you need help to quit smoking.

The more time your partner has to rest, the sooner she'll recover and the sooner your life will get back to a healthy balance. (See "Partner's corner" in *Healthy Beginnings,* Issue 9, for suggestions on how to help the new mother recover.)

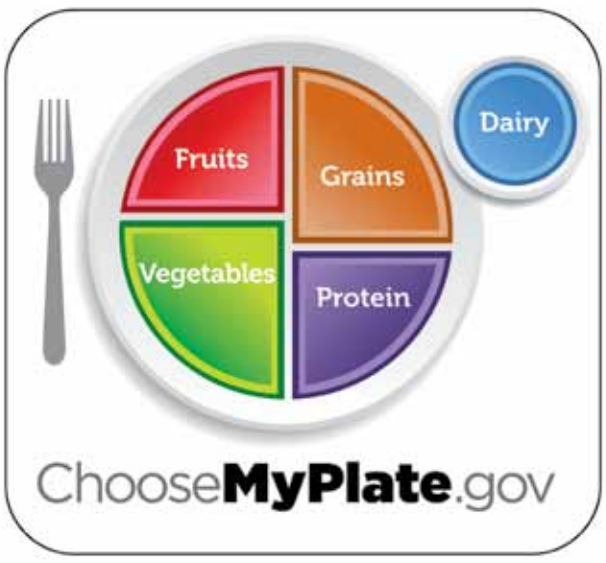
▶ Safer sex for you and your partner

- **Remember to continue to practice safer sex to prevent the spread of HIV (the virus that causes AIDS) and other sexually transmitted diseases (STDs).**
- **STDs can be present without symptoms, but if you have symptoms they may include sores, bumps, or blisters near your penis, vagina, rectum, or mouth; burning or pain when you urinate; and itching or swelling around your genitals.**
- **If you have any of these symptoms, avoid having sex until you see a practitioner and get tested.**
- **You can get tested for HIV and other STDs even without symptoms. Talk to your practitioner about getting tested.**
- **You can protect yourself and your partner by using condoms and oral dams (latex squares used for oral-vaginal and oral-anal sex).**

▶ Staying healthy after pregnancy

MyPlate
A guide to daily food choices

Source: U.S. Department of Agriculture (**choosemyplate.gov**)



BALANCING CALORIES

- Enjoy your food, but eat less.
- Avoid oversized portions.

FOODS TO INCREASE

- Make half your plate fruits and vegetables.
- Make at least half your grains whole grains.
- Switch to fat-free or low-fat (1 percent) milk.

FOODS TO REDUCE

- Compare sodium in foods like soup, bread, and frozen meals—and choose the foods with lower numbers.
- Drink water instead of sugary drinks.

DIET

A sensible, well-balanced diet will allow you to reduce the extra pounds gained in pregnancy, maintain your energy level, and recover from childbirth. If you have prenatal vitamins left or multivitamins, you should continue to take them. Multivitamins with at least 400 micrograms of folic acid are recommended for all reproductive age women. If you're breastfeeding, it is especially important for you to take prenatal vitamins and calcium supplements daily. Drink 8 to 10 eight-ounce glasses of water a day to keep hydrated and to prevent or relieve constipation.

A HEALTHY LIFESTYLE

If you're breastfeeding, continue avoiding alcohol and other drugs, including prescription and over-the-counter drugs, unless they're ordered by your practitioner. If you or someone in your family has a problem with alcohol or other drugs, call your practitioner.

If you quit smoking while you were pregnant, congratulations! It's important that you stay smoke-free so that you can get the full benefit of all the hard work you've put in. Children from households with smokers have more ear infections, allergies, asthma, and lung problems. It's best not to allow any smoking in the house or car. Keep your baby away from all cigarette smoke. Your local Health Education Center has information and classes to help you or your partner quit smoking or stay quit.

(continues on page 5)

When you call your practitioner, please be ready to provide:

- Your name.
- Your Kaiser Permanente health or medical record number.
- Your practitioner's name.

Call now if you have:

- Fever (temperature of 100.4° or greater).
- Shaking chills with fever over 100.4°.
- Breasts with hard, red, or tender areas.
- Urgent or frequent need to urinate, along with a burning feeling.
- Excessive pain, tenderness, or swelling in the vaginal or episiotomy area (between the rectum and vagina).
- Vaginal discharge with a foul odor or heavy bleeding that soaks through a sanitary pad in less than 1 hour. (Go immediately to the Emergency Room if this occurs. Do not drive yourself.)
- Persistent passage of blood clots larger than a golf ball.
- Severe pains in your chest, abdomen, back, or legs.
- Severe headaches, spots before your eyes, or if you faint.
- Feelings of severe despair, great anxiety, or inability to cope.

▶ Postpartum depression

The "baby blues" are common during the first 1 to 2 weeks after delivery and can be a normal part of the childbirth process. They are caused, in part, by the change in hormones after delivery, and there may be times when you cry and feel sad or irritable for no reason. The baby blues usually go away fairly quickly. Here are some ideas that may help:

- Rest as much as possible—sleep while the baby naps and don't let your visitors keep you from getting the sleep you need. Turn off the phone and put a sign on the door when you are napping.
- It's normal for your baby to feed often during the night for the first 2 to 4 weeks at home and once or twice per night for the following months. Take a daytime nap so you don't become too tired.
- Go outside. Take the baby for a walk.
- Talk with friends and spend time with your partner.
- Go to a support group for new parents.

The first month after delivery is an important adjustment period. Your role and your partner's role in your family have changed. Each member of the family needs time to get used to the changes. During this time, sad or blue moods may last longer and can be more intense. These could be symptoms of postpartum depression. If your feelings of depression worsen or continue beyond a few weeks, call your practitioner. All symptoms of postpartum depression are treatable with self-help, support, or professional guidance.

