



Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER

► TODAY'S APPOINTMENT

Today your practitioner will:

- Check your blood pressure and weight.
- Check your baby's growth by measuring the size of your abdomen.
- Listen to your baby's heartbeat.
- Check your baby's movements.

Because it's important that your baby isn't born too early, we'll also talk about how to recognize and prevent preterm (premature) labor.

► NEXT 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.

► Your baby: at 32 weeks



Reprinted with permission from Healthwise, Incorporated.

Your baby's appearance is more "baby-like" now. He or she probably weighs 3 to 4 pounds and is about 16 to 17 inches long. At birth, your baby will likely weigh between 6 to 9 pounds and measure 19 to 21 inches long. At this point, the skin is still pink and slightly wrinkled but is becoming smoother as "baby fat" fills in the wrinkles. The *lanugo*, a soft, fine downy hair, is decreasing, but the hair on the head is growing. *Vernix caseosa*, a white creamy substance that is thought to protect the skin from long exposure to amniotic fluid, is also decreasing. The lungs are maturing, the nervous system is

what's inside

- Partner's corner 2
- Staying healthy during pregnancy and beyond . . . 2
- Sexual desire 2
- What you can do about common discomforts 3
- Getting ready for your new baby 4
- A safe nursery 4
- Warning signs of preterm labor 5
- Newborn tests and treatment. 5
- Newborn immunizations . . . 5
- Choosing a pediatrician or pediatric nurse practitioner 6
- Circumcision 6
- Health plan benefits for your newborn 6
- Choosing child care 6

perfecting itself, and the brain is growing especially rapidly. For these reasons, calcium, iron, and protein continue to be very important parts of your diet. Your baby is probably in the head-down position, so you might notice less rolling over and more kicks in your ribs.

► Your next prenatal appointment and tests

NEXT PRENATAL APPOINTMENT

Congratulations! You are getting closer to the birth of your baby as you enter the final months of your pregnancy. We hope that your prenatal appointments and the tips in this newsletter help you to better address the discomforts you may feel and any concerns you may have in the last several weeks before your baby arrives.

Your next visit is scheduled to take place at about 36 weeks.

At that time, your practitioner will:

- Review the warning signs of preterm (premature) labor or signs that regular labor is beginning.
- Check your baby's position.
- Check your baby's activity and your Kick Count Card.

GROUP B STREPTOCOCCUS

Also at the next visit, you'll have a test for Group B streptococcus (GBS). GBS is a common type of bacteria found in many women. Although it's not a sexually transmitted disease, it can cause illness in newborn babies if transmitted at the time of delivery. We'll check for the presence of GBS in the vagina and the rectum. If your test comes back positive, you'll be treated with antibiotics during labor to prevent GBS from being transmitted to your baby. Your baby may be kept under observation for at least 24 hours after birth.

PREADMISSION PREPARATIONS

We realize that this is a busy time in your life, but it's also important to think ahead. The closer you get to giving birth, the less time you'll have to make the following arrangements. Make sure to complete the birth plan, if your facility provides one. A birth plan allows you to communicate your preferences for childbirth with the labor and delivery staff.

PREADMISSION FORM

Your admission to Labor and Delivery will go more smoothly if you complete your pre-admission form. If you haven't already filled out the form before or at your first prenatal group visit, you can get the form in the Ob/Gyn Department. After you fill it out and return it, we will forward it to the Admitting Office.

HOSPITAL TOUR

Check with the hospital where you will be giving birth to find out if they offer tours of the Labor and Delivery Unit. This will give you and your support person the chance to see the Labor and Delivery areas, Postpartum Unit, and Nursery. The tour guide will give you an overview of what to expect when you get to the hospital and will review hospital policies. Tours are sometimes a part of childbirth preparation classes, which cover what to expect during labor.

Ask your practitioner about the preadmission procedure at your hospital. He or she should be able to answer your questions or connect you with someone who can. Contact your Health Education Center for more information about classes and hospital tours.

▶ PARTNER'S CORNER

NAMING YOUR BABY

Naming a child may sound like an easy task, but it may be harder than you would think to choose a name that both of you like. Start by making a list of the 10 boys' and 10 girls' names each of you likes best. Exchange lists and cross off all the ones you couldn't possibly live with. If there are any names left, you're doing well. If not, keep repeating the process until you come up with names that are acceptable to both of you. Be sure to write out the full name, say the name aloud, and check the initials to make sure that they don't spell out anything funny or lewd.

