



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.
- Discuss labor signs and when to go to the hospital.

▶ 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 40 weeks



Reprinted with permission from Nestle/Carnation.

Newborn babies don't look much like the infants in baby product advertisements. Your newborn's head might seem rather large and out of shape. The eyes can be quite puffy and red. Your hormones have affected your baby, so his or her breasts might appear swollen and the genitals of baby girls might be enlarged. Some newborns have scaly skin and red blemishes on the eyelids, bridge of the nose, and nape of the neck. Despite these things, most parents think that their babies are beautiful—and they're right!

what's inside

- Partner's corner 2
- Staying healthy during pregnancy and beyond . . . 2
- Smoking and pregnancy . . . 2
- Induced labor 2
- Your hospital stay 3
- Pain relief options during labor and delivery 3
- After a cesarean birth 3
- What to expect after delivery 3
- Birth control after the baby 4
- Sexual activity 4
- Caring for your newborn . . . 5
- Becoming a family 5
- You and your baby have the right to be safe . . . 6
- Soothing a newborn. 6

Soon the newborn rash will disappear, the head will become rounder, and the swelling around the eyes will lessen. Be sure to take plenty of pictures; your baby's appearance will change almost daily in the first few weeks.

▶ Your next prenatal appointment and tests

WHAT IF I'VE PASSED MY DUE DATE?

Pregnancy lasts an average of 40 weeks from the beginning of the last menstrual period to the birth of your baby; this is how your due date is determined. In most pregnancies, delivery occurs between 37 and 42 weeks. If you're still pregnant after 40 weeks, practitioners call this a "post-dates pregnancy." In most cases, there is little increased risk to a baby who is born within 2 weeks of the estimated delivery date. However, when a pregnancy lasts more than 42 weeks, there may be increased risk to the baby.

Concerns after 42 weeks include:

- The baby is larger and may be more difficult to deliver.
- The placenta, which brings oxygen and nutrients to the baby, may not continue to meet the baby's needs and the baby might actually lose weight.
- There may be a decrease in the fluid surrounding the baby.
- The baby may pass its first stool (meconium) into the surrounding fluid. This could enter the lungs and cause breathing problems for the baby after birth.

Cesarean birth becomes more likely when any of these things occur.

EVALUATION OF THE BABY

The health of a post-dates baby can be checked by using certain tests, including:

- Tracking the baby's movement pattern by using the Kick Count Card.
- Using an electronic fetal monitor to record the baby's heart rate.

There are 2 types of fetal heart rate tests:

- 1. Nonstress test (NST):** This is a simple test that compares the baby's heart rate with its movements. If the baby is healthy, its heart rate will increase with activity and decrease with rest, just as ours does.
- 2. Contraction stress test (CST):** This is a test during which contractions are induced as "stress," and their effect on the baby's heart rate is observed.

- Checking the amount of amniotic fluid surrounding the baby through an ultrasound (sonogram) test.
A more detailed study where the fluid is checked is called a biophysical profile (BPP). It includes checking for fetal movement and breathing with an ultrasound. An NST is also performed.

When these tests confirm that the baby is considered healthy, no action is needed. If the tests suggest a problem, labor may be induced (started). Induction of labor is usually advised at 42 weeks even if no problem is found. If you have questions or concerns, please discuss them with your practitioner.

▶ PARTNER'S CORNER

Whatever kind of delivery your partner has, she'll need some time (probably more than either of you think) to fully recover. Fatigue, breast soreness, vaginal discomfort, hemorrhoids, poor appetite, constipation, increased perspiration, acne, hand numbness or tingling, dizziness, and hot flashes are common for a month after delivery.

Here are some things that you can do to make her recovery process as smooth as possible. These tips will also help you ease into the parenting role.

- Help your partner resist the urge to do too much too soon.
- Take over the household chores or ask someone else to help.

- Be patient with yourself, your partner, and your baby.
- Control the visiting hours and the number of visitors at any given time. Dealing with visitors takes a lot more energy than you might think. Remember to have them wash their hands before holding the baby, and don't allow anyone to smoke around him or her.
- Enjoy this time with your baby. Although it might not seem so at the time, the newborn period is very brief and is a special time that you'll always remember.
- Keep your sense of humor.