▶ Taking care of yourself after delivery *(continued from page 1)*

becomes lighter and pinkish, and then turns brown. You may continue to experience some lochia for up to 6 weeks. Sanitary pads or panty liners should be used to absorb the flow. Do not use tampons until your practitioner tells you it's OK to do so. If you have heavy vaginal bleeding and saturate 1 sanitary pad in less than an hour, call your practitioner right away.

CRAMPS (AFTERPAINS)

You may have some cramps for a few days after giving birth. These are sometimes called "afterpains." These cramps are caused by contractions of the uterus as it shrinks back to pre-pregnancy size. If this is your first baby, you will probably be only slightly aware of the cramps. However, if you have already had a baby, you will probably feel them more. These cramps may also increase during breastfeeding. Your doctor may have prescribed pain medication. None of those medications will harm you or your baby; they are safe to take while breastfeeding. You may be sent home with one or more of the following medications: Motrin, Vicodin, Norco, or Tylenol with codeine. You should take them according to the instructions printed on the bottle.

PERINEAL DISCOMFORT

The perineum, the area between the vagina and rectum, is stretched during childbirth. It's common to experience perineal discomfort or soreness after a vaginal delivery or if you had a difficult labor prior to having a cesarean birth.

To care for the perineal area:

- Apply witch hazel pads or Tucks pads to the perineum to relieve swelling and pain.
- Using the peri-bottle that you received in the hospital, rinse the perineal area with warm water each time you go to the bathroom. Dry the area from front to back.
- Take a "sitz bath" (a warm-water bath taken in the sitting position where only the hips and buttocks are covered) for 20 minutes, several times a day.

To prevent infection, make sure you always wash your hands before and after caring for the perineal area. You may also choose to take the pain medications prescribed by your doctor for discomfort.

BREAST CHANGES

Your breasts may become engorged (swollen) with milk around the third or fourth day after delivery. Here are some tips that might help relieve discomfort:

- Wear a bra with good support. Bras without underwire are recommended.
- Apply moist heat with a towel or washcloth, or take a shower for several minutes before feeding.
- Using your hands or a pump, express milk before nursing to help your baby with latch-on.
- Nurse frequently and regularly.
- If needed, take the pain medications recommended by your doctor to help relieve the pain.

Note: Non-nursing mothers should not apply heat or express milk because it encourages milk production. A supportive bra, ice packs, and acetaminophen may be used to help ease discomfort.

HEMORRHOIDS

Hemorrhoids (dilated, twisted blood vessels in and around the rectum) can occur as a result of pushing during labor and delivery. Hemorrhoids can cause pain, itching, and bleeding during a bowel movement, but usually improve without treatment shortly after birth. Here are some tips that might help:

- Keep your stools soft by increasing your intake of liquids, fruits, vegetables, and fiber. (You may be discharged from the hospital with a stool softener.)
- Avoid sitting for long periods of time. Lie on your side several times a day.
- Cleanse the area with soft, moist toilet paper, witch hazel pads, or Tucks pads.
- Try applying ice packs to relieve discomfort.
- Sit in a "sitz bath" for 20 minutes, several times a day.
- Use Preparation H, Anusol, or 1% hydrocortisone cream to help relieve the pain.

CONSTIPATION

Constipation is common after having a baby. Try the following suggestions:

- Drink more fluids and eat more high-fiber foods, like fruits, vegetables, whole-grain breads, cereals, and dry beans.
- Try Metamucil, bran tablets, or Fiberall.
- Try an over-the-counter stool softener called Colace as directed by your practitioner.
- Do not use a laxative (such as Ex-Lax) without first talking with your practitioner.

BATHING

At the hospital, you may shower or wash your hair at any time after talking with your nurse. At home, you may soak in your tub with warm water for soothing (don't use bubble baths).

If you've had a cesarean delivery, you may shower unless your practitioner says otherwise.

MENSTRUATION

Nursing mothers usually menstruate again (start their period) anywhere from 2 to 12 months after delivery, while non-nursing mothers often begin in about 6 to 8 weeks. The first period might be heavier or longer than your usual period. It may stop and then start again once or twice. The cycle may take a few months to become regular but is usually fairly normal by the second period. Your cycle may differ in length from your previous cycles.

RESUMING SEX

It usually takes 4 to 6 weeks for your body to heal after a normal vaginal delivery and may take longer if your delivery was complicated or was a cesarean birth. We recommend that you wait 6 weeks, or at least until your postpartum appointment, before resuming intercourse, depending on how well you're healing. It is still possible for you to get pregnant after childbirth regardless of your breastfeeding status and whether or not you have a regular period. So, remember to use birth control if you are not planning for another pregnancy at this time. (See "Sexual activity" in *Healthy Beginnings*, Issue 9.)

TRAVEL

Keep travel to a minimum until 5 to 6 weeks after delivery. If a long automobile trip is necessary before then, make sure that you get out of your car often and walk for several minutes to maintain adequate circulation. Remember that babies and toddlers should always ride in a rear-facing car seat until they are at least 2 years old, or until they reach the highest height or weight allowed by your car seat's manufacturer. Also remember that you will need to stop the car to breastfeed or change your baby's diaper, so plan ahead for the extra driving time.

POSTPARTUM APPOINTMENT

You will be scheduled for a follow-up appointment with your practitioner within 6 weeks of delivering your baby. It's important to go to this appointment (even if you're feeling fine) so your practitioner can check that you're healing properly. You'll also be able to discuss any questions you may have, including your options for birth control.

▶ Breastfeeding your baby

Your health care team at Kaiser Permanente recommends that you feed your baby only breast milk for the first 6 months of life. Breastfeeding is the natural way to provide all the nutrition your baby needs for the first 6 months. It works on a supply-and-demand basis: The more your baby nurses, the more milk you will produce. Most nursing mothers can produce enough milk for their babies to thrive. You may hear different messages about how to breastfeed your baby, but remember there is no right or wrong way. It may take some time for your body to get into a rhythm, so be patient and persistent. Breastfeeding is a learned skill and takes practice! Here are some tips for a good start.