If you need help, here are a few books you might want to check out:

- *100,000+ Baby Names: The Most Complete Baby Name Book* by Bruce Lansky (Meadowbrook, 2006).
- *Beyond Jennifer & Jason, Madison & Montana: What to Name Your Baby Now* by Linda Rosenkrantz and Pamela Redmond Satran (St. Martin's Paperbacks, revised 2006).

FEELING MORE CONFIDENT ABOUT CHILDBIRTH

You're supposed to be strong and supportive, especially while your partner is pregnant—right? Actually, you might feel a little worried as labor approaches. Perhaps it's because you don't want to see your partner in pain, or maybe you're afraid that you'll simply "fall apart" during labor and delivery. There are a few things you can do to decrease anxiety:

- Take a childbirth preparation class. Once you know what to expect, much of the fear and anxiety should go away.
- In the classes, you'll learn how to actively support your partner by using relaxation techniques, such as massage and deep breathing. Practice these techniques with your partner to become comfortable doing them.
- Trust yourself. Most labor support people rise to the occasion. For example, in a study of more than 200 expectant fathers, not a single one "fell apart" during his partner's labor.

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. You can protect your baby by getting a Tdap booster shot. Other family members who will be around your baby should also get the vaccine as soon as possible. Expecting mothers should get the vaccine during pregnancy or after giving birth. It's safe to get the vaccine while breastfeeding.

▶ Staying healthy during pregnancy and beyond

WORKING DURING PREGNANCY

The decision to work during your last trimester is an individual one. If you have any concerns, discuss them with your practitioner. If you do continue working, here are some tips that may help:

- Take frequent breaks.
- Change positions often. If you've been sitting for a long time, stand up and walk around; if you've been standing a lot, sit down with your feet up.
- When standing for a long time, keep one foot on a low stool with your knee bent to take the pressure off your lower back.
- Cut down on other activities if your job is strenuous. Try to stop working when you're tired.
- Avoid poisonous fumes, chemicals, and extreme temperatures.
- Stay away from tobacco smoke.
- Empty your bladder at least every 2 hours.
- Bring your own water bottles and healthy foods, so you can have good nutrition throughout the day.
- If possible, try to rest during your lunch hour.

CENTER OF GRAVITY CHANGES

You've probably noticed how easy it is to get "off balance" and feel very clumsy. This is due partly to a pregnancy hormone called relaxin that softens the cartilage in your joints and pelvis. This is responsible for the "pregnancy waddle" that most women have when they walk. It's also a result of your center of gravity moving forward as your baby grows. Your baby should be fine even if you bump yourself because a protective cushion of warm amniotic fluid protects the developing child. If you fall, you should call Labor and Delivery right away to see if you should come in to be evaluated. You should avoid wearing high heels and participating in activities that require good balance. Use the handrail when walking up or down stairs.

▶ Sexual desire

In the last few months of pregnancy you may be very interested in sex, or you might not be interested at all. Your growing belly can make it hard to find a comfortable position during intercourse, and you may get cramping in your uterus when your partner touches your breasts or after you have an orgasm. Unless your practitioner advises you not to make love, try out different positions or find ways other than intercourse to satisfy each other. A backrub will help relieve a cramp or backache that sometimes follows orgasm.



When you need urgent advice, call Labor and Delivery (or the Member Service Center). When needed, the medical professional at the Call Center can arrange for you to see a practitioner the same day. Refer to your important phone numbers list.



WHEN YOU CALL, PLEASE BE READY TO PROVIDE:

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

► What you can do about common discomforts

HEARTBURN

You may experience heartburn along with a sour taste in your mouth.

Heartburn is caused when stomach acids bubble back into the esophagus. It's not cause for concern, but it's unpleasant and uncomfortable.

Follow these suggestions for relief:

- Eat small, frequent meals.
- Avoid fatty, fried, or spicy foods.
- Avoid beverages that contain caffeine, such as coffee, tea, or sodas.
- Avoid bending over or lying down after meals. Take a walk instead.
- Avoid tight clothes and waistbands.
- If heartburn is a problem at night, avoid eating just before bedtime, and sleep propped up with pillows.
- Try natural remedies for heartburn before antacids. You can try milk or yogurt. These may help settle your stomach.
- Take an antacid, such as *Mylanta*, *Maalox*, or *Tums*, for instant relief. If your heartburn does not respond to these antacids, you may use over the counter acid blockers such as cimetidine (*Tagamet*) or ranitidine (*Zantac*).
- Don't take high-sodium antacids such as Alka-Seltzer or baking soda.