▶ Staying healthy during pregnancy and beyond

HELPING YOU AND YOUR BABY SLEEP

Getting enough sleep is a problem for all new parents. Newborns sleep about 16 hours a day, but they sleep on a different schedule than adults. A newborn's sleep cycle is about 45 to 50 minutes. Just like adults, they may stir without fully waking during each sleep cycle. New parents often assume that their baby is hungry when the baby stirs. Giving your baby time to settle back to sleep allows for better rest for both parents and the baby. A 2-week-old baby may only sleep for 3 or 4 hours before waking up to be fed. By 4 months some babies may sleep up to 8 hours. What you do now and during the first months of your baby's life will help everyone sleep better.

Here are some tips to promote good sleep habits:

- Keep the sleep area quiet and at a comfortable temperature.
- Turn the TV and radio down or off.
- Have a consistent place and time for sleep, especially at night.
- Have relaxing bedtime routines, such as songs, hugs, and kisses. Follow your routine every night. Your baby will learn that being in bed means going to sleep.
- Don't change a sleeping baby after feeding; most babies can tolerate wet diapers for 1 to 2 hours. They may wake up and be fussy if they're changed while they're asleep.
- If you're breastfeeding, attempt to feed your baby from both breasts when he or she awakens. This will keep your baby satisfied longer.
- For yourself (and older children), try low-fat, high-carbohydrate snacks, or warm milk before bedtime.
- Limit caffeine to 1 to 2 cups in the morning only and avoid all caffeine, including chocolate, late in the day.
- Get out daily for a walk—fresh air and exercise will help both you and the baby sleep.

By using these tips, you can help your baby learn good sleeping habits. In the meantime, sleep when the baby sleeps. You may also want to read some books, such as *Crying Baby*, *Sleepless Nights* by Sandy Jones (1992).

▶ Smoking and pregnancy

If you've quit smoking, congratulations! If you smoke, try to stop now—for your health and your baby's.

- Women who smoke are more likely to have problems in pregnancy and childbirth.
- They tend to have premature and smaller (underdeveloped) babies who have problems after birth and throughout life.
- Smoking during pregnancy can cause your baby to be born underweight, which puts your baby at greater risk for being overweight later in life.
- The risk of sudden infant death syndrome (SIDS), or "crib death," increases if a mother smokes during or after pregnancy.
- Children from smoking households have 4 times as many respiratory infections (lung, sinus, and ear infections) as those from nonsmoking households.
- If you've quit smoking, it's important to stay smoke-free during pregnancy and after your baby is born. Not smoking will help your health and the health of your family. You've worked hard to stop smoking. Use your new skills to remain smoke-free.
- Encourage your partner or other family members to quit smoking with you. It's easier not to smoke when you're surrounded by other nonsmokers. Support each other in staying smoke-free.
- Talk with your practitioner or visit your local Health Education Center for help with quitting smoking or staying quit. Some facilities offer smoking cessation programs specifically for pregnant women.

▶ Induced labor

In general, an induction is planned when it's considered safer for your baby to be delivered rather than waiting for labor to start on its own. Depending on how ready your cervix is for labor, there are different methods used to induce labor.

- If your cervix has already begun to dilate (open), amniotomy (breaking the bag of waters) may be all that is needed to induce labor.
- If your cervix is less open but still softened, thinned out, and slightly dilated, a medicine such as Pitocin may be given to cause contractions to begin. Pitocin is a synthetic version of the hormone oxytocin, which causes contractions. It's given through an intravenous (IV) line and is carefully controlled so that contractions increase gradually.
- If your cervix is not ready for labor, you may be a candidate for prostaglandin (PG) gel or a medication called misoprostol. These medications make the cervix readier for induction. Sometimes the induction process is rapid; other times, it takes 2 to 3 days, especially if the cervix is not ready or the uterus does not respond well to these medications.

Your practitioner will notify Labor and Delivery if you're scheduled for this procedure and will ask you to call the unit on your scheduled day to receive further instructions.



► Your hospital stay

Whether your hospital stay lasts several hours or several days, it's very important to rest as much as possible and to learn about caring for yourself and your newborn. The following information will help make your hospital stay more enjoyable and safe for you and your baby.

INFANT SECURITY

The security of your baby is a responsibility shared by all members of the medical center staff. In order for you to help us with this important task, we'd like to share some information related to security issues.