ENCOURAGE A GOOD MILK SUPPLY

- Begin nursing in the first hour of your baby's life.
- Nurse your baby on demand (8-12 times in 24 hours) until milk production is well established.
- Allow your baby to nurse for as long as he or she wants. If your baby is still hungry after finishing the first breast, offer the second breast.
- Wake your baby to eat if it has been 3 hours since the last feeding during the day. This may require some effort on your part. Undressing the baby is most effective.
- Do not give your baby water, formula, or other fluids unless recommended by your baby's pediatrician or lactation consultant. Use of supplements in the first days or weeks of a baby's life can decrease the mother's milk production.

PREVENT SORE OR CRACKED NIPPLES

- Make sure your baby is properly positioned. (See the "Latch-on" section on page 6.)
- Vary your nursing position from time to time to relieve the pressure on your nipples. Try sitting up, lying down, and switching between using the football hold, cradle hold, and cross-cradle hold.
- When your baby is finished nursing, break the suction by putting your finger in the corner of the baby's mouth between the gums.
- After nursing and bathing, allow your nipples to air dry.
- Wash your breasts with water only; avoid lotions, creams, and soaps.
- Apply breast milk to nipples after nursing. Use lanolin if breast milk doesn't help ease discomfort.

Sore or cracked nipples are usually caused by improper positioning or latch-on. Proper positioning will help you prevent soreness and cracking. If discomfort continues, call your practitioner or lactation consultant.

PREVENT ENGORGEMENT (SWOLLEN BREASTS)

- Nurse frequently and regularly.
- Take a warm shower or apply moist heat to the breast before nursing.
- Express milk before nursing to help with latch-on.
- Apply a cool compress to the breast after nursing.

If engorgement or poor latch-on persist, talk with your practitioner or a lactation consultant.

KNOW IF YOUR BABY IS GETTING ENOUGH MILK

Many new mothers worry about whether their babies are getting enough milk. Make sure to feed your baby whenever you observe that she or he is exhibiting signs of hunger, such as moving the lips and tongue, opening the mouth, turning the head from side to side, or general fussiness. Your baby is getting enough to eat if, by the third day of life, your baby:

- Has 3 or more wet diapers every 24 hours. (Highly absorbent disposable diapers can make it hard to tell if your baby has urinated.)
- Has 3 or more stools every 24 hours.
- Has stools that have changed from dark green to yellow.
- Latches on to your breast well.
- Has brief active periods.
- Makes swallowing sounds after every 1 to 3 sucking movements.

You should feel some breast fullness and may notice milk dripping from the opposite breast while nursing. Breastfed babies should be seen by a medical professional between 2 to 4 days old to check for signs of successful breastfeeding.

FOOD AND MEDICATIONS

In general, there aren't any foods you should avoid while nursing. It's important not to diet while nursing because you're eating for both you and your baby. The best rule is to eat and drink enough to satisfy your hunger and thirst. Alcohol, tobacco, and illegal drugs such as amphetamines (speed), cocaine, heroin, marijuana (pot), and phencyclidine (PCP) pass into breast milk and should not be taken while you're nursing. Try to reduce your caffeine intake while you're breastfeeding. A morning cup of coffee is not likely to harm your baby but too much caffeine can cause problems, such as poor sleeping and fussiness.

It is safe for you to take most medicines while breastfeeding. But there are a few that might harm your baby. Acetaminophen (*Tylenol*) and ibuprofen (*Advil, Motrin*) are safe to take while nursing, but **don't take aspirin**. Codeine and other narcotic pain relievers are usually considered safe. However, some people may process (metabolize) these drugs more quickly. While this is rare, it can cause higher-than usual levels of the drug to build up in their blood and breast milk.

Use caution with these medications:

- codeine
- hydrocodone (*Vicodin* or *Norco*)
- oxycodone (*Percocet*)

Watch for signs that your baby might be getting too much of the medication through your breast milk. Normally, your baby should nurse 8 to 12 times in 24 hours and not sleep at night for more than one 4-hour stretch in 24 hours. If you notice that your baby is sleeping longer than usual, or having difficulty breastfeeding, call your baby's doctor. If your baby is having trouble breathing, **call 911 right away**. Before you take any medicine, be sure to let both your doctor and your baby's doctor know that you are breastfeeding. Always see the pharmacist for advice about all medications. This includes over-the-counter (nonprescription) drugs and herbal products. It is best to **take medications right after you nurse** rather than just before nursing.

▶ Vitamin D supplements

To help prevent rickets (a bone-softening disease), babies should be given a vitamin D supplement once a day starting in the first 2 months of life. Skin uses the sunlight to make vitamin D when we are outside. However, the American Academy of Pediatrics strongly advises that infants less than 6 months old be kept out of direct sunlight as much as possible. To prevent Vitamin D deficiency, supplements should be given to all infants. Vitamin D supplements are available over-the-counter in multivitamin drops.

If you give your baby the manufacturer's recommended amount of multivitamin drops, your baby will get all the vitamin D needed to prevent rickets. Be sure to use the medicine dropper supplied with the drops to ensure that your baby is getting the correct amount. Check with your baby's pediatrician to determine the best time to start giving your baby supplements. Breastfeeding mothers should continue to take daily prenatal vitamins to ensure adequate vitamin D intake.

Breastfeeding log

Use this breastfeeding log during the first week of feeding. Circle the time you begin each breastfeeding. Check off a box for each wet diaper and a circle for each bowel movement. (See sample entry below.) The goal represents a minimum number for wet diapers and bowel movements.

