



BAYSTATE HEALTH: YOUR BABY AND YOU AT HOME

BECOMING A FAMILY

YOUR BABY AND YOU AT HOME



**Baystate
Health**

Springfield, MA 01199

Baystate  Medical Center

Baystate  Franklin Medical Center

Baby's name_____

Date of birth_____

Time_____ Weight_____ Length_____

Doctor/CNM_____

Nurse_____

Others present_____

Your baby's hand or foot print here:

Sign up for our free weekly ParentCare email newsletter, including:

- Weekly support, tips, and advice
- Your baby's development milestones, week by week
- Answers to real questions asked by real parents like you
- Research findings that impact your child's development
- Information about our programs and services

Go to www.baystatehealth.org/babymail to register for this free service.

Now that your baby has arrived, you will discover the demands and rewards of parenthood. This is a time of celebration and challenge.

Be sure to keep the lines of communication open between you and your partner. Continue to give each other lots of support as you share these new experiences.

As weeks and months go by, you will begin to feel more comfortable and confident caring for your baby. Remember that every baby is different. As you get to know yours, you will figure out just what your baby needs.

We hope that this booklet will provide the information and assurance you need as you continue the work—and fun—of becoming a family.

The resources of Baystate Health: Baystate Medical Center and Baystate Franklin Medical Center are here for you, whether you use our free physician referral phone line to find a good pediatrician, take one of the classes through our Parent Education Department, or choose our health care services for a friend or family member.

Thank you for being part of the Baystate team!



WHAT TO EXPECT DURING YOUR STAY

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- Physical care by your nurse
- Use “Please Do Not Disturb” sign as needed
- Assistance with feeding your baby
- Pain assessment/management
- Education about self and baby care
- Fill out Birth Certificate form
- Visits by your provider (doctor or midwife)
- Visit from Lactation Consultant

- Nursing care
 - Screening blood tests
 - Hearing test
 - Hepatitis B vaccine
 - Daily check-in by Pediatric team
- ### WHAT TO EXPECT DURING YOUR BABY'S STAY

If your baby is in the Continuing Care Nursery (CCN) or the Neonatal Intensive Care Unit (NICU), speak with your nurses and pediatricians about what to expect.

WHEN YOU AND YOUR BABY CAN SAFELY GO HOME

WHEN YOU CAN SAFELY GO HOME

- Your bleeding is normal
- You have no active infection
- Your pain is controlled
- Your high-risk complications are under control
- You've recovered from surgery enough to eat, drink, and walk around
- Your questions about health care have been answered
- Your follow-up care has been discussed with you

WHEN YOUR BABY CAN SAFELY GO HOME

- You and your baby have started to figure out the basics of feeding and know who to call if you have questions once you are home
- Your baby has been evaluated for jaundice
- Your baby has normal breathing, peeing, pooping, and temperature
- Your baby has normal lab tests
- Your questions about baby care have been answered
- You have a safe car seat
- Your baby's follow-up care has been discussed with you

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AT HOME

CARE FOR MOTHERS

Congratulations on your new role as a mother. You have just accomplished a monumental feat, delivering a new baby into the world. You may feel exhausted, overwhelmed, and exhilarated all at the same time. You now can see and touch the little person that has been inside of you.

The postpartum period has begun which includes learning how to take care of your new baby and adjusting to the many body changes after your delivery. Your baby is now the center of your universe. Your new daily activities focus on the care of your baby and learning how to feed, change, bathe and comfort your baby. It is equally important for you to take care of yourself so that you can enjoy your baby. Be patient with your body. It took many months for your body to change as your baby developed inside of you and now it takes months for your body to change back to its pre-pregnant state.

Diet

It is just as important for you to eat a healthy well balanced diet now as it was during your pregnancy.

A healthy diet includes:

- whole grains
- fruits and vegetables
- proteins such as lean meats, chicken and fish

A balanced diet will make you feel strong and better able to take care of your baby. Drink plenty of fluids such as water, 100% fruit juices, and low fat milk to help replace fluids lost in childbirth. Continue to take your prenatal vitamins, especially if you are breastfeeding.

Many women experience anemia during their pregnancy and following their delivery, so be sure to include iron rich foods in your diet every day.

Foods rich in iron include:

- Red meats
- Liver
- egg yolks
- spinach
- collard greens
- dried fruits such as raisins, prunes and apricots
- iron fortified cereals such as Total Cereal and Cream of Wheat
- clams, oysters, and scallops
- beans, lentils, chick peas and artichokes

It is also beneficial to include foods high in vitamin C to help your body better absorb the iron from the foods you eat.

Foods rich in vitamin C include:

- red and yellow peppers, green chilies, broccoli, cauliflower, brussel sprouts, and kale
- kiwi, strawberries, oranges, clementines, grapefruit, pineapple, cantaloupe, raspberries and papayas

Activity

Rest is very important to promote a healthy mind and body but often hard to get following a birth. Try to nap or rest whenever your baby sleeps to help you get through the late night feedings. The housework can be done later or shared by other members of your household. This is a time to take care of yourself and your baby.

Another important part of caring for yourself includes a daily exercise routine. Walking is an excellent form of exercise and can easily be done with your baby shortly after giving birth. Whether you had a vaginal birth or a Cesarean section, walking is a gentle, low impact form of exercise to help you

stay strong and fit, help you manage your weight and improve your mood. Avoid strenuous exercise or high impact forms of exercise until you are cleared to do so by your doctor or midwife, generally around the time of your six week postpartum check up. Keagle exercises can be done following your birth providing there is no pain. Gradually tighten and then relax the muscles around your vagina, urethra, and anus to strengthen the stretched out muscles of the pelvic floor.

For the first two weeks following the birth, avoid heavy lifting, nothing heavier than the weight of your baby. Limit stair climbing by planning your trips up and down. Because you are tired, it is best to have your partner, a family member, or friend drive you to where you need to go for the first few weeks.

Until you go for your six week postpartum check up, avoid use of tampons, douches, and sexual intercourse to allow your vaginal area to heal and your uterus to shrink in size. When you are ready to resume sexual activity,

**See glossary for more information on these terms.*

vaginal lubrication such as K-Y jelly or lubricated condoms may help relieve dryness and tenderness. If you are breastfeeding, it is common for your breasts to leak milk during sex. It is not unusual for women to feel a lack of interest in sex due to hormonal changes and tiredness. Don't worry as this will pass in time.

Using the Bathroom

Each time that you use the bathroom or change your pads, you should use your peri bottle to rinse yourself off with warm water. This helps to prevent infection and also feels good if you experience a little stinging when you urinate. Use your peri bottle for as long as you continue to have a vaginal flow. Pat yourself dry with toilet paper from front to back. If you have any stitches, they will usually dissolve within 7 to 10 days. Ice packs are recommended within the first 24 hours following birth to minimize swelling and help with pain. After 24 hours, warm showers or portable sitz baths of warm water feel good and promote circulation which helps decrease the swelling that has occurred, especially if you have painful hemorrhoids (varicose veins of

the rectum). Witch hazel pads are soothing to your bottom and can be used each time that you use the bathroom. Your doctor or midwife may prescribe Epifoam, a hydrocortisone foam for you to use on a swollen perineum or hemorrhoids 3 to 4 times a day. Hemorrhoids will slowly decrease in size and eventually stop causing discomfort.

After delivery, you may not have a bowel movement for several days. Drink plenty of fluids, at least a quart of water a day, and eat fruits, vegetables and whole grains to help you to go. Relax on the toilet and don't be afraid to go. You won't tear open your stitches. If you had problems with constipation during your pregnancy, you can take a mild over the counter stool softener until your bowel movements are soft and you are not uncomfortable. Occasionally a laxative is necessary to help you to have a bowel movement. If you are having problems urinating or having a difficult time having a bowel movement, talk with your doctor or midwife. Remember to wash your hands well each time you use the bathroom to protect you and your baby from infection.

Vaginal Bleeding

During the first couple of days following your delivery you will experience vaginal bleeding similar to your menstrual period. It is important to change your pads every 2 to 4 hours. From the third to tenth day following the birth, your vaginal flow will decrease in amount and become reddish brown. It is not uncommon to pass a small blood clot on occasion, however, if you experience heavy vaginal bleeding, soaking a pad every hour with bright red blood, or pass large blood clots the size of an orange or so, you should call your doctor or midwife. After day ten, your vaginal flow will become yellowish white and may last for a month or so. Once you are discharged from the hospital, if you notice that your vaginal flow is becoming heavier, you are probably overdoing it. Listen to your body. Rest when possible, and get off your feet for a while.

Your Abdomen

Your belly will feel soft and flabby following your delivery. Your uterus, muscles, and skin have been stretched during the pregnancy and take several weeks to begin to return to

the pre-pregnant state. For the first week, you may experience uterine cramping. The "after-birth pains" can be relieved with the medications recommended by your physician or midwife. The cramping will lighten up with each passing day as you get farther from delivery, and your uterus will become smaller. Breastfeeding is excellent not only for your baby but for your body as well as it helps your uterus shrink back to pre-pregnancy size and shape.

Your Breasts

Three to four days following your delivery, you will most likely experience breast fullness and discomfort. Whether you are breastfeeding or bottle feeding, your milk will come in due to hormonal changes in your body, and your breasts will swell. This is called engorgement and should only last for a couple of days. It is important to wear a comfortable supportive bra. Underwire bras are not recommended. Cold wash cloths on your breasts will help ease the discomfort. If you are nursing, you may hand express some milk before putting the baby to your breast. This helps

to soften the areola (the brown area around your nipple) so that your baby can latch on easier. Sometimes a warm shower before nursing can be relaxing and help with milk let down. Do not use soap on your nipples and after nursing always air dry the nipple and then express some breast milk to use as a lubricant. *Please refer to the breastfeeding section of this book on page 67 for more information on nipple care.*

If you prefer to bottlefeed your baby, do not stimulate your breasts. Place ice packs and cold wash cloths over your breasts and discuss medication options with your physician or midwife. Wear a snug fitting sports bra for extra support, even while you sleep.

Night Sweats

It is common to have night sweats following the birth of your baby due to the hormonal changes that you are experiencing. You may have to get up at night to change your pajamas as they can become soaked with perspiration. This is normal and will go away after a few weeks. If you are also experiencing

“chills,” check your temperature. A temperature of 100.6° F should be reported to your doctor or midwife as this may be a sign of infection.

Birth Control

Before going home from the hospital, your doctor or midwife will talk with you about birth control options. Abstinence (no sexual intercourse) is recommended for the first 6 weeks following the birth of your baby, to allow for vaginal and perineal healing.

Breastfeeding women often do not have a period while they are exclusively nursing their baby, however it is possible to ovulate and become pregnant with unprotected sex. Bottlefeeding mothers will generally start their menstrual period within 6 to 8 weeks following their delivery.

There are several reliable forms of contraceptives available to you depending on your choice, your health and risk factors, and your lifestyle. Your doctor or midwife will help you decide which method (hormonal, barrier, fertility awareness, and sterilization) is best for you.

With **hormonal method** (birth control pills, Depo-Provera, Implanon, Mirana, Nuva-ring) hormones are taken either by pill, injection, or implanted under your skin). The hormones prevent the release of an egg from your ovary (ovulation). Without an egg, pregnancy can not occur. When you stop taking the hormones, ovulation returns. Certain types of hormonal birth control may decrease your breast milk supply. Please discuss this with your physician, midwife, or lactation consultant. There are several birth control pills available today. **Micronor** is a progestin only pill that can be used while breastfeeding but, to be most effective, it must be taken every day at the same time. Depo-Provera, an injection that is effective at preventing pregnancy, needs to be repeated every three months at your health care provider's office. **Implanon** is a small rod like device implanted under the skin in the upper arm and can stay in place for three years. **Mirena** is a small flexible IUD that is inserted into your uterus by your doctor or midwife and can prevent pregnancy for up

to 5 years or be removed sooner should you want to become pregnant again. There are also hormonal **skin patches** and the vaginal **Nuva Ring** that are effective in preventing pregnancy.

Barrier methods of birth control prevent the sperm from coming into contact with the egg. This includes the male condom, the female condom, the diaphragm, and cervical cap. Used along with spermicidal creams, jelly, or foam, the barrier methods are highly effective at preventing pregnancy. In fact, the male condom is the only form of birth control effective also in preventing transmission of HIV and STD's.

Fertility Awareness methods include watching your body for physical signs of ovulation (temperature and vaginal secretions) and keeping count of the days from your last period. This allows you to estimate when you will ovulate so that you don't have sexual intercourse or use a barrier method during this time. There is a significant failure rate associated with this type of birth control, especially if you experience irregular menstrual cycles.

Sterilization is considered to be a permanent form of birth control for either a man or a woman and is highly effective. For a man, it is a minor procedure called a **vasectomy**, done in the doctor's office. For a woman, the procedure is called a **tubal ligation** and can be done as an outpatient and usually requires a week or two for recovery. Another permanent form of sterilization for a woman is called Essure. **Essure** is a simple procedure done in your doctor's office. A small flexible insert is guided into your fallopian tubes through the natural opening of your vagina and no incisions are involved. Your body will produce tissue around the inserts to block the tubes permanently and prevent sperm from coming into contact with an egg. After three months, you will go back to the doctor's office for a confirmation test, to ensure that the fallopian tubes are completely blocked. During the three month time before the confirmation test, it is important to use a back up form of birth control to prevent pregnancy. This will not change your menstrual cycles.

Postpartum Adjustment for Parents

Like many new parents, you may feel surprised to find out that a new baby brings feelings other than joy and love. You may feel tired, frustrated, or overwhelmed as you discover that caring for a newborn takes a lot of time and energy. Some parents feel instant love at the time of birth, while others find it takes several weeks to develop a deep bond and feelings for their baby. Rest and cuddle time with your baby will strengthen your connection.

While it is exciting to show off your baby to friends and family, remember it also takes a lot of energy to have visitors. Some couples choose to limit visitors while they are recuperating in the hospital or at home. This is not a time to clean house or serve food. Make sure that visitors wash their hands before handling the baby. Do not allow anyone with a cold or who is sick to visit you or your baby even if they stand away from the baby. Infectious droplets can be spread through the air. Don't be afraid to set limits or to ask for help when you need it.

POSTPARTUM EMOTIONAL ADJUSTMENT

Postpartum Feelings

After giving birth, it is not unusual to have a wide range of emotions about yourself, your baby, and partner. At first you may feel very excited and find it hard to sleep. Then several days after your birth, you find yourself crying for no reason or may feel overwhelmed by the responsibilities of motherhood.

These mood swings are called the "baby blues" and affect 50 to 75% of all new mothers. Symptoms may include crying, impatience, tiredness, appetite changes, anxiety, mood swings, anger, and loss of interest in your usual activities. Not everyone has the blues but most women have a day or so when they may feel sad. If you find yourself having the blues for more than several days then you should call your health care provider.

Self Care

Do not take on any new activities at this time. A good diet, exercise, and emotional support from others can help. Try to spend some time alone with your partner or friends. Go to a movie, shopping, or just for a walk. Taking a break is healthy for both you and your baby. Taking care of a new baby is hard work. Even though family and friends may give help and support, women can still experience a variety of emotions during this time.

Postpartum Depression

One in ten new mothers will have various degrees of postpartum depression. Depression affects the brain's chemistry and has many causes and treatments. These physical changes in the brain can be caused by the changes in sleep patterns, diet, hormones, and stress. It can occur within days of the delivery or appear gradually, sometimes up to a year later.

Symptoms include:

- nervousness, anxiety, panic
- tiredness, fatigue
- sadness, depression, hopelessness
- appetite and sleep changes
- confusion, memory loss
- uncontrollable crying, irritability
- lack of interest in the baby, over concern for the baby
- feelings of guilt, inadequacy, worthlessness
- fear of harming baby or self
- mood swings
- lack of interest in sex

A woman having postpartum depression may have one or several of these symptoms. They may range from mild to severe. You may have both “good” and “bad” days. Although postpartum depression is not the same for every woman, all of the symptoms can be very frightening. Counseling, support groups, and medication can help treat postpartum depression.

Postpartum Anxiety and/or Panic Disorder

Some women may not feel depressed, but may feel very anxious or have panic attacks without a specific cause.

Symptoms include:

- intense anxiety and/or fear
- rapid breathing
- fast heart rate
- sense of doom
- hot or cold flashes
- chest pain
- shaking
- dizziness

Some women also may experience panic attacks related to a specific past trauma which is called POST-TRAUMATIC STRESS.

**Postpartum Obsessive Compulsive Disorder (OCD)**

OCD can occur for the first time in a woman following childbirth. If a woman has a history of OCD, her symptoms may get worse.

Symptoms include:

- intrusive, repetitive, uncontrollable thoughts
- thoughts of harming the baby but knowing they are wrong
- fear of being alone with the baby
- overprotectiveness with the baby
- repetitive behaviors
- anxiety
- depression

Postpartum Psychosis

Postpartum psychosis is the most severe and, fortunately, the rarest disorder. It occurs in about 1 in 1000 women, usually within the first 3 weeks after delivery. The woman will experience a break with reality which may include hallucinations and/or delusions. Other symptoms may include severe

insomnia, agitation, and bizarre feelings and behavior. Postpartum psychosis is a serious emergency and requires immediate medical help.

