

Mother and Baby Care

Volume II: Your Postpartum Guide



NEWTON-WELLESLEY
HOSPITAL



BRIGHAM AND
WOMEN'S HOSPITAL

BRIGHAM AND WOMEN'S/NEWTON-WELLESLEY OBSTETRICS
at Newton-Wellesley Hospital



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Congratulations on the arrival of your newborn!

The birth of your baby marks the transition from pregnancy to parenthood. To help you celebrate this event with comfort and confidence, we have compiled the following information about your stay at Newton-Wellesley Hospital (NWH) and what to expect during the first days and weeks after giving birth. This will be an exciting time as you develop your special relationship with your baby and learn how to provide for yourself and your child. Please do not hesitate to reach out to us with questions about care for you or your child. We are privileged and honored to be a part of these special moments and all the special moments to come.

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Newton-Wellesley Obstetrics

The maternity team at Newton-Wellesley Hospital strives to provide exemplary care throughout the continuum of antepartum, intrapartum, postpartum, and neonatal periods. The team is committed to family-centered maternity care. We support and encourage those persons who are significant in your life to participate in your hospital experience. Each patient is readily assessed, and an individualized plan of care is formulated to meet specific needs. A collaborative approach to patient care promotes continuity and ensures a safe and comfortable transition from the hospital to a family's home.

While we hope this guide is very helpful to expectant and new mothers and their support persons, it is not intended to cover all situations and circumstances or to serve as the sole resource for postpartum care. As always, please check with your providers for current and individualized guidance. Additionally, policies and procedures for visiting, parking and more may change. Please check nwh.org for the most current information.

Who's Who?

Throughout your stay at Newton-Wellesley Hospital, highly trained staff will support you and your family. Each staff member is here to provide education, encouragement, individualized care, and even just a listening ear. You can count on our maternity staff to deliver the highest quality and safest care, exceeding expectations at every turn.

Among others, your care team may include:

- Obstetricians
- Newborn Hospitalists
- Private Pediatricians
- Staff Physicians
- Nurse Managers
- Clinical Nursing Specialists
- Childbirth Education Program Coordinator
- Certified Nurse Midwives
- Lactation Consultants
- Staff Nurses
- Patient Care Assistants
- Student Nurses Phlebotomists and IV Nurses
- Unit Coordinators
- Spiritual Care Staff and Hospital Chaplains
- Clinical Social Workers
- Child Life Specialists
- Environmental Support Service Associates
- Hearing Screen Technicians
- Birth Registrar
- Dietary/Food Services Ambassador
- Newborn Photographer

If you should have questions about any of these roles, please feel free to ask your nurse.

CHAPTER 1:

Your Hospital Stay

Hospital Basics

Your Room

Your room contains a special bed that is controlled by push buttons. Your nurse can show you how to adjust it. Television controls and nurse call light are also located on the bedside rails. When you activate the nurse call light, the nurse or unit coordinator will talk to you over the intercom system.

Cots

We are happy to provide cots for your convenience. We ask that the cot be folded and covered by 7:30 each morning so that we may provide care to you and your family in a safe environment. Cot sheets may be placed in a laundry bag when you are discharged.

Cellular Phones

Cell phones are permitted in the 5th floor waiting area and in patient rooms. Cell phones are not allowed in the hallways or other patient care

areas. Please be advised that there may be times when you are asked to refrain from cell phone use because the phone may interfere with the electronic medical monitoring equipment. There is also a phone in each room for your use. We ask that you and your visitors refrain from using cell phones when a provider is in the room.

Hand Washing

Please ask guests to make use of the antibacterial hand-washing dispenser located inside the door of your postpartum room before and after handling your baby. This is especially important for any children who may visit, as they are more susceptible than adults to the random germs that surround us all. Never let anyone handle your baby unless he or she has washed his or her hands correctly. If friends or family are ill or suspect they may be getting ill, advise them not to visit. This is for the good of everyone, especially for the protection of your newborn.





Smoke-Free/Tobacco-Free Campus

As a leader in the health care field, Newton-Wellesley has a special responsibility to offer a clean and healthy environment. Tobacco use in and around the Hospital can pose health and safety risks for patients, employees and visitors. Consistent with our mission to create the best environment possible, Newton-Wellesley's campus is completely tobacco and smoke free.

Use of the Nursery

We believe that mothers rest and sleep more comfortably when their babies are close by them. We encourage you to keep your baby with you in your room. It is important to know that breastfeeding frequently and without long interruptions helps you establish a good milk supply and may also prevent painful engorgement. Additionally, it may help your baby to have frequent bowel movements and to reduce the likelihood of jaundice. If you are having trouble settling and comforting your baby, your nurse will be happy to help you. For times when you may need rest, our Nursery is available 24/7.

Quiet Time on the Maternity Unit

Each afternoon between the hours of 2:00 and 4:00 p.m. the Maternity Unit at Newton-Wellesley Hospital will "quiet down" so you may have

uninterrupted time to rest with your new baby. The only interruption during this time would be for essential patient care.

Having this Quiet Time will benefit you and your baby by decreasing your fatigue, increasing bonding time and allowing you to become familiar with your baby's feeding cues. Please ask that your visitors delay their visit with you until after that time of day.

Professional Baby Photography

A baby photography service is available on the unit. More information regarding this service will be available to you during your hospital stay. Please make sure your photographs are completed before day of discharge. This will help facilitate the discharge process.

Taking a Photo or Video of Your Baby's Delivery

Birth is a special occasion for you and your family and taking pictures is often a part of the occasion. We ask that you check with Newton-Wellesley Hospital staff before taking any photos in which they will appear.

We also ask that you only take pictures or video before the birth (in labor) or after the birth (after your baby is born). Please do not take pictures

during the birth itself or during any treatment that your baby may need after delivery. This request is for a couple of reasons.

First, our primary concern is to make sure you and your baby are safe. The delivery room can get very busy and sometimes the doctors, midwives, and nurses must act quickly and need room to carry out their jobs. To have someone photographing or taking video may create an unnecessary distraction.

Second, if you deliver your baby by Caesarean section, it will be in the operating room. The operating room must be kept sterile and it is a very busy place. Photos and videos of the operation are not allowed. Taking pictures of your baby is allowed once he or she is safely on the warmer. Again, we ask that you check with your health care team first to be sure that it is okay to take pictures.

Lastly, we request that you respect the privacy of other patients, families, staff and visitors and not include them in your pictures.

Fragrance-Free Hospital

Please be mindful that newborns can be very sensitive to scents and fragrances. Please ask your guests to refrain from using scented fragrances such as colognes, perfumes, aftershave, soaps, lotions, powders, deodorants, hair sprays and other hair products while visiting you during your hospital stay. We are a fragrance-free facility.

No Latex Balloons Allowed!

Did you know that non-inflated latex balloons or fragments could be inhaled and lead to serious injury or death? For this reason, latex balloons are not allowed in the hospital. Inflating latex gloves as balloons is also not allowed.

Mylar balloons are a safe and acceptable substitute to latex balloons. Mylar balloons can be purchased in the Gift Shop located on the first floor.

What is Rooming In?

Rooming In is an arrangement in the hospital where a newborn infant is kept in the mother's hospital room instead of in a nursery. Rooming in:

- Encourages the attachment of mother and baby.
- Maximizes mother and baby's joyful interaction.
- Enhances baby's natural physical connection to his/her mother.

- Gives confidence for nighttime parenting.
- Provides more opportunities for success for breastfeeding mothers.
- Enables babies to get to know their mothers by using their senses: feeling their mother's warmth, hearing her heartbeat, smelling her. This increases babies' feelings of safety and wellbeing and makes it easier for them to adapt to life outside the womb.
- Enhances early attachment of mother and infant, which has a positive effect on the baby's brain development. Both mother and baby's attachment instinct is highest during the first days of life.
- Helps babies regulate their body rhythms, heart rate, temperature and sleep cycles.

After the birth, Rooming In is the most important way to keep mothers and infants connected as they begin their life together. Share your room, not your bed.

Skin-to-Skin Contact

Skin-to-skin care during your recovery and newborn transition period on the labor delivery unit provides important benefits to your newborn in the first two hours of life. These include stabilizing your baby's body temperature and blood sugar as well as facilitating bonding and breastfeeding initiation. As there are potential risks associated with unobserved skin-to-skin care, our nursing staff will closely observe you and your infant and will help you find the correct skin-to-skin position. As a result of these risks, routine skin-to-skin care is not recommended beyond the early hours of life. If you have any questions or concerns, please feel free to discuss these issues with your health care team.

The Role of Your Support Person

Your support person has an important role in supporting you in labor as well as in the postpartum phase of care. This person can help ensure that the immediate environment is safe by organizing the room and placing personal belongings out of the way of traffic flows. Be sure to ask your nurse where the kitchen is located. Your support person may wish to fill your water pitcher or return a meal tray.

It is essential that mothers and babies have time for rest plus opportunities for onsite education

provided by your health care professionals. Your support person can help to manage the flow of visitors to prioritize the time for you and baby. Your support person may also help with:

- feedings and changing diapers
- keeping a list of feeding times and wet/messy diapers
- writing down all questions for your care team

Additionally, prior to your discharge day, your support person should practice using the car seat and remove all unnecessary items from your room. This will help keep the focus on you and baby during the transition.

Your support person should feel free to get involved and ask questions of your care team so that you both feel more confident and relaxed in the hospital and when you get home.



Safety Instructions for Parents

Keeping Your Baby Safe

Your baby's safety is a priority at Newton-Wellesley Hospital. Please follow these guidelines to assist in making your stay with us a safe one.