Sample entry:

Day 1 goals: 8–12 feedings, **1** wet diaper, **1** bowel movement	
feedings: a.m. 1 (2) 3 4 (5) 6 7 (8) 9 10 (11) 12 p.m. 1 2 (3) 4 5 (6) 7 8 (9) 10 11 (12) wet diaper: ✓ bowel movement: ✓	Supplements

Breastfeeding log:

Day 1 goals: 8–12 feedings, **1** wet diaper, **1** bowel movement	
feedings: a.m. 1 2 3 4 5 6 7 8 9 10 11 12 p.m. 1 2 3 4 5 6 7 8 9 10 11 12 wet diaper: bowel movement:	Supplements
Day 2 goals: 8–12 feedings, **2** wet diapers, **2** bowel movements	
feedings: a.m. 1 2 3 4 5 6 7 8 9 10 11 12 p.m. 1 2 3 4 5 6 7 8 9 10 11 12 wet diapers: bowel movements:	Supplements
Day 3 goals: 8–12 feedings, **3** wet diapers, **3** bowel movements	
feedings: a.m. 1 2 3 4 5 6 7 8 9 10 11 12 p.m. 1 2 3 4 5 6 7 8 9 10 11 12 wet diapers: bowel movements:	Supplements
Day 4 goals: 8–12 feedings, **4** wet diapers, **3** bowel movements	
feedings: a.m. 1 2 3 4 5 6 7 8 9 10 11 12 p.m. 1 2 3 4 5 6 7 8 9 10 11 12 wet diapers: bowel movements:	Supplements
Day 5 goals: 8–12 feedings, **5–6** wet diapers (**6–8** cloth diapers), **3** bowel movements	
feedings: a.m. 1 2 3 4 5 6 7 8 9 10 11 12 p.m. 1 2 3 4 5 6 7 8 9 10 11 12 wet diapers: (for cloth diapers:) bowel movements:	Supplements
Day 6 goals: 8–12 feedings; **6–8** wet diapers (**7–10** cloth diapers); **3** bowel movements	
feedings: a.m. 1 2 3 4 5 6 7 8 9 10 11 12 p.m. 1 2 3 4 5 6 7 8 9 10 11 12 wet diapers: (for cloth diapers:) bowel movements:	Supplements
Day 7 goals: 8–12 feedings, **6–8** wet diapers (**7–10** cloth diapers), **3** bowel movements	
feedings: a.m. 1 2 3 4 5 6 7 8 9 10 11 12 p.m. 1 2 3 4 5 6 7 8 9 10 11 12 wet diapers: (for cloth diapers:) bowel movements:	Supplements

Staying healthy after pregnancy

(continued from page 2)

EXERCISE

Most new mothers are eager to regain their pre-pregnant shape, but may be so tired that they don't want to exercise. Give yourself some time to recover from childbirth emotionally and physically before you begin exercising.

Most practitioners advise against starting a regular exercise program until 4 to 6 weeks after delivery. Exercises to improve the muscle tone of your stomach and abdomen may be started about 2 weeks after a vaginal birth. If you've had a cesarean birth, you may start these exercises when your incision has completely healed and is no longer tender.

Kegel exercises can be started soon after birth to help you regain vaginal and pelvic floor muscle tone. Kegels are performed by tightening your pelvic floor and vaginal wall muscles 40 to 60 times a day. You can start these exercises while you're still in the hospital. Please ask your nurse for more information. (See "Relaxation exercises for pregnancy and beyond" in *Healthy Beginnings*, Issue 3.)

When your stitches from a vaginal birth or your incision from a cesarean birth have healed and you feel your energy coming back, follow these guidelines to select an exercise program:

- Go for walks. Walking is a great way to get back in shape, and you can take the baby with you.
- Find a local postpartum exercise class that is taught by a certified instructor. Take the time to prepare for class so that you're not too rushed.
- If possible, sit your baby in an infant seat on the floor nearby when you exercise. Newborns love watching their moms work out.
- During the first 6 weeks postpartum, avoid full sit-ups, double leg lifts, squats, knee-to-chest exercises, or any other movement that puts strain on your incision or perineum.
- Whether you are at home or in class, always warm up and cool down slowly.
- Exercise sessions should be frequent and brief—not infrequent and long or intense.
- Perform exercises slowly and with good form and posture.
- Rest between exercises.
- Don't overdo it. If you start out too abruptly or exercise to the point of fatigue, you can injure yourself. You'll be more likely to exercise regularly if you keep it at a moderate intensity.
- Drink water often during exercise.
- Let your instructor know how recently you delivered and if you have had a cesarean birth.

Avoiding exhaustion

Following the birth of your baby, your emotions might range from joy to sadness to every feeling in between. This roller coaster of emotions could be due to hormonal shifts; fatigue from labor, birth, and the hospital stay; possible anxiety about becoming a mother; or a variety of other factors. Your life will be different than it was before you gave birth to your baby.

- You'll get less sleep and eat at odd hours.
- You may be at home more than you used to be.
- You'll have less energy.
- You'll have much less time for yourself, your partner, friends, home, and hobbies.
- Most of your life will center around the baby. You'll primarily be concerned with how much your baby is sleeping and feeding, what message your baby is sending you with each cry, how many diapers you're changing every day, and how attached you've become in such a short time.

During these first few weeks you'll need to simplify your life. You have 4 priorities:

- Love and care for your baby.
- Take care of yourself.
- Love your partner.
- Get to know your baby.

Things that you can do to make your first few weeks at home easier:

- Wear a bathrobe or other loose, comfortable clothes.
- Discourage visitors the first couple of days. Having fewer visitors will give you more time to get to know your baby and to rest.
- Cook and freeze meals ahead of time and have a stock of groceries on hand. Check out the restaurants in your neighborhood that offer take-out. Find out if there are any grocery delivery services in your area.
- Arrange for a friend or family member to help with housework, errands, etc. Let people know what you need. Take people up on their offers to help.
- Nap when your baby naps.
- Be patient with yourself, your family, and your new baby—you're all adjusting to a major change.
- Remember that the lack of sleep and exhaustion is only temporary. Eventually your baby will sleep through the night.
- Your baby will eventually grow more independent. For now, he or she needs you for everything.