VARICOSE VEINS

Varicose veins are visible, enlarged blood vessels in your legs. Your calves may ache or throb, even when the veins aren't visible. Most varicose veins will shrink or disappear after birth. Until then:

- Try not to stand for long periods of time.
- When sitting, avoid crossing your legs at the knees.
- Elevate your feet.
- Avoid tight clothing or stockings that hamper circulation.
- Wear support hose; this may help prevent aching calves.
- Exercise regularly. Try walking for at least 30 minutes each day on most days.

HEMORRHOIDS

Hemorrhoids (dilated, twisted blood vessels in and around the rectum) are common, especially in the last months of pregnancy when the uterus is pushing constantly on the rectal veins. 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. (See the section on constipation on this page).
- 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.
- 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.
- Use Preparation H, Anusol, or 1% hydrocortisone cream to help relieve the pain.

LOWER BACK PAIN

As your pregnancy progresses, your posture changes to accommodate your expanding uterus, and lower backaches often result. The pelvic joints loosen under the influence of hormones, so they are less supportive. Your lower spine curves more and that may strain the lower back muscles. For relief from lower back pain:

- When lifting heavy objects, use your legs, rather than your back, and squat instead of bending from the waist. Ask for help if you need it.
- Wear low-heeled, supportive shoes.
- Always roll to your side before sitting up from a lying position.
- Apply heat or cold to your back to help relieve the ache.
- Ask your partner for a nightly backrub.
- Use a firm sleeping surface. A rigid bed board under the mattress can help.
- Do the "pelvic tilt" frequently throughout the day. This exercise can help strengthen your lower back muscles and relieve discomfort. (See *Healthy Beginnings*, Issue 3.)
- Wear a maternity support belt.
- Light exercise, like prenatal yoga, and swimming can be helpful for your back.
- Avoid bed rest if it's okay with your provider.

DIFFICULTY SLEEPING

Leg cramps, breathlessness, contractions, the frequent need to urinate, and an active baby can all interfere with your sleep. You may have trouble finding a comfortable position. The following suggestions may help:

- Use extra pillows to support your legs and back. Try sleeping on your side with pillows between your knees, under your uterus, and behind your back.
- Have a light snack or glass of milk before going to bed.
- Get regular exercise during the day. It will help you sleep more soundly. (See the section on exercise and pregnancy in *Healthy Beginnings*, Issue 3.)
- Practice relaxation exercises before going to sleep or if you wake up during the night. You can find these exercises on relaxation tapes available in your local Health Education Center. (See the section on relaxation during pregnancy in *Healthy Beginnings*, Issue 3.)
- Take a warm (not hot) bath or shower before bedtime.
- Avoid caffeine, including chocolate, especially late in the day.
- Don't use sleeping pills or drink alcohol because they can harm your baby. Ask your practitioner if you can take *Benadryl* or *Unisom* as sleep aids.

LEG CRAMPS

Leg cramps are common in late pregnancy. They usually occur at night and may wake you up. Leg cramps may be caused by the pressure of the enlarged uterus on nerves or blood vessels in your legs, from lack of calcium, or occasionally from too much phosphorous in your diet. To relieve a leg cramp:

- Sit on a firm bed or chair. Straighten your leg and bend your foot (flex your ankle) slowly toward the knee. Bend your toes up and down.
- Stand on a flat surface (a cold surface is even better) and stretch your toes up, as if to stand on your heels. Then try walking while stretching your toes up.
- Use a heating pad or hot water bottle to help with the muscle ache.
- Don't massage the calf during the cramp.

To prevent leg cramps:

- Avoid too much phosphorous in your diet. This is found in highly processed foods, such as lunch meats, packaged foods, sodas, and other carbonated beverages.
- If you're having frequent cramps (more than twice a week), increase the amount of calcium in your diet or take calcium supplements that don't contain phosphorous.
- Do leg stretches before bedtime.
- Wear leg warmers at night.
- Exercise moderately every day.
- Take a warm (not hot) bath before bedtime.