What you can do:

- Know the names of your nurses and other staff members who care for you and your baby.
- For newborn safety, place your baby's bassinet on the inner side of the room.
- Place your baby in a bassinet to walk in the hallway. Never carry your baby outside of your room.
- When your baby is out of the bassinet, always maintain a firm but gentle hold. Newborns can move more than we think they can.
- Never leave your baby alone in your room.
- Your baby must be with the mother or support person when in the room or hallway. The mother or support person must be wearing an ID band.
- Do NOT sleep with your baby; if you feel drowsy put the baby back in the bassinet.
- Do NOT leave the baby unattended on a bed or chair.

- Do NOT remove your bracelet or any of the baby's bracelets.

What Hospital Staff will do:

- Any staff member who works in Maternity or Pediatrics will have a unique pink Newton-Wellesley Hospital ID.
- Only staff and support persons who have an ID band can enter the nursery.
- A staff member will always check to ensure that your band matches your baby's ID band.
- Newton-Wellesley utilizes an electronic security tag for your baby's safety. Please DO NOT remove or attempt to adjust the tag. If you have any questions, your nurse can help you.
- Following your baby's birth in the Delivery Room, you and your baby will be identified with matching bands.
- In the event your baby may leave your room for an evaluation or procedure, your ID band will be matched with your baby's ID band when your baby returns to you.

General Security Guidelines

Sibling Safety

Children who are ill should not visit you and your newborn. Children who do visit you during your hospital stay should be accompanied by a responsible adult at all times. There are many hallways, closets and elevators in the hospital. Children can become easily lost and frightened if allowed to roam. Children are not allowed into the kitchen without supervision. *Under no circumstances are siblings and other children allowed to spend the night.*

Belongings

Do not bring large amounts of cash or credit cards to the hospital. When leaving your labor room, please look around to make sure you have all your belongings, especially phone chargers, etc. When leaving the hospital, pack carefully and check drawers and closets.

Gloves

These are for patient care only.

Visitors

Visitors are welcome in the labor area with a patient's permission. Visitors are asked to stay inside the labor room or in the waiting area. To protect patient privacy and safety, we do not allow family members to stand in the hallway outside rooms.

The Maternity Unit has an innovative way for you to spend uninterrupted time with your new baby. Each afternoon between the hours of 2:00 and 4:00 p.m. the Unit will "quiet down" so you may rest with your baby. The only interruption during this time would be for essential patient care. Please ask that your visitors delay their visit with you until after that time of day.

We ask all visitors to leave by 8:30 p.m. There is so much to do and learn in the short time that you are here. You should consider how you are feeling and how much rest you need. The staff can offer you guidelines to share with your visitors. All visitors should wash their hands prior to handling the infant. During flu season, please refer to nwh.org for specific visitor restrictions in place. *For the safety of you and your newborn, anyone who is sick should stay at home.*

Frequently Asked Questions About Your Hospital Stay

Please consult your *Newton-Wellesley Patient and Family Guide* for more detailed information regarding hospital services.

Can my baby stay in my room at all times?

Yes. Our philosophy of Family-Centered Care supports the concept of mother and baby spending as much time together as possible. With your nurse to help you and answer your questions about your new baby, we feel this time spent together will provide an environment for you to learn about your newborn's responses to his/her world and increase your confidence about caring for your newborn. There is a nursery open and available 24 hours a day if your baby should need it.

Can my partner spend the night with me?

All rooms have a bed for one adult to stay overnight. We encourage partners to stay the night and

participate in the nighttime care of their newborn whenever possible. Nighttime is a great opportunity to learn about newborn care and behavior.

To provide you with the highest quality care, siblings and other children are welcome to visit but are not allowed to spend the night.

What are the visiting hours for this floor?

We have very liberal visiting hours for this floor and rarely impose restrictions. Family members of the patient are welcome at any time.

Is there a cost for parking?

There is a daily fee for parking in the Hospital Garage. Newton-Wellesley Hospital offers discounted multi-day parking passes for patients



and visitors. Passes may be purchased at the Gift Shop and the Cashier's Office, located just off the West Lobby or at any of the parking booths. This pass provides unlimited parking for seven consecutive days.

Where can I find clean patient gowns and/or bedding?

Your nurse will get clean gowns and/or bedding supplies for you as needed. Only floor staff should be accessing the linen supply carts to promote patient safety and decrease any risk of infection transmission.

Where can I purchase a newspaper?

Papers can be purchased outside the main entrance of the hospital.

Does the Hospital have wireless Internet access?

The Hospital offers free WiFi with the password: PHSPIAguest.

Where is the gift shop?

Located on the first floor off the West Lobby, The Newton-Wellesley Hospital Flower & Gift Shop offers a variety of gifts for patients of all ages. You can order flowers, teddy bears, candy, balloon bouquets and other items that will put

a smile on your loved one's face. You can also purchase important toiletries in the gift shop such as Tylenol, lotion and more. The shop is open Monday through Saturday, 9:00 a.m.-7:30 p.m. and Sunday, noon-6:00 p.m.

Gifts and flowers can be delivered to any room free of charge. To order, call 617-243-6079. All proceeds go to the Newton-Wellesley Hospital Auxiliary, which supports patient care at NWH.

To view a selection of gifts and flowers available, please visit our website at nwh.org/gifts.

What will happen when we are discharged from the hospital?

When it is time to go home your physician or midwife will write your discharge orders. Your pediatrician will discharge your baby. Your nurse will explain these orders with you. Instructions will be given for at-home care and for follow-up care if needed. Once all orders and instructions have been described to you and all your questions have been answered, you must sign the discharge instructions sheet. If you are breast feeding, you will be seen by a representative from Lactation Services prior to discharge.

What dining services are available in the Hospital?

The Cafeteria is located on the second floor and

is open Monday through Friday from 6:30 a.m. to 8:00 p.m. Weekend hours are 6:30 a.m. to 6:30 p.m. Weekly meal menus are located near the Cafeteria entrance.

Charlie's On The Way, located next to the East Lobby is a take-out operation providing coffee, fresh baked goods, upscale sandwiches and beverages. Charlie's On The Way is open Monday through Friday from 6:00 a.m. to midnight. Weekend hours are 4:00 p.m. to midnight; closed on holidays.

Room service allows patients to choose the time they will eat as well as their favorite selections from our diet-specific menus from 6:30 a.m. until 7:00 p.m. Your Room Service Ambassador will be available to answer questions and provide assistance with the meal ordering process once your diet order has been cleared by your physician. Upon admission to the unit, you will receive a menu. We recommend that you order your dinner by 6:30 p.m. and that you order a snack in case you are hungry during the night. Breakfast items are available throughout the day; lunch and dinner selections are available after 11:00 a.m. Guests may also order from our room service menu for a fee.

Our goal is to meet nutritional needs with high-quality meals and personalized service. We look forward to serving you!

What's in the Kitchen?

There are a variety of food and drink items for you and your family to enjoy during your stay. Please help yourself (at any time) to any food item in the kitchen unless it is marked with someone else's name and room number. There is a microwave oven and toaster in the kitchen for your use. If you would like to refrigerate or freeze any food items, please mark these items with your family's name and room number and the date.

Foods available on the maternity unit include: crackers, graham crackers, gelatin, breakfast cereals, sherbet, bread, ice pops, jelly, peanut butter, ketchup, mustard, butter and sugar. Drinks available include: orange juice, water, ginger ale, milk, coffee and tea. Please be considerate of others as you use this shared area.

Does the Hospital have exercise facilities available?

Yes, the Shipley Fitness Center, located on the Newton-Wellesley Hospital campus, is a state-of-the-art facility with cardio and strength training machines and equipment. Family members of patients can use the facility while they wait. Full-day passes are available. For more information about this service, contact 617-243-6644.

Preparing to Take Your New Baby Home

As exciting as it is to prepare for the birth of your baby, an equally exciting time is getting ready to take your baby home from the Hospital. You can expect to take your baby home on day two after a vaginal birth and within three to four days after a cesarean birth. We support our families in the decision of "Discharge when Ready," which allows families to have an earlier discharge date if mother and baby are stable and meet discharge criteria.

Here is some general information to help with your departure:

On the evening before discharge:

- Ask that family bring home your flowers and belongings that you will not be using before morning.
- Be sure you have comfortable clothes for you and your baby to dress in for going home.
- Ask your nurse what time you should be ready for discharge. This will help you arrange for your ride.
- Have your car seat ready for use. This includes installing the base in the rear seat of the car, facing backwards. More information about car seat installation and safety can be found in the Newton-Wellesley Hospital Maternity Guide, or visit www.seatcheck.org. It is your responsibility to have a car seat and be familiar with its functions. We recommend practicing with strap adjustments prior to discharge day and having the car seat in your room the night before you leave.

- Confirm your baby's birth certificate is finalized with the birth registrar.
- Ensure your breast pump has been delivered.
- Review any questions you might have with Lactation Services.

On the day of discharge:

- Usually, maternity patients are discharged mid to late morning. Please be sure the person picking you up knows this time.
- Your physicians and nurses will talk to you about any medications you will be taking at home. This is a good time to ask any questions you may have. Make sure you have any written prescriptions before you leave.
- You will be seen by your health care provider and your baby's physician as well. These providers will sign the discharge order in your chart.
- Your nurse will review your discharge instructions for caring for yourself and your baby. Your postpartum and pediatric follow-up appointments will be discussed.