Breastfeeding positions

Breastfeeding can help a mother and baby form a special bond. When breastfeeding, both you and your baby should be in a comfortable, relaxed position. To support your body, place pillows behind your back and on your sides and lap. There are many different ways to breastfeed, so you may hear different people recommend different methods. We recommend that you experiment and use whichever technique works best for you and your baby.

LATCH-ON

Proper "latch-on" is an important step in breastfeeding.

- Make sure that your baby's head is directly facing your breast and that his or her nose is opposite your nipple.
- With your hand opposite the breast where baby's head is, support baby's shoulder from behind, pressing baby toward you with baby's feet, bottom, and shoulders pulled in close. (Remember to let the head tilt back.)
- Some babies need the breast supported during a feeding. If this helps your baby, support your breast by placing your thumb lightly above the areola (the dark area around the nipple) and place your fingers below and under the breast, shaping the breast like a sandwich so that it lines up with baby's smile.
- Mom's hand, holding the breast, needs to be well away from the areola.
- Baby's lips should be rolled out, mouth looking wide open, not narrow.
- More of the areola is seen above your baby's upper lip than below.
- Baby's chin touches your breast.
- Mom feels a strong tug, not pain.
- You can hear swallowing, infrequent at first.
- Remember: Keeping mom and baby skin-to-skin helps baby's body adjust to life outside of mom's body and helps with learning to breastfeed.

FOUR BREASTFEEDING HOLDS

Cradle hold

- Hold your baby with the arm that is on the same side as the breast from which your baby is going to nurse. For instance, if you're going to nurse your baby with the right breast, hold your baby with your right arm so that the baby's head rests in the bend of your arm.

Cross-cradle hold

- This is similar to the cradle hold, except that you hold your baby with the arm on the side opposite from which you are breastfeeding.
- Support your baby's head at the base of the neck with your hand.
- Do not push the back of your baby's head while breastfeeding. This can cause your baby to pull away from your breast.

Clutch or football hold

- This position is often easier for a mother who has had a cesarean birth or who has large breasts.
- Use pillows to support your arm. Hold your baby close to your side, with your baby's feet towards your back. Support your baby's shoulders and head with your hand.
- Your baby's face is next to the breast from which he or she will nurse.

Lying down while feeding

- Use an arm to bring your baby close to you and hold your breast with the hand of the other arm.
- Put your thumb above the areola and your fingers under the breast.
- After your baby latches on, you may no longer need to hold your breast.

As long as your baby is hungry, he or she will suck, pause, and swallow about once every second. When finished, a baby will stop sucking and may fall asleep.

At times you may want to stop nursing when your baby is still attached to your breast. To break the suction, put your finger in the corner of your baby's mouth and between the gums.

Caring for your newborn

Bringing home a new baby can be an exciting, yet overwhelming responsibility. Just knowing the basics will help you develop confidence as you care for your baby.

PROPER HANDWASHING

It's important that you use proper handwashing techniques before handling your baby. Wash your hands using soap and water and rub vigorously for at least 15 seconds. If you're using alcohol-based sanitizers, rub the sanitizer all over your hands.

BULB SYRINGE

Sneezing and coughing are normal ways for your baby to clear the airway of mucous. If the baby's nose and throat have enough mucous to make breathing noisy, you may use a bulb syringe to suction out the baby's nose gently.

BURPING

Babies often swallow air during feedings, which can cause them to become fussy. Here are some suggestions on how to prevent fussiness by burping your baby after each feeding:

- Hold your baby upright with his or her head on your shoulder. Support your baby's head and back while gently patting his or her back with your other hand.
- Sit your baby on your lap. Support your baby's chest and head with one hand and gently rub his or her back with the other.
- Lay your baby, tummy down, on your lap with his or her back facing up and gently pat or rub his or her back.

UMBILICAL CORD CARE

- Clean the area where the cord attaches to the skin especially well. Keep the diaper folded below the cord and keep the cord clean and dry.
- Clean the area at the base of the cord daily with warm water or as recommended by your baby's pediatrician.
- Use a damp washcloth to give your baby sponge baths until the cord falls off. The cord will drop off on its own, usually in between 1 and 2 weeks.
- Check for a foul smell or oozing discharge, and report this to your baby's pediatrician.

CHANGING YOUR BABY'S DIAPERS

You can expect to change about 7 to 10 diapers a day. When changing diapers, never leave your baby alone on the changing table and make sure everything you need is within reach. It's important to clean your baby each time you change his or her diaper.

- Use a warm, wet cloth to wash off urine and stool, using a front-to-back motion.
- Be sure to clean all the folds of the skin in the genital area.

PINK URINE

In most infants, urine is usually light to dark yellow. Sometimes, in the first week of life, you may notice a pink stain in the diaper that can be mistaken for blood. This is typically due to more concentrated urine and is no cause for concern. If pink urine continues for more than a couple of days, consult your baby's pediatrician.

DIAPER RASH

To avoid diaper rash be sure to clean your baby's bottom during each diaper change and allow the skin to air dry. If a rash develops, use an ointment such as A+D Ointment or Desitin. Call your baby's pediatrician if the diaper rash has not improved in 2 days. Avoid using baby powder or talc powder which can be accidentally inhaled by your baby.

BOWEL MOVEMENTS

The baby's first stool is the dark green, sticky meconium stool. Babies vary in their frequency of bowel movements. Some babies, particularly those who are breastfed, have several bowel movements per day. Other babies have 1 to 2 a day, and still others have one every 2 to 3 days. Breastfed babies tend to have loose, yellow bowel movements, while formula-fed babies have more formed stools. If your baby has pellet-like stools, he or she is constipated. If this condition continues for more than 2 days, you should call your baby's pediatrician.