Treatment

Treatment for these disorders varies, depending upon the type and severity of symptoms. All the symptoms, from the mild to the severe, are temporary and treatable with skilled professional help and support. If you are experiencing any of these symptoms, contact your doctor or nurse-midwife. Treatment includes a complete medical evaluation, including a thyroid screening. Counseling, support groups, and/or medication is also recommended. You can get further information by calling our Parent Education Department at 413-794-5515.

Reading List

Postpartum Survival Guide
by Ann Dunnewold &
Diane Sanford

This Isn't What I Expected
by Karen Kleiman and
Valerie Raskin

Down Came the Rain
by Brooke Shields

The above information was provided by the National Depression After Delivery Organization

Internet Sites

www.motherwoman.org
www.postpartum.net
www.postpartumprogress.com
www.postpartumstress.com
www.ppdsupportpage.com

Support Groups

MotherWoman's
Support Group
Northampton 413-253-8990
Greenfield 413-774-1000,
ext 2048
Holyoke 413-534-2700

Postpartum Support
International Hotline
800-944-4773

**Please see page 18 for a
postpartum questionnaire.**



When to Call Your Doctor or Nurse-Midwife

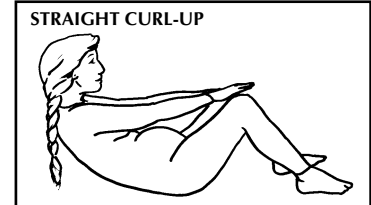
***You also should seek help
from your obstetrician or
nurse-midwife if you have
the following:***

- temperature above 100.4 F when taken twice, 4 hours apart.
- vaginal bleeding requiring more than one pad per hour for several hours.
- faintness, dizziness, or extreme exhaustion.
- severe back pain.
- severe pain in chest or lower abdomen; pain, tenderness, or redness in calves.
- severe headache.
- foul-smelling discharge from the vagina or appearance of large blood clots.
- sore red area on the breast that does not go away after applications of moist heat and breastfeeding.
- nausea with vomiting of all food for 12 hours.
- burning or stinging pain when urinating or frequent urination of only small amounts.

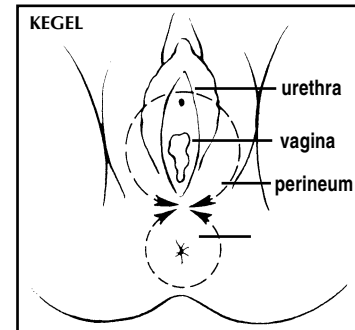
POSTPARTUM EXERCISES

No matter what type of delivery you've had, the following exercises will help you begin to regain muscle tone. Check with your doctor or nurse-midwife before starting a formal exercise program.

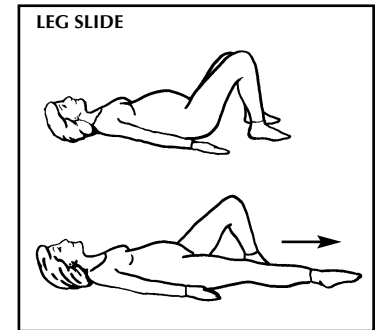
- pelvic-floor exercises (Kegels)
- straight curl-ups
- diagonal curl-ups
- leg slide



STRAIGHT CURL-UP
Lie on back with knees bent. Pelvic tilt. Raise head and shoulders toward knees. Hold for count of 3. Lower head and shoulders and release pelvic tilt. Repeat 5 times. Work up to 10 times.



KEGEL
Slowly contract perineum while gradually increasing intensity. Hold for count of 5. Slowly release.



LEG SLIDE
Lie flat on your back with your knees bent. Inhale, slide your right leg down. Exhale, and bring it back up. Repeat with your left leg.

POSTPARTUM QUESTIONNAIRE

The following questionnaire was developed to detect if a woman may be having postpartum depression. Please save this questionnaire and answer the questions 4 to 8 weeks after your delivery. It usually takes about five minutes to complete. Please check the answer that comes closest to how you have felt IN THE PAST SEVEN DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things.

- ☐ As much as I always could (0)
- ☐ Not quite so much now (1)
- ☐ Definitely not so much now (2)
- ☐ Not at all (3)

2. I have looked forward with enjoyment to things.

- ☐ As much as I ever did (0)
- ☐ Rather less than I use to (1)
- ☐ Definitely less than I use to (2)
- ☐ Hardly at all (3)

3. I have blamed myself unnecessarily when things went wrong.

- ☐ Yes, most of the time (3)
- ☐ Yes, some of the time (2)
- ☐ Not very often (1)
- ☐ No, never (0)

4. I have been anxious or worried without a very good reason.

- ☐ No, not at all (0)
- ☐ Hardly ever (1)
- ☐ Yes, sometimes (2)
- ☐ Yes, very often (3)

5. I have felt scared or panicky without a very good reason.

- ☐ Yes, quite a lot (3)
- ☐ Yes, sometimes (2)
- ☐ No, not much (1)
- ☐ No, not at all (0)

6. I have been feeling overwhelmed.

- ☐ Yes, most of the time I haven't been able to cope at all (3)
- ☐ Yes, sometimes I haven't been coping as well as usual (2)
- ☐ No, most of the time I have coped quite well (1)
- ☐ No, I have been coping as well as ever (0)

7. I have been so unhappy that I have had difficulty sleeping.

- ☐ Yes, most of the time (3)
- ☐ Yes, sometimes (2)
- ☐ Not very often (1)
- ☐ No, not at all (0)

8. I have felt sad or miserable.

- ☐ Yes, most of the time (3)
- ☐ Yes, quite often (2)
- ☐ Not very often (1)
- ☐ No, not at all (0)

9. I have been so unhappy that I have been crying.

- ☐ Yes, most of the time (3)
- ☐ Yes, quite often (2)
- ☐ Only occasionally (1)
- ☐ No, never (0)

10. The thought of harming myself has occurred to me.

- ☐ Yes, quite often (3)
- ☐ Sometimes (2)
- ☐ Hardly ever (1)
- ☐ Never (0)

SCORING

Question No.	Your Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total 1-10	

Scoring: Please add all your scores together from questions 1 to 10. A total score higher than 12 indicates you may be experiencing symptoms of depression. Talk to your doctor or nurse-midwife for further information.

Cox JL, Holden JM, Sagovsky R: Edinburgh Postnatal Depression Scale (EPDS). *British Journal of Psychiatry* 1987; Vol.150.

RECOVERY FROM A CESAREAN BIRTH

If you had a Cesarean* delivery, you will have to begin your work as a parent at the same time that you are recovering from abdominal surgery. Women who have a Cesarean delivery experience many feelings. You may have feelings of relief, thankfulness, or disappointment. These are normal feelings. It is important that you take care of yourself first so that you can then take better care of your baby. Be sure to ask your obstetrician or nurse-midwife any questions about your Cesarean delivery and recovery.

The following information may be helpful to you.

IV* and Catheter*

Within 24 hours after delivery, (unless your doctor decides otherwise), your IV and Foley catheter will be removed. The IV is the tube through which you receive fluids and medication, and the “Foley” is the tube that empties your bladder until you are able to urinate.

Incision*

Your incision will be covered with a bandage which is usually removed two days after your delivery.

Your obstetrician or nurse-midwife will tell you when your stitches or staples will be removed.

Vaginal Flow*

You will have a vaginal flow and will need to wear a sanitary pad.

Pain Medication

Your obstetrician or nurse-midwife has ordered pain medication for you. Don't hesitate to ask for medication if you are in pain. You will feel better and have more time to be with your baby. It is important to take pain medication when needed so that you can walk and decrease discomfort associated with gas build up. The medications ordered for you are compatible with breastfeeding and will not harm your infant.

Digestion

Your digestive tract has been slowed down due to surgery, medication and inactivity. Because of this, your diet may be limited to clear fluids for the first day. As your digestion returns to normal, your diet will change.

Drink as many clear liquids as you can, but avoid drinks that are very hot or cold.

Gas

One of the side effects of surgery can be gas pains. To help reduce gas, try not to drink soda or very hot or cold fluids. Do not smoke, use a straw, or chew gum.

You can also try the following:

- changing position from side to side
- walking
- lying on your left side and massaging your abdomen
- using a rocking chair
- drinking ginger tea

Your obstetrician or nurse-midwife may also order the following for you:

- medication
- a Harris drip, a type of enema*

It is better for you and your recovery if you get up and move about.

Circulation

Staying in one position for a long time may contribute to circulatory problems such as the development of phlebitis (blood clots). After your Cesarean, you will wear plastic compression boots on your legs until you are up and about, usually for the first day. The boots are automated and gently massage your legs, preventing blood clots, a very serious complication that can develop following surgery and bed rest. It is also important to change your position and move to improve your circulation.

The following exercises are helpful:

- foot circles
- point and flex toes
- lie in bed and move your legs as if walking
- roll from side to side and do deep breathing in each position
- get out of bed and walk

Breathing

It is important for you to expand your lungs fully after abdominal surgery to keep them clear. People often fear that a deep breath will hurt, and as a result, they do only shallow breathing and do not clear their lungs.

The following breathing should be done frequently, particularly in the first three days after your operation:

Abdominal Breathing

Place your hands or pillow over your incision for support. Breathe in deeply, allowing your abdominal muscles to expand. Then breathe out slowly, relaxing your muscles.

Huffing

To help you clear your lungs of fluids, hold your incision with a pillow or hand.

Take in a deep breath of air. Breathe out, making a “huff” sound while pulling in your abdominal muscles.

Help At Home

While you are in the hospital, try to arrange to have someone help you when you go home.

Once at home, you should avoid going up and down stairs more than once a day and avoid lifting heavy objects. For the first two weeks you are home, avoid driving and try to limit yourself to taking care of the baby. You will need all your energy for that.

Feelings

Remember, a period of blues is common to all new mothers, no matter what kind of delivery they had. Be sure to share your feelings with your partner and your obstetrician or nurse-midwife.

After you recover physically, you may want to meet with other women who have had Cesarean deliveries or do some reading on the subject.

You should know that a vaginal delivery is often possible after a Cesarean birth. Further information on this topic is available from your obstetrician or nurse-midwife, or from the Parent Education Office at Baystate Medical Center at 794-5515 or at Baystate Franklin Medical Center at 773-2331.

FATHERS

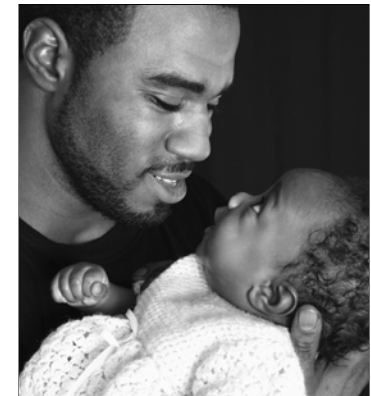
Welcome to fatherhood and to your new role in life. This is a time for adjustment for you and the new mother. Now your baby is the center of attention requiring care twenty four seven. This is an exhilarating time in your life but also an exhausting one. You may feel a little nervous at first holding and caring for your infant but these feelings will pass as you gain parenting experience. Be patient with yourself.

You were a major part of the labor process as a support coach and now you are beginning your bond with your infant. Holding and talking to your baby will strengthen your connection with your new little one. Babies' needs are simple. They need to be fed, changed and loved. It is surprising how comfortable and connected you'll feel after a few days of getting to know your baby so roll up your sleeves and pick up that little bundle of joy.

You may notice that your partner is a little more fragile right

now and emotional due to the work of delivering the baby and changes in hormones and lack of sleep. Your help and support at this time will strengthen your relationship. Sharing child care and household duties not only will help to ease your partners load but will also give you more time together.

During the newborn period your baby is now the focus of your partner's world and it is not uncommon for you to feel left out. The amount of attention that your newborn requires will lessen in time. As your baby grows and begins to sleep more you'll have an easier schedule.





CARING FOR YOUR BABY

INFANT CARE

Your baby has emotional as well as physical needs. Emotional stimulation is necessary for growth and development.

Newborns learn by crying, hearing, seeing, tasting, and smelling. They turn their heads to listen if they hear the voices of their parents, and pay special attention to their parent's faces. Babies also notice bright colors and toys. Their attention span is very short. Be patient. It takes time for babies to learn and develop.

Your baby will trust you from the very beginning, if you respond to his cries, laughter, and coos. Smiling, talking, singing, touching, cuddling, and rocking are all ways to stimulate your baby physically and emotionally.

Do not be afraid of holding or playing with your baby too much. You cannot spoil a newborn. Only you can give your baby a sense of security.

Your baby will know what to expect and feel more secure if you try to set a routine. For example, if you play music for your baby in the morning, or at bath time, try to do it every day.

Just like adults, babies are individuals. You will need time to learn your baby's personality. Expect ups and downs and don't get upset. Remember that your baby will sense it and will react if you do. This won't be a problem unless you remain upset for long periods. One of the most important things you can do is to relax and enjoy your baby.



Baby's Appearance

After the delivery, you probably noticed that your baby does not look much like the babies you see in pictures or on television. Think of your baby as a flower that will begin to blossom during the first week of life.

Baby's Head

Your baby's head may be molded* from the birth process. The shape will gradually become more normal in several weeks.

Sometimes, pressure from the birth canal* may have caused bleeding between the scalp and bone. This is called a cephalhematoma,* and may cause a slight bruise. It may not be seen at birth and may appear later as a bump on one or both sides of the head. It will disappear without treatment and is not a problem.

If an internal monitor was placed on your baby's head during labor, there may be a small red mark. This is not a problem.

There are two "soft spots" or fontanel* on the top of every baby's head. Do not be concerned about these areas. You can wash or touch your baby's head without worry.

Baby's Face

Your baby's face may appear small compared to the rest of the head. The baby's nose is flat, except for the tip. The eyes may be blue, slate gray, or dark brown, and will change to their permanent color within a year. The eyelids may appear swollen and there may be red spots in the whites of the eyes where blood vessels have broken. These will go away in a few weeks. Tears normally are not present until after the baby's sixth or eighth week of life.

The ears may be flattened against the head. You may notice small white spots on the nose and cheeks called milia.* These are oil glands that will begin working in several weeks. They are normal and should be left alone. In two to four weeks, your baby may develop newborn acne. This usually requires only routine cleaning.

Baby's Body

Vernix, a white creamy protective coating, may cover all or part of your baby's body. It often remains in the skin folds, even after bathing. Gently rub it into the skin.



Your baby's breasts may appear swollen or have a discharge. This is due to the mother's hormones present in the baby's body, and will disappear in a few weeks.

The umbilical cord sticks out from the navel* (belly button). The cord will shrink, become quite dark, and fall off within

1-3 weeks. You may see a slight reddish-brown discharge several days after that. Your doctor may have you use a cotton swab (Q-Tip) to put a small amount of rubbing alcohol on the navel until the discharge stops. Do not place any bandages, binders, coins or the like over the cord which may cause an infection.

Abdominal (belly) muscles may protrude out until your child is 3 to 4 years old.

The genital* area of your baby—whether boy or girl—will appear swollen and enlarged from the birth process. Female babies may have a small amount of red or white discharge from the vaginal area. This is due to mother's hormones and will stop in several weeks.

On many babies, the feet seem to turn inward and legs often appear bowed. If the foot moves freely when the baby kicks, there is probably not a problem. Babies are born with flat feet. *If you have any concerns, talk with your nurse or baby's doctor.*

Baby's Skin

A baby's skin is very sensitive and often will develop a fine red rash if irritated by clothing, body fluids, or weather. If that happens, you need to identify the cause of the rash and treat it accordingly. Your baby's doctor will tell you if you need to apply any lotion or ointment. Usually, cleansing with water and a mild soap is enough.

Newborn Rash (Erythema toxicum) affects at least fifty percent of normal newborns. It is a rash of small yellow or white bumps surrounded by red skin anywhere on your baby's body except the palms of the hands and the soles of the feet. The bumps may show up in one area and then quickly move to another area. No treatment is needed.

Some babies will develop waxy scabs on the scalp called **cradle cap**. Daily washing with a washcloth and mild shampoo should keep it under control. Talk with your baby's doctor for more instructions. Small, red blotchy birthmarks* on the eyelids and back of the neck appear during the first month. Called **storkbites**, these will disappear in several years.

Strawberry marks, bright red raised areas, may appear several weeks after birth and grow quite large before shrinking. Large blue areas that look like bruises are called **Mongolian spots**, and appear mainly on the back and buttocks. These spots are more common with babies who have dark skin, and will fade in time.

Baby's Color

During the first few days of life, a baby's skin color can vary from very light to dark. It is not unusual to see a small amount of bluishness in the hands and feet. If it becomes pronounced or grayish, you should call your baby's doctor.