- The last event that will occur before you and your baby are discharged is removing the security tag.
- You may carry your baby to the lobby or to the car. We are happy to provide you with a wheelchair and an escort if you request it. Please arrange for valet pick up outside the West Lobby. Valet services are available Monday through Friday, from 7:00 a.m.-6:00 p.m. and are complimentary on the day of your discharge. Fifteen minutes before mom and baby are ready to leave, ask the Unit Coordinator to text page your valet ticket number. Ask your nurse if you need any additional information.
- Pack this helpful Guide. (You may also access it online at nwh.org/maternityguides.)

We hope that planning ahead will help your discharge go more smoothly. We are happy to answer any of your questions or concerns before you leave. We know you have many choices when it comes to your health care needs, and we thank you for choosing Newton-Wellesley Hospital.

Early Maternity Discharge Information

A Massachusetts law was enacted in 1998 that allows maternity patients who are discharged early from a hospital to have a nursing visit at home.

What is an early maternity discharge (EMD) visit?

Eligible mothers and infants who participate in an early discharge from the Hospital will be offered (upon agreement by the mother) a minimum of one home visit following discharge of the mother and infant. This visit by an experienced registered nurse is intended to help with assessment and education about infant care, bottle/breastfeeding, your own post-delivery care and any other relevant information including the need for social support in the community.

Who is eligible for an EMD visit?

Your insurance must cover this visit; however, some insurance plans are exempt from the law including self-insured companies, most out-of-state plans and Federal insurance plans.

How do you notify your Hospital providers that you are interested?

Please inform your nurse if you would like to have the hospital staff locate a provider who can provide a timely home visit. We will contact home health providers on your behalf to request a visit. The ability to identify a provider for your home visit is dependent upon where you live, the staff availability of the provider and your insurance coverage. Please share any preferences you may have.

What are your rights?

You may contact the Department of Public Health at 1-800-462 5540 if you feel your right to this benefit has been unfairly denied.

CHAPTER 2:

Taking Care of Yourself

Postpartum Care

Following delivery, a postpartum nurse will care for you and your newborn. The nurse will be constantly, but quietly, assessing the baby's overall status during your stay. Your nurse will examine your breasts, uterus and bladder. The nurse will also check your blood flow and check your blood pressure and physical signs.

How you feel should guide your activity level. You may wish to limit your visitors in order to get the rest you need and to take advantage of the nursing care and teaching.

We support your choices and have very few routines or rules. Please tell the staff what is important to you during your hospital stay. We encourage you to ask questions and hope you feel well cared for. Taking good care of yourself is an important part of parenting. It will be some time before your body returns to how it was before you became pregnant, but there are things you can do that will assist the natural recovery phase.

Pain Management

Most women experience some degree of pain or discomfort after childbirth. The perineum (area surrounding the vaginal opening) may be bruised, or you may have had some stitches to repair a tear or episiotomy. If you had a Cesarean birth, you will have pain at your incision site, and it will be uncomfortable to move, cough and even laugh.

You will be asked how you feel periodically throughout your stay in the hospital. You can help by telling us on a scale of 0 to 10 how your pain feels.

Having no pain is characterized by 0 (zero) and 10 is the worst possible pain you know. As the parent, you may also find it comforting to know that we have a scale to measure newborn pain that your baby may experience during a procedure such as circumcision or blood draw. We make every effort to comfort your newborn during any painful procedure and we will teach you how to do the same.

Your doctor or midwife has left orders for medications to reduce your pain and increase your comfort. We encourage you to take this medication





as directed to increase your comfort. Your nurse will administer pain medications prescribed by your physician or midwife. Let your nurse know if you have pain as soon as you begin to feel uncomfortable. In addition to pain medication, your nurse can suggest comfort techniques such as the use of ice on sore stitches or sitting and lying positions that can help you feel more comfortable.

Bleeding and Afterpains

After delivery, uterine contractions expel blood and tissue. This vaginal flow is called lochia and continues for two to six weeks after delivery. The first several days after delivery, bleeding is usually heavy and bright to dark red in color. Some clots as large as a small tangerine are normal. If you are expelling many large clots or experiencing an unusually heavy flow (soaking through a large pad in an hour or less), call your nurse while you are in the hospital, or your physician or midwife once you are home.

Bleeding will decrease over the next few weeks and change color from bright red to pink to brown

to yellow and then clear. It should have a strong fleshy smell, not a putrid odor. A return to bright red bleeding or passing of large clots once your bleeding has slowed may signify excessive activity on your part. It is your body's way of reminding you to rest and take it easy.

Afterpains (cramping) are the contractions of the uterus occurring in the days following childbirth. They are normal but can be uncomfortable. Afterpains are usually strongest on the second and third days following delivery, when you are breastfeeding or after you take a uterus-contracting medication prescribed by your physician or midwife. Cramping is most noticeable after the birth of a second or third baby.

Afterpains gradually decrease in intensity but may last seven to ten days. To help ease afterpains, try the following:

- Use prescribed medication as needed.
- The same relaxation and breathing techniques used during labor can help alleviate afterpains as well.

- Start walking soon after delivery.
- Keep your bladder empty by urinating frequently.
- Frequent breastfeeding, starting immediately after birth, can also help promote uterine tone after delivery

Changes in Your Uterus

Immediately after delivery and for the next several days, the uterus weighs about two pounds. You can feel it just below your navel as a firm mass about the size of a grapefruit. Large blood vessels bleed into the uterine cavity where the placenta was attached to the wall of the uterus. The uterus contracts firmly to prevent the uterus from filling with blood and clots and to prevent heavy blood loss. The following activities help the uterus contract:

- You and your nurse can massage your uterus for the first few days after delivery. This is done by placing your hand on your uterus and slowly rubbing in a circular motion. This procedure will stimulate contractions and make your uterus become firm.
- If you breastfeed, the hormone oxytocin is released, which causes your uterus to contract.
- Occasionally, medication is given for several days after birth to keep your uterus firm.
- Once at home, you no longer need to massage your uterus.
- The uterus continues to decrease in size until it returns to its normal size and weight of about two ounces six weeks after delivery.

Laceration (Tear) or Episiotomy

During childbirth, the perineum stretches and occasionally tears. If the tears are small, you may experience some uncomfortable swelling and stinging. If the tear is large, you will experience more pain and will have stitches.

Occasionally, an episiotomy (a surgical incision that enlarges the vaginal opening) is performed to facilitate the birth of the baby. The amount of pain following an episiotomy or deep tear varies among individuals. It is caused by the swelling of the tissues surrounding the vagina as well as by the incision or deep tear. Swelling and discomfort usually peak on the second or third day after delivery, but it is difficult to predict how long the

discomfort will persist. Some women experience little or no discomfort, while others experience dull, aching pain for some time. This is normal and eventually subsides.

Helpful Hints for Care of the Perineum:

- Always wash hands well before and after cleaning the vaginal area.
- In the first 24 hours after delivery, place ice on your perineum to reduce swelling and pain. Ice may be continued at home as needed.
- When sitting, position yourself squarely on the bed or in the chair, tightening the perineum, buttocks, and thigh muscles. (Sitting only on one hip may pull your stitches.) Start gentle perineal exercises (see Postpartum Exercise Program in this section).
- After urination or bowel movements, cleanse your stitches by squirting warm water from the top of the stitches back toward the rectum. At home, continue to use your peri bottle. Pat dry with a clean tissue, again from front to back. If you have burning over your stitches when you urinate, pour warm water over this area to dilute the urine as you go.
- Apply a clean sanitary pad from the front to back. Some women find it soothing to place witch hazel compresses between the pad and the stitches.
- Twenty-four hours after your baby's birth, you can start taking sitz baths. Your nurse will instruct you in how to use a sitz bath if you are interested. When you go home, you may also use your bathtub, filled with several inches of warm water. Sitz baths may be done several times a day for 20 minutes and may be continued as needed for comfort.

Cesarean Birth

If you have had a Cesarean birth, you will stay in the hospital longer so that we can make sure you are able to get up and walk, urinate on your own and care for yourself and your baby before you go home. There are some special steps you can take to aid your recovery from surgery that will also increase your comfort.

Helpful Hints:

- If you need to cough or sneeze, hug a pillow

snugly against your incision to splint it and reduce the pain and pressure over the incision.

- Constipation is common after any abdominal surgery. It is also a side effect of many pain medications. Therefore, it is important to continue to take a stool softener and to eat foods that are high in fiber.
- Pain medications prescribed by your physician or midwife are safe to take while breastfeeding, and should be taken as directed to remain comfortable.
- Rest as much as you can and avoid lifting anything heavier than your baby.
- Mothers who have had Cesareans are just as successful at breastfeeding as women who have given birth vaginally.
- To increase your comfort during breastfeeding, use a pillow to position your baby away from your incision.
- Your physician or midwife will discuss the events that led to the decision to deliver your baby by Cesarean. Most causes are non-repeating, and it is possible that if you choose to have another baby, you may deliver vaginally.
- You will leave the hospital with steri strips over your incision. These tape strips stay in place until your physician or midwife removes them at your postpartum check. Keep the incision area clean and dry. Steri strips will begin to loosen and will fall off on their own.
- Call your physician or midwife if your incision opens, or if it becomes sore and red, has a greenish-yellow drainage, or bleeds.
- Consult with your providers if you are interested in going home on day three.

Hemorrhoids

Hemorrhoids are protruding veins in the rectum that often cause a constant dull pain or feeling of pressure around the anal area. They become prominent during late pregnancy or labor. Hemorrhoids can become aggravated by the constipation that commonly follows delivery. They may become swollen and tender, sometimes itch and may bleed.

Treatment for Hemorrhoids:

- Apply a cold ice pack for 20 to 30 minutes,

several times a day as needed for swelling and comfort.