(continues on page 8)

Sudden infant death syndrome (SIDS)

Sudden infant death syndrome (SIDS), or "crib death," is the sudden and unexplained death of an infant under 1 year old. About 1 out of 5,000 babies in the United States dies of SIDS every year. SIDS is the leading cause of death in infants 1 to 12 months old. Death from SIDS most commonly occurs between 2 to 4 months old. The death is sudden and usually occurs while the baby is asleep. The cause of SIDS is unknown, but there are ways to reduce your baby's chance of dying of SIDS.

WHAT CAN I DO TO PREVENT SIDS?

One of the most important things you can do to help reduce the risk of SIDS is to put your baby on his or her back to sleep. This can reduce the risk of SIDS by 15 to 20 percent. If your baby has a birth defect, often spits up after eating, or has a heart or lung problem, talk to your practitioner about the best sleeping position for your baby. There are no studies that show an increased risk for choking when sleeping on the back. It's important for your baby to be on his or her stomach during the day while awake to strengthen arm and leg muscles.

To reduce the risks of SIDS:

- Place your baby on a firm mattress or bedding to sleep. Do not place your baby on a waterbed, sheepskin, pillow, or other soft surface to sleep.
- Keep soft materials, such as pillows or stuffed toys, out of your baby's bed.
- Use a fan in your baby's room.
- Make sure that your baby's face and head stay uncovered during sleep. "Feet to foot" refers to having the infant's feet being able to touch the foot of the bed with the blankets tucked in around the crib mattress and only reaching the infant's chest.
- Another option, to avoid the risks posed by using blankets, is to put your baby in a warm sleeper or baby garment and to use no other covering.
- Once your baby is 2 to 4 weeks old and breastfeeding is well-established, consider giving your baby a pacifier when you put him or her to sleep. After your baby falls asleep, don't re-insert the pacifier into his or her mouth. Don't force your baby to take a pacifier if he or she doesn't want it.
- Don't smoke around your baby and don't let others smoke around your baby.
- Breastfeed your baby.
- Don't let your baby get too hot. Dress your baby in one more layer of clothing than you are wearing to be comfortable in the same environment.

Make sure your caregiver is aware of these recommendations.

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Infection in the newborn

Newborn babies can get infections easily because their defenses against infections are not fully developed. When a baby first develops an infection, the baby might:

- Not feed well.
- Be very sleepy and not even wake up to eat.
- Be irritable and not settle down after feedings.
- Breathe fast (over 60 breaths a minute).
- Have trouble keeping a normal temperature (a normal rectal temperature is 97.5°–100.4°F or 36.4°–38°C; a normal underarm temperature is 97.0°–99.4°F or 36.1°–37.4°C).
- Exhibit a change in behavior.

Many healthy newborns have these symptoms occasionally. However, if a baby continues to have these symptoms, he or she needs to be checked. If the infection gets worse, a baby might:

- Have pale or grayish skin.
- Work hard to breathe.
- Have a bluish color around the lips and mouth.
- Have a low body temperature (a rectal temperature under 97.5°F or 36.4°C or an underarm temperature under 97.0°F or 36.1°C) despite normal wrappings with clothes or a blanket.
- Have a high body temperature (a rectal temperature over 100.4°F or 38°C or an underarm temperature over 99.4°F or 37.4°C).

Some newborns may have an infection in a specific part of their body. In these cases you might see:

- Redness or swelling of skin, particularly around the umbilical cord or circumcision area, and a foul smell.
- Redness, swelling, or yellowish discharge from the eyes.
- Blisters on the skin.

Caring for your newborn *(continued from page 7)*

BATHING

Although it's not necessary to bathe your baby every day, your baby will sleep better after a bath. In addition, bath time is a good time to examine your baby's skin for rashes.

- You can use a damp washcloth to give your baby sponge baths until the umbilical cord falls off.
- Clean creases around the neck, underarms, legs, and genitals especially well with mild soap and warm water.
- Although there are many baby products, babies do not require oils, powders, or lotions. Cornstarch products tend to make diaper rashes worse.
- Use a mild hypoallergenic soap (such as Dove or Cetaphil) and water.
- Never leave your baby unattended in the bath even for a moment, no matter how little water is present.
- Check the water temperature on the inside of your wrist. Water should be lukewarm but not hot.

NAIL CARE

If your baby's nails are getting long, you can use a soft emery board, baby nail clippers, or round-end nail scissors. It's best to cut nails while your baby is asleep.

LAUNDRY

Wash all garments prior to use. You can use any mild detergent, but avoid fabric softeners because many babies are sensitive to them. Wash soiled cloth diapers daily as recommended by the manufacturer.

CARE OF THE CIRCUMCISED PENIS

For the Plastibell method:

- Clean your baby's penis by gently washing with water 3 times a day or with diaper changes after the first day.
- Petroleum jelly can be put on the Plastibell ring after cleaning.
- The ring should fall off 4 to10 days after the circumcision. Don't pull the Plastibell ring off because this can cause bleeding.

For the Gomco or Mogen methods:

- Change gauze and petroleum dressing each time it is soiled with stool. Continue dressing care for 48 hours after the circumcision.
- Clean your baby's penis by gently washing or wiping with water during diaper changes.

CARE OF THE UNCIRCUMCISED PENIS

If you decide not to circumcise your baby, taking care of his penis is easy. You do not need to pull back the foreskin to clean it for the first year of life. After 1 to 2 years of age, you can try to pull back the foreskin partially for cleaning, but it should never be forced. When your child is 5 or 6 years old, teach him to pull back his foreskin partially and clean underneath it at least once a week.

HOW TO TAKE A TEMPERATURE

When your baby is sick, you'll need to check his or her temperature. You can take your baby's temperature in the rectum or under the arm. However, rectal temperatures are more accurate than underarm temperatures for your baby's first 2 months of life.