- You and your baby will have identification bracelets with identical numbers that will be matched several times and documented on your chart. If the bracelets fall off, tell your nurse right away.
- All hospital staff are required to wear photo ID badges. Those who regularly work in the Maternity Unit wear special photo ID badges. Student nurses also have photo ID badges.

- If anyone comes into your room to deliver care and is not wearing a photo ID badge, please call your nurse immediately.
- A white lab coat alone is not proper identification of a staff member.
- Know your nurse's name.
- Babies travel in their cribs with hospital personnel. No one should carry your baby in their arms onto another floor for a procedure or a test.

You should never leave your baby alone in your room even for a short time. If you need to leave, tell your nurse.

TELEPHONES

Patient telephones are located at each bedside. Check with your hospital about telephone charges.

VISITING HOURS

Anyone with a cold, diarrhea, skin infections (such as a boil or rash), or exposure to a contagious disease, such as chicken pox, measles, or mumps, should not visit. Also, try to prevent exposure to contagious diseases when you return home.

Your partner or the support person of your choice may visit at any time. Children, other family members, and friends may also visit you. Check with the hospital for visiting hours. Children must be accompanied by your partner or designated support person. In order to help all mothers get as much rest as possible while in the hospital, visitors are limited to 2 at a time. Rooms may be shared. Ask your hospital about overnight accommodations for support persons.

MEALS

Once you're assigned a room and are ready to eat, the nursing staff can assist you. Let your nurse know if you have special dietary needs.

SMOKING

Smoking is not allowed in the rooms or anywhere in the hospital building. It's always important for you and your baby to stay away from cigarette smoke. Babies have little lungs and very small airways. Breathing smoke-filled air can cause asthma, ear infections, and even SIDS (crib death).

► Pain relief options during labor and delivery

All women experience some discomfort and pain during labor and delivery. Using breathing and relaxation techniques can help take the focus away from the pain.

Even though you may prefer to give birth without medication, you should be aware of the types of pain relief medicines that are available to you. However, even with pain medication, it's unrealistic to expect to be completely free from discomfort during your entire labor.

- Analgesics (pain medications) are given through an IV or by injection to lessen the pain of contractions.
- Regional anesthetics (epidural or spinal) decrease sensations from the abdomen to the toes. Medication is given through a small tube (a catheter) that is inserted into the lower back. If you require a cesarean section, a regional anesthetic will numb the abdomen but will allow you to remain awake during the birth.
- Epidural anesthetics are available during labor to decrease or eliminate contraction pain.
- Local anesthetics may be used at the time of delivery to numb the vaginal area.
- General anesthetics, which put people to sleep, are only used in rare cases.

You and your practitioner can decide whether to use pain relief medications by carefully considering your comfort and the baby's safety.

► After a cesarean birth

If you have a cesarean birth, it'll take more time for you to feel completely recovered than it will for most women who have a vaginal birth. Although cesarean births are common, they are major abdominal surgeries and require special ways of caring for yourself.

While you're in the hospital, your diet and activity level will gradually be increased according to your recovery. Your fluid intake and output will also be monitored. Make sure your diet includes plenty of protein, vitamin-rich foods (especially those containing iron), and fluids to assist healing and to replenish energy stores. Additional rest is also important.

In most cases, your nurses will help you get out of bed and use the restroom about 12 hours after delivery. Although you will probably feel like you would rather rest, moderate activity will help relieve gas and improve circulation, respiration, elimination, and urination.

When you return home you may need additional help. Be sure not to lift anything heavier than your baby for at least 3 weeks.

Careful attention to your incision will help you heal more quickly.

- Be sure to keep your incision site clean and dry.
- Don't use lotions, ointments, or powder near the incision.
- If the steri-strips have not come off by themselves after 10 to 14 days, feel free to remove them.
- Don't scratch the incision. If it itches, scratch around the incision carefully.
- Call your practitioner if you notice any redness, pus-like discharge, or opening of your incision, or if your temperature is 100.4 degrees or higher.

► What to expect after delivery

YOUR FIRST DAYS AT HOME

Going home from the hospital is enough excitement for one day, so relax the rest of the day. Take this time to get your new baby settled and to spend time with your partner and other children, if you have them.