- Take sitz baths in warm or iced water. Lie down for 15 minutes after a sitz bath.
- You may use soothing over-the-counter medications such as Tucks, witch hazel, or hemorrhoid ointments.
- Avoid constipation by using stool softeners.
- Drink lots of water and eat fresh fruits, vegetables, and whole grains.
- Ask your physician or midwife for a prescription for hemorrhoid medication if these measures do not increase your comfort.

Bathing

You may take showers or tub baths. Avoid use of bubble bath or other bath soaking preparations. These can irritate and dry the perineum or Cesarean incisions. Do not use hygiene sprays or tampons until advised to do so by your health care provider. Be sure to pat dry your incision and keep it clear of soap, powder or cream. We recommend: "Not too long; not too hot."

Skin Changes

Stretch marks will fade over time but will not completely disappear. Changes in skin pigmentation such as a dark line across the abdomen, will also fade. Immediately following childbirth, your abdominal skin will be stretchy and soft. Skin and muscles will gradually return to their former tone with time and exercise.

Bladder

It is normal for the perineal area to feel numb following childbirth. Urinating is sometimes difficult because of swelling and lack of abdominal tone.

Helpful Hints:

- Drink plenty of fluids.
- Sit comfortably on the toilet.
- Pour warm water over your perineum with the peri bottle or a cup to help start the stream of urine.
- If you are unable to urinate during your hospital stay, a catheter (small tube) may be temporarily



inserted to empty your bladder. It is generally removed 8 to 12 hours after insertion.

- Once you urinate, remember to empty your bladder every three to four hours. Urinating large amounts during the first week postpartum is very normal.
- You should notify your nurse, midwife, or physician if you are unable to urinate, experience pain or burning when urinating, or experience a sense of urgency to urinate frequently. These symptoms, in addition to a fever, may indicate the presence of an infection.

Bowels

Most women have soft and even loose stools before and during labor. It is not unusual to not have a bowel movement for two or three days immediately following childbirth. This first bowel movement after childbirth may be difficult to pass due to decreased muscle tone and intestinal inactivity. Hemorrhoids or episiotomy pain may make you dread the first bowel movement after

delivery. However, when you do feel the urge to go, it is important to take your time and to try.

Helpful Hints:

- You are encouraged to take a stool softener, particularly while you take pain medication. You may need a laxative to help you have a bowel movement.
- Eat fresh fruit, vegetables and whole grains to provide bulk and fiber.
- Drink enough fluids to keep your urine light colored. Water is particularly helpful.
- Walking and gentle exercise each day may help.
- Gently support your stitches with toilet tissue to help relieve the fear of tearing and hurting yourself while straining.

Helpful Hints for the First Week:

- Get adequate rest; nap or rest whenever you can! If you are able, have help the first few days at home. Concentrate on caring for your baby and

yourself. Let others do the housework, cooking and laundry.

- Avoid heavy lifting. Remember to lift nothing heavier than your newborn for four to six weeks.
- Stairs are no problem for most women, but take them slowly. If you have had a Cesarean birth, take the stairs more cautiously and avoid using them too often.
- Make sure you get plenty of time for quiet moments with your husband/partner and baby.
- Consider hiring a postpartum doula or other outside help if you need assistance at home.

Helpful Hints for the Second Week:

- Your strength will increase. Don't be discouraged about tiring easily; it takes a while to get back to normal.
- Again, continue to rest when you feel tired and pay attention to your body's signs of fatigue. Do what you feel like doing. Postpone what is unnecessary.
- Continue to avoid heavy lifting, stooping or squatting, particularly if you have had a Cesarean birth.
- Do some light housekeeping and cooking that feels "right." Remember, your main job now is to care for yourself and your baby.

Third and Fourth Weeks

- Slowly increase your activity until the fourth to sixth week, when all but the most strenuous physical activity can be resumed.
- Again, take time for rest and family.

Fatigue

- Most new parents experience some fatigue for several weeks following childbirth. The combination of hard work during labor, greeting visitors, adapting to hospital routines, responsibilities for a newborn and interrupted sleep contribute to fatigue.

Helpful Hints:

- Eating well and resting at every opportunity will aid your recovery.
- Don't feel guilty about napping. It is smart to sleep or rest when your baby sleeps. Don't

worry if you don't actually sleep. Just resting has tremendous benefits.

- Don't try to be Super Mom! Unplug your telephone, limit visitors and allow friends and relatives to help.
- Newborns are often particularly fussy and hungry for several hours in the evening or at night. It's important to know that this will not last forever. Try feeding first. If that does not work, rocking or holding your baby close may help.
- Interestingly, the sound of the clothes dryer or dishwasher calms some babies.
- Taking your baby outside can also help.

Breasts

Expect changes to your breasts in the first several days after childbirth whether you are breastfeeding or not. If you are breastfeeding, you may experience nipple tenderness and breast fullness. Your nurse has special training in breastfeeding support. Our lactation consultants can help you with more challenging breastfeeding concerns.

If you are formula feeding, you may experience some mild breast swelling in the first few days following childbirth. During this time, wear a bra that fits well. Ice packs applied to the breasts several times a day for at least 20 minutes will help reduce the inflammation and increase your comfort. Ibuprofen also helps reduce pain and inflammation.

Medications to suppress lactation are no longer used because they can cause adverse side effects.

Complete breast care information for breastfeeding mothers can be found in Chapter Three under Infant Nutrition.

Diet

Pregnancy draws on the body's stores of protein, iron and other essential nutrients. Eating well following childbirth will replenish those stores and maintain good health.

Guidelines for a Healthy Diet:

- Eat sensibly. Do not start a weight-loss diet until approved by your physician.
- A healthful daily diet should include plenty of protein foods, fresh fruits, vegetables, and whole grains.

- Limit your fat intake and empty-calorie foods.
- Drink enough fluids to satisfy your thirst and keep your urine light-colored.
- Continue your daily prenatal vitamins until they are gone.
- It is recommended that all women who could become pregnant continue to take 0.4 mg (400 mcg) of folic acid daily. This vitamin, taken three months or more before conception, reduces the incidence of neural tube defects in babies.

Weight Loss

You will gradually lose the extra weight gained during pregnancy. Please don't rush. Approximately 11 to 13 pounds are lost immediately following childbirth, and an additional four to five pounds are typically lost during the next several weeks. Overall, it is typical for women to gain 24 to 30 pounds during pregnancy. Stored fat of five to six pounds is slowly utilized during the first six months of breastfeeding. If you have accumulated more than six pounds over your recommended body weight, you may consider a healthy and gradual weight-loss diet that includes an exercise plan. Nutrition

consults are available. Please ask your provider if you are interested.

Hormonal Changes

Your body's hormone production will undergo very sudden changes following childbirth. Estrogen and progesterone levels drop abruptly and remain low until your first menstrual cycle begins. If you are breastfeeding and not giving your baby supplements, your menstrual cycle may not return until after you begin to offer solid foods to your baby, wean your baby, or stop nursing. For some, it may begin four to ten weeks after postpartum bleeding has stopped. If you are not breastfeeding, your cycle will resume about three to eight weeks after postpartum bleeding has stopped. The first few periods are often erratic. They are frequently heavier than normal but can also be light. Within a month or two after your first period, your menstrual cycle usually adjusts to normal.

If you do not wish to become pregnant immediately, it is necessary to use birth control prior to your first menstrual cycle. The absence or delay of your cycle does not mean you cannot conceive. You can become pregnant before your first period.



Sexual Relations

Most couples wait to have intercourse until heavy vaginal bleeding has ceased, lacerations and episiotomy have healed, and each person is comfortable with resuming sexual intercourse. Please discuss this with your physician or midwife. If you have had a laceration or episiotomy, it is understandable to be concerned about physical comfort during sexual intercourse. Decreased vaginal lubrication can be common with breastfeeding. A water-soluble lubricant, such as K-Y Jelly, may help. You should have nothing in your vagina for six weeks.

Family Planning

Your physician or midwife will talk to you about methods of contraception before you leave the hospital.

When to Call Your Physician

After your discharge from the hospital, it is important to be aware of signs that might indicate a medical complication. Call your physician or midwife if any of the following occur:

- Oral temperature above 100.4° F.
- Sudden onset of severe pain in incision, perineum or abdomen.
- Heavy bleeding: enough to soak through a maxi pad in an hour or less.
- Passing a clot larger than a lemon followed by heavy bleeding.
- Inability to urinate or urinary pain, burning or urgency.
- Putrid-smelling vaginal discharge.
- Opening of a Cesarean incision or foul smelling or bloody discharge from the incision.
- Swollen, red, painful area on leg (especially the calf) that is hot to the touch.
- Tender and red, warm, swollen area on breast, especially with fever or flu-like symptoms.
- Shooting pain down your legs or difficulty walking; pain in your leg, especially the calf.
- Severe headache and/or headache unrelieved by over-the-counter or prescription medications.
- Fainting (passing out) or feeling dizzy or weak.
- Trouble breathing; difficulty catching your breath.
- Chills.
- Thoughts of harming yourself or your baby.
- Concerns about mood, anxiety, insomnia or depression.
- Problems with vision.
- Pain not relieved by your pain medication.
- Cracked, bleeding nipples.
- Inability to pass stool.

For Nursing Mothers: How to Determine Correct Bra Size

To determine your correct bra size, measure the chest high under the arms and above the breasts. Make sure the measuring tape is snug. This chest measurement indicates the bra size in inches, such as 34, 35, 38 and so on.

