



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

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 becomes lighter and pinkish, and then turns brown. You may continue to experience some lochia for several weeks. Sanitary pads or panty liners should be used to absorb the flow. Do not use tampons until your practitioner tells you it's okay 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 referred to as 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. Acetaminophen (such as Tylenol) might help ease the pain and is safe to take while breastfeeding.

► 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 hiccuping. 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 vacuum cleaner or dryer 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"

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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.



(continues on page 3)

▶ 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. 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).**
- **STD symptoms 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 have an STD even if you don't have symptoms.**
- **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

THE FOOD PYRAMID

A guide to daily food choices during pregnancy

Source: U.S. Department of Agriculture (mypyramid.gov)



- | | |
|--|---|
| ■ GRAINS
6–10 oz. | ■ MILK
3 cups |
| ■ VEGETABLES
2½–3½ cups | ■ MEATS AND BEANS
5–7 oz. |
| ■ FRUITS
1½–2½ cups | ■ OILS
use sparingly |

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 may take these. If you're breastfeeding, you can continue taking prenatal vitamins once daily until breastfeeding is completed. Drink 8 to 10 eight-ounce glasses of water a day 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 of 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.

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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.

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

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 ice compresses, 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.

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.
- 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 acetaminophen (such as Tylenol) 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.
- 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.
- Establish a time for bowel movements.
- Try Metamucil, bran tablets, or Fiberall.
- Try an over-the-counter stool softener called Colace (also called DOSS or DSS) 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. You can get pregnant after childbirth regardless of whether or not you have had a period, so it's important to use birth control every time you have sexual intercourse to prevent unwanted pregnancy. (See "Birth control after the baby" in *Healthy Beginnings*, Issue 9.)

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 4 to 6 weeks before resuming intercourse, depending on how well you're healing. (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 all children under 6 years old or under 60 pounds must travel in a car seat. 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.

► 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 new changes.

Sometimes these feelings 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.



While in the hospital, tune in to the Newborn Channel, available 24 hours a day.

Ask your nurse.

► Breastfeeding your baby

Breastfeeding is the natural way to provide all the nutrition your baby needs for the first 6 months of life. It works on a supply-and-demand basis: The more your baby nurses, the more milk you will produce. 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 (or at least every 90 minutes to 3 hours).
- 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 4 hours since the last feeding. This may require some effort on your part. Undressing the baby is most effective.
- Don't use supplements (water or formula) unless recommended by your practitioner or lactation consultant.

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 and creams.
- Apply breast milk to sore areas.

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 they are 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 to 4 milk stools (loose and yellow stools) every 24 hours, not meconium (sticky, dark green stools).
- 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 drippings from the opposite breast while nursing. Breastfed babies should be seen by a medical professional between 2 to 4 days of age 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. While you're nursing, avoid drinking alcohol and using tobacco because it passes through your milk and is harmful to your baby. Illegal drugs such as amphetamines (speed), cocaine, heroin, marijuana (pot), and phencyclidine (PCP) pass into breast milk and should be avoided. 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
- oxycodone

Watch for signs that your baby might be getting too much of the medication through your breast milk. Normally, your baby should nurse every 1 ½ – 3 hours and not sleep more than a 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), exclusively breastfed babies should be given a vitamin D supplement once a day starting in the first 2 months of life. 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.



► 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 2 to 4 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 75 to 100 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:

- 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. 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.
- 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're also less likely to exercise regularly.
- Drink water often during exercise.
- Let your instructor know how recently you delivered and if you have had a cesarean birth.

► 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.

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.

Sample:

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)	Supplements
wet diaper: <input checked="" type="checkbox"/>	
bowel movement: <input checked="" type="checkbox"/>	

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	Supplements
wet diaper: <input type="checkbox"/>	
bowel movement: <input type="checkbox"/>	

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	Supplements
wet diapers: <input type="checkbox"/> <input type="checkbox"/>	
bowel movements: <input type="checkbox"/> <input type="checkbox"/>	

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	Supplements
wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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	Supplements
wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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	Supplements
wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(for cloth diapers:) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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	Supplements
wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(for cloth diapers:) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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	Supplements
wet diapers: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(for cloth diapers:) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
bowel movements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

► 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 the way 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 must 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 and discourage visitors the first couple of days. Having fewer visitors will give you more time to get to know your baby and to rest.
- Leave a message on your answering machine about the baby, turn off the ringer, and sleep!
- 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

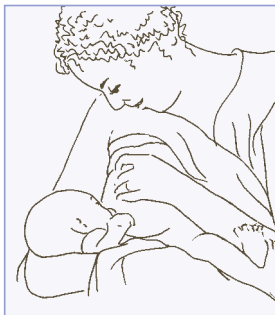
Breastfeeding can help a mother and baby form a special bond. When breastfeeding, both you and your baby should be in a comfortable, relaxed position. To support your body, place pillows behind your back and on your sides and lap. There are many different ways to breastfeed. This is why you may hear 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.

- Cradle your baby with one arm and hold your breast with the hand of the other arm. Make sure your baby is facing you.
- Support your breast by placing your thumb lightly above the areola (dark area around the nipple) and your fingers below and under the breast.
- Make sure that your baby's head is at the level of your breast and that his or her lips are lined up with your nipple. Your baby's face, chest, and knees should be turned toward you so that the two of you are tummy-to-tummy.
- Tickle the baby's lower lip with your nipple and wait for the baby to make a wide "O" with his or her mouth before putting the baby to your breast.
- Quickly bring your baby towards you, centering your nipple in the baby's mouth.
- Make sure your baby is taking the nipple and that a good portion of the areola is in his or her mouth.
- Make sure your baby's lower lip is sticking out and that the chin is touching your breast.
- Your baby's nose should barely touch your breast. Lifting your breast a little will help.