It usually takes 4 to 6 weeks until you feel fully recovered. If you've had a cesarean delivery, your recovery might take even longer. You should feel stronger each day. For the first 2 weeks after you return home, it's important to rest and increase your activity level gradually. Pace yourself and try to nap when your baby naps. Too many visitors or social activities should be avoided. Strenuous work, such as heavy lifting and housework, should also be avoided until you're fully recovered. Arrange childcare for older siblings ahead of time and make sure that there is another adult in your home for at least 2 days after you come home.

It's important to be sensible and to do things in moderation. The first week, you should limit climbing stairs to once or twice a day. By the end of the second week, you may take your baby outside for short walks. If you're not sure about whether you should be doing something, it's best not to do it. It's usually possible to return to ordinary nonstrenuous employment about 6 weeks after a normal vaginal delivery or 8 weeks after a cesarean birth. However, you may feel more fully recovered if you take more time off.

You'll 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 that your practitioner can check that you're healing properly. Also, if you're experiencing postpartum depression after your baby's birth, talk to your practitioner.

► Birth control after the baby

Now is a good time to decide what type of birth control you'll use after the baby is born. When choosing a birth control method, it's important to decide how long you want to wait before you want to become pregnant again and if you plan to breastfeed your baby. If you don't wish to become pregnant again for awhile, a very effective method is recommended, such as an intrauterine contraceptive device (IUD), Depo-Provera (3-month injectable), Implanon (3-year contraceptive implant), or birth control pills. Permanent sterilization is also available but requires surgery or an outpatient procedure and is not reversible. Condoms are also effective and provide protection against HIV and other STDs. The Health Education Center has pamphlets on these forms of birth control.

INTRAUTERINE CONTRACEPTION

The IUD is a safe and effective option if you are in a stable, mutually monogamous, sexual relationship and do not want to become pregnant for at least 2 years. The IUD is as effective or more effective than permanent sterilization and is a reversible method of birth control. The IUD is effective for up to 10 years and can be inserted at an office visit. The IUD can safely be used while breastfeeding.

DEPO-PROVERA

Depo-Provera is very safe and effective and can be used while breastfeeding. Depo-Provera is a method of birth control that requires an injection once every 3 months. If you have had unprotected intercourse between delivery and the first injection, you must have a negative result on your pregnancy test before you can start Depo-Provera. Additional birth control methods should be used for 2 weeks after your injection. You need a prescription from your practitioner for Depo-Provera, so plan ahead.

IMPLANON

Implanon is a contraceptive implant that contains a progestin hormone. It's a single rod about the size of a matchstick, which is implanted under the skin of the inner upper arm. It can stay in place for up to 3 years and can be removed with a small procedure by your practitioner. Implanon can safely be used while breastfeeding.

BIRTH CONTROL PILLS

Birth control pills are very safe and effective. If you'll be breastfeeding, progestin-only birth control pills are less likely to cause a decrease in your milk supply than the combination estrogen-progestin pills. Because you can still get pregnant when you start taking your first pack of pills, be sure to use an additional method of birth control until you start your second pack.

The pill should be taken at the same time every day. If you miss a pill or are late in taking the pill, take it as soon as you remember and use a backup method of birth control (condoms and foam, for example) during the rest of that pack. Always discuss your plans or questions about the pill with your practitioner.

BARRIER METHODS

Barrier methods of birth control—such as diaphragms, cervical caps, and condoms with spermicide—require use at the time of intercourse and can be effective in preventing pregnancy if used correctly. Diaphragms and cervical caps need to be fitted after delivery during an office visit. If you were using a diaphragm or cervical cap before you became pregnant, you will need to be refitted after the birth. Giving birth may have changed the size of the diaphragm that you need. Barrier methods are safe to use when breastfeeding.

EMERGENCY CONTRACEPTIVE PILLS

It's a good idea to have some emergency contraceptive pills (ECPs) at home in case unprotected sex occurs, such as when a birth control pill is missed; you're late for a Depo-Provera injection; or the diaphragm, cervical cap, or condom has slipped out of place. You can obtain a prescription for ECPs before you might need them, or you can buy them at a Kaiser Permanente pharmacy or drugstore.