If the measurement is not an even number, choose a bra in the next larger size. For example, if the chest measures 37 inches, then a size 38 is needed, not a 36.

To determine the cup size, measure around the fullest point of the bust. If the bust measures less than one and a half inches larger than the chest, an A cup is needed. Select a B cup if the bust measures one and a half to two and a half inches larger than the chest; a C cup if the bust measures two and a half to three and a half inches larger; a D cup for three and a half to four and a half inches larger. Each additional inch of bust measurement moves the required bra up one cup size. For example, if the chest measures 34" and the bust measures 36", then a 34B is needed. If the chest is 35" and the bust measures 38", select a size 36C.

Once you have determined your correct size, try on several different styles before you make your final decision.

For proper support, be certain the cups give complete coverage of the breasts. Since every woman's body is different, some bra styles may not provide the comfort, the support, or the "look" that's exactly right for you.



Postpartum Emotional Adjustments

For most women, the first weeks and months after childbirth is a time of emotional upheaval. Intense feelings of joy, exhaustion, fatigue, confusion, loneliness, disappointment, anger, fear and happiness are all common.

This transition to parenthood is referred to as a normal “life crisis.” Life will never be quite the same.

You redefine who you are and find that you are often expected to put your baby’s needs before your own. It sometimes feels as though caring for a totally dependent infant is too heavy a burden. It’s not unusual to feel that your life has changed too radically and all that’s left is feeding, changing and soothing an infant.

You are likely to feel that you have less time for your older children, your partner and yourself. The depth of your feelings may be related to hormonal changes, fatigue and lack of sleep, and to the pain of incisions, swollen breasts or sore nipples. It may also be related to the level of support you have at home, your feelings about your childbirth experience and the individual needs of your baby.

What to Expect

It’s normal to feel exhilarated and to have difficulty resting or sleeping in the first few days following childbirth. You may find yourself reliving the birth experience and trying to understand the sequence of events leading up to your baby’s birth. Once you are home, the enormity of the 24-hour-a-day responsibility of caring for a baby sets in. You may feel overwhelmed and confused about what your baby needs. You might be more irritable than usual or might cry easily. If your breasts become swollen you can feel uncomfortable when breastfeeding. These symptoms characterize the “Baby Blues.” A majority of women experience these symptoms. They are temporary and may last only a few hours or as long as two weeks. Getting sleep and rest,

reducing household demands, concentrating only on baby care and getting help with infant feeding, if needed, all help diminish these blues.

Postpartum Mood Disorders (PPMD)

PPMD occur less commonly than the baby blues. It is estimated that 20 to 40 percent of women experience PPMD. PPMD can occur anytime in the first year after childbirth. Symptoms are more pronounced and long lasting in comparison to the blues. Women with PPMD often feel inadequate, despondent, unable to cope with everyday life and hopeless. They may feel very anxious or have panic attacks. They may feel life is spinning out of control and may become obsessed with getting some order into their lives. It is common to have

great fears about their baby's health or their own. They may experience headaches, chest pains, rapid heart rate, inability to sleep and loss of appetite (or overeating). Some women describe feeling irritable, anxious, not wanting to be with people or fear being alone, having nightmares or scary thoughts, feeling as though they are in a deep, dark pit and are "going crazy." Women often feel irritable or angry with their husband or partner. Some women have these symptoms as a result of a difficult or unexpected childbirth experience. Mothers whose babies have been born early or have needed special care in the nursery are at particular risk for PPMD. You should contact your physician or midwife if these symptoms occur frequently and cause you to be unable to care for your baby and/or yourself, if you feel no joy in life or if the feelings last longer than a week.

Postpartum Psychosis

This is a rare condition occurring in only one to two women per 1,000. Onset is usually in the first several weeks following childbirth and symptoms are the same as PPMD, but far more severe. Women with postpartum psychosis may exhibit frantic, excessive activity, are unable to eat, are incoherent or very confused and make irrational statements. They may have hallucinations, loss of memory and thoughts of harming themselves, their baby or others.

Postpartum psychosis must be treated immediately by a physician specializing in treating this type of psychosis. Call your doctor or midwife for help.

Helpful Suggestions:

- Talk openly about your feelings with your care provider at your postpartum visit.
- Learning to be a mother takes time and resources. Ask your nurse, doctor or midwife for hospital and community resources. You may also want to learn more about NWH's Maternity and Postpartum Services Council, a part of our Collaborative for Healthy Families & Communities initiative.
- Ask for emotional and physical help from your husband, partner, family and friends.
- Seek out other new parents; you are likely to discover that you're not alone and that they share similar feelings.
- The Parent-Baby classes offered at the hospital are not only informative and educational, but also a good way to meet and talk with other new parents.
- Get plenty of rest, eat good food and exercise. Avoid caffeine and alcohol.
- Limit your responsibilities, but stay involved with your interests as much as possible.



Exercise After Delivery

You can begin some exercises as early as the first postpartum day. Early walking is especially important. You should be assisted the first few times you are up. Due to blood loss and changes in circulation during delivery, some women experience dizziness and light-headedness.

If you have had a Cesarean birth, you will be assisted out of bed anytime between 6-12 hours post operatively if you are able to tolerate it. You will be encouraged to walk around in your room, as well as in the hallways to promote healing. Gradually you will regain your strength. Moving early and often will help promote this.

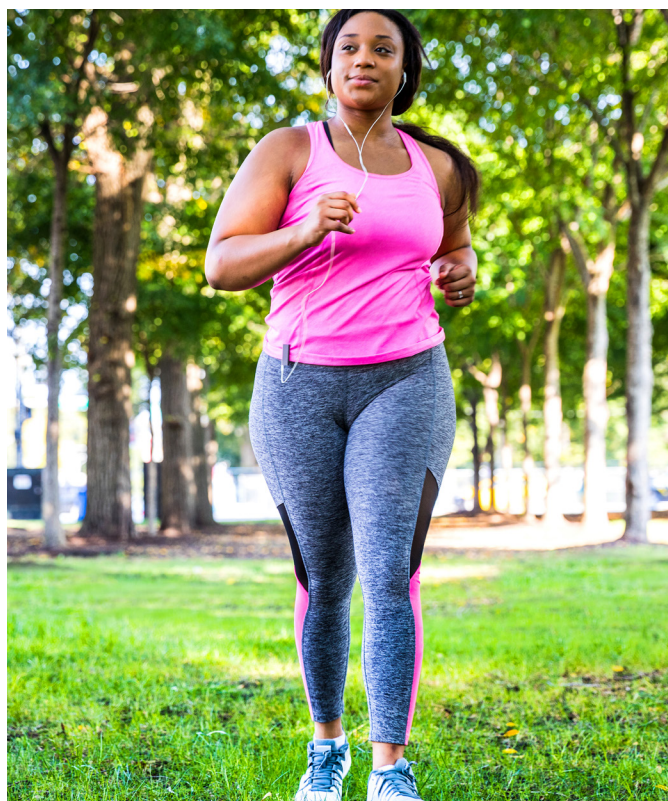
The following Postpartum Exercise Program is designed to help you achieve a speedy and comfortable recovery from childbirth. Talk to your health care provider if you have any questions. The exercises outlined here will help you return gradually to your normal level of activity.

The Postpartum Exercise Program is designed:

- To improve circulation.
- To help with posture and promote good body mechanics.
- To help restore muscle tone and strength.
- To help you feel well and have more energy.

For your comfort and safety, it is important that you follow these guidelines:

- Gradually increase your activity day by day.
- Find a balance between rest and activity. Do not become overtired or engage in sudden and/or severe exertion.
- Avoid heavy lifting, straining, pulling or pushing.
- Do not exercise to the point of pain.
- Increased bleeding or bright red discharge is a sign that you are doing too much. Discontinue the activity and contact your physician or midwife.
- Never do double leg lifts or full sit-ups.
- Do not hold your breath during exercises. Breathe out as you contract or move your muscles while exercising.
- Work consistently and regularly on the postpartum exercises for several weeks.
- After doing the exercises for several weeks, you may be ready to ease into a more rigorous program of exercise.
- Check with your doctor or midwife before resuming or beginning a formal exercise program.



Avoiding Injury

The term “good body mechanics” is used to describe how to protect your back from injury while you move.

It is important to maintain good body mechanics after delivery to avoid undue strain or pain, especially in the stomach or back areas. Also, due to the hormonal effects of pregnancy, your joints are at risk for injury for several weeks to months after childbirth. Good body mechanics are essential to protect your joints until former strength is regained. It is always important to support and maintain the natural curves in your spine. It is especially important to maintain these natural curves as your body returns to normal after childbirth.



Lying Down

Remember to roll to your side and use your arms to come to a sitting position from lying down.

Lifting

- When lifting, keep your back straight, with normal posture curves supported.
- When lifting, bend your hips and knees. Do not bend at the waist.
- Never twist your back while lifting.
- Hold the load you are lifting close to your body.
- Practice good lifting techniques whether lifting something light or heavy.

The following exercises can be started immediately. Remember to go slowly at first and gradually increase to prevent muscle soreness. Start with five repetitions of each exercise and increase slowly as you are able.

Kegel or Perineal Squeezes

This exercise should be done whether you gave birth vaginally or by Cesarean. Performing this exercise may take some time to master. These

exercises will help support and maintain pelvic organs, improve circulation in the pelvic area, reduce stitch discomfort, speed healing of the tear or episiotomy, and strengthen the pelvic floor.