To take a rectal temperature:

1. Use a digital thermometer.
2. Put a little petroleum jelly (like Vaseline) on the sensor end of the thermometer.
3. Place your baby across your lap, on his or her stomach with the buttocks up.
4. Separate your baby's buttocks and gently push the thermometer ¼ inch into the rectal opening.
5. Hold the thermometer with one hand and use your other hand to hold your baby.
6. Wait 2 minutes or until it beeps.
7. Remove the thermometer. A normal rectal temperature range is 97.5°–100.4°F (36.4°–38°C).

To take an axillary (underarm) temperature:

Place the thermometer under your baby's arm for 4 to 5 minutes or until it beeps. A normal underarm temperature range is 97.0°–99.4°F (36.1°–37.4°C).

Mercury is a hazardous material, and breakage of a glass thermometer could result in mercury exposure. The American Academy of Pediatrics recommends the use of electronic (digital) thermometers in homes with children. If you purchase an electronic (digital) thermometer, it should be used according to the manufacturer's instructions.

Signs of illness

You'll learn your baby's patterns and recognize behaviors that seem unusual. Never hesitate to call a practitioner if you feel that there's something wrong or if you have questions. If you note any of the following symptoms in your baby, please call your baby's pediatrician:

- Behavior: marked change, unusual irritability, excessive sleepiness, general restlessness.
- Eyes: redness or discharge.
- Mouth: white patches on roof and sides of the mouth and/or on tongue (thrush).
- Umbilical cord: swelling, a foul smell, pus drainage, redness of surrounding skin.
- Bowel movements: blood or mucous present.
- Feedings: loss of appetite, excessive sweating with feedings.
- Breathing: difficulty inhaling or exhaling, persistent rapid breathing.
- Fever: rectal temperature above 100.4°F (38°C); underarm temperature greater than 99.4°F (37.4°C).
- Low temperature: rectal temperature less than 97.5°F (36.4°C); underarm temperature less than 97.0°F (36.1°C).
- Vomiting: frequent and/or excessive.
- Skin: color that appears to be very yellow or has a pumpkin-orange tinge.

Jaundice and hepatitis B

YELLOW COLORING OF BABY'S SKIN (JAUNDICE)

Newborn jaundice refers to the yellow color in the baby's skin, a condition that often appears within a few days of birth and disappears within a few weeks. This is a normal process and is usually not a cause for concern. This yellow color is caused by bilirubin, a by-product of the breakdown of red blood cells in the newborn. All of us have "old" red blood cells that break down, but newborns have more of them. Since a baby's liver is not fully developed, your baby's skin color turns yellow. However, babies that appear very yellow may require a blood test and possibly treatment.

Call the pediatric advice nurse if:

- You're concerned about your baby's skin color.
- Your baby's skin appears to be becoming more yellow.

How is jaundice treated?

- Your baby's pediatrician will decide if treatment is needed.
- If no treatment is needed, jaundice will usually decrease after a week and disappear within 2 weeks.
- Some newborns with jaundice may need to be placed under special lights in the hospital. The light helps to remove the bilirubin from the body.

HEPATITIS B VIRUS

The hepatitis B virus causes serious and sometimes fatal liver disease. Vaccination against hepatitis B prevents infection and its complications. You may be offered this vaccine for your baby in the hospital.

Newborn hearing screening

You will be offered the opportunity to have your baby's hearing screened (tested) while you are still at the hospital. The hearing screening will take only a few minutes and happens while your baby is sleeping. You will receive the results of the screening before you leave the hospital. Your baby will either receive a "pass" or "refer" on his or her hearing screening.

HEARING SCREENING: "PASS"

This result indicates that your baby is able to hear normally in both ears at this time. It is important to pay attention to how your baby's language and speech develop. If you have concerns about your baby's hearing, contact your baby's pediatrician.

HEARING SCREENING: "REFER"

This result does not necessarily mean that your baby has hearing loss. Many babies need to repeat the screening because it's not always possible to get a good screen on the first try. It's best to re-screen the baby between 1 week and 1 month old. The hospital will make a re-screen appointment for you.

It's helpful if your baby is sleeping during the hearing re-screen. Some suggestions to help prepare your baby for the re-screening include:

- Try not to let your baby nap before the appointment.
- Feed your baby just before testing to help get him or her to sleep.
- Bring a blanket, extra diapers, change of clothes, and pumped breast milk or extra formula (if used).

You and your baby's pediatrician will be given the results of the hearing re-screen. It's likely that your baby will pass the re-screen. A few babies may need a more complete diagnostic hearing evaluation.

Sudden infant death syndrome (SIDS)

(continued from page 7)

WHERE CAN I FIND OUT MORE ABOUT SIDS?

- Kaiser Permanente: **kp.org**
- California Department of Health Services SIDS program: **1-800-369-SIDS (1-800-369-7437)**
- The National Institute of Child Health & Human Development's Back to Sleep campaign: **1-800-505-2742**
- American Academy of Pediatrics: **aap.org**
- Centers for Disease Control and Prevention: **cdc.gov**

Get your pertussis vaccination

Whooping cough (also called pertussis) is a contagious disease that can spread easily from person to person through coughing. It's very serious for babies. If you didn't get a Tdap booster shot during pregnancy, protect your baby by getting the booster shot soon after your baby is born. It's safe to get the vaccination while you're breastfeeding. Your partner and other family members should get the vaccine as soon as possible. If you have a preteen child, he or she should get a booster shot at his or her 10- to 12-year-old well-child visit. Talk to your practitioner if you have any questions or if you are not sure whether you need the booster shot.

Get your flu vaccine

Help prevent the flu by getting an annual flu vaccine. Flu vaccine helps prevent respiratory flu all season long. October or November is the best time to get the flu vaccine. Flu vaccine is recommended for adults and children over 6 months old. Children under the age of 6 months should not get the flu vaccine.

Caring for late preterm infants

Late preterm infants (LPI) are born between 34 to 36 weeks gestation. LPIs, also known as near-term infants, are at a greater risk for health problems because they are born early. Your baby, if born early, may require care in the hospital for more than one or two days. Every newborn needs special care but late preterm infants need extra care to fully develop and grow.