CONSTIPATION

Pregnancy hormones cause the digestive tract to relax and function more slowly. Constipation is likely to result, especially as your pregnancy progresses. The following suggestions may decrease constipation:

- Drink more fluids (keep a bottle of water near you during the day).
- Eat more high-fiber foods like fruits, vegetables, whole-grain breads, cereals, and dry beans.
- Exercise regularly.
- Establish a regular time for bowel movements.
- Try Metamucil, bran tablets, or Fiberall.
- Try an over-the-counter stool softener called Colace as directed by your practitioner.
- Don't use laxatives (such as Ex-Lax) without first talking with your practitioner.

(continues on page 5)



▶ Getting ready for your new baby

ORGANIZING YOUR HOME

As your pregnancy enters its final weeks, actually having a new baby and bringing this tiny person home becomes a reality. When you first find out that you're pregnant, 9 months may seem like a long time, but with so much to do and think about, it's not too early to plan ahead. You're preparing for labor and delivery, adjusting to the idea of becoming a parent, and getting your home ready for your newborn baby. If you can get your household in order before delivery, you'll be able to focus on caring for and enjoying your new baby.

Have these supplies on hand:

- 1 box of large sanitary pads. It's normal to have vaginal bleeding for a few weeks following delivery and you may have some blood-tinged discharge for up to 6 weeks. Don't use tampons during this time.
- Digital thermometers.
- Acetaminophen (such as *Tylenol*) for pain.
- Diapers or diaper service.
- Basic layette (see below).
- Nursing pads (1 box) and nursing bras (3) for breastfeeding mothers. (*Sign up for a breastfeeding class at your local Health Education Department to prepare yourself for breastfeeding your baby.*)
- Bottles (6), nipples (6), and a bottle brush.

Although there are many cute and convenient baby items on the market today, babies really need very few things to keep them happy and healthy in the first few weeks.

The basics include:

- Car seat (the law requires that you have a car seat to safely transport your child in a car). Most car seats are not installed properly, so consider scheduling a car seat safety inspection. Visit seatcheck.org to find an inspection site near you.
- Crib.
- Crib mattress sheets (3 to 4).
- Receiving blankets (6).
- Waterproof mattress pads (4).
- Undershirts or "onesies" with a snap at the crotch (6).
- Hats.
- Warm coverall or blanket sleeper (2).
- Socks or booties (4 to 6 pairs).
- Washcloths (12 to 24).

Wash your baby's clothing, blankets, and sheets in mild soap, such as Dreft, before use.

The things you'll need to make life easier:

- Stroller.
- Rocking chair.
- Infant seat (or car seat that doubles as an infant seat).
- Infant carrier (sling or front pack).
- Baby bathtub.
- Changing table or dresser top (at a comfortable level to protect your back).

Other items—such as swings, wipe warmers, cute clothes, and monitors—are nice but can come later.

Meal preparation:

- Cook and freeze meals ahead of time.
- Stock up on supplies like eggs, bread, drinking water, and canned goods.
- Have paper plates and plastic utensils on hand.

Housework:

- Clean the house or have it cleaned thoroughly before you go into labor.
- Arrange in advance to have cleaning assistance for a few days after you come home. Your partner or a relative may volunteer to help. Professional housekeepers are listed in your phone book.

LOOKING FOR BARGAINS

Whether you're getting new or used items, think about safety. With new items, you'll be able to choose exactly what you want. New baby furniture must meet all of the latest safety standards. Some used items might not meet current safety guidelines.

- You can probably save up to 80 percent on some items by shopping at garage sales or at stores that sell used baby gear.
- You can also borrow from friends.
- Before you get anything secondhand, make sure that it meets current safety guidelines. If possible, avoid buying a used car seat.
- Contact "twin clubs" in your area if you're expecting twins or more.

▶ A safe nursery

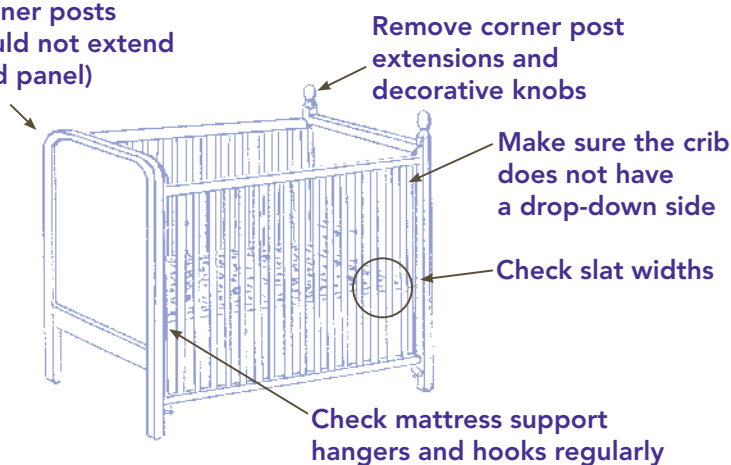
The nursery is your baby's home—a place where your baby should be safe and protected. A variety of nursery equipment is available, but some pieces are safer than others. Here are some guidelines that you should use in selecting equipment.