Begin in any position - standing, lying down, etc. Start by tightening the muscles you use to hold back urine. Try to hold the contraction for a count of 10 and then relax. Relax buttocks, abdominal, and thigh muscles as much as possible in order to emphasize your pelvic muscles. Perform ten repetitions, three times a day. Because urinary incontinence can become a problem for any woman, it is recommended that you continue to do this exercise on a regular basis for the rest of your life.

Pelvic Tilt

This exercise will help strengthen stomach and pelvic muscles and stretch lower back muscles. Start the exercise lying on your back with your knees bent and feet flat. Try to contract your stomach muscles and flatten the small of your back into the floor or bed. If you can, try to tighten your pelvic floor muscles at the same time and hold for a count of five. Relax, and then repeat five times.

Ankle Circles

This exercise will help to decrease swelling and promote good circulation in your legs and ankles. It is preferable to be lying down but you may do them while sitting with your feet propped up as high as possible. Be sure to make BIG circles with your feet, bending and straightening your toes as you go. Repeat five times.

Chin Lifts

This exercise should be done before any curl-ups or partial sit-ups. Start by lying on your back with knees bent and feet flat. While doing a pelvic tilt, bring your chin up to your chest while leaving your shoulders and back on the floor or bed. Try to hold for a count of five. Relax, and then repeat five times.

Walking

Start walking as soon as possible after childbirth to increase general strength, endurance, and circulation. You may begin in the hospital by walking in the halls. Remember to start slowly and gradually increase distance and speed. Continue your walking program at home.

CHAPTER 3:

Taking Care of Your Baby

Understanding Your Newborn

While each baby is a unique individual, there are certain characteristics and behaviors that are common to newborns. There are many typical physical and behavioral traits you may notice in your baby during the first few weeks of life.

Head Shape

Your baby's head may be temporarily misshapen from pressure occurring during birth. Normal head shape usually returns by the end of the first week. Babies delivered by Cesarean birth may not have this head molding.

Soft Spots

Your baby has two obvious soft spots or fontanelles. One is on the top of the head and the other is near the back of the head. A tough membrane covers both fontanelles. With normal handling and care, soft spots can't be damaged from shampooing, brushing, or stroking your baby's head. The soft spot in the front usually closes by 18 months of age and the one in the back by two to six months.

Eye Color, Tears and Swelling

Caucasian infants usually have grayish-blue eyes at birth; some will have blue-brown eyes. Infants of other ethnic backgrounds may have grayish-brown, blue-brown, or brown eyes. An infant's true eye color may not be known for several months.

Tear ducts are small at birth. Tears are usually not produced in noticeable amounts with crying until your baby is one to two months of age.

Swollen, puffy or red-looking eyes are often noticed after delivery and result from pressure during birth.

Swelling and inflammation usually go away in a few days.

Eye Discharge

Occasionally, a baby's eyes may be irritated from the antibiotic ointment given at birth. You may notice a small amount of yellow discharge from your baby's eyes during your hospital stay. This usually clears up within 24 hours. Continued yellow discharge or crusting on your baby's eyelids and lashes could be symptoms of infection and your baby's doctor should be notified. White matter collecting in the inner corner of the eye may be from a blocked tear duct. Gently wash it away with a soft cloth.

Vision

A newborn's eyes often do not seem to work together. As the eye muscles strengthen, the baby's eyes should focus in line with each other. Babies are near-sighted at birth. They see objects best that are 8 to 12 inches from their noses. When you talk to your baby, hold him close to your face so he or she can see you. Your baby sees in color and prefers bright colors, black and white and circular shapes.

Ears

Newborns have a wide variety of ear sizes, shapes, and positions that are normal. At birth, your baby's ears may bend easily. In time, the ear will feel firmer.

Ear Discharge

It is normal for a baby's ears to produce wax. It is not normal for them to produce any other kind of discharge. Consult your baby's doctor if you think



the discharge from your baby's ears is not wax. Q-tips should not be used in your baby's ears at any time. Ears can be cleaned well with the corner of a clean, damp washcloth.

Swollen Breasts

It is normal for both male and female newborns to have swollen breasts during the first days after birth. Hormones transferred from the mother to the baby during pregnancy cause this swelling. Occasionally a baby may produce a small amount of milk. If your baby does produce milk or have breast swelling, do not attempt to squeeze out the milk. Doing so can cause infection. The swelling goes down as the baby's body rids itself of mother's hormones.

Skin Color

A newborn's skin is thin and dry. You may even see blood veins through your baby's skin. The skin of Caucasian newborns is a pink to reddish color. African-American infants' skin appears as a reddish-black color that darkens as the baby gets older. In Asian babies, the skin is a tea rose color. When babies cry, they all may become a deeper red.

Frequently, dark bluish spots may appear on the lower portion of the back, buttocks, or limbs of babies who are African-American, Asian, Mediterranean or American Indian. They are caused by a temporary accumulation of pigment

under the skin, and they usually fade during the preschool years.

It is common for a newborn's hands and feet to appear bluish. This is called acrocyanosis. In the first few days of life, a baby's circulatory system is not yet efficient at getting blood to the extremities.

Milia

Milia are tiny white spots that often appear on a newborn's nose and chin. They are caused by obstruction of oil or sebaceous glands. You should not squeeze these spots. They usually disappear in several weeks.

Rashes

A temporary rash, called erythema toxicum, may occur during the first few weeks. This rash consists of small areas of redness with raised yellowish-white centers. It may resemble a fleabite. No treatment is required, and it does not make the baby uncomfortable.

Red Spots

Red spots can often be seen at the nape of the neck. They do not fade. Many babies also have reddened areas of skin on their upper eyelids and forehead. These areas usually fade with time, as the baby's skin grows thicker and less transparent. Redness may reappear when your baby cries.

Peeling

Most babies' skin peels after birth because they have been in fluid for many months. This generalized peeling is completely normal and requires no treatment.

Pain

All newborns are assessed for pain once per nursing shift, and before and after painful procedures. Newton-Wellesley Hospital uses the Newborn Infant Pain Scale (NIPS) to determine your newborn's comfort based upon behavioral responses.

Mucus

For the first few days of life, your baby may have excess mucus that may cause gagging and vomiting. Feeding can loosen the mucus in your baby's stomach, so gagging may be more noticeable at this time.

If your baby gags or spits up mucus, turn the baby on his or her side. Gently pat your baby's back. Once your baby has calmed down, the feeding may be continued. You may need to use a bulb syringe to gently suction the mucus out of the lower cheek area of the baby's mouth or from the nose. Ask your nurse for instructions.



Spitting Up and Vomiting

All babies tend to spit up during their first week or so. This is usually a small amount of milk solids associated with a feeding, such as a wet burp. The baby usually brings up only about a teaspoon of formula or breast milk. If it has been awhile since a feeding, the milk may be partially digested and look curdled.

Spitting up can also be caused by air trapped in the stomach. Burp your baby prior to feeding if your baby has been crying for a while. Babies swallow air when they cry. It is also helpful to hold your baby slightly upright during feeding. In this position, air can rise above the milk. Be sure your baby has a good hold on the nipple to prevent taking in a lot of air.

Spitting up in a forceful way, causing milk to hit the floor as much as three or four feet away, is called projectile vomiting. Your physician should be notified if this type of vomiting occurs regularly or any time your baby is vomiting and also has a fever, diarrhea or is listless. Additionally, you should contact your physician if your baby has green-colored spit up.

Diaper Rash

Irritants in the urine or stool often cause diaper rash. Change your baby's diaper frequently (every two to three hours during the day). Always wash the diaper area with plain water at each change. If you launder your own diapers, double rinses with one-half cup of vinegar per rinse load may neutralize ammonia and help to eliminate any soap.

If your baby develops a rash in spite of these precautions, try to change diapers more frequently and expose the reddened area to the air several times a day. A diaper rash ointment applied to the rash area after air-drying may be helpful. Occasionally, babies develop a yeast infection of the diaper area. This must be treated with medication prescribed by the baby's physician. If any rash doesn't improve within a few days, please contact your baby's doctor.

Bowel Movements

During your baby's first day or two of life, his or her stools will be thick, tar-like and greenish-black. This substance is called meconium. Stools will change to a brown-green and then yellow color as your baby begins to feed.



Breastfed babies have frequent loose yellow stools by their third or fourth day. During the first several weeks it is not unusual for your baby to have a bowel movement with every feeding. If your breastfed baby is not having two to ten bowel movements per day by the third to fifth day of life, it is suggested that you call your baby's physician to assess the baby's feeding patterns and possibly arrange for a weight check. After a month or so, your baby may begin to have a bowel movement only every few days.

If your baby is formula fed, stools at first may look seedy and then change to a pasty yellow. For the first week, your baby may have bowel movements with each feeding. After a while, this will change to one to four bowel movements a day.

Constipation and Diarrhea

A breastfed baby will not become constipated as long as breast milk is his or her only food. Formula-fed infants are more likely to become constipated. A constipated stool is one that is hard, painful to pass, and may resemble pebbles. Recommendations for relieving constipation are varied. Therefore, we suggest you do not use any type of enema, suppository or laxative without first contacting your baby's physician.

Because they are loose and frequent, normal breast milk stools are sometimes misidentified as diarrhea. It is unusual for a breastfed baby to have diarrhea if he or she is fed only breast milk.

Contact the baby's physician right away if:

- Your breastfed or formula-fed baby has unusually frequent bowel movements that are watery, greenish in color and/or contain mucus and/or blood.
- Your baby exhibits other signs of illness such as fever, fussiness and poor appetite, or floppiness.