The baby's skin color also can change depending on activity. The skin can have a spotted look, especially when the baby is exposed to a change in temperature.



Newborn Jaundice

One half of all babies will develop newborn jaundice during the first week of life. Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color. Everyone's blood contains bilirubin, which is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color. Most infants have mild jaundice that is harmless, but in unusual

situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

After your baby's birth, a bilirubin test will be done to let your baby's doctor know if treatment is needed.

Jaundice is more common in babies who are breastfed than babies who are formula-fed, but this occurs mainly in infants who are not nursing well. If you are breastfeeding, you should try to nurse your baby at least 8 to 12 times a day. This will help you produce enough milk and will help to keep the baby's bilirubin level down. If you are having trouble with breastfeeding, ask your baby's doctor, nurse, or a lactation specialist for help. Breast milk is the ideal food for your baby.

After leaving the hospital, it is important for your baby to be seen by a nurse or doctor when the baby is between 3 and 5 days old, because this is usually when a baby's bilirubin level is highest. The timing of this visit may vary depending on your baby's age when released from the hospital.

Other factors:

- a high bilirubin level before leaving the hospital
- early birth (more than 2 weeks before the due date)
- jaundice in the first 24 hours after birth
- breastfeeding that is not going well
- a lot of bruising or bleeding under the scalp related to labor and delivery
- a parent or brother or sister who had high bilirubin and received light therapy

When you are at home, call your baby's doctor if:

- your baby's skin turns more yellow
- your baby's abdomen (belly), arms, or legs, are yellow
- the whites of your baby's eyes are yellow
- your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well

Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights or on a bili-blanket will lower the bilirubin level. Depending on your baby's bilirubin level, this

can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. Treatment can prevent the harmful effects of jaundice.

In breastfed infants, jaundice often lasts for more than 2 to 3 weeks. In formula-fed infants, most jaundice goes away by 2 weeks. If your baby is jaundiced for more than 3 weeks, see your baby's doctor.

The above information was provided by the American Academy of Pediatrics.

Newborn Screening Test

We are fortunate that the state of Massachusetts tests all babies for certain rare metabolic disorders. A metabolic disorder means a baby's body chemistry is not working properly. These disorders may have no visible effects at birth, but if not treated early, can cause physical problems, mental retardation, or death.

If these disorders are detected soon after birth, however, changing the baby's diet or giving special medication may prevent future problems. The blood test makes such timely treatment possible.

The metabolic disorders blood test will be done while your baby is in the hospital, and possibly repeated after you have gone home. The sample will be checked by the Department of Public Health. You will be informed of the test results *only* if they show your baby has problems.

Newborn Hearing Screening Program

Massachusetts law requires that all hospitals test the hearing of newborn babies before they leave the hospital. Important learning takes place during the first three years, and a hearing loss may affect a child's development. Studies show that infants who are identified early and receive intervention services before age six months, have better language, speech, and social skills than children whose hearing loss is found later in life.

The test is done in the nursery with a machine called ALGO2 which measures your baby's responses to soft, clicking sounds. Small sticky pads are placed on the baby's forehead, back of the neck, and cheek. Two tiny earphones are placed over the baby's ears. These all

connect to the machine. It's a quick, easy and painless test done while your baby sleeps.

You and your doctor will be given the results of the screening when completed. If your baby passes, no further testing is needed unless there is a family history of permanent hearing loss which began in childhood or your doctor feels that further testing is needed due to other risk factors.

If your baby does not pass the test, an outpatient follow-up appointment will be scheduled. This does not mean that your baby has a hearing loss, but it does mean that further testing is needed. It is important to keep this appointment! Most health insurance plans cover the cost of the testing. Families without insurance coverage should call the Massachusetts Department of Public Health at 1-800-882-1435 (TTY: 1-671-624-6001) for more information.



Immunization*

In year's past, babies routinely died from diphtheria, typhoid, smallpox, measles, and whooping cough. Since the development of vaccines,* a baby in the United States is more likely to die from not being in a car

seat than from these infectious diseases. The reason is the development of vaccines which prevent these diseases.

It is important that your baby be seen by the doctor on a regular basis and have these vaccines.

The chart below indicates the recommended ages for routine administration of currently licensed childhood vaccines as of January 1, 2010, for children 0-6 years. For further information go to www.cdc.gov/vaccines/recs/schedules/child-schedule.htm or talk with your baby's doctor.

Range of recommended ages

Certain high-risk groups

RECOMMENDED IMMUNIZATION SCHEDULE FOR PERSONS AGED 0-6 YEARS

VACCINE ▼	AGE ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B	HepB		HepB			HepB						
Rotavirus				RV	RV	RV						
Diphtheria, Tetanus, Pertussis				DTaP	DTaP	DTaP		DTaP				DTaP
<i>Haemophilus influenzae</i> type b				Hib	Hib	Hib	Hib					
Pneumococcal				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Influenza							Influenza (Yearly)					
Measles, Mumps, Rubella							MMR					MMR
Varicella							Varicella					Varicella
Hepatitis A							HepA (2 doses)				HepA Series	
Meningococcal							MPSV4					

Hepatitis B Vaccine

The following information is provided for you so that you can make an informed decision.

What is Hepatitis B?

Hepatitis B is a serious disease that can be prevented. It is a disease of the liver caused by a virus. Most people who get the virus get better in a few months. Some however, carry the virus all their lives. Babies and young children who become infected with Hepatitis B are at very high risk for chronic infection and serious liver disease later in life.

How do you get Hepatitis B?

You can get it through contact with the blood of someone who has the virus. Young children with Hepatitis B can pass it to unvaccinated children through biting and sharing toys that they have put into their mouths. In households where there is an infected person, the virus can be passed to unvaccinated persons by sharing personal things like razors and toothbrushes. You can also get it through sex with a person who has the virus.

A baby can get Hepatitis B at birth from a mother who has the virus. One third of the persons with Hepatitis B do not know how they got the virus.

How do you know if you have Hepatitis B?

Some people who get Hepatitis B feel tired and sick. Sometimes their skin or eyes become yellow. Many people who have the virus never feel or look sick. They may not ever know they have it. But they can still get serious liver disease and pass the virus to others. The only way to know for sure if you have Hepatitis B is to get a blood test. Most women are tested for Hepatitis B during their pregnancy.

How can I protect my baby against Hepatitis B?

Babies can be protected by getting three shots of the Hepatitis B vaccine. It is important to protect babies before they have contact with the virus. Your baby should get the first shot of vaccine before leaving the hospital or at the first pediatric visit.

The second and third shots will be given at 1-2 months and at 6 -18 months of age by your baby's doctor. The vaccine is provided free of charge by the Massachusetts Department of Public Health.

Is the vaccine safe?

The Hepatitis B vaccine is very safe. The most common side effect is soreness at the place where the shot is given. No serious illness has been related to the vaccine.

At Baystate Medical Center, your baby's pediatrician will provide information about the vaccine and you will be asked to read "Important Information About Hepatitis B" before your baby receives the vaccine. At Baystate Franklin Medical Center, the Hepatitis vaccine is generally given at your baby's first pediatric visit. While this form is not specific to infant immunization, it does cover important information about the vaccine. Please read the form and, if you have any questions, talk with your baby's doctor. This is an important way to protect your baby. Hepatitis B can be prevented. Vaccinate your baby against Hepatitis B.

Flu and Pertussis Vaccines

Some people think immunizations are only for babies. Not true! Vaccines are important for all ages and especially vital for pregnant women and new mothers.

Did you know that a mother's immunity is passed along to her baby during pregnancy and breastfeeding? This will protect the baby from some diseases during the first few months of life until the baby can get vaccinated.

Two of the most important vaccines for new moms are the flu vaccine and a vaccine against whooping cough (pertussis).

Ideally, young women should be up to date with their adult immunizations before becoming pregnant. If a mom is not immunized prior to or during her pregnancy, then she should be vaccinated in the hospital before going home with the new baby.

All family members, siblings, and caregivers surrounding the baby should also be immunized with flu and pertussis vaccine. A "cocooning" strategy of vaccinating everyone around the child helps to protect the baby until they are old enough to receive their own immunizations.

BABY'S PHYSICAL NEEDS

Sleeping

The bed where your baby will sleep should be clean and safe. The baby should not be able to roll off or get wedged in between the sides and the mattress. Do not let your baby sleep on a pillow; beanbag cushion; waterbed; sheepskin; or any soft, fluffy blanket or comforter.

Most babies sleep from 12 to 20 hours a day, but a lot depends on their moods. Your baby will sleep as needed. You can try to keep your baby awake during the day, to encourage sleeping at night.

It is important that you try to rest when your baby sleeps. This will prevent you from becoming tired and upset from the lack of sleep.

Sleep Position

The American Academy of Pediatrics recommends that **full term, healthy infants sleep on their backs**. Babies should not be placed on their stomachs or on their side for sleeping. Research shows that the risk of Sudden Infant Death Syndrome (SIDS), also called crib death, is lower when babies sleep on their backs.

To help further reduce the risk of SIDS:

- Place baby on his/her back on a firm, tight-fitting mattress in a crib that meets current safety standards. Make sure that the sheet fits tightly under the mattress.
- Remove pillows, quilts, comforters, sheepskins, stuffed toys, bumper pads, and other soft products from the crib.
- Use a sleeper or other sleep clothing instead of blankets, with no other covering.
- If you do use a blanket, tuck it around the crib mattress, reaching only as far as the baby's chest. Make sure your baby's head remains uncovered during sleep.
- Don't place your baby on a waterbed, soft mattress, pillow, or other soft surface to sleep
- Never smoke. Do not allow anyone to smoke around your baby.
- Don't let your baby overheat during sleep. Keep the room at a comfortable temperature—not hot.

Share this information with family members, friends, babysitters, or anyone who will care for your baby. Let them know that there is no increase risk for choking when babies sleep on their backs.

Positional Plagiocephaly (Flattened head)

A baby who is always placed in the same position, whether sleeping or awake, may develop a flat spot on his or her head.

This can be prevented by doing the following:

- **Change baby's position:** When putting your baby on her back to sleep, change the direction that your baby's head faces. Turn your baby's head to the right side. The next time, have your baby's head turned to the left. Change sides each time you put your baby to sleep. Put your baby's head at the head of the crib one day and at the foot of the bed on the next day. On a monthly basis, change the position of the crib, pictures, etc. so your baby does not always look in the same direction.

- **Hold your baby:** Place your baby against your chest or over your shoulder. Use a baby sling or chest carrier.
- **Tummy Time:** When your baby is awake, with you watching, place your baby on a blanket for tummy time every day. Place a colorful toy in front of your baby to look at.

Don't place your baby in a swing or infant seat for a long period of time. Change your baby's head position each time you use them.

If you notice that your baby is developing a flat spot on his head or only turns her head one way, talk with your baby's doctor.

Bowel Movements

You can expect your baby's first bowel movements to be sticky and greenish-black. During the first few days, they will become less sticky and lighter in color, which may be yellow, green or brown. Your baby may turn red in the face and cry with each bowel movement, or seem totally unaware of it. *If breast-feeding, also see page 62.*

Constipation is when bowel movements are hard, dry, and difficult to pass, no matter how often or infrequent they may be. If your baby becomes constipated, call your baby's doctor. Do not use mineral oil, laxatives,* or enemas without medical advice.

Diarrhea is when bowel movements are very loose and watery. This condition can cause the baby to lose more fluid than is received from feedings, and can result in dehydration,* which can be serious. If this occurs, contact your baby's doctor immediately.

Nail Care

Your baby's fingernails may be long at birth and you may need to file or shorten them to keep them from scratching baby's face.

The best time to do this is when the baby is sleeping. You may use rounded scissors, nail file, or peel with your fingers. To avoid cutting the baby's finger, press the finger pad down and out of the way of the scissors or the file.

Circumcision*

If you have chosen to have your son circumcised, the procedure may be done in

the hospital before you go home, or as an outpatient procedure. You will receive instructions from your doctor on how to care for the circumcised penis. Apply ointment as instructed by your doctor or nurse after each diaper change until the circumcision has healed. If you notice redness beyond the circumcised area, a bad odor, or pus coming from the area, call the doctor who did the surgery.

If your son is not circumcised, his penis needs no special care. Do not try to pull the foreskin back. In four to six years, sometimes longer, the foreskin will move back. As long as it does not interfere with urination,* it is normal. If you have questions or concerns, talk with your baby's doctor.

Breathing Patterns

Babies make many different sounds with normal breathing. Their breathing is normally irregular, with shallow breaths alternating with deep, slow ones. The most common breathing sounds are caused by small amounts of mucus in the nose and throat. If the mucus bothers your baby, talk with your pediatrician or nurse.

Babies also will have periods of very quiet breathing. When they cry hard, they become red in the face and take deeper breaths.

Call the doctor if you notice any of the following:

- **Grunting:** The baby is breathing very hard and you can hear a grunt with every breath.
- **Flaring of the nose**
- **Retraction:** When baby breathes in, you can see the outline of the rib cage and breast bones.
- **Fast breathing:** Babies normally breathe rapidly—40 to 60 times a minute. But if your baby is breathing faster than this, for longer than 15 minutes, call your pediatrician.
- **Skin color stays blue.**

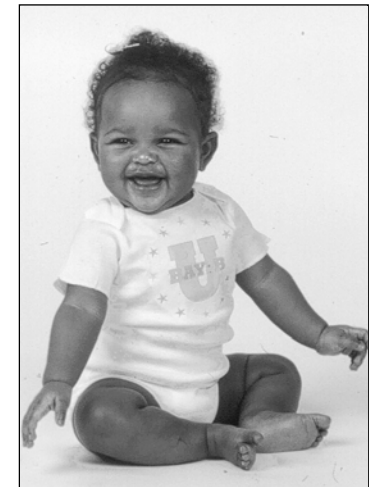
Mucus

Many newborns have mucus in their nose and throat for several days. Your baby may gag, or even vomit, if there are large amounts. Simply turn the baby to one side and gently pat baby's back. If your baby still seems to have a problem breathing, use a bulb syringe

in the mouth, not in the nose unless you are told differently by your baby's doctor or nurse. If the baby continues to have mucus while feeding, stop and wait a while until the mucus has cleared. It is normal for babies to sneeze for several days after delivery to clear mucus from their noses.

Hiccoughs*

You may have experienced your baby hiccupping while in your uterus. Hiccoughs often occur after feeding and will go away in about 10 minutes. They are harmless and probably will bother you more than they do the baby.



Temperature

The normal temperature for your baby is between 97 to 99.8 degrees Fahrenheit. A fever is the body's natural response to an infection. You may notice a change in your baby's behavior or that the baby feels warm to your touch. However, the best way to tell if your baby has a fever is to take the baby's temperature.

The most accurate way to take your baby's temperature is to use a digital thermometer. They are easy to read and gives a temperature within two minutes. The American Academy of Pediatrics recommends that glass mercury thermometers no longer be used. Do not use forehead fever strips or an ear thermometer as they are not accurate for babies.

To Take Baby's Temperature

Rectal

- Press the button to turn on the digital thermometer. Put on lubricated plastic cover.
- Place baby on your lap or changing table, tummy down and bottom up.

- Using one hand, spread apart your baby's buttocks (fanny). Use your other hand to gently insert the silver tip of the thermometer into the rectal opening. Do not insert more than the tip. Hold onto your baby's buttocks by cupping them with the palm and fingers of the hand that is holding the thermometer.
- Leave in until the thermometer beeps which is between 30 seconds to 2 minutes. Normal rectal temperature is 99.6 degrees Fahrenheit.

Axillary (under arm)

- Press the button to turn on the digital thermometer.
- Hold your baby in your lap or place on the changing table or bed. Place the tip of the thermometer under baby's bare dry armpit, holding the arm against the body.
- Leave in until the thermometer beeps. Normal axillary temperature is 97.6 degrees Fahrenheit.

If your baby's temperature is above 100.4 F (Rectal) degrees, call your baby's doctor. Do not place the baby in cold water or use rubbing alcohol to reduce the temperature.

Pain Management for Infants

As adults, we understand that pain is an uncomfortable feeling that tells us that something may be wrong with our body. Infants feel pain, but they cannot talk to us about their pain. They tell us with other signals when they are uncomfortable or in pain.

Signals that may tell you if your baby is in pain.

Crying is often what babies do when they do not feel comfortable. The discomfort could be from hunger, gas, or pain.

If a baby is in pain, they often show other behaviors such as:

- mouth, nose, and brow area tighten as if frowning
- body changes such as stiffening of the arms and legs or a loss in muscle tone
- not able to sleep, restfulness, or being very quiet
- cannot be calmed with comforting or feeding
- changes in heart rate or breathing

Babies who are very ill and/or premature may not have enough

energy to cry and move when they are in pain. You and your baby's caregivers will watch for signs of pain and discomfort.

If I think my baby may be in pain, how can I help my baby?