CRIBS

More infants die every year in accidents involving cribs than with any other nursery product. If you already have a crib or are buying a used one, make sure that:

- Crib slats are no more than $2\frac{3}{8}$ inches apart.
- Corner posts don't extend above the end panel.
- Plastic bags aren't used as a mattress protector.
- There are no dangling curtain cords within the child's reach if the crib is near the window.
- Toys, laundry bags, or other objects with strings aren't hanging near the crib.
- All nuts, bolts, and screws are tightened periodically.
- Your baby is always placed on his or her back to sleep.

Check corner posts (they should not extend above end panel)



BABY GATES

Don't use baby gates with a V-shaped, accordion-style opening, which can entrap a child's head. Safe gates have vertical slats that are no more than $2\frac{3}{8}$ inches apart.

DIAPER PAILS

Diaper pails are dangerous targets for curious babies. Choose pails with protective lids, and keep the pails out of reach.

PACIFIERS

Pacifiers must be strong enough so that they won't tear into pieces and cause your baby to choke or suffocate. Pacifier guards or shields must have holes that allow breathing and must be large enough to prevent the pacifier from entering the baby's throat. Pacifiers cannot be sold with ribbon, string, yarn, or a cord attached. Don't put a pacifier on a string around your baby's neck. *The American Academy of Pediatrics recommends that pacifiers not be introduced until two to four weeks post partum for the full-term, breastfeeding baby, since early use of pacifiers may interfere with breastfeeding.*

HIGH CHAIRS

More than 800 children are treated in emergency departments every year because of accidents involving high chairs. Most of these injuries are due to falls because adults are not watching or because the baby is not strapped into the chair. Restraining straps should be strong, and the high chair should have a wide base for stability.

TOYS

An infant's mouth is extremely flexible and can stretch to hold larger items than you might expect. Remove all toys and other small objects from the crib when your baby sleeps. If a toy has a part smaller than $1\frac{5}{8}$ inch, throw it away. Teethers, such as pacifiers, should never be fastened around a baby's neck.

CHANGING TABLES

Buy a changing table that has safety straps—and always use them. More than 1,300 children are injured every year from falling off the changing table. Keep one hand on your baby at all times while he or she is on the changing table.

According to the American Academy of Pediatrics, children under age 2 should not watch TV or videos, as it may negatively affect brain development.



► What you can do about common discomforts

(continued from page 3)

SHORTNESS OF BREATH

During pregnancy, you breathe more air in and out of your lungs. Sometimes you may feel as if you can't catch your breath. This feeling comes from your uterus pressing up on your diaphragm and crowding your lungs. Relief usually comes when your baby settles into the pelvis. Until then, try these suggestions:

- Sit up straight.
- Sleep with your shoulders propped up.
- Rest frequently.
- Drink more fluids (keep water near you all day).
- Eat small, frequent meals.
- Avoid beverages that contain caffeine, such as coffee, tea, and soda.
- Wear clothes that fit loosely around the waist.

If you experience sudden, severe shortness of breath with rapid breathing, a rapid pulse, and chest pain, or if you have any blue color around your lips or fingernails, get medical help immediately.

► Warning signs of preterm (premature) labor

Warning signs of preterm (premature) labor may be very subtle. (See "Preterm [premature] birth" in *Healthy Beginnings*, Issue 4). Waiting to call for help could result in the preterm birth of your baby. Call Labor and Delivery (or your Member Service Center) if you have:

- **Menstrual-like cramps** (usually in the lower abdomen) that may come and go or remain constant. They may also occur with or without nausea, diarrhea, or indigestion.
- **Contractions** that feel like a tightening of your abdomen every 10 minutes or more frequently within one hour.
- **Low, dull backache** below the waist that does not go away when you change position or rest on your side, or a rhythmic backache that comes and goes in a pattern (back labor).
- **Pelvic pressure or pain** that comes and goes in a rhythmic pattern in the lower abdomen, back, and/or thighs (described as a "heaviness in the pelvis").
- **Intestinal cramping or flu-like symptoms**, with or without diarrhea.
- **Increase or change in vaginal discharge** (heavy or mucous-like discharge, a watery discharge, or a light bloody discharge).
- **Rupture of membranes** (bag of waters breaks).