TUBAL LIGATION OR VASECTOMY

Tubal ligation, also called having your "tubes tied," is a permanent form of birth control. You must sign consent forms before you can have this procedure. To learn more about this type of procedure, contact your local Health Education Center or practitioner.

Vasectomy is also a permanent form of birth control and is available for men. Call the Urology Department or the Health Education Center for more information.



► Sexual activity

Many couples find it difficult to resume normal sexual intercourse for several months after delivery. The new demands on your energy and time, sleepless nights, fear of pain, hormonal shifts, and your need to physically recover from childbirth all contribute to a lack of interest in making love.

Sometimes, however, the swelling of the female genital area during the postpartum period leads to an increase in sexual desire. The possible disruption in sexual satisfaction during late pregnancy may cause your partner to experience a renewed sexual interest after delivery. It's important to recognize though that you and your partner might have different needs at this time.

It usually takes 4 to 6 weeks for your body to heal after a normal vaginal delivery and sometimes much longer if your delivery was complicated or was by cesarean. Therefore, practitioners recommend that you wait 4 to 6 weeks before resuming intercourse after either a vaginal or a cesarean delivery. Their advice will depend on how well you're healing.

When your practitioner gives you the OK and you're physically and emotionally ready to resume sexual activity, start off slowly by cuddling and caressing. Your natural vaginal secretions are decreased by the change in your hormones. Therefore, when you feel ready for penetration, you may want to use a lubricating gel such as K-Y Jelly or Lubrifax. It's common for sex to be uncomfortable the first few times.

If the baby is sleeping and you and your partner are together, take advantage of the situation. Turn on some relaxing music and light some candles to help put you in the mood. Vary your positions so that you are side to side or on top. This allows you to control pressure on the cesarean incision or episiotomy.

Don't forget to communicate; express your needs and expectations, and listen to your partner. This is a time of adjustment for you and an opportunity to become even closer.



► Caring for your newborn

Bringing home a new baby can feel like an awesome responsibility. Just knowing the basics will help you develop confidence as you care for your baby.

UMBILICAL CORD CARE

- Clean the area at the base of the cord 2 to 3 times a day with a Q-tip or cotton ball dipped in rubbing alcohol or warm water, depending on your practitioner's recommendation.
- 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.
- Use a damp washcloth or cotton ball to give your baby sponge baths until the cord falls off.

The cord will drop off on its own, usually between 1 to 2 weeks.

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.

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 or cotton ball to give your baby sponge baths until the umbilical cord falls off.
- Clean creases around the neck, underarms, legs, and genitals especially well with soap and water.
- Although there are many baby products, babies do not need oils, powders, or lotions. Cornstarch products tend to make diaper rashes worse.
- A mild hypoallergenic soap (such as Dove or Neutrogena) and water is preferable to diaper wipes on newborn skin.
- Never leave your baby alone in the bath, even for a moment.
- Check the water temperature on the inside of your wrist. Water should be lukewarm but not hot.

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.
- Put petroleum jelly on the Plastibell ring after cleaning.
- The ring should fall off 4 to 10 days after the circumcision. Don't pull the Plastibell ring off because this can cause bleeding.



For the Gomco or Mogen methods:

- Take off the bandage and petroleum dressing 48 hours after the circumcision.
- Clean your baby's penis by gently washing with water 3 times a day or with 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. 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.



► Becoming a family

Like many couples, you may feel the anxiety and effort of labor give way to relief, excitement, and joy when your baby is born. For approximately 2 hours after birth, your baby will feel alert and active. This is an ideal time for you and your baby to get to know each other and to begin to bond as a family. Your nurse will make every effort to create an atmosphere that supports bonding. This includes keeping the noise level and the lights down and keeping the room at a comfortable temperature.

If you and your baby are both doing well after delivery, you'll be encouraged to breastfeed as soon as your baby is ready. Your baby will stay warm and feel secure while nursing if he or she is held skin-to-skin, without blankets or clothing between you.

Your baby has a well-developed sense of smell, touch, and hearing and will respond to gentle caressing and soft sounds. If you have other children, their participation during or after birth will encourage their attachment to their new brother or sister.

If you're separated from your baby because you've had general anesthesia or your baby needs special care in the nursery, you'll be able to hold your baby as soon as you and your baby are stable. Your partner will be able to stay with your baby whenever possible.