As you spend time with your baby, you will become familiar with your baby's behavior. You will learn to know how to comfort your baby. Your baby's caregivers will also help you to learn how to know your baby's signals of discomfort. They can show you how to hold, touch, and swaddle your baby. Rocking, having soft music, and a quiet dim room can also comfort your baby.

If my baby has had a painful procedure like circumcision or blood drawn, what can I do?

Your baby's nurses are very skilled in knowing when babies have pain. They can provide comfort measures which may include pain medication such as Acetaminophen (Tylenol) or concentrated sugar water. You can also use the comfort measures listed above. *If you have any questions about how to help your baby, please ask your nurse or pediatrician.*

All Babies Cry

Some babies are easy to comfort, others cry for hours every day no matter what you do. Listening to a baby cry is very hard on parents. Don't be afraid to ask for help. There are a number of things parents can do to stop their baby's crying: none will work all of the time, but all are worth trying.

Your baby doesn't cry because he is spoiled, angry at you, or trying to control you. Babies love the people who take care of them.



All babies cry sometimes, but you can help your baby cry less:

- Pick up your baby right away whenever your baby cries. You cannot spoil a baby.
- If you answer your baby's calls for help right away then he will cry less overall.
- Hold your baby skin to skin or carry your baby in a sling or cloth baby carrier. Babies who are carried many hours every day cry much less.
- Some babies do better if they can eat and sleep at regular times every day.
- Keep things calm and quiet for a baby who cries when tired. Try low lights, and just one adult with your baby.
- If your baby cries for a long time ever day, and cannot be comforted, check with your baby's doctor or nurse about possible allergies, food intolerance, acid reflux, eczema, or other health conditions.
- If your baby is less than six months old and has been eating solid food, try feeding only breast milk or formula until six months.

Comforting Your Baby

All babies have an instinct to suck. Your baby may need to suck even when not hungry. Try a pacifier (after breastfeeding is well established), or wash your hands and let your baby suck on your finger, or help your baby find her fingers to suck on.

Babies need to be held. Just being close to you is comforting for your baby. Try skin to skin contact. Place your baby, dressed only in a diaper, against your bare chest. Then place a blanket across your baby to keep warm. Your baby may find listening to your heartbeat soothing. A walk in a stroller may help.

Most babies under 4 months old are more comfortable when they are firmly wrapped in a soft blanket, or swaddled. Try wrapping your baby with her hands available for sucking. Babies also like gentle rhythmic motion so try walking or rocking your baby, or hold your baby on your shoulder, and sway gently back and forth. If your baby is still unhappy, offer a pacifier or help him to find his fingers to suck on. Your baby may need to burp after a feeding or even stop in the middle of the feeding to burp.

The 5 S's

Swaddling: Wrap your fussy baby with arms down or with hands up by baby's face in a light, snuggly blanket (42" square is best.) Don't overheat your baby or put him to sleep with loose blankets that can wrap around the face.

Side or Stomach Position:

When your baby is fussy, you might find she calms faster if you hold her in your arms, or on your lap on her side or stomach. *When putting her to sleep, however, NEVER place her on her stomach or side—only on her back. This will greatly reduce the risk of SIDS.*

Now you're ready for Shushing:

This is magic for some babies. Make a shushing sound louder than the baby's crying so you'll be sure she can hear you, or turn on a hair dryer safely away from the baby. You can buy a "white noise" machine or CD of these sounds to play for your fussy baby or to help her sleep.

Next is Swinging: Babies love motion like rocking chairs and going for walks. Wear your baby in a cloth sling or baby holder. When your little one gets upset, hold him close, support his head, and try a little dancing. Fussy babies love tiny, jiggle movements.

Now add Sucking: Babies love to suck. Offer your crying baby your breast, finger, or a pacifier.

The 5 S's written by and printed with permission from Harvey Karp, M.D. Visit thehappiestbaby.com to learn more about these soothing tips.

Distraction

If your baby is fussing but not crying very hard, try to distract him.

Play peek-a-boo or hold her up to a window where she can see a busy street or older children playing. Show her a toy or mobile.

Sounds

Most babies like sounds that remind them of what they heard before they were born. It wasn't quiet inside the womb—the sounds of the mother's heart and blood flow are quite loud. Rhythmic, monotonous, steady sounds are best. Try a loudly ticking clock, the vacuum cleaner, fan, air conditioner, dishwasher, washing machine or dryer. Never put your baby on top or inside an appliance.

Try taking your baby into the bathroom and turning on the shower and fan, but not the light.

Sing to your baby.

When Your Baby Can't Stop Crying

Undress your baby and see if something in his clothes is making him uncomfortable. See if there is a strand of hair or string caught around a finger or toe.

Your baby may be sick. If your baby has vomiting (throwing up), diarrhea, or a temperature over 100.4, or seems to be in pain or acts sick, call your baby's doctor or nurse.

Your baby may be teething. Check with your baby's doctor about what to do.

Try putting your baby in a baby carrier or sling so your hands are free to do other things.

Your baby likes to be close to you even when unhappy.

Remember that the crying is not directed at you.

If You Are Really Frustrated or Angry

At times you may get upset with your baby. You may feel angry, tense, frustrated or sad. These feelings are okay but it is never okay to yell, hit, or shake your baby.

Put your baby down on her back in a safe place, like the crib, and leave the room until you are calmer. Take a break from the sound of crying.

Put on music with headphones, or take a shower with the bathroom fan on.

Call a friend, or your mom or dad, just to talk.

It is NEVER okay to yell, hit, or shake your baby. Babies have weak neck muscles and heavy heads. Their brains are still growing and have thin head bones.

The Parental Stress Line offers free phone support 24 hours a day. You do not have to give your name or any other information. Call 1-800-632-8188.

Taking Care of Yourself

Not getting enough sleep makes everything much harder. Try to nap when your baby does. Don't be afraid to ask your family or friends to help you. There may be a mother's group nearby, or a Family Resource Center in your city. Call Parents Helping Parents at 1-800-632-8188 to see if there is a group in your area. At Baystate Medical Center, the Parent Education Department offers a free parent support group on Thursday mornings in Longmeadow. Call 794-5515 for more information.



Shaken Baby Syndrome

Never shake a baby. Shaking or hitting a baby can cause permanent brain damage or death.

Shaking, hitting, throwing, or tossing your baby can cause:

- blindness
- internal bleeding
- paralysis
- brain damage
- death

Remember, your baby is not crying to punish you. Your baby will cry less as your baby gets older.

If you feel that you or your partner are losing control and have an urge to hurt your baby, STOP, and place the baby on his back in the crib.

- Call a friend or family member.
- Call the Parental Stress Hotline at 1-800-632-8188.
- Go outside and take a deep breath to calm yourself.

Make sure that everyone who cares for your child knows about the dangers of shaking a baby. Never leave your baby with anyone who may not be able to cope with your baby's crying.

Information provided by the Massachusetts Department of Public Health. For more information go to www.onetoughjob.org.

Bathing Your Baby

Bathing your baby is no different than bathing yourself, except that there is less to do. Relax and enjoy this time with your baby.

During the first weeks, before the umbilical cord has fallen off and the navel has healed, wash the baby with a washcloth rinsed in warm water. The baby's face and diaper area require frequent washing since food, urine and bowel movements* can irritate the skin. The rest of the body may need washing only several times a week.

After the cord has fallen off, you will want to begin bathing the baby in a baby tub or clean sink. You will need a washcloth, warm water, mild soap, baby shampoo, a large towel, and baby's clothing. The manner in which you wash your baby is less important than remembering to clean the genital area last. It is important to hold your baby securely.

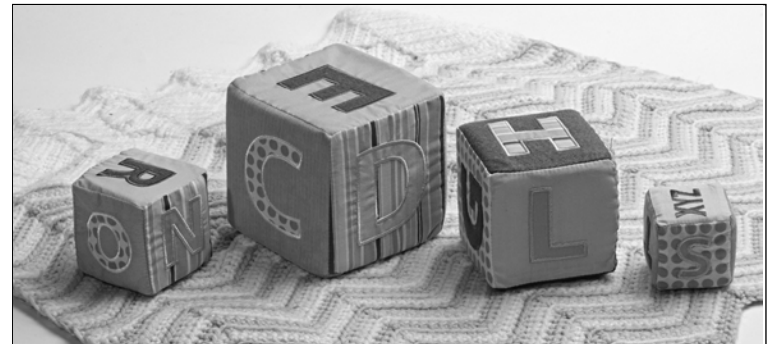
Many people wash the head and face first, when the water and washcloth are cleanest. Don't worry about the soft spot on the head, just pat the scalp gently. Use your hand to lather the rest of the body with a mild baby soap. When washing the genital area, go from the front to the back, between the legs. Be sure to thoroughly rinse off all soap to prevent irritation. After the bath, dry the baby quickly to prevent chilling.

Many babies enjoy bath times, but some do not until they are a bit older. If your baby does not enjoy it, bathe only when needed. Otherwise, you can continue to give your baby a sponge bath. Try not to bathe your baby right after a feeding.

Remember:

- Wash your baby's ears and nose* only with a washcloth. Do not use cotton swabs (Q-tips).
- Never leave your baby alone when bathing. Babies can drown in a few inches of water. Bath seats or rings will not prevent drowning.
- Always check the water temperature with your elbow to prevent burning or chilling the baby.
- Keep your hot water heater under 130 degrees Fahrenheit.

See next page for step by step instructions on how to bathe your baby.



BATHING YOUR BABY STEP BY STEP INSTRUCTIONS



1. Gather all your supplies. Never leave baby alone.



2. Use plain water on face. Wipe eyes from inside to out using clean washcloth.



3. Gently shampoo hair. Keep baby covered with a blanket or towel for warmth.



4. Clean outer ear with washcloth. Keep small objects such as Q-tips away from baby's ears.



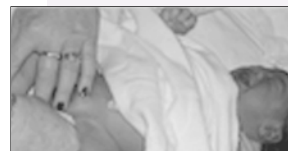
5. Wash each area of the baby, getting under the creases of chin, arms, and legs. Once the cord falls off, you can put your baby in a bath tub.



6. Wash your baby's back.



7. Babies love backrubs!



8. Wash girls from front to back. Wash under boy's parts.



9. Enjoy this time with your baby!

BABY'S HOME ENVIRONMENT

Like most adults, babies generally prefer a moderate room temperature of about 70 degrees. Avoid areas with drafts and remember baby's head is much bigger than their body, so they lose a lot of heat from their heads. Dress your baby as you would dress yourself. Try to keep your baby away from very hot or very cold places.

Keep your baby away from people who smoke or who have colds; being around them can cause respiratory* problems.

Babies sneeze a lot, especially after they have been sleeping because they often have stuffy noses. They sneeze to get rid of mucus. This does not mean they have a cold.

When to take your baby outside will depend on the weather and how you feel. Except for necessary trips to the doctor, we encourage you to stay home the first week or two to rest and adjust to each other. It usually is best not to take the baby into crowded areas, but your baby's doctor can advise you further on this.

If the weather is good, you may want to take your baby for a walk in a carriage. You can go out for a car ride anytime, but be sure to use a car seat.

Massachusetts law requires all infants be fastened in a car seat.

Safety at Home

It will not be long before your baby will roll over, climb, and grab on to everything. Take the time to "babyproof" your home. Get down on your hands and knees and crawl around your house. When you look from your baby's viewpoint, you can see all the dangers that are present. Young children have been known to drown in toilet bowls or in buckets of water. Use protective caps on all electrical outlets, install cabinet latches, and cover all sharp furniture corners.

Your baby's crib side rails should be close together ($2\frac{3}{8}$ inches or closer) to prevent baby's head from getting caught. The mattress should be firm and fit snugly. Do not use a pillow. There should be no protruding posts or places where baby's clothes could

get caught. Do not place the crib next to a window. Your baby could strangle on the curtains or cords.

Your baby's doctor can advise you on child safety.

For further information on child safety and infant CPR classes, call 413-794-2229.

Lead Poisoning

Since the 1970s, most paint sold in the United States has been lead free. However, many older homes still have surfaces painted with lead-based paint. One of the leading causes of lead poisoning is eating, chewing, or sucking on lead painted objects. Window sills, railings, toys, older furniture, and other painted surfaces can be sources of lead paint. Other areas include contaminated soil, dust or fumes created by home renovation and sandblasting. Check all antiques and hand-me-downs including baby furniture and dishes. Some painted glassware, old porcelain, and ceramics can also contain lead.

Drinking water and lead pipes are other sources of lead poisoning. Any time the water in a faucet has gone unused for more than 6 hours, let the water run from the tap before

using for cooking or drinking. The longer water resides in your home's pipes, the more lead it may contain.

Flushing the tap means running the cold water faucet until the water gets noticeably colder, usually about 15-30 seconds. If your house has a lead service line to the water main, you may have to flush the water for a longer time, perhaps one minute, before drinking.

If you have any further questions, you can contact the Massachusetts Department of Public Health, your baby's doctor, or take our Keeping Baby Safe class.



Other Precautions

As you make your baby's environment safe, remember that baby should not be exposed to second hand smoke. This means that you will have to tell others not to smoke around your baby. The baby will enjoy hearing different sounds, but do not play your stereo, radio, or TV loudly. Very loud noise can damage hearing. Remember your baby is depending upon you to be a good role model.

Always play gently with your baby. Never throw or toss your baby in the air, swing your baby by the ankles, or jog with a young infant on your back. These behaviors could cause brain injury.

Baby's Brothers and Sisters

When the new baby comes home, older children may have many feelings. They may feel excited, disappointed, or jealous. Some children go back to baby-like behavior such as bed wetting, thumb sucking, throwing temper tantrums, and the like.



In time, they will return to more normal behavior. Try to set aside time each day to give each older child your attention. This will show them that they have not lost their place to the new baby.

Pets

New parents often worry about how their pet will react to the baby.

The following suggestions may be of help:

- Bring in a t-shirt from home and have your baby wear it for a while. Have your partner take it home and let your pet smell it. When you bring baby home, have your partner hold the baby and let your pet smell the baby. Give your pet a special treat.

- When visitors come to see the baby, have them greet your pet. A treat can also be given to your pet.
- No matter how well your pet gets along with your baby, never leave them alone together. Babies can make sudden noises or movements which could startle your pet.
- Make sure your pet has current vaccinations. Your pet should be free from fleas. Your pet should not have any worms. Do not let your baby play in the area that your pet uses as a bathroom.
- Turtles, snakes, lizards, rodents, and baby poultry are not recommended pets for children under the age of 5. These pets can be carriers of Salmonella and other bacteria which can be transferred from adults to children.



REASONS TO CALL THE DOCTOR

You should seek help from your baby's doctor if you note any of the following:

- rectal temperature over 100.4 degrees Fahrenheit
- unusual irritability or tiredness
- vomiting
- diarrhea (loose, watery bowel movements)
- unusual cold symptoms and/or irregular breathing
- cries all the time
- sweating, flushed complexion
- dry, hot skin
- skin color that is unusually pale, blue/gray or has a yellowed, suntanned appearance.
- changes in sleep
- will not nurse or take bottle
- sluggish behavior

Remember to call your baby's doctor when the baby looks ill, cries all the time, or seems to be in pain, whether or not his temperature is above normal.



FEEDING YOUR BABY

INFANT FEEDING

Perhaps the biggest and most on-going need of every baby is the need for food. Your baby's feeding time should be fun and comfortable for both of you. Babies learn love, trust, and sociability through their feedings. It is important that you talk to, cuddle, and touch your baby during feedings as well as at other times.

There have been changes in the way we feed babies, especially with the introduction of solid food and cow's milk. It is important that you talk to your baby's doctor to learn about these changes.

Never feed honey to baby during the first year as this food contains spores which are harmless to adults, but can cause Botulism* in babies.

Burping

You should know how to burp the baby. Like many babies, yours may swallow air through sucking or crying, and feel a sense of fullness or discomfort. You can relieve it

by burping the baby after giving one ounce of formula or after nursing on one breast.

You can hold the baby's chest against your shoulder or sit with the baby across your lap or knee. Gently pat or rub the baby's back for a short time. If there is no burp, changing the baby's position may cause the air bubble to come out. Not all babies need to burp and, in time, you will get to know if and when your baby does.



BREASTFEEDING

Breastfeeding has many wonderful benefits for both mother and baby. It is the method provided by nature to nourish and protect newborns. Not only is human milk the best food for babies; it also offers built-in protection from many infections. Your milk is made especially for your baby. This means that any substitute feeding preparation is very different from your milk.

The information that follows is based on recommendations from the American Academy of Pediatrics.



Breastmilk Benefits ALL Babies

Best for baby

Right amount of nutrients for baby's growth

Early milk (colostrum) is known to increase immunity and protect newborn's intestines.

Allergies, asthma, and eczema can be prevented if breastfeeding continues 6 months or longer.

Sudden Infant Death Syndrome (SIDS) risk is lowered by breastfeeding.

Temperature is always right.

Facial, eye, and oral muscles are strengthened.

Ear and respiratory infections can be reduced.