Urinating

A baby's urine is normally clear and light yellow in color. Occasionally, brick-colored flecks may appear in a baby's diaper or urine. This is normal in the first few days of life. Usually, a baby has one wet diaper a day for each day old until about the sixth day. A baby will begin to have six to eight wet diapers a day for the next several months. It is very difficult to know how many wet diapers a baby has if you are using disposable diapers. If you are concerned that your baby is not urinating, place a tissue or small piece of paper towel in the disposable diaper to detect urination. If you have concerns, please contact your baby's physician.

While Your Newborn is in the Hospital

Vitamin K and Erythromycin Eye Ointment Administration

Vitamin K is essential for blood to clot. Vitamin K is naturally manufactured by special bacteria in the colon of an older infant, child and adult. Newborns have not yet acquired these special bacteria. Consequently, they are born with inadequate stores of Vitamin K. There is relatively little Vitamin K in breast milk. Without adequate intake or body stores of Vitamin K, infants are at risk of hemorrhage (bleeding), particularly bleeding that may occur in the brain, which can cause serious damage or death.

To prevent hemorrhage in infants, Vitamin K is given by injection into the thigh in the first hours after birth. Vitamin K is given only once. Administration of Vitamin K soon after birth virtually eliminates serious hemorrhage in infants. If you decline Vitamin K for your baby, any male infant will not be allowed to have a circumcision.

The dose of Vitamin K given to the newborn is in accordance with the recommendation of the American Academy of Pediatrics and has not been associated with any complications such as jaundice.

The area around the injection site might appear red and raised for a day or two.

Erythromycin eye ointment is administered to your newborn after birth to prevent possible infection.

Newborn Screening Test: State law requires that all babies have a blood test called the “newborn screening test.” This test identifies disorders in the baby that, if not found and treated early, can cause intellectual disabilities or result in serious illness. The law gives parents the right to refuse the optional screening test for their baby if having the test conflicts with religious belief or practices. If this is true for you, be sure to tell the hospital staff or your health care provider and further education will be provided.

Circumcision

The criteria for circumcision procedure include:

- Informed consent signed
- Vitamin K administration given
- Admission exam done by pediatrician
- Baby has voided in life



Following a circumcision, a gauze pad covered with Vaseline will be applied to the site. You will be given written and verbal instructions on care of the wound. A piece of Vaseline gauze may be wrapped around the end of your son's penis for about 24 hours. When this falls off or is removed, you will apply Vaseline to the circumcision area to prevent the diaper from sticking to his penis. Do this for a few days. Otherwise, no treatment is necessary. If the gauze does not come off after 24 to 48 hours, wrap the gauze dressing in a wet, warm washcloth to soak the area. Or you can also soak the baby in a warm bath. Gently unwrap the gauze after soaking. You may wash the area with water. As the site heals, there may be a small amount of yellowish drainage but this should be gone within one week and you may see white or yellow patches with no drainage.

Notify your baby's doctor if:

- Bright red bleeding or oozing occurs. Call physician immediately! Apply gentle, firm pressure to the circumcision site to slow the bleeding.
- Your baby does not urinate within 24 hours following the circumcision.
- Any unusual swelling or redness is seen.
- There is an obvious foul-smelling and thick yellow or green drainage.

Uncircumcised Infant

No special care of the penis is necessary if your son is not circumcised. Do not attempt to forcibly retract the foreskin. As the penis grows, the foreskin loosens and is usually retractable by four to six years of age. There may be a whitish discharge, called smegma, around the tip of the penis. Gently clean and wash when bathing your baby.

Screening for Congenital Heart Defects

- Babies with a critical congenital heart defect (CCHD) are at significant risk for death or disability if their condition is not diagnosed soon after birth.
- Newborn screening using pulse oximetry can identify some infants with CCHD before they show signs of the condition.
- Once identified, babies with a CCHD can be seen by cardiologists and can receive special care and treatment that can prevent death or disability early in life.

This test is performed after your baby is 24 hours old. For more information on screening for CCHDs, please visit <http://www.cdc.gov/ncbddd/pediatricgenetics/CCHDscreening.html>.



Newborn Hearing Screening

It is estimated that three infants per 1,000 suffer from hearing loss. One in 1,000 newborns is born deaf. And, ninety percent of children with hearing loss are born to hearing parents. Without newborn hearing screening, most children with moderate to profound hearing loss are not diagnosed until they are two years old. Others with mild to moderate hearing loss may not be identified until they enter school.

The first two years of a child's life are the most critical for learning speech and language. Undetected mild hearing loss can significantly affect a child's ability to learn language, can interfere with parent-infant bonding and delay social and emotional development. When detection of hearing loss is delayed, infants and children who are hard of hearing or deaf do not get early opportunities to learn language and have their hearing aided. As a result, they fall behind hearing children in communication and social-emotional development. This may eventually result in lower education and employment levels in adulthood.

You will be given information hearing screening during your hospital stay. The newborn hearing screen is performed after birth while you and your baby are in the hospital. It takes only a few minutes and causes no discomfort to your baby. Testing may take place in your room or in the Newborn Nursery.

When hearing loss is detected early, steps can be taken to aid hearing and improve language and communication skills. The American Academy of Pediatrics, the National Institute on Deafness and Other Communication Disorders and the National Institutes of Health have all published position statements endorsing universal newborn hearing screening. In addition, they state that all infants with a confirmed hearing loss or deafness should receive appropriate intervention before six months of age from health care professionals with expertise in hearing loss and deafness in infants and young children. If hearing impaired, early educational opportunities for your child may also be available through the Americans with Disabilities Act. The State Department of Education can provide details about a child's rights to educational assistance, the Act, and how to initiate an education plan for your child within your community's school system.

Equipment to detect hearing loss at birth is effective and efficient. A specially trained technician administers the test. The test we use is called



Automated Brainstem Auditory Evoked Response (ABR). Special sensors are placed on your baby's skin. A soft rubber earphone sends a series of quiet sounds into your baby's ear. The sensors measure the responses of your baby's hearing nerve. The data is computerized and stored.

Babies either pass the screening test or are referred for further testing. You will be informed of your baby's results right after the test. If your baby needs further testing or intervention, your baby's physician and the Newborn Screening Program staff will refer you to the appropriate resources for help. And, any future concerns you may have about your baby's ability to hear should be shared with your baby's physician.

Jaundice and Your Newborn: Questions and Answers

What is jaundice?

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.

Why is jaundice common in newborns?

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 following their birth because it takes a few days for the baby's liver to begin removing bilirubin.

A jaundiced baby's skin usually looks yellow. The best way to see jaundice is in daylight or under fluorescent lights. Jaundice usually appears first in the face and, as the bilirubin level increases, moves to the chest, abdomen, arms and legs. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

Can jaundice hurt my baby?

Most infants have mild, harmless jaundice. In rare situations, a high bilirubin level may cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

How should my baby be checked for jaundice?

If your baby looks jaundiced in the first few days after birth, your physician or nurse may use a skin test or blood test to check your baby's bilirubin level. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice and whether the baby has other factors that make jaundice more likely or harder to see.

Does breastfeeding affect jaundice?

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

Which babies require more attention for jaundice?

Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner than three to four days after discharge from the hospital.

Ask your doctor about an early follow-up visit if your baby has any of the following:

- A high bilirubin level before leaving the hospital
- Early birth (more than two 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 should my newborn get checked after leaving the hospital?

Your baby should be seen by a nurse or doctor between two and four days of age. This is when a bilirubin level can be at its highest. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.

When should I call my baby's doctor?

Call your baby's doctor if:

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

How can harmful jaundice be prevented?

Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed 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.

Putting your baby in sunlight is not recommended as a way of treating jaundice. Exposing your baby to sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely inside your home because your baby will get cold, and newborns should never be put in direct sunlight outside because they might get sunburned.



When does jaundice go away?

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

These Questions and Answers provided courtesy of the American Academy of Pediatrics.

Special Care Nursery

Our Special Care Nursery (SCN) in partnership with Brigham and Women's Hospital, contains the most advanced equipment – from state-of-the-art technology to private reclining chairs for skin-to-skin cuddling – to ensure superior medical care and comfort for babies and their families. Each of our 12 baby care areas is spacious, separate and allows privacy for parents and visitors. Additionally, our newly renovated SCN Annex is now open with four additional beds. We can comfortably accommodate twins and triplets or other specific family needs.

Specialized medical care is provided for sick and premature newborns, including:

- 24-hour newborn specialist care
- Medical and surgical pediatric sub-specialist care

- State-of-the-art medical technology
- Comfortable, spacious and private care areas for each family
- Architectural flexibility to accommodate twins, triplets and other patient and family needs
- Parent room

Special Care Nursery Staff

The SCN is staffed by a multi-disciplinary team of health care professionals to meet newborn needs, including:

- Neonatologists
- Other physicians
- Nurses
- Respiratory Therapists
- Physical Therapists/Occupational Therapists
- Lactation Consultants
- Dietitians
- Social Workers

Mothers with a baby in the Special Care Nursery will receive an in-depth, specialized guide with more detailed information.

Taking Care of Your Newborn at Home

It's important to trust that your instinctive common sense will get you through most situations. The following observations and suggestions may be helpful to you. Your physician and Newton-Wellesley Hospital's maternity staff welcome your questions at any time.

When Should I Make my Baby's First Follow-up Appointment?

Your baby should be seen by a health care provider within 1-3 days of discharge from the hospital.

When Do I Call for Advice or Help?

This is a question new parents frequently ask. When your baby is new, the answer is to call whenever you find yourself worried. In time, you learn to trust your feelings and will know when things are not right with your baby. While you're in the hospital, nursing and physician staff welcomes your questions. When you go home, please call your baby's physician.

Taking Your Baby's Temperature

Is There a Fever?