Through our rooming-in program, new parents will be able to keep their newborn with them at all times. Rooming-in enables you to develop skills and confidence in caring for your newborn. Our goal is to support your family as you learn the basics of parenting. When you complete your hospital stay, you should feel confident about breastfeeding, burping and soothing your baby, changing diapers, and recognizing the signs and symptoms of illness in your newborn. Call your practitioner if you have any questions about caring for your baby.



▶ You and your baby have the right to be safe

If someone is hurting you, making you feel afraid, making threats, putting you down, or pushing or hitting you, it's not right and it's not your fault! Abuse occurs when someone attacks you with words, objects, hands, or fists. Abuse usually happens when one person tries to control another person.

- If you're having problems with someone who threatens or hurts you, tell your practitioner. You and your baby can be helped.
- Remember: It's not your fault, no matter what anyone tells you. Nobody deserves to be abused.
- You need to take care of yourself because if you are hurt, your baby is affected.

You're not alone. Help is available. In an emergency, call the police, your local domestic violence hotline, or a women's shelter in your community.

If someone has hurt you before, it may happen again while you're pregnant or after the baby is born.

HAVE A SAFETY NET

- Talk to someone you trust about what's going on.
- Call the police in an emergency.
- Get the phone number of your local domestic violence hotline from your Health Education Center and keep it for an emergency.
- Keep a set of car keys and money stashed where you can find them.
- Keep important papers (like birth certificates, photo ID, and checkbook) in a safe place.

If you need to talk or if you need help, call **1-800-799-SAFE (1-800-799-7233)**, 24 hours a day. The National Domestic Violence Hotline has counselors who speak English, Spanish, and other languages, and can give you information about local resources.



▶ Soothing a newborn

LEARNING ABOUT YOUR BABY'S CRIES

- It's normal for babies to cry for 1 to 3 hours a day. Some cry more, some cry less.
- A baby doesn't cry to upset you or make you angry. He or she is simply trying to communicate needs and feelings.
- Sometimes babies cry for unknown reasons.
- Babies don't cry because you're a bad parent or because they don't like you.
- When you respond to and meet your baby's needs, you teach your baby to trust you.
- You may try everything you can think of and your baby still cries. At these times, it's OK to lay your baby down on his or her back. Usually, after a short time, your baby will become tired and go to sleep. If your baby is still crying after 10 to 15 minutes, pick your baby up and try the suggestions mentioned below again.

WHAT YOU CAN DO TO SOOTHE YOUR BABY

When your baby cries, what is he or she trying to tell you? What can you do?

YOUR BABY IS...	TRY THESE TIPS TO SOOTHE YOUR BABY
Hungry	Try feeding your baby, even if he or she just ate. Babies can become hungry more often during a growth spurt.
Gassy	You can help prevent your baby from having gas pains. <ul style="list-style-type: none"> • Make sure your baby isn't swallowing too much air while feeding. • After feeding, hold your baby on your shoulder or upright in your lap for 15 to 30 minutes. • Take time to burp your baby.
In need of a diaper change	Some babies can't stand having a wet diaper. Babies may also cry if they're about to have a bowel movement or if they've just had one. Try checking your baby's diaper.
Cold	Try putting more clothes or a hat on your baby or turn up the heater.
Too warm	If your baby's skin feels warm, take off some of his or her clothing. If your baby still feels hot after 10 minutes, check your baby's temperature. He or she may have a fever.
Tired	Wrap your baby in a blanket. Try rocking him or her to sleep.
Lonely	Try picking up and cuddling your baby.
Tense	Continuous motion and sounds can help calm your baby. <ul style="list-style-type: none"> • Rock or walk around with your baby. • Take your baby for a ride in the car or stroller. • Put your baby near sounds like running water, or play CDs with soft music or white noise. • Sing to your baby.
Overstimulated	Take your baby to a safe, quiet place to calm down.

STAYING CALM WHEN YOUR BABY CRIES

Your baby may become more upset if he or she senses that you're upset. It's important to try to stay calm when your baby cries.

- Try deep breathing or relaxation techniques.
- Never shake your baby! It can cause serious injury and death.

Call your practitioner if your baby's crying episodes last more than 4 hours each day, you feel like you might hurt your baby, or you feel like you're losing self-control.

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.