Economical and environmentally friendly

Digests easily in 2 to 3 hours

Intelligence potential enhanced

No formula can match its uniqueness.

Good for mom as well. It prevents hemorrhage (bleeding) after delivery, enhances weight loss, reduces the risk of breast cancer, and reduces stress levels.

Premature and Sick Babies have a Special Need for Your Milk

Breastmilk has ingredients that enhance brain and eye development.

Reduces potential for Necrotizing Enterocolitis (a serious bowel inflammation)

Early milk (colostrum) following premature delivery has extra high levels of substances to protect your baby from infections and enhances growth of the intestines.

Always easy to digest

Skin to skin during breastfeeding provides optimum nurturing and close emotional attachment.

Tailor made. Premature infant's milk contains different nutrients that are suitable for premature babies.

Milk flow may be less stressful for baby to manage since baby can control the flow.

Immune protection which may be even more critical for premature and sick babies

Love and trust grows in your infant as you hold and cuddle the baby at the breast.

Knowing your milk is unique and only you can provide this gift to your baby

Getting Started

Whenever possible, begin breastfeeding within the first hour of birth. Baby is usually awake and has a strong desire to suck. The first milk, which is called colostrum, will help your baby to pass the first bowel movement (BM). Place your baby on your chest for skin to skin contact.

Positioning

Your nurse will help you find a comfortable position to breastfeed your baby. *The best positions for you and your baby are the cradle, cross cradle, and football hold.*

For these positions, sit comfortably in a chair or bed, using lots of pillows to support back and arms.



Cradle Hold



Lying Down Position

To breastfeed lying down, place bed in a flat position; remove any extra pillows and turn completely on your side. Your nurse will place pillows to support your top leg, head, and back. Baby should face you, while on his/her side.

After getting into one of these positions, place your hand on your chest, below your breast. Place fingers behind, not touching the areola (the brown area around nipple). Your nurse will teach you the hands-on method to gently massage and self express milk before having your baby latch-on (nurse). Unwrap your baby and gently awake if sleepy. Place your baby skin to skin on your chest.



Cross Cradle Hold



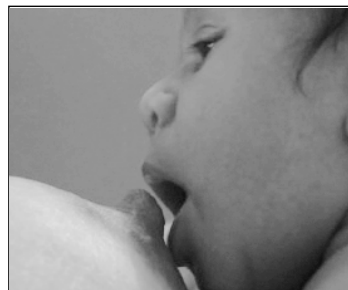
Football Hold

Getting Baby to Latch-on the Breast

During the early weeks, the football or cross cradle hold will give you more control and allow for a deep latch.

To get the baby to latch correctly:

1. Support back of your baby's shoulders and neck. Guide baby's head, with chin tipped slightly upwards, towards the breast.



2. Bring the chin close to your breast under areola (brown area). Then tickle your baby's lower lip/upper lip.

When your baby opens wide, bring his/her mouth up and over your nipple. Your baby should swallow colostrum/milk after every 1-3 sucks.

3. Correct latch-on



You and your partner should note the following:

- Puff of air when infant is actively feeding
- Hear baby swallow
- Feel flutter on back of head
- See throat move
- See or feel areola drawn into baby's mouth as baby's mouth drops

When you are ready to switch breasts, ask the nurse to teach you how to insert your finger into the corner of the baby's mouth to break the suction. (Keep finger in mouth until baby is well away from nipple. Never pull nipple from baby's mouth without breaking suction, as this can injure the nipple). Look at your nipple after feeding, your nipple should be round. If your nipple is creased, then the position of baby at breast is not correct. Your baby needs to latch deeper onto your breast.

How Your Baby Can Learn to Latch-on

- First, calm your baby.
- Hold your baby skin to skin and allow the baby to follow his/her instincts to latch.
- Wait for baby to begin to search for your breast.
- As baby begins to move toward one breast, follow your baby's lead.
- Your partner can help you to move your baby's bottom toward opposite breast.
- Support baby's neck and shoulders.
- Head should be tilted slightly back.
- Chin is touching breast.



Frequent Nursing

During the early weeks of breastfeeding your baby, you should encourage your baby to have 8 to 12 feedings at the breast every 24 hours. Offer your breast whenever your baby shows early signs of hunger, such as increased alertness, physical activity, mouthing, or rooting. The more often you breastfeed in the early days, the better your milk supply will be. Try to have your partner stay overnight with you so you both can learn about breastfeeding together and your partner can help you with breastfeeding.

Crying is a late sign of hunger. By keeping your baby with you in your hospital room, you and your partner will learn the early feeding cues. You should offer both breasts at each feeding, for as long as your baby wants to suckle. In the early weeks after birth, sleepy babies should be awakened to feed if 4 hours have past since the beginning of the last feeding.

Until breastfeeding is well established, your baby will be

awake more and nurse 8 to 12 times in a 24 hour period. Baby may want more night feedings. Your baby's appetite may increase more with growth spurts.

It is important to watch the baby, not the clock. Allow your baby to finish feeding on the first breast before you switch to the other side. When baby stops nursing on the first side, or falls asleep at breast, burp baby, change diaper, and offer the other breast. Baby may or may not nurse on that breast. Begin the next feeding on the breast baby finished or the breast that baby did not nurse.

Babies, who nurse only on one breast at a feeding, actually take in the same amount of milk in 24 hours, as the baby who nurses both breasts at a feeding. As long as baby is in the correct position, the length of time a baby nurses on a breast should not be a problem. However, the sleepy baby or a baby with a weak suck, sometimes benefits from switching to the other breast.

You and your partner should see the following changes as your baby finishes feeding:

- Baby will fall asleep.
- Baby will pull away.
- You may feel pinching on your nipple as your baby starts to slip to the nipple tip.
- Baby will go from having tight fists and elbows to having relaxed hands and arms.

Your baby might nurse every hour for a stretch of 3 to 4 hours during a 24 hour period. We call this cluster feeding. At the end of this cluster-feed, the baby will generally settle for a longer sleep.



Alternating Breasts

It is important to offer both breasts at a feeding, but remember your baby may not be willing to nurse from both breasts. Again, watch the baby not the clock. Babies will tell you what they want to do. Encourage your baby to nurse at least 10 to 15 minutes (actual sucking time) right from the start.

A safety pin fastened to the bra strap helps mother remember which side to start with at next feeding. Remember to reposition correctly when changing breasts.

If your baby refuses to breast-feed on the second breast, stimulate baby and try again.

If your baby still refuses the breast, start nursing on that side next time. It is okay for baby to only feed from one breast at a time.

BREASTFEEDING CHART

How to Know if Baby is Getting Enough Milk

A common question is: “How do I know if baby is getting enough?” By the 5 to 7th day, your baby should have 6-8 wet diapers in 24 hours with several bowel movements. Baby should be gaining weight and be relaxed after feedings.

Use the following chart for home:

Age of Infant	0-2 days	3 days	4 days	5-7 days
Wet Diapers	1 or 2 in 24 hours	at least 3 to 5 in 24 hours	4-6 in 24 hours	6-8 in 24 hours
Bowel Movements (BM)	at least 1 in 24 hours	at least 2 in 24 hours	at least 2 in 24 hours	3-4 in 24 hours
Bowel Movement Color	black, sticky	greenish-brownish		loose, yellow with white curd

By day 5-7, the baby should have 6-8 wet diapers each 24 hours and 3-4 bowel movements. If the baby does not do this after mother is home, she should call her pediatrician or family physician on the day when the diaper counts do not match this chart. If there are only a few wet diapers, it may mean that baby is not getting enough milk. Wet diapers show that the baby is getting enough fluids. Bowel movements show that the baby is getting enough calories.

Bowel Movements

Breastfed babies are not usually constipated. They may have 6 or more loose stools a day as newborns and their stools may vary in color and firmness. In a few months if only getting breast-milk, they may only have one or two bowel movements a week.

Night Feedings

Babies do not know night from day. Most babies nurse more at night during the first few weeks. This will build up your milk supply and help your baby to gain weight.

Some Reminders

Try not to use pacifiers, formula, or bottles during the first month. Bottle nipples may confuse the baby and lead to poor sucking or refusal of the breast. Nipple shields should only be used with the help of our lactation consultants.

Burping

Breastfed babies need to be burped but do not usually swallow much air. Give your baby a chance to burp but do not worry if baby does not burp.

To burp your baby, gently pat baby's back when switching breasts and when you have finished with feeding baby.



Supplements

Supplements (water, glucose water, formula, and other fluids) should not be given to your breastfed baby unless ordered by a physician when medically necessary. Breastmilk alone is enough to support growth and development for the first 6 months. Breastfeeding with baby food should be continued for at least one year or longer.

Appetite Spurts

All babies have appetite spurts. They will demand more frequent feedings for two to three days. This will increase your milk supply.

The important thing to remember is that when the baby wants to nurse more often than usual, it will increase your milk supply.

Special Feeding Situations

The Sleepy Baby

Some newborn babies sleep four to five hours at a time and do not appear very hungry. Provide skin to skin contact as much as possible. This often helps the baby to feed more often. Babies with jaundice may be more sleepy but it is important to have the baby nurse more often to help reduce the jaundice.

Watch for signs that baby is ready to nurse. When baby starts stretching, sucking fingers or bedding, or makes small noises while sleeping, then this is a good time to wake baby up to nurse.

You can wake up the baby by changing the diaper, rubbing baby's back and tickling the feet. Sit your baby on your lap.

Support baby's chin and gently rock the baby back and forth.

Express a small amount of milk into the baby's mouth to encourage sucking.

Nurse more frequently. Offer your breast rather than a pacifier. If baby continues to be sleepy, you may need to use a breast-pump to stimulate your breasts. You will feed your baby with the pumped colostrum milk. Ask your nurse for help.

The Fussy Baby

Babies cry for many reasons other than hunger. They may be too hot or cold. There may be too much noise or light. Make a calm place for the baby to relax in.

You can try the following:

- skin to skin contact
- try nursing again
- let the baby suck on your clean finger
- change diaper
- burp baby
- dress baby comfortably
- wrap snugly in a blanket
- speak quietly and calmly
- rock and cuddle baby
- relax and try to nurse again

Many babies will cry for a longer period each day until they are about 3 months old. They may cry as much as 2 to 3 hours per day. If your baby continues to be fussy or you're not certain about baby's pattern, consult your baby's doctor.

Twins

You can successfully nurse twins or triplets. The key is to have good planning and patience. Remember the more you nurse, the more milk you make. You will produce enough milk for your babies. When you first begin, it may be easier to nurse each baby alone. Once you're comfortable with nursing, then you may find it easier to nurse both babies at the same time. The double football hold is one good position to try.

If you have any questions or concerns, speak with one of our lactation consultants. The Mother of Twins and the La Leche organizations can also provide further information.

To learn more about breastfeeding your multiples, attend the Breastfeeding for Multiples class. To register, call 794-2229.

Have Confidence

The first 4 to 6 weeks of breastfeeding is a learning experience for both you and your baby. This period requires a positive attitude and patience.

Your confidence, pride, and pleasure will grow as the weeks go by. The more you nurse, the more milk you will make. You will adjust to your baby's unique, personal pattern.

Meanwhile, enjoy the time with your baby.

How to Be Good to Yourself and Your Baby

- Limit visitors.
- Nap when baby naps.
- Limit household routines.
- Eat a balanced diet.
- Drink to satisfy thirst.
- Include your partner in the care of baby.
- Remember, babies can not be spoiled.
- Cuddle and talk to baby often.
- Do lots of skin to skin contact.
- **NURSE OFTEN!**

Taking Care of Your Breasts

While you are in the hospital, you do not have to wear a nursing bra. This will allow for lots of skin to skin contact with your baby. When you begin to wear your nursing bra, it should be comfortable and supportive, but not tight. It should allow you to uncover one breast at a time without removing your bra. Do not wear an underwire bra as it can cause a reduction in milk flow and clogged milk ducts.

Express a small amount of breast milk on your nipples and areola after each feeding. This protects your skin.

Air-dry nipples after each feeding with bra flaps down. Expose nipples to air for 1 to 2 minutes.

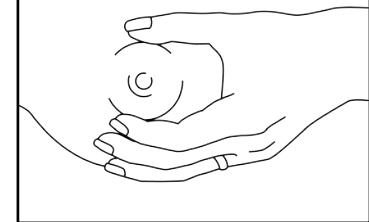
If you use bra pads, change them frequently and whenever they are wet. Never use plastic liners. Do not use soap on your nipples.

If your nipples feel sore, please ask our lactation consultant or nurse about special sore nipple cream and gel pads. They can provide information on how to use and where to purchase these products.

Flat or Inverted Nipples

If your nipple flattens or inverts when the areola is pinched between your thumb and forefinger, then you may have a flat or inverted nipple. Many babies nurse on a flat or inverted nipple without a problem. It is helpful if you put your baby to your breast within the first hour after delivery.

To help baby latch on to an inverted nipple, place your thumb above the areola and your fingers below, and push your breast against your chest wall.



If your baby does have a problem latching onto your breast then:

- Help your nipple to stand out by gently stroking or rolling them between your thumb and forefinger.
- Place your thumb 1½ to 2 inches behind your nipple with your fingers below. Pull back towards your chest. Your nipple should stand out.

COMMON BREASTFEEDING PROBLEMS AND HOW TO AVOID THEM

- Use a breast pump for several minutes to pull your nipple out and to help with letdown of milk.
- Try not to use artificial nipples of any kind until the baby is nursing well.
- Wear breast shells with instruction from your nurse or lactation consultant. Your nurse can give you breast shells with instructions about proper wearing time.

Leaking Nipples

Your nipples may leak milk during the early months of breastfeeding. This is normal and eventually will stop.

Meanwhile, breast pads or handkerchiefs may be all you need to use for this problem. Change pads every time they are wet, since wetness against the nipple can cause soreness.

Leaking can be stopped by pressing the nipple with your finger, thumb, or heel of your hand. It also can be done more discreetly by pressing against the breast with your forearm.

Do not try to stop the leaking if your breasts are engorged.

During the first few days, your breasts will secrete colostrum, a yellowish fluid that contains protective antibodies and high amounts of protein. The colostrum gradually will change to a thinner, whiter mature milk. When it does, you may experience a fullness. This is the result of a swelling of the breast tissue and additional blood flowing to your breasts for milk production. If you continue to breastfeed frequently, this fullness will go away. *If the problem continues, refer to the engorgement section on page 70.*



The Problem: Sore nipples

Why It Happens: Baby latches onto breast incorrectly. Some nipple tenderness is normal during the first days of breastfeeding.

What To Do: Check for proper positioning. Baby's mouth should cover as much of the areola (dark skin surrounding the nipple) as possible. Baby should not pull or suck on nipple tip only. Nurse on the least sore side first. Take baby off breast if not sucking correctly. Express milk before and after nursing. Avoid the use of soaps or lotions. Air dry nipples. Do not use plastic bra liners. Change breast pads often. Break suction at the end of each nursing. Nurse until baby falls asleep or begins to pinch or pull on nipple. If baby is latching on properly, check for allergic reaction from laundry detergent or yeast infection in nipple. Use a very small amount of lanolin cream on your nipples or use gel pads. These items can be purchased from our Lactation Services. Use crushed ice in a plastic bag, covered by a cloth and apply to nipple. Dampen gauze or clean diaper squares, place in freezer and then use as needed.

The Problem: Cracked nipples; bleeding, pain.

Why It Happens: Untreated sore nipples, not positioning infant properly, improper sucking.

What To Do: Correct position of infant. Begin nursing on the breast with the least amount of soreness. Rub breast milk into the nipple. Air dry after nursing. Do not delay nursing. Nursing more frequently for shorter periods of time is easier on your nipples. Use different nursing positions. See above (sore nipples). If the nipples don't heal, then call the lactation consultant, doctor, or nurse-midwife.

The Problem: Clogged ducts. Complaints of tenderness. May have redness in one area of breast. No fever.

Why It Happens: Nursing baby in the same position for all feedings. Clothing and/or bra too tight. Skipped feedings.

What To Do: Put a warm washcloth on breast before nursing, take a warm shower or put breasts in warm water.
Nurse frequently on both breasts.
Massage the sore or red area before and after every nursing. Begin from the base of the breast and massage out towards nipple.
Begin nursing on the clogged breast. Try to have baby's nose point towards the clogged milk duct.
Use different nursing positions.
If baby did not nurse well, pump until breast is softer.

The Problem: Engorgement. Breasts are full, hard, tender. Skin stretched and shiny. Complaints of pain.

Why It Happens: Not nursing enough. Rigid feeding schedules. Sleepy baby or baby has sucking problem. Use of supplemental feedings or pacifiers.