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 feel like an awesome 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 mucus. If the baby's nose and throat have enough mucus 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 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.

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.

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.

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.

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► 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 of age. 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 of age. Death from SIDS most commonly occurs between 2 to 4 months of age. 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.
- 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, 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.
- Consider breastfeeding your baby.
- Don't let your baby get too hot. Dress your baby with the same amount of clothes that you're wearing.
- Avoid devices designed to maintain a side- or back-sleeping position.

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 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 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.
- A mild hypoallergenic soap (such as Dove or Neutrogena) and water is preferable to diaper wipes on newborn skin.
- Never leave your baby unattended in the bath, even for a moment.
- 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, gently file them with an emery board. Check your baby's hands daily for stray string or hair that may wrap around the fingers. Baby scissors with rounded tips are better for cutting nails. It's best to cut nails while your baby is in a deep sleep.

LAUNDRY

Wash all garments prior to use. You can use any detergent, but avoid fabric softeners because many babies are sensitive to them. Rinse soiled cloth diapers in the toilet immediately and soak in a covered diaper pail. Wash them daily in hot water.

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.
- Petroleum jelly can be put 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.



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.
- **Breathing:** difficulty inhaling or exhaling.
- **Fever:** rectal temperature greater than 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.

► 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 should not be 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. Babies that appear very yellow may require a blood test.

Call the pediatric advice nurse if:

- You're concerned about your baby's skin color.
- Your baby's skin appears to be very yellow or has a pumpkin-orange tinge.

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 break down the bilirubin.

HEPATITIS B VIRUS

The hepatitis B virus causes serious and sometimes fatal liver disease. Vaccination against hepatitis B prevents infection and its complications. The hepatitis B vaccine may cause mild to moderate fever in some infants. 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 of age. 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 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. You can protect your baby by getting a Tdap 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.



► Other resources

Here is a list of resources that will help you take care of your baby and yourself.

KAISER PERMANENTE HEALTHWISE® HANDBOOK

Get your own copy of the *Kaiser Permanente Healthwise Handbook* (or *La salud en casa: Guía práctica de Healthwise y Kaiser Permanente*, the Spanish edition).

It's a great source of health information for taking care of your baby, yourself, and your family.

- You'll find the best ways to keep your family from getting sick.
- You'll learn how to identify and treat over 200 common health problems.
- You'll find out when to call Kaiser Permanente for medical advice and how to prepare for an office visit.

Visit or call your local Health Education Center to find out how you can obtain a copy of the *Kaiser Permanente Healthwise Handbook*.



KAISER PERMANENTE WEB SITE

Connect to our Web site at kp.org or kp.org/pregnancy.

INTERNET SITES

- American Academy of Pediatrics: aap.org
- The American College of Obstetricians and Gynecologists: acog.org
- La Leche League International: lalecheleague.org
- Centers for Disease Control and Prevention: cdc.gov

BOOKS

- *The Nursing Mother's Companion* by Kathleen Huggins (Harvard Common Press, revised 2005).
- *Breastfeeding Pure & Simple* by Gwen Gotsch (La Leche League International, revised 2000).
- *Caring for Your Baby and Young Child: Birth to Age 5* by American Academy of Pediatrics (Bantam, revised 2004).

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.

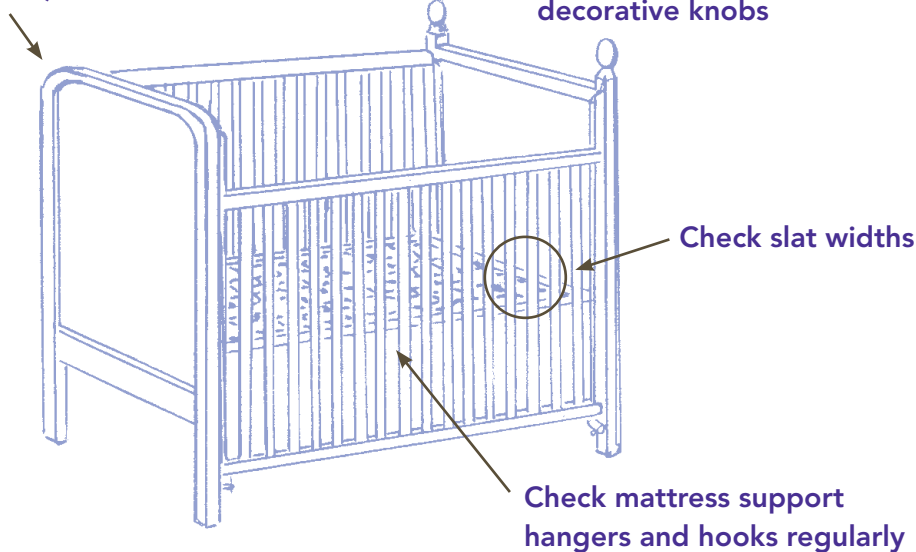
► Safety concerns

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, 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. Clean and check 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 2³/₈ inches apart.
 - Remove corner post extensions and decorative knobs.
 - 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, or quilts near your sleeping baby.
 - Remove bumper pads when your baby is 5 months old.
 - Older cribs may not meet current safety standards.

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

Remove corner post extensions and decorative knobs



Check slat widths

Check mattress support hangers and hooks regularly

- **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 can't move, 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.
- **Security:** Security for your infant begins at the hospital and needs to continue at home. Never leave your baby alone under any circumstances.
- **Prevent burns:** Lower water heater temperature to warm or low (below 120°F). Do not warm 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.
- **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 Auto Safety Hotline at **1-800-424-9393**.
- **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.