► Newborn tests and treatment

Soon after birth, your baby will have a blood test. State law requires that your baby have this Newborn Screening Test for metabolic, endocrine, and hemoglobin diseases.

If these diseases are discovered early, this test can save your baby's life and prevent serious brain damage. Early detection and treatment can prevent mental retardation and/or life-threatening illness.

Note: Not all states require all of these tests. Check with your practitioner to find out if these tests are required in your state.

METABOLIC DISEASES

These diseases affect the body's ability to use certain parts of food for growth, energy, and repair. Some of the diseases can harm the baby's eyes, liver, and/or brain. Treatment with a special diet can help prevent these problems and protect your baby from serious health problems.

ENDOCRINE DISEASES

Babies with these diseases make too much or too little of certain hormones, which can affect body functions. If detected early, these problems can be prevented if the baby is given special medicine every day.

HEMOGLOBIN DISEASES

These diseases affect the type and amount of hemoglobin in the red blood cells, which carries oxygen to all parts of the body. Babies with these diseases can get very sick and even die from common infections. Most infections can be prevented with daily antibiotics.

HEARING SCREENING

Before going home from the hospital, you can have your baby's hearing tested. Hearing loss can be "invisible," so your decision to have your baby's hearing screened is important. A baby who has hearing loss or deafness may have difficulty in developing language skills or may not do well in school. It's important to identify hearing loss early on so that your baby receives special services if needed. For a baby with hearing loss, hearing aids can be fitted as soon as the hearing loss is identified. It's important to start treatment as soon as possible to get the maximum benefit. The hearing screening takes only a few minutes and is done while your baby is sleeping. You will receive the results before you leave the hospital.

Your baby will also need regular well-baby care to check for other health problems.

► Newborn immunizations

Help your baby stay healthy by keeping up with all recommended immunizations. Immunizations, or vaccinations, protect your newborn, your family, and your community from serious and life-threatening diseases that are still common in the U.S.

Many parents have questions about immunizations. At Kaiser Permanente, we have carefully reviewed the research on all the individual vaccines, and we want you to have the facts. Studies show that immunizations are safe and effective, and that the health benefits far outweigh the risks.

Some babies have mild reactions to vaccines, such as a sore leg, mild swelling at the site of the shot, fussiness or a low grade temperature, or even a fever. However, serious reactions are very rare. It's important to keep in mind that the risks of having mild side effects from the shots are minimal compared to the risk of getting seriously ill from the disease.

We know that immunizations save lives. One of the very best ways to keep your baby healthy is by keeping up with all recommended immunizations, starting with Hepatitis B when your baby is born. Hepatitis B is a serious preventable disease that affects the liver. It is caused by the hepatitis B virus (HBV). By giving the vaccine at birth, babies have some protection against getting infected and developing major liver problems.

If you have questions, concerns, or want to learn more, please talk to your doctor.



► Choosing child care

Many mothers return to work soon after the birth of their baby. Finding quality child care can be quite a challenge, but there are many good resources that can help you get started.

- Ask friends for referrals.
- Look for listings for child care programs in community newspapers, newsletters for new parents, and the phone book.
- Visit your local Health Education Center.
- Call the Child Care Council in your area.

You'll want to find someone who genuinely cares about your child, rather than someone who simply watches children.

You may choose to:

- Have someone come into your home.
- Take your baby to someone's home (family child care) or a child care center.

If you choose the child care center option, visit the location at least twice when there are other babies and children present. You'll see how the caregiver talks to and plays with the children. Make a visit without calling first to see what "everyday" care is like.

Questions to ask when considering a caregiver:

- Do you see warm, positive interactions between the caregiver and the children? Do they smile at each other and hug?
- How much experience does the caregiver have with young infants?
- How quickly is a crying baby comforted? Are there baby monitors if the caregiver is not in the room with a sleeping baby? Are babies left to "cry it out" at times?
- How many other infants or children will be cared for, along with your baby?
- Have staff members been there for a year or more? Are there different staff members in the mornings and afternoons or on different days of the week?