What To Do: Nurse or pump as often as possible until breasts soften. Massage breast before nursing.
During the first four days, to soften areola and help milk flow, take warm showers allowing warm water to flow over breasts.
Place warm compresses over entire breast.
Place breasts into a warm basin of water.
Massage and self-express before nursing.
During engorgement (after the first 3-4 days) use cold compresses to breasts before nursing to reduce swelling in your breasts and this will allow the milk to flow.
Use breast pump or hand express to help with letdown and to soften areola.
Nurse the baby frequently. Allow the baby to nurse until content on first breast, then offer the second breast.
For severe engorgement, apply cold, washed cabbage leaves for 20 minutes. Do not do this more than four times.
Be assured, engorgement is short lived (approx. 2-3 days) and you will not experience it again.

The Problem: Breast Infections. Flu like symptoms. Red streak or general red area on breast. Sudden pain or shooting pain in the breast. Hot, tender area on breast. Fever.

Why It Happens: Untreated clogged ducts. Cracks or untreated sore nipples. Infrequent nursings. Infections. Mom is overtired.

What To Do: Call doctor or nurse-midwife.
Go to bed. Nurse baby often. Pump or express milk after nursing. Put warm wet wash cloths to the breast before nursing. Use cool cloths after nursing. Begin nursing on breast without the soreness first. If baby does not nurse well on the sore breast, pump to soften breast.
If antibiotics prescribed, finish completely. During and after watch for symptoms of yeast growth (thrush, diaper rash, or sore nipples). Eat low or no sugar yogurt.
Drink lots of fluids.
No tight clothing.
Rest.

The Problem: Baby's weight gain is inadequate.

Why It Happens: Not nursing often and long enough.
Using nipple shield.
Engorgement with sore nipples.
Poor sucking. Poor positioning.
Overuse of pacifiers or swings to calm baby.
Decreased fluid intake.
Caffeine, smoking, drugs, or large amounts of fluids.

What To Do: Call baby's doctor.
Call a lactation consultant.
Nurse on true demand or at least 10-12 times in 24 hours.
Nurse long enough for infant to receive hind milk.
Eat regular meals and drink lots of fluids.
Don't try to be a "Super Mom."
Offer both breasts at a feeding.
Rest, relax as much as possible.
Avoid processed and junk foods.

Nutrition During Breastfeeding

Nursing mothers need enough food for themselves and to produce milk.

Eat a variety of foods, including:

4 cups of low fat milk or other milk products

5 or more servings of fruit, juice, or vegetables

6-8 ounces of meat, fish, poultry, or other sources of protein such as dry peas or beans

6-8 servings of breads or grains

To promote a good supply of milk, drink liquids (milk, juice, water) to satisfy your thirst. Many mothers find that they drink 6 to 8 glasses per day.

Remember to limit your intake of coffee, tea, and soda, especially those with caffeine. Caffeine can cause the baby to be irritable. Because infants don't eliminate caffeine very quickly from their bodies, it tends to build up in their system. Therefore, you may not notice the symptoms for awhile.

There are no specific foods which you should eat or not eat while you are breastfeeding. If your baby seems fussy or uncomfortable after you have eaten a certain food, try not to eat that food for a week. Sometimes it is not the food itself but because you had a large amount. If the symptoms go away, try a small amount of the food again to see if the symptoms return. Some babies may have an allergy to cow's milk. Eliminate all dairy products (milk, cheese, yogurt, ice cream, and cottage cheese) from your diet for two weeks. You will need to eat other calcium rich foods (sardines, salmon, dried beans, greens) or take calcium supplements.

If the baby remains fussy or irritable, then dairy products are not the cause. Often the allergy is mild so that a mother can eat cheese, yogurt, and ice cream.

Try introducing one product at a time, waiting several days to see if the baby has any reactions. It is important to talk with your pediatrician since it is not common for a baby to have allergies to all dairy products.

If you have any questions about eating during breastfeeding, talk with your pediatrician who can also recommend a nutritionist to help you if necessary.

Other Concerns

Uterine Cramps

The first few days, breastfeeding may trigger uterine cramping and increase your bleeding. This is a normal response by your body and helps your uterus return quickly to its non-pregnant size. Cramping usually subsides once your milk comes in.

Tobacco and Alcohol

Smoking can decrease your milk supply. Babies exposed to smoky air can develop many illnesses. You owe it to your baby to stop smoking and provide a smoke free environment.

Alcohol can pass through your milk and cause problems for the baby. It's best for your baby if you don't drink any alcohol. If you want to have an occasional drink, please talk with your pediatrician.

Medications

Check with your baby's doctor before taking any medications,

including non-prescription drugs.

Continue to take your prenatal vitamins until your 6-week checkup.

Gathering for Breastfeeding Moms and Babies

After you have gone home, you may have questions about breastfeeding. We encourage you to attend a Gathering for Breastfeeding Moms and Babies led by a lactation consultant. At Wesson Women's (BMC), meetings are on the first and third Wednesday from 2:00-3:00 p.m. and second and fourth Saturday from 3:00-4:00 p.m. Call 794-5312 and press 1 for further information and location. At Baystate Franklin Medical Center (BFMC) meetings are every Wednesday from 11:00 a.m. until 12 noon in "The Birthplace" classroom. Call 733-2359 for further information.

Lactation Consultant

Our lactation consultants are nurses who have specialized training to work with breastfeeding mothers. They are here to help you with breastfeeding problems. Call 794-5312, press 1 (BMC) or 773-2269 (BFMC) for further information.

BREASTFEEDING CHECKLIST

Positioning	Make sure baby is properly latched on.
Feedings	Nurse at least 8-12 times within 24 hours. Be aware of Cluster Feedings. You can hear swallowing as your baby nurses. Nurse until baby pulls away, pinches, or falls asleep.
Nipple Care	Massage, express, and apply breast milk before and after feedings. Expose to air and light for 10 to 20 minutes after each feeding.
Baby's Diapers	By day 6, baby has 6 to 8 wet diapers and 1 to 2 bowel movements. By day 6, bowel movements are now yellow or yellow-green.

Call Your Baby's Doctor If:

- Baby is still sleepy at breast and is nursing less than 8 times in 24 hours by day 3.
- Baby sucks poorly at the breast or easily falls off the nipple.
- Your baby is unable to latch-on and nurse.
- Your nipples are cracked and bleeding.
- Baby's skin color is yellow.
- After day 5, your baby is not having 6 wet diapers and/or having fewer than 2 bowel movements in 24 hours.
- After day 5, your baby's bowel movements are small and dark.
- Baby wants to nurse all the time.
- You see dimples in your baby's cheeks or hear smacking or clicking noises as your baby sucks.
- You have any questions or concerns.

EXPRESSION OF MILK

Whether you are planning to go back to work or to be away from your baby occasionally, you will need to know how to empty your breasts. For some mothers, expressing milk by hand is easy and convenient, while others may prefer to use a hand or electric pump.

Here are some basic guidelines:

- Wash your hands thoroughly with soap and water before each expression. Dry hands with a clean towel.
- Be sure breasts are clean. Running water over breasts during your daily shower is all that is needed.
- Use a clean container to collect milk.
- Express milk from both breasts.

You may pump your breasts between the baby's regular feeding times or at missed feeding times—while you are at work, or when your baby sleeps through the night.

The Let-down of Milk

Before expressing, massage the milk ducts to stimulate the flow of milk. Start at the top of the breast. Press firmly into the chest wall and move your fingers in a circular motion, going from one area to the next. Spiral around the breast toward the areola.

Stroke the breast area lightly from the top of the breast to the nipple, going around the whole breast. Shake your breasts after massage and stroking. This will help with the let-down reflex.

As you begin, relax. Think of your baby, look at a baby picture or listen to one of baby's musical toys. Have something soothing to drink.



Hand Expression

Position thumb above the nipple and the first two fingers below the outer edge of the areola (the dark area of the nipple).

- Gently stretch straight back toward the chest wall.
- Bring thumb and fingers together toward each other.
- Repeat to drain the reservoirs (compress, relax, compress, relax).
- Rotate the thumb and fingers under areola to milk the other reservoirs.
- Do not waste milk leaking from opposite breast; catch it in a clean container and save it.

Manual Breast Pump

Before using any pump for the first time, sterilize all its parts by boiling it in water for 10 minutes. After each use, wash it with hot, soapy water, rinse and air dry.

It takes time and practice to learn how to use a manual pump. Some mothers find pumping until the milk stops flowing, then switching back

to the other breast several times helpful.

Manual breast pumps are available to purchase through Lactation Services. Call: BMC 413-794-5312, press 3, or BFMC 413-773-2359.

Electric Breast Pump

The electric breast pump can be used in the postpartum period for collecting breast milk when the premature or sick baby cannot be put to the breast.

When beginning to pump, you may only get a few drops of milk. Don't get discouraged. By pumping on a regular schedule, you will increase your milk supply.

Once you begin to breastfeed, your supply will increase according to your baby's demands.

If you will be pumping on a regular basis, or your baby is in the NICU (Neonatal Intensive Care Unit), then we recommend a hospital grade electric double pump collection system and that you double pump for 15 minutes, every two to three hours.

Breastpump rental and purchase is available by calling Lactation Services at: BMC 413-794-5312, press 3, or BFMC 413-773-2359.

Storing Pumped Breast Milk

These instructions are for full term, healthy babies. For babies in the NICU, please talk with your nurse or lactation consultant.

- Collect milk in a hard, clear or cloudy plastic or glass bottle.
- Refrigerate milk immediately.
- For full term and healthy infants, use fresh milk within 72 hours if it is not frozen.



Double Pump System

Freezing Breast Milk

When putting milk into a sterile container, leave $\frac{1}{2}$ " air space. (Use glass or hard plastic containers.) Label with the date.

Store frozen breast milk for time periods as follows:

- one-door refrigerator with freezer inside—2 weeks
- refrigerator with separate freezer—3 months
- deep freezer—up to 1 year

Thawing Breast Milk

- Use oldest milk first.
- Thaw milk under warm running water.
- Never heat to temperature higher than body temperature.
- Gently shake to blend; breast milk separates.
- Milk left over from a feeding must be thrown away.
- Thawed milk must be refrigerated and used within 24 hours.

Do not microwave breast milk. Uneven heating has resulted in burns to the infant. It also may alter the composition of the breast milk.

The Working Mother

Plan Ahead

Express milk ahead of time and freeze it. The amount will be small at first, but will increase with time. Pumping and hand expressing get easier with practice.

If you plan to use a bottle when you are away from your baby, you should offer it occasionally, beginning when your baby is 3 or 4 weeks old.

While Working

Express milk every three to four hours while away from home, mark the container with date and time.

Keep your milk cold in a refrigerator if possible, or use a thermos or cooler. Freeze milk or use it within 72 hours.

When You Return Home

Dinner time will be much calmer if you lie down and nurse the baby. If you have other children, have them join you for a quiet talk. Give the baby extra cuddling during the hours the family is together.

Hints for the Babysitter

Have the babysitter get to know your baby before you return to work.

Instruct the sitter on getting milk ready for the baby.

Explain that:

- Breast milk will separate into layers of skim milk and whole milk and cream; it should be shaken gently before use.
- Milk should be warmed slowly under warm running water.
- The microwave should not be used to warm milk.
- The temperature of the milk should be tested on the wrist before it is given to the baby.
- If frozen breast milk is used, it should be given to the baby within 24 hours of thawing, or it should be thrown away.
- Throw away leftover milk. It can spoil and make the baby sick.

To learn more helpful tips, attend the *Breastfeeding Class Part #2* at Baystate Medical Center. Call 794-2229 (BABY) to register.

BOTTLEFEEDING

There are several brands of commercially made formula to choose from. Your baby's doctor will help you to decide which brand is best for your baby. Tell your doctor about any family allergies or related food problems. Do not use homemade formulas or any formula substitute. Don't change the formula until you talk with your baby's doctor or nurse practitioner. Cow's milk or skim milk are not given during the baby's first year as the baby's kidneys are not mature enough to fully process the salt and protein they contain.

Formula comes three different ways: ready-to-use, liquid concentrate, and powder. With the ready-to-use formula, there is no mixing or adding of water. With liquid concentrate and powder formulas, you add the correct amount of water. Both are less expensive than the ready-to-use formula. There are many different types of bottles and nipples to choose from. Talk with your baby's doctor, nurse, family, or friends about what to use.

Remember:

- Wash your hands thoroughly with soap and water for at least 15 seconds before preparing formula or feeding your baby.
- Keep made-up powdered and liquid concentrate formula in the refrigerator. Use within 24 hours. Ready to feed liquid can be refrigerated for 48 hours.
- Keep made-up powdered and liquid concentrate formula in the refrigerator. Use within 24 hours. Ready to feed liquid can be refrigerated for 48 hours.
- Babies are not small adults. We cannot add or change formula the way we can an adult's diet. If you have questions or concerns, talk to your baby's doctor or nurse practitioner.
- Do not use formula that has expired.

Feeding and Positioning

During the first few weeks, limit the number of people feeding your baby. Your baby needs closeness with you in order to have good feeding habits.



When bottlefeeding:

- Cradle your baby so that the head is higher than the stomach.
- Hold the baby close and provide skin to skin contact whenever possible..
- Change positions to promote good eye development.
- Stroke your baby's lips with the nipple. This will cause the baby to open wide and allow you to insert the nipple.

- Hold the bottle upright so the nipple is full of formula. This will help to decrease the swallowing of air.
- Never prop the bottle. Always hold the baby to bottle feed as baby needs to be cuddled. Propping is also dangerous because the baby could choke. In addition, the pooling of formula or juice in the mouth can lead to tooth decay or ear infections.
- After 1 to 2 ounces of formula has been given, burp the baby.

Choosing Bottles and Nipples

Bottles and Nipples are available in many shapes, sizes, and materials. You may have to try different styles to find the ones that work best for your baby. Bottles are made of glass or plastic—there are advantages and disadvantages to both. Smaller size bottles (4 oz.) are nice for newborns, but you will need bigger bottles (8-9 oz.) as your baby's appetite increases. You also have many choices when selecting a nipple. Choose a nipple size and shape that fits comfortably in your baby's mouth. The size of the nipple hole determines the rate of the flow. Most newborns need

a slower flow nipple at the beginning. Read the manufacturer's recommendations on the package as a guideline. Replace bottles and nipples when they show signs of wear (discoloration, cracks, tears, thinning).

Cleaning Bottles and Nipples

Sterilize NEW bottles, nipples, and rings in a pot of boiling water for at least ten minutes. Air dry on a clean towel. Depending on your water supply, you do not have to sterilize after each use. A cycle through the dishwasher or washing in hot soapy water is sufficient. Check with your pediatrician/ provider for their recommendations.

The temperature of the milk

Most babies will drink milk that is at room temperature, slightly cool to warm.

Feeding time should take about 20 minutes.

Hints you should remember:

Never use a microwave oven to warm formula.

The temperature of the milk may be too hot and can burn baby's mouth. It may also break down the proteins in the formula.

Give only one feeding per bottle.

Throw away leftover formula or formula that has been out of the refrigerator for one hour or more; it can spoil and make the baby sick. Consult your doctor to determine when your baby is ready to eat table food.

Do not add cereal to the bottle.

Feeding Frequency

Every 3 to 4 hours your baby probably will drink approximately 1/4 ounce on the first day, 1/4 ounce from day 2 to 7 and 1 to 2 ounces after one week.

Many formula-fed babies feed every 3 to 4 hours. This varies. It is important to remember that the amount and frequency of what to feed your baby will depend on your baby's personality and size.





OTHER CONCERNS

CARING FOR BABY'S MOUTH AND TEETH

As a parent, you know that your baby's health is the most important priority. The Massachusetts Dental Society (MDS) cares about your child's well being, too. Did you know that keeping your baby's mouth healthy is important to his or her overall health? That's why the MDS has put together this information for new parents. By showing children at a very young age the importance of taking care of their teeth and gums every day, parents will be providing them with a lifetime of healthy smiles.

Brushing and Flossing

It's important to begin oral health care as soon as your baby is born by cleaning his or her gums with a clean gauze pad or washcloth after each feeding. The MDS suggests that parents should brush their baby's teeth gently with a soft-bristled toothbrush and a small amount of water as soon as the first tooth appears, usually between 6 months and 1 year.

Ask your child's dentist when to start using fluoridated toothpaste. Flossing should begin as soon as any two teeth touch. Help your children until they can brush and floss on their own—usually by age 6 or 7.

Baby Bottle Tooth Decay

Baby bottle tooth decay is a dental condition that occurs when a child's teeth are over exposed to sugary liquids such as formula, fruit juice, and milk. And it's not just what your child drinks, but also how often and how long his or her teeth are exposed to sugar. Parents who repeatedly offer their baby a bottle containing sugary liquids, either as a pacifier or at bedtime, can do serious harm to their child's oral health. It is best to always hold your baby when feeding and never put your baby to bed with a bottle. You can begin to offer a cup around 7 months and between mealtimes, if your child is thirsty, offer water.

First Dental Visits

Because dental health problems can begin at a very early age, parents should schedule their baby's first visit to the dentist within 6 months of the first tooth coming thru the gums and no later than the baby's first birthday. In addition to examining your baby's mouth, teeth, and gums, the dentist will evaluate any adverse habits such as thumbsucking and sugary liquids at bedtime, identify your child's fluoride needs, and suggest a schedule of regular dental visits. You can develop a positive relationship between your child and the dentist by starting dental visits by age 1 and continuing checkups regularly.