- Protect your baby from germs - wash your hands often
- Feed your baby often - 8 to 12 times in 24 hours
- Watch out for jaundice
- Keep track of your baby's messy diapers (count both stool and urine diapers)
- Keep your baby warm, his or her skin against yours, as much as possible
- Be sure to make and go to all appointments for your baby's safety and treatment.

Call your baby's pediatrician if your baby:

- is eating fewer than 8 times in 24 hours
- is having fewer than 6 wet diapers by their 6th day
- is having fewer than 4 yellow stools in 24 hours by day 4 of life
- is becoming increasingly yellow (jaundiced)
- is gaining fewer than 8 ounces per week
- has a temperature

Call 911 if your baby has trouble breathing.

Other resources

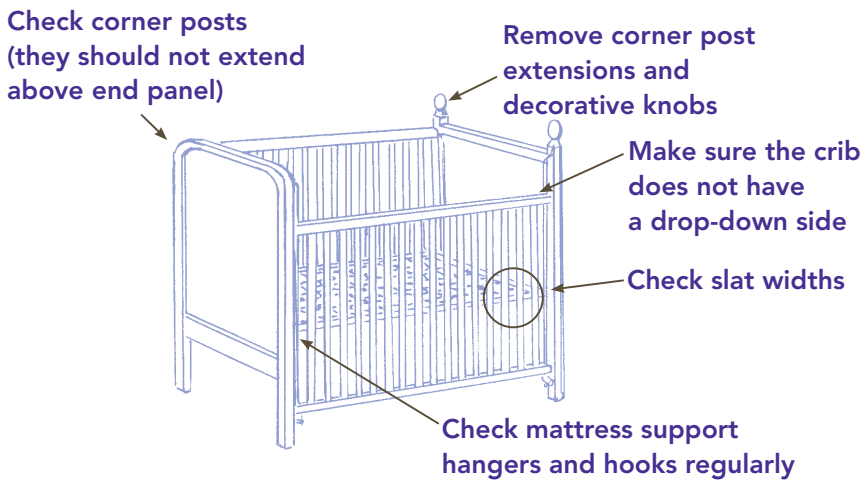
Here are some resources that will help you take care of your baby and yourself.

- Connect to our Web site at **kp.org** or **kp.org/pregnancy**.
- La Leche League International: **lalecheleague.org**

Safety concerns

Your baby's safe passage at birth has been uppermost in your mind. As your baby grows and begins to explore the world, safety should continue to be a concern.

- **Back to sleep:** When you lay your baby down to sleep, always place your baby on his or her back. (See "Sudden infant death syndrome (SIDS)," page 7.)
- **Pacifiers:** Once your baby is 2 to 4 weeks old and breastfeeding has been established, consider giving your baby a pacifier at naptime and bedtime. (See "Sudden infant death syndrome (SIDS)," page 7.) Never use a homemade pacifier or a nipple in a plastic bottle ring. Your baby can suck the nipple through and choke. Don't tie pacifiers to a string. Pacifiers should not be dipped or coated in anything sweet. Check and clean pacifiers often.
- **Honey:** This should not be given to your baby before 1 year of age. Honey can make babies sick.
- **Crib recommendations:**
  - To keep your baby's head from getting stuck in the crib, slats should be no more than 2⅜ inches apart.
  - Remove corner post extensions and decorative nobs.
  - Tighten all nuts, bolts, and screws periodically.
  - Don't string toys across the crib since they can choke your baby.
  - Be sure the paint is lead-free.
  - The baby's mattress should be firm and fit tightly against the edge of the crib.
  - Don't place pillows, comforters, sheepskins, quilts, or bumper pads in the crib.
  - Older cribs may not meet current safety standards.



- **Safe sleeping:** Babies should sleep near their mothers in a crib or bassinet but not in the same bed. It's safe to bring your baby into bed to nurse or comfort, but return your baby to his or her own crib or bassinet when you're ready to go back to sleep. If you have questions about bed sharing, talk to your practitioner.
- **Falling:** Falling causes many baby injuries. Even if you think your baby is not mobile, don't leave him or her alone on any surface from which he or she might fall. If you use your car seat as an infant carrier, always have your baby buckled in. Do not leave an occupied infant carrier on a high surface unattended.
- **Security:** Security for your infant begins at the hospital and needs to continue at home. Never leave your baby alone under any circumstances.
- **Burns:** Lower water heater temperature to warm or low (below 120°F). Do not warm milk or bottles in a microwave.
- **Cigarette smoke:** Keep your baby away from all cigarette smoke. It's best not to allow any smoking in the house or car.
- **Smoke detectors:** Install smoke detectors in all sleeping rooms of the house. Test alarms monthly.
- **Car seats:** Using a car seat for your baby is the law. Car seats can save your baby from injury or death. Use a car seat every time your baby is in the car. Make sure the car seat is installed correctly. Your car seat should be placed in the back seat, facing backwards. Never use a car seat in a front seat with an airbag. For questions about car seats, call the Vehicle Safety Hotline at **1-888-327-4236**.
- **Parked cars:** Never leave children alone in a car. Make sure vehicles parked at home are locked to prevent children from accidentally getting trapped inside.
- **Shaking:** Never shake your baby. Shaking or spanking a baby can cause serious injury or death.
- **Pet safety:** Never leave your baby or small children alone with any pet. Talk to your veterinarian or pediatrician if you have any concerns.
- **TV:** Children under age 2 shouldn't watch TV or videos, as it may affect brain development.

Babies are a physical and emotional challenge and also great fun. Time with your baby passes quickly, so we hope you cherish every moment.

The information in *Healthy Beginnings* is not intended to diagnose health problems or to take the place of medical advice or care you receive from your practitioner. If you have persistent health problems, or if you have further questions, please consult your practitioner. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.

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