- Have children been there for a year or more?
- At the end of the day, how will the caregiver share information with the parents about the child's day?
- Are parents welcome at any time?
- What happens if your child or other children become sick? Where do sick children stay until parents arrive?
- Are infants fed and diapered according to their own schedules and needs, or are all fed and diapered at the same time?
- If meals are served, are they well balanced (protein, carbohydrates, and fat, and low in sugar)? Are meals sensitive to a child's cultural and individual preferences?
- Is the room child-centered, child-proofed, and comfortable? Is there anything that would be dangerous for babies (such as small toys, heaters, electrical outlets, open windows, or hanging strings from shades)?
- Are there toys for children of various ages to enjoy?
- Are children allowed to watch TV or videos? Children under 2 should not be allowed to watch any TV.
- Is there space for toddlers to run around and play? Are there indoor climbing structures?
- How structured is the situation? What rules must children follow? What happens if rules are broken?
- What happens if one child hits or bites another child?
- Do you see some child-directed activities (where the child gets to choose what to do next) as well as some teacher-directed?
- Is there outdoor play space? Are there climbing structures? Do children take walks with caregivers? How are they kept out of the street during the walk?

- Is there a car seat in case anyone will be driving with your child? Will you be notified before car trips or walks?
- Does the caregiver have training in first aid and CPR? For instance, California requires child caregivers to participate in 15 hours of health and safety training.
- Is the caregiver prepared for emergencies such as an earthquake or a fire? How will he or she contact you if there is an emergency?
- Can the caregiver provide you with references and child care licensing?
- Does everyone follow health and safety rules, or are there signs of carelessness? (For example, are hands and surfaces cleaned after diapering?)
- Does the caregiver or anyone else in the facility smoke?

Things to keep in mind if you're working and breastfeeding:

- How supportive is the caregiver of your plans to continue breastfeeding your baby when you return to work?
- Is the caregiver willing to bottle-feed your expressed milk to your baby or willing to call or bring your baby to you for a feeding?
- Is the caregiver willing to hold your baby during bottle-feeding (no propped bottles)? Holding the baby during feeding helps increase socialization skills and attachment.
- Does the caregiver have refrigeration to store your expressed milk?

Always go by your "gut" feeling. If it doesn't feel right, look elsewhere. If you start to feel uneasy even after choosing a caregiver, drop in for an unannounced visit.

For more information on choosing quality child care, call or visit your local Health Education Center.

► Choosing a pediatrician or pediatric nurse practitioner

As you get ready to take your baby home from the hospital, we'll give you home care instructions. You'll also schedule a well-baby checkup appointment. You may want to bring a list of questions to ask at the visit. Your baby will be assessed, weighed, measured, and immunized as needed. Your next appointment will also be scheduled at that time.

Most practitioners are able to accept new patients. If you have other children who see a particular pediatrician or nurse practitioner, your new baby should be able to see the same one. If you don't have a preference, someone in the Pediatrics Department can help you select a practitioner and arrange your baby's first appointments.

► Health plan benefits for your newborn

Check with a representative in your region to learn more about coverage for and enrollment of your baby.

Be prepared to name your baby before you leave the hospital because your baby's name is needed for the birth certificate. (See "Partner's corner" on page 2.)

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 any brand names; any similar product may be used.

► Circumcision

Circumcision is the removal of the foreskin that covers the tip of the penis. After circumcision, the tip of the penis is always uncovered. Originally, this procedure was done for religious and cultural purposes. Later, it was believed that the procedure allowed for better hygiene, helped prevent cancer, and improved sexual performance. None of these reasons have been scientifically proven. Now the choice to have an infant circumcised is purely a social decision, not a medical one. Currently, about 65 percent of baby boys born each year in the United States are circumcised.

If you choose to have your son circumcised, the procedure is usually performed prior to discharge from the hospital. It's a minor surgical procedure, but there is still a small chance of bleeding, infection, and injury to the penis. *Many practitioners use local anesthesia to help reduce pain during the circumcision.* Chronic diaper rash or frequent irritation to the end of the circumcised penis may result in painful urination and, rarely, scarring and reduction of the size of the opening. Small amounts of Vaseline may be applied to the penis so that it does not stick to the diaper. (If a Plastibell method is used, the Plastibell device will fall off in 3 to 8 days.) The incision usually heals within a week. If you notice any signs of infection, contact your practitioner immediately.



Uncircumcised



Circumcised