Teething

Teething normally occurs between the ages of four months and two and half years, causing sore and tender gums. Common signs of teething include irritability, loss of appetite, restlessness, excessive drooling, and waking up during the night. Teething should not cause a fever. If there is a fever, call your health care provider. Parents can ease their baby's discomfort by gently rubbing gums with a clean finger; a small, soft-bristled toothbrush;

or wet gauze. A clean, cold teething ring to chew on may also be helpful. If your baby continues to be uncomfortable even after you attempt to ease his or her teething pain, call your dentist or physician.

Thumbsucking and Pacifier Use

Thumbsucking and using a pacifier is a normal, soothing reflex for babies and young children. Most children stop sucking on thumbs and pacifiers between the ages of 2 and 4, and usually no harm is done to their teeth or jaws. However, some children who repeatedly suck on a finger or pacifier for long periods of time may push their upper front teeth toward their lip or their front teeth may not come in correctly. Positive measures, such as praise or small rewards, should be given to encourage children to stop. Negative reinforcement or constant nagging can actually have the opposite effect and may push children to suck their thumbs or use pacifiers even more.

For further information on your baby's oral health contact the Massachusetts Dental Society at 800-342-8747 or visit www.massdental.org.

SECURITY

Providing patients with a safe environment and quality care are very important to all our staff and physicians at Baystate Health hospitals. Our staff will be glad to answer any questions that you may have during your stay with us.

At Baystate Medical Center, we have a secured entrance to the birthing units. This means that your visitors will use a telephone outside the entrance to speak to one of our staff before we open the door. Your visitors will have to know your name and room number to enter the unit. There is also a television camera where we can view all visitors. At Baystate Franklin Medical Center, the elevator will open to the Birthplace by the reception desk. There may be times when we may have to restrict visitors, especially during the flu season.

At birth, identification bracelets are placed on you, a person of your choice, and baby. In addition, a security tag will also be placed on your baby at the time of birth. Tell your nurse if the

security tag or ID band falls off or is missing. We will check the ID bands when caring for you and your baby. Do not remove your ID band until your baby is discharged from the hospital.

Please do not take your baby off the unit until you have been officially discharged, otherwise the security alarm will go off. If you walk with your baby in the hallway, always use the crib and stay away from exits areas. *Never give your baby to anyone that you do not know.* All hospital employees must wear picture ID badges and you can call the nurses station to have someone come to verify the employee. If you wish your baby to go into the nursery, know the person to whom you are giving your baby or bring the baby yourself.

Never leave your baby alone on your bed or unattended in your room. The safety of your baby is important to us and together we can provide a safe environment. *Do not sleep with your baby in your bed.*

If your baby has to stay in the hospital

If you are discharged before your baby, remember not to remove your patient identification band. You will need it to visit with your baby in the nursery. If you live a distance away, you may want to stay overnight so that you can visit more often with your baby. At Baystate Franklin Medical Center, if space is available, you may be able to stay in a room on the birthing unit.

At Baystate Medical Center we have 2 extended stay programs. The **Post-Discharge Guest Program** and the **Ronald McDonald House**.



The Post-Discharge Guest Program has five key points:

- Although you are provided a room, you are no longer a patient. No nursing care, meals, medications or supplies will be provided. You are discharged and receiving accommodations for your convenience. There is no fee.
- This program is meant for a short term stay of 1-3 days depending on day to day availability.
- You may be asked to leave your room at any time of the day or night if the room is needed for patient care.
- BMC cannot assume responsibility for any injury or illness during your stay.
- You may not keep anything of value in your room.

The **Ronald McDonald House** is located one street over from the hospital on Carew Street. The nightly room fee is \$10.00 and the house may be full at times. Your ability to pay is taken into consideration.

Your nurse or social worker can provide you with more information about these programs.

DOMESTIC VIOLENCE

Are you in a relationship in which you are being hit, kicked, punched, threatened, or made to feel afraid? Does your partner tell you that you are stupid or bad? Are you told that you cannot visit with family or friends? Does your partner blame you, alcohol, drugs or stress for the abusive behavior? If you are being hurt or are afraid of someone you are close with, then help is available. Remember, you should not be threatened or beaten. It is against the law. You can talk with your doctor or nurse.

You can also contact the following groups for further help or information:

Women's Shelters and Counseling

ARCH (Abuse and Rape Crisis 24 hour Hotline)
Springfield 413-733-7100
1-800-796-8711 (TTY)

Womanshelter/Companeras
Holyoke 413-536-1628
Ware 413-967-3435
24 hour Hotline: 1-877-536-1628
www.womanshelter.org

Everywoman's Center
Amherst 413-545-0883
24 hour Hotline: 413-545-0800

Safe Passages
413-586-1125
Northampton
24 hour Hotline: 413-586-5066
or 1-888-345-5282
www.safepass.org

NELCWIT
Franklin County Hotline
772-0806
1-888-249-0806
www.nelcwit.org

New Beginnings/YWCA
Westfield 413-562-1920
Hotline: 413-562-1920

Help for Batterers

MRC- Men's Resource Center for Change
413-253-9887
www.mrcforchange.org



LEGAL ASSISTANCE

Franklin County Bar
Association Referral Services
413-773-9839

Hampden County Bar
Association Referral Services
413-732-4648

Community Legal Aid
Springfield
413-781-7814

Court Information

You can get protective orders under the Abuse Prevention Act by calling your local district court.

Hampden County
413-505-5651

Holyoke
413-538-7152

Northampton
413-586-5780

Greenfield
413-772-6944

Family Advocacy Center

50 Maple Street, Springfield

A program of Baystate Medical Center and the Children's Hospital, the Family Advocacy Center has a trained staff of physicians, psychologists, social

workers, volunteers, and advocates and many programs to help you if you or your family are experiencing child abuse or domestic violence.

Since every family is different, the center offers counseling, medical services, advocacy programs, support programs, and legal services.

Depending upon your need, you may be helped by one or more of the following services:

Sexual Abuse Clinic

Family Violence Prevention

Multidisciplinary
Investigative Team

Domestic Violence Advocate
Volunteer Program

Family Violence and Sexual
Assault Clinical Team

Family Violence
Legal Project

Multidisciplinary
Interview Team

Play Partnership Program

Insurance is accepted and many therapy programs are free of charge. For more information, call the Family Advocacy Center at 794-9816.

SAFETY IN THE CAR

One Minute Car Seat Safety Checkup

Which car seat is right for your child? What type of safety belt is installed in your vehicle? What is a locking clip?

Take a minute to be sure your child is riding safely. Study your vehicle owner's manual and car seat instructions carefully.

- Never secure an infant in the front seat of a vehicle with a passenger air bag.* The back seat is the safest place for kids of any age.
- Never use a car seat that has been involved in a crash.
- Route the safety belt correctly through the car seat according to manufacturer's instructions.
- Correctly buckle the car seat into the vehicle according to the owner's manual of your car.

One of the most important jobs you have as a parent is keeping your child safe when riding in a vehicle. Each year thousands of young children are seriously injured in car crashes. Proper use of a car safety seat (car seat) helps keep children safe. All states have laws that require children to be buckled into car seats, booster seats, or vehicle safety belts (seat belt).

Generally, a child's height and weight, not the child's age, determines which child safety seat is appropriate for them. Each car seat is different. You will need to check the manufacturer's instructions for exact height and weight limits. No one seat is the "best" or "safest." The best seat is the one that fits your child's size, is correctly installed, fits well in your vehicle, and is used properly from the first ride home from the hospital and every time the baby rides in the car.

For more information, call SafeKids at 413-794-6510.

* Unless you have a manual cut-off switch and you have turned it off!

- Get a tight fit—the seat should not move more than one inch from side to side or toward the front of the vehicle.
- Check your vehicle owner's manual to see if you need a locking clip. Not all safety belts will secure your car seat without it.
- *Have your car seat checked for proper installation by a certified car seat technician. Call 1-800-377-4325 for an appointment with the Safe Kids Car Seat Inspection program.*

The Basics on Car Seats

Never use a car seat that is older than six years. Newer ones are easier to use and may have better safety features.

Never use a car seat that you are not able to identify the make and model number. Without these numbers you cannot check to see if the seat has any recalls.

Avoid “used” (second hand) car seats if you do not know the car seat's history.

Do not use a car seat if there are visible cracks in the base or seat or if there are missing parts.

ALWAYS mail in the purchaser's identification (warranty) card so you will be notified of



any recalls. If you have any questions, call the National Highway Traffic Safety Administration's Auto Safety Hotline at 800-424-939 or visit www.nhtsa.gov.

The Basics on Car Seat Installation

ALWAYS follow car seat instructions and car's owner manual for installing the car seat correctly in the car.

The best place to install the car seat is in the back seat of the car, in the middle seating position. Buckle the car seat tightly with the vehicle seat belt or the LATCH straps. The LATCH can be used only if the car seat and the vehicle have it. Check your car owner's manual to see if you have LATCH

and instructions on using the LATCH system (most vehicles made after 2002 have LATCH).

Children should be in a car seat with a 5-point harness system until they reach the weight or height limit of the seat—whichever comes first.

The American Academy of Pediatricians advises parents to keep children in rear-facing seats for as long as possible or until they reach the maximum height or weight for their seat. This is safest.

It protects the child from possible head and spinal cord injuries in the event of a crash.

Children will outgrow rear-facing seats when they have either reached the weight limit of the rear-facing seat or the top of their head is less than one inch from the top of the seat. It is important that a rear-facing child's head is below the top of the car seat so they have proper head and neck support in the event of a crash.

It is safe for your rear-facing child's feet to touch the vehicle seatback.

Make sure your child (in the rear-facing car seat) is reclined enough so his or her head doesn't flop forward, which could block the child's breath-

ing. The child's head should rest against the back of the car seat. Check your car seat instructions.

Once children face forward, they should use car seats with full harnesses until they reach the top weight or height allowed by the car seat's manufacturer. Once your child outgrows the forward-facing seat with a harness, it's time to travel in a booster seat, but still in the back seat.

Air Bag Dangers

A child riding in the front seat with an air bag is in great danger even in a minor crash. The air bag opens with great force in a crash that could seriously injure or cause an injury resulting in death. The back seat is safer for all children.

If you have a vehicle with no back seat, do not drive with a child in the front unless the vehicle air bag has been shut off. Check your vehicle owner manual for instructions on how to do this.

Bringing Baby Home

Dress baby in clothing with legs so the crotch strap can go between the baby's legs. In colder weather, it is best to dress baby in layers. Avoid

thick clothing. A blanket can be placed over the straps to keep the baby warm.

In infant-only, rear facing car seats, the shoulder harness slots should be at or just below your baby's shoulders.

Harnesses should be very snug against the child and the harness clip should be across the center of the chest at armpit level. If you can pinch a loop of the harness strap at the shoulder, it is too loose and needs to be adjusted so that it is snug.

DO NOT use thick padding under or behind the baby. It can make it impossible to get the harnesses tight enough to hold the baby in a crash.

Avoid pads that you can buy separately. These after-market products have not been crash tested with the car seat and if used could be dangerous in a crash.

Some new babies cry when in a car seat. If this happens, sit in the back seat with the baby, if possible, or talk or sing soothingly. DO NOT take the baby out of the car seat when the car is moving. If you need to take the baby out, pull over and park in a safe place first.

What If My Baby is Tiny or Premature?

There are infant-only car seats that fit many premature or smaller babies. This kind of seat is easy to carry and use. Look for an infant-only, rear-facing car seat that has a low weight limit to match your baby's weight. Look for a 5-point harness (shoulder, hip, and crotch straps) to keep baby in position best. Look for a front harness adjuster which is easy to use on every ride. Look for a car seat that has lower shoulder strap slots that will help make sure the harness fits well on the baby. Look for a harness clip that is easy to open and close.

The American Academy of Pediatrics recommends that any baby with a low birth weight or any baby born earlier than 37 weeks gestation will need to have a car seat test before going home from the hospital. This is done to make sure the baby can ride safely in the reclined position in the car seat. At the time of testing, babies will be placed in their car seats and monitored to watch for signs of trouble such as slow heart beats, too little oxygen in the blood, or periods

of not breathing. Make sure to ask your baby's doctor if your child will need this testing before going home from the hospital.

Your baby's nurse can also provide information on the car seat test and if your baby will need it. If your baby shows any signs of distress during the car seat testing, it indicates that the baby may not be able to tolerate sitting in the upright position for any length of time. This may be due to your baby's prematurity or some medical reason. If your baby does not pass the car seat test, your baby will have to ride laying flat in a car bed. Your pediatrician or baby's doctor will let you know when the baby can begin to use the car seat for travel. Avoid leaving your baby unattended in an infant swing or infant carrier during this time.

What Is A Car Bed?

Car beds should only be used for babies with medical needs and/or babies who have failed the car seat test in the hospital and need to lay flat.

There are two car beds available. The Angel Ride Infant Car Bed and the Dream Ride Car Bed. Both must be installed in

the back seat using the vehicle safety belt to secure it in place. When baby travels in the car bed, position the car bed so that the baby's head is toward the middle of the vehicle in the back seat. Baby should always be flat on their back in the car bed unless the doctor has told you do something different. The shoulder harness straps are placed over the baby's shoulders and buckled to the harness between the baby's legs. A blanket can then be placed over the baby for warmth. Refer to the car bed instruction booklet for more information on installation and placement of the baby in the car bed.

Car Seats

To learn more about car seats and to have your car seat inspected by SafeKids, call 413-794-2255. Nurses are not responsible for securing your infant into the car seat or car seat into the car.

Rear-Facing Car Seat: This seat is the best for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to your child's fragile neck and spinal cord.

Forward-Facing Car Seat:

This seat has a harness and tether that limits your child's forward movement during a crash.

Booster Seat: This seat positions the seat belt so that it fits properly over the stronger parts of your child's body.

Seat Belt: The seat belt should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.

Child Passenger Safety Law

Every state has a child passenger safety law. To find the child passenger safety and safety belt use laws in your state you can go to the Department of Motor Vehicles website for your state or call your local law enforcement office.

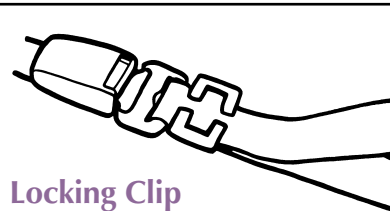
Massachusetts Child Passenger Safety Law

In the state of Massachusetts, the law requires that infants and children must ride in a federally approved child passenger restraint (car seat, car bed, booster seat) until they are at least 5 years old and weigh more than 40 pounds.

Children older than 5 and more than 40 pounds must ride in booster seats until they are 8 years old or are taller than 4 feet 9 inches (57 inches). Anyone over the age of 8 must be protected by a safety belt.

This is a primary enforcement law. A police officer may stop your vehicle if one or more children are riding unrestrained. No other reason is needed. The driver will be fined \$25.00 for each unrestrained child.

Remember that the safest place for any infant or child is in a restraint system and in the back seat of the vehicle. YOU are your child's most powerful role model so always wear your safety belt—and make sure everyone else in the car is buckled up—front seat and back!

**Locking Clip**

Check your vehicle owner's manual to see if you need a locking clip. Not all safety belts will secure your car seat without it.

Infants: Birth to 12 months

Your child under age one should always ride in a rear-facing car seat. There are different kinds of rear-facing car seats. Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

Keep harness straps snug and fasten harness clip at armpit level.

Route harness straps in lower slots at or below shoulder level.

Put car seat carrying handle down in the position recommended by car seat manufacturer.



Infants must ride in the back seat facing the rear of the vehicle. This offers the best protection for your infant's neck.

Never put an infant in the front seat of a vehicle with a passenger air bag!*

Rear-facing Car Seat (infant or convertible)

* Unless you have a manual cut-off switch and you have turned it off!

Toddler: 1 to 3 years

Keep your child rear-facing as long as possible. It's the best way to keep your child safe. Children should remain in a rear-facing car seat until they reach the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.

Place car seat in car according to manufacturer's instructions.

Route harness straps in upper slots at or above shoulder level.



Fasten harness clip at armpit level.

Keep harness straps snug.

Forward-facing Car Seat

Children: 4 to 7 years

Keep children in forward-facing car seats with harnesses until they reach the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat.

High Back Belt-Positioning Booster Seat

If your vehicle has a low back seat and your child's ears are above it, you need a high back booster seat to protect her head.

Belt-Positioning Booster Seat

A booster seat makes lap and shoulder belts fit correctly: low over hips and upper thighs and snug over the shoulders.



These seats **must** be used with both lap and shoulder belts.

Massachusetts law requires that children must ride in a booster seat until they are 4' 9" tall or 8 years old.

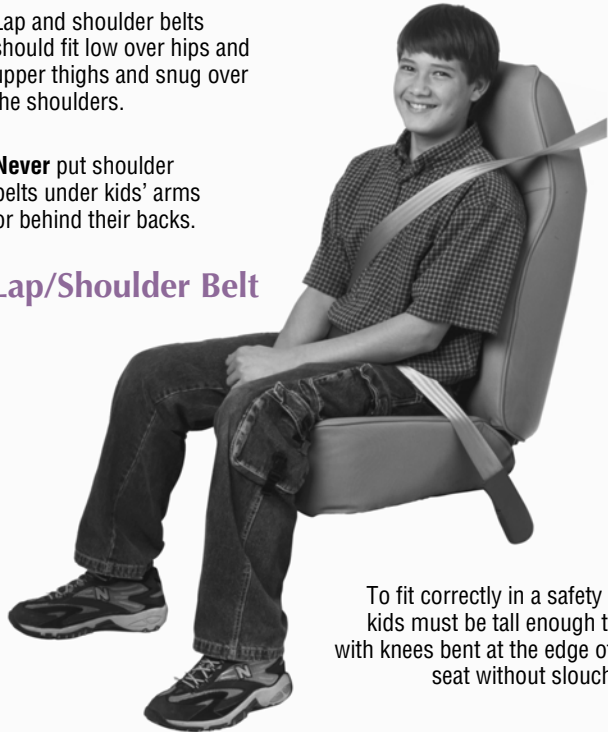
Tweens: 8 to 12 years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember your child should still ride in the back seat because it's safer there.

Lap and shoulder belts should fit low over hips and upper thighs and snug over the shoulders.

Never put shoulder belts under kids' arms or behind their backs.

Lap/Shoulder Belt



To fit correctly in a safety belt, kids must be tall enough to sit with knees bent at the edge of the seat without slouching.

Remember to read and follow your vehicle owner's manual and car seat instructions carefully. For more information, contact the National SAFE KIDS campaign at www.safekids.org or call the NHTSA Auto Safety Hotline at 1-800-424-9393 or visit www.nhtsa.org.

PARENT EDUCATION DEPARTMENT AT BAYSTATE MEDICAL CENTER

New parenthood is often a time filled with excitement, challenges, and lots of questions. At Baystate Medical Center we offer a series of classes to answer the questions you have as new parents.

The following classes are offered:

Keeping Baby Safe Class

This class teaches parents how to provide a safe environment for baby. CPR and first aid techniques for emergencies will be taught.

Infant Massage Class

Learn massage techniques to help your baby relax. Massage teaches parents how to spend quiet, nurturing time with their babies.

Babysitting Academy

This class is a babysitting training program for young adults ages 12 to 16. Topics include: baby care, first aid, fire safety, home security, accident prevention, child behavior, and CPR. A babysitter's handbook, CPR booklet, and graduation certificate are included when attending both classes.

Mom and Baby Yoga Class

This class is designed for new mothers and babies up to 6 months. You will practice yoga poses designed to tone and strengthen the abdomen and pelvic floor muscles, open the chest and shoulders muscles, and rebuild strength. It is a unique and special time to connect with your new baby and care for yourself. The class is designed for beginners but is open to mothers with all levels of yoga experience.

PARENT EDUCATION DEPARTMENT AT BAYSTATE MEDICAL CENTER

continued

Breastfeeding Class (Part 2)

Taught by a certified lactation consultant, this is designed to provide continued support for breastfeeding mothers.

Class meets once a month and topics include:

- working and breastfeeding
- choosing a pump
- collection and storage of breast milk
- when to give a bottle
- open discussion.

New Moms Support Group

Come share ideas, experiences, and questions with other new mothers. Make new friends for both you and your baby. The group is open to all new moms and babies from birth to 1 year.

Parents of Toddlers Support Group

This group is open for parents and toddlers one to three years old.

Offered in conjunction with Longmeadow Parks and Recreation Center, these groups meet at Greenwood Center in Longmeadow on Thursday mornings.

The Happiest Baby Class

Expectant or new parents will learn step-by-step how to help babies sleep longer and how to soothe a fussy baby. Taught by certified Happiest Baby instructors, information on the calming reflex, the 5 S's, and the cuddle cure will be presented. A parent information kit, which includes a DVD, is provided.

Baby Sign Language

This class helps parents learn an effective way to communicate even before your baby can speak. Research has shown that children can communicate using sign language long before they develop the ability to master verbal language. Participants will learn a simple 3-step process for using American Sign Language with their baby. Babies are welcome to attend the class, but not required for the parent/primary caregiver to learn the material.

For further information about these and other programs, call 794-2229 (BABY) or visit our website at www.baystatehealth.com.



PARENT EDUCATION DEPARTMENT AT BAYSTATE FRANKLIN MEDICAL CENTER

A key part of our care at The Birthplace at Baystate Franklin Medical Center is education. We feel that having a baby is not only a special event, but is also a chance for you and your family to grow together. You will have access to our maternal/child health nurses who will gladly answer your questions and concerns. The more you know about what is happening to you, your body, and your baby, the more comfortable and happier you'll feel.

The following classes are offered:

Infant Care Class

This class is designed for new parents who want to learn how to care for their new baby and have a healthy transition to parenthood.

You will learn:

- how to create and maintain a loving bond
- how to diaper and bathe your baby
- how to take baby's temperature
- how to comfort and soothe your baby
- what is normal newborn appearance and behavior

This 2-hour class is offered one evening a month.

Infant Massage

This class offers a series of easy and proven techniques for massaging your baby. Infant massage enhances the bond between you and your baby and many parents find that infant massage helps reduce stress, fussing, and colic.

This three-week class is offered one afternoon a week every other month.

Required reading is *Infant Massage—A Handbook for Loving Parents* by Vimala Schneider McClure, which can be purchased at your local bookstore.

Breastfeeding Support Group

This group is for mothers who are breastfeeding. Led by a lactation consultant, topics will include challenges during the early days and weeks after birth, pumping and open discussion.

The group meets every Wednesday from 11:00 a.m. to 12:00 noon in the BirthPlace OB classroom. Partners and babies are welcome.

Postnatal Yoga

Prenatal yoga class uses yoga poses and philosophy to help pregnant women cope with their physical and emotional strains of pregnancy, prepare for labor and birth, and establish support systems to help ease the transition into motherhood. The class is open to all levels of experience.

The postnatal class is a time to bring your baby and enjoy a class tailored especially for postpartum women. The objective is to regain strength, muscle tone, and flexibility while practicing postures that support the physical, emotional, and spiritual act of mothering. Both yoga classes are taught by a certified yoga instructor.

Baby Sign Language

This class helps parents learn an effective way to communicate even before your baby can speak. Research has shown that children can communicate using sign language long before they develop the ability to master verbal language. Participants will learn a simple 3-step process for using American Sign Language with their babies. Babies are welcome to attend the class, but not required for the parent/primary caregiver to learn the material.

For more information, (including times and fees), or to enroll in any of the educational programs offered, call 413-773-2359 or, if calling from outside the area, call 1-800-377-4325.

BREASTFEEDING CONSULTATION SERVICES

The Breastfeeding Consultation Services at Baystate Medical Center provide support services for expectant mothers and women who are breastfeeding. While in the hospital, the nursing staff is available to help mother and baby get breastfeeding off to a great start. If there is a problem, the lactation consultants will work with you to overcome your breastfeeding problem.

At Baystate Medical Center

Support for Mothers Breastfeeding at Home

If you are experiencing breastfeeding problems or have breastfeeding questions and would like the assistance of an International Board Certified Lactation Consultant, please call 413-794-5312 and then press 1 to schedule a private consultation. There is a fee for this service, and a physician referral is required. If you have an urgent concern, please call your healthcare provider.

Retail/Rental Program

We offer a variety of breastfeeding retail items, including books, pumps, and nursing bras for sale by appointment. For further information, call 413-794-5312, press #3.

Gathering for Breastfeeding Moms and Babies

Twice a month, you'll have the opportunity to ask one of Baystate Medical Center's international board certified lactation consultants your questions and get some tips and advice on breastfeeding. We will have a baby weigh scale available so you can keep track of your baby's weight each time you come. You'll also have fun talking with other mothers and making new friends.

The group meets every month on the first and third Wednesday from 2:00-3:00 p.m. and the second and fourth Saturday from 3:00-4:00 p.m. Call 413-794-2229 to register.

At Baystate Franklin Medical Center

Outpatient Consultant Services

Women experiencing breastfeeding problems may schedule a private appointment with our certified lactation consultant.

The service also offers:

- on-site breast pump rental or purchase
- on-site purchase of specialty breastfeeding products (bras, pads, books, etc.)

For further information, call 413-773-2359.

Breastfeeding Support Group

This group is for mothers who are breastfeeding. Led by a lactation consultant, topics will include challenges during the early days and weeks after birth, pumping, and open discussion.

The group meets every Wednesday from 11:00 a.m. to 12:00 noon in the BirthPlace OBS classroom. Partners and babies are welcome.



ADDITIONAL RESOURCES

First Call Community Services Referral Service:

Franklin and Hampshire County 800-339-7779
United Way Referral Line 211

Baystate Medical Center Crisis Team 794-3262

Breastfeeding Support Groups
For breastfeeding mothers and their babies. Call for time and days of meetings.

Baystate Medical Center 794-2229

Baystate Franklin Medical Center 773-2331

La Leche League
www.llli.org

Childbirth/Parent Education

Baystate Medical Center 413-794-2229 (BABY)

Baystate Franklin Medical Center 773-2454 or 800-377-4325

Mothers of Twins

Hampden County 413-525-8187

Hampshire and Franklin County 413-548-9176
www.nomotc.org

New Mother Support Group
Greenwood Center, Longmeadow 794-5515

For new mothers and their babies in the greater Springfield area. Meets every Thursday morning.

Parental Stress Hotline
800-632-8188



READING LIST

A wide variety of printed material is available on the subjects of parenthood and breastfeeding. While no single book or article will be ideal for everyone, many couples have found the following books to be helpful. Most are available in paperback and at minimal cost or they can be borrowed from your local library.

For Parents and Grandparents

American Academy of Pediatrics
Caring For Your Baby and Young Child

Brazelton
On Becoming a Family
Infants and Mothers: Differences in Development

Caplan
The First Twelve Months of Life: Your Baby's Growth Month by Month

Dix, Carole
The New Mother Syndrome

Dodson
How to Father

Eisenbert, Murkoff & Hathaway
What to Expect the First Year

Elkind
Grandparenting, Understanding Today's Child

Frailberg
The Magic Years

Greenspan
First Feelings: Milestones in the Emotional Development of Your Baby and Child

Hogg, Tracy
Secrets of the Baby Whisperer

Jones, Freitas & Editor
of Consumer Reports
Guide to Baby Products

Karp, Harvey, M.D.
The Happiest Baby on the Block, The New Way to Calm Crying Baby

Lansky, Vicki
Dear Babysitter Handbook
Welcoming Your Second Baby

Leach
Your Baby and Child

Rakowitz, Elly & Rubin
Living with Your New Baby: A Postpartum Guide for Mothers and Fathers

Sears
The Fussy Baby:

How to Bring out the Best in Your High-Need Child

Nighttime Parenting: How to Get Your Baby & Child to Sleep

Reading List (cont.)

Spock, Benjamin
Baby and Childcare

Sullivan
The Father's Almanac

Weiss
Your Second Child

White
The First Three Years of Life
The Grandparent Book

Breastfeeding

Huggins
The Nursing Mother's Companion

Pryor
Nursing Mother, Working Mother.

Sears
The Breastfeeding Book.

Spangler
Breastfeeding: Keep it Simple.

LaLeche League International
The Womanly Art of Breastfeeding

Gromada
Mothering Multiples. Breastfeeding and caring for Twins or more!

Twins

Clegg & Woollett
Twins From Conception to Five

Friedrich
The Parents' Guide to Raising Twins

Leigh
All About Twins

Theroux & Tingley
The Care of Twin Children



WORDS YOU'LL NEED TO KNOW

Abdomen: The front part of body which is located below the breasts and above the legs. Sometimes called the belly.

Areola: The area of dark skin that surrounds the nipple of the breast.

Axillary: Armpit.

Birth canal: The passageway (vagina) through which the baby is born.

Birthmark: An unusual mark or blemish on the skin at birth.

Botulism: Acute food poisoning caused by botulin in foods.

Bowel movements: Bodily waste discharged through the anus. Also called feces, stools, excrement.

Buttocks: The seat of the body. Also called the fanny.

Catheter: A tube used to insert into body cavities to permit injection, keep a passage open or to withdraw fluids.

Cephalhematoma: A lump or swelling on the head which is filled with blood. The blood will slowly be reabsorbed in several weeks or months.

Cesarean: Surgical delivery of the baby through an incision made in the abdomen (belly) and uterus.

Circumcision: The removal of skin (foreskin) which covers the end of the penis.

Constipation: Infrequent bowel movements which are hard and difficult to pass.

Contaminate: To soil, stain or infect by contact or association.

Contraception: Prevention of conception or impregnation. Birth control.

Dehydration: A condition where body fluids are lost at a faster rate than they are replaced.

Enema: The insertion of a solution into the rectum and colon to remove bowel movement or gas.

Fertility Awareness: Also referred to as Natural Family Planning. Involves not having sexual intercourse when ovulating. Ways of determining ovulation include the basal body temperature, mucus, symptothermal and calendar methods.

Fontanels: Openings in the skull(head) where the bones have not yet grown together which are covered with a tough membrane. Allows for head to mold through the birth canal. Also called the soft spot.

Formula: A milk mixture or substitute for feeding a baby.

Genital: The organs of the reproductive system.

Hiccough: A spasm of the diaphragm muscle.

Hind Milk: Milk which contains a higher fat content. Occurs in the last few minutes of nursing.

Hormonal: Relating to or effected by hormones.

Immunization: Vaccines which prevents diseases such as diphtheria, tetanus, polio, measles, mumps, rubella, and chicken pox.

Incision: A cut, a surgical wound; a division of the soft part made with a knife.

Infection: Illness caused by either a virus or bacteria.

Intravenous (IV): The placement of a catheter into a vein with sterile fluid for the purpose of nutrition, hydration, or medication.

Laxative: A substance which loosens and expels feces (bowel movement).

Lubricant: A substance which prevents friction. Makes things smooth or slippery.

Meconium: The earliest stool of an infant.

Menstruation: Monthly endometrial shedding and discharge of a bloody fluid from the uterus during the menstrual cycle.

Milia: Oil glands which are clogged. Also called whiteheads.

Molding: The act of pressing or squeezing together to form a shape. A baby's head gets molded from passing through the birth canal.

Navel: Where the umbilical cord was attached to the baby while in the uterus. Also called the belly button.

Night sweat: Profuse perspiration. You may often wake up to find nightclothes wet from perspiration. Your body is getting rid of the extra fluid from pregnancy.

Nostrils: Openings on the nose.

Ovulate: To produce eggs or discharge them from the ovary.

Pelvic floor muscles: This is a group of muscles which surrounds the urethra, vagina, and anus.

Perineum: The area from the vagina to the anus.

Persistent: Continuing to exist in spite of interference or treatment.

Perspiration: A saline fluid released by the sweat glands. Sweating.

Phlebitis: Inflammation of a vein.

Postpartum: The first four weeks after birth.

Rectal: Relating or being near the rectum.

Respiratory system: Involving the breathing of air, the lungs, and the nervous and circulatory systems.

Urinate: To discharge urine. To pass water, pee.

Vaccines: Weakened or dead disease producing microorganisms which cause the body to produce antibodies against disease.

Vaginal flow: Discharges from the vagina of mucus, blood, and tissue debris following childbirth. Also called lochia.

Whole grain: Breads and cereals made from rye, corn, wheat, bran, or oats.



REASONS TO CALL YOUR DOCTOR

For Baby

You should seek help from your baby's doctor if you note any of the following:

- rectal temperature over 100.4 degrees Fahrenheit
- unusual irritability or tiredness
- vomiting
- diarrhea (loose, watery bowel movements)
- unusual cold symptoms and/or irregular breathing
- cries all the time
- sweating, flushed complexion
- dry, hot skin
- skin color that is unusually pale, blue/gray or has a yellowed, suntanned appearance
- changes in sleep
- will not nurse or take bottle
- sluggish behavior

Remember to call your pediatrician when the baby looks ill, cries all the time, or seems to be in pain, whether or not his temperature is above normal.

For Mother

You should seek help from your obstetrician or nurse-midwife if you have the following:

- temperature above 100.4 F when taken twice, 4 hours apart
- vaginal bleeding requiring more than 1 pad per hour for several hours
- faintness, dizziness or extreme exhaustion.
- severe back pain
- severe pain in chest or lower abdomen; pain, tenderness, or redness in calves
- severe headache
- foul-smelling discharge from the vagina or appearance of large blood clots
- sore red area on the breast that does not go away after applications of moist heat and breastfeeding
- nausea with vomiting of all food for 12 hours
- burning or stinging pain when urinating or frequent urination of only small amounts