Many pediatricians will ask you for a rectal temperature reading if you think your baby is sick. Do not use ear thermometers in infants under six months of age. They are not accurate.

How to Take a Rectal Temperature:

- Use a digital thermometer and lubricate lightly with Vaseline, A&D Ointment, or KY Jelly before inserting into rectum.
- Position your baby on her or his back and hold the baby's ankles in one hand, the thermometer in the other.
- Gently insert the bulb of the thermometer into the rectum about one-half inch, or until the bulb can no longer be seen.
- Always hold both the baby and the thermometer.

Care of the Umbilical Cord and Fingernails

Umbilical Cord

After delivery, you will see a clamp on your baby's umbilical cord. This plastic clamp will be removed by your baby's nurse 24 hours after delivery.

Care of the umbilical cord in the postpartum period includes effective hand washing and keeping the cord dry and exposed to air or loosely covered with clean clothes, with the diaper folded below the umbilicus. If the umbilical cord stump becomes soiled with urine or feces, then cleansing the area with water is adequate.

As the cord dries and begins to fall off, you may note a small amount of dark red blood on the baby's diaper or shirt. Call your baby's doctor if the cord continues to bleed, has yellow-green discharge and a foul odor or your baby has a fever or seems sick.

Nail Care

The best time to file your baby's nails is when he or she is asleep. Sometimes the nail end detaches without being clipped and can be easily pulled away. An infant sized emery board works well. Do not use scissors or clippers for several months. Check with your pediatrician first.

Bathing Your Baby

Newborns generally do not become very dirty. Bathing is primarily a time of enjoyment for the family and a time for happy interaction with your baby.

For cleanliness, we recommend that you wash your baby's bottom with plain warm water every time you change the diaper. Wash your baby's face with warm water whenever it's dirty and shampoo hair two or three times a week. As long as these areas are kept clean, a complete bath can be done as frequently or infrequently as you and your baby wish. If your baby loves the bathing experience, it can be a daily ritual. If your baby is not happy bathing initially, skip it for a few days and try again. A full bath once a week is sufficient for cleanliness.

You may find the following ideas helpful at bath time:

- Use an inexpensive, large plastic tub for bathing your baby.
- We do not feel it is necessary to measure



the water temperature with a thermometer every time you immerse your baby. Check the water temperature with your hand and wrist. Babies enjoy warm water and it should feel comfortably warm to you.

- Try placing a towel or washcloth in the bottom of the tub to make it softer and less slippery.
- You may want to wash your baby's face and scalp before you undress him or her for the rest of the bath. Your baby can be held "football fashion" over the tub or sink.
- Wash the face with clear, warm water, cleaning the eyes from the inside corner to the outside. Wash in and behind the ears with the corner of the washcloth (no Q-tips in the ears!).
- Wash the scalp with a mild soap and a small soft brush or your fingertips. Rinse well and dry. Now you're ready to undress your baby and place him or her in the tub water.
- After placing your baby in the tub, you may find that covering him or her with another warm cloth or towel is both calming and warming.
- Warming your bath towels in the dryer before wrapping baby after the bath is a nice way to keep him or her warm and comfortable.
- Keep the bath simple and enjoyable. You will come up with your own creative ideas for making this a happy time with your baby.

Clothing

A helpful guideline in general is to dress your baby in one more layer of clothing than you are wearing. A recommended temperature setting for your home should be 68-72 degrees.

Laundry

You may use mild soaps, detergents, bleaches and softeners when washing your baby's clothing. The key is thorough rinsing. You may need to run the clothing through an extra rinse cycle. Fabric softeners may reduce the absorbency of home-laundered diapers.

Immunizations

Immunizations are now available to treat almost any "childhood disease." The benefits of immunization are much greater than the possible risks of the vaccines for almost all people. Because these vaccines are so effective, it is easy to forget how serious the diseases they prevent are. For instance:

- **Diphtheria** attacks the throat and nose, interferes with breathing, can damage the heart and kidneys, and is fatal in 10% of cases.
- **Tetanus** is fatal in 50% of cases.
- **Pertussis (whooping cough)** causes coughing spasms and gasping for breath. Most cases occur in infants and young children, and 70% of pertussis deaths occur in children under one year of age.

- **Polio (IPV)** attacks the nervous system, can cause paralysis of legs and other areas of the body and 10% of cases are fatal.
- **Measles** can cause hearing loss, convulsions, intellectual disabilities and death.
- **Mumps** may cause inflammation of the brain and spinal cord (meningitis) and may cause permanent deafness.
- **Rubella (German measles)** can cause miscarriage, stillbirth and multiple birth defects in a baby if the mother has this disease during pregnancy. It can also cause soreness and swelling of the joints (arthritis) that can last a week or two, or in some cases, last for months or years.
- **Haemophilus In luenzae Type B (Hib)** is the most common cause of bacterial meningitis. In 25% of cases, this type of meningitis can result in permanent brain damage.
- **Hepatitis B Vaccine (HB)** prevents a disease that affects and often damages the liver and can be fatal.
- **Varicella Vaccine (Var)** prevents chicken pox. Chicken pox can result in scarring and in encephalitis in some rare cases.
- **Pneumococcal Conjugate (PCV)** helps prevent pneumococcal infection that can cause pneumonia, meningitis and even death.

Discuss with your baby's physician the availability of new vaccines.

Massachusetts State Law requires that every child be immunized before entering school and daycare centers. Your baby may receive the first of three hepatitis B shots while in the hospital. The remaining immunizations are available at your baby's well-baby checkups, at the local health department or at a community clinic.

The possible risks or side effects of each immunization will be explained to you at the time your baby receives each vaccine. Risks vary but can include such symptoms as soreness at the injection site, fever and fussiness.

Keep an accurate record of all the vaccines your baby has received. This record will be necessary if you place your baby in daycare and when your child begins school and even college. This is also a good time to get your own immunizations up to date. As an adult, you will need to have a tetanus-diphtheria booster (Td) every 10 years. You and anyone caring for your newborn should be up to date with vaccinations. Discuss current recommendations with your pediatrician.

Infant Sun Safety

Infants require special sun exposure precautions regardless of race. An infant's skin isn't fully developed and burns more easily. Keeping infants



away from the sun's strongest impact (between 10:00 a.m. and 3:00 p.m.) is recommended. Plan outdoor activities with your baby for early morning or late afternoon.

Make sure your carriage and stroller have an adjustable canopy. Install window shades in the back seat of your car to provide shade for your baby while you're driving. Keep a sun shade/umbrella in the trunk of your car to be used at the beach, park, in a friend's backyard, etc.

Shade does not provide total protection. Dressing your baby properly for sun protection is important:

- Put a lid on 'em. Your baby should always wear a sun protective hat when outside. To be protective, a baby's hat must cover the top of the head (no headband visors). Ideally a baby's hat should have a wide front brim and soft neck flap.
- Arms and legs should also be covered. Loose-fitting natural fiber clothing will help keep your baby cooler, and tightly woven fabrics are more protective than loose weaves.
- Shades are not silly for a baby. Infant sunglasses are available and will help protect your baby's eyes. They should meet ANSI (American National Standards Institute) standards and block out 99% of the sun's ultraviolet rays.

Is Sun Screen Okay on Babies?

Babies under 6 months of age should be kept out of direct sunlight. If adequate clothing and shade are not available, sunscreen may be used in small areas of the body, such as face and back of hands. Use an SPF of 15, apply 30 minutes before going outside and follow the product's recommendation for reapplication.

Tummy Time

When awake and under adult supervision, place your baby on his or her tummy to avoid the development of a flat spot on the back of the head. This positioning also facilitates good neck muscle rotation and tone and stimulates the development of prone motor skills. Toys and other stimulating objects can be placed in the infant's field of view to encourage turning his or her head from side to side. You can begin this activity right after birth. Check with your provider.

Pacifiers

Pacifiers are only used upon a parents' request. Each time your baby signals that he or she is hungry, we will encourage you to feed your baby rather than delay a feeding by using a pacifier. Given the documentation that early use of pacifiers may be associated with less successful breastfeeding, we suggest limiting use to specific medical situations such as uses for pain relief, as a calming agent or as part of a structured program for enhancing oral motor function. Pacifier use has been associated with a reduction in SIDS incidence. Mothers of healthy term infants should use pacifiers at nap or sleep time after breastfeeding is well established.

Calming and Caring for Baby

Crying may be your baby's way of letting you know he or she has reached their limit. Unfortunately, we don't always understand this form of communication. Common things to check are: hunger, gas, too hot/too cold and simply needing attention.

Ways to comfort your baby:

- Nurse or bottle-feed to see if your baby is hungry.
- Try burping or patting baby's bottom.
- Removing clothes and extra blankets if you think your baby may be too hot.
- Changing baby's diapers can help if you think your baby is too cold. Other warming techniques include swaddling baby, cuddling baby, increasing room temperature and adding clothes.
- If your baby has been startled, try swaddling, cuddling, walking baby, taking baby for a car ride, rocking baby in the cradle, rocking baby standing up (back and forth or up and down). If baby is still crying, try walking outside, turning on the bath water, giving baby a bath, massaging baby, turning on/off music, dancing with baby.

Also, just because something didn't work last time or half an hour ago doesn't mean it won't work now. After a while, both you and baby will develop favorite calming methods. At times, you may need to take care of yourself to take care of the baby. If the baby is still crying after trying everything, you could make the baby as happy and safe as possible, and give yourself ten minutes alone in the shower

or with your favorite music. Every member of the family needs to help you. Take turns trying to comfort baby. Sometimes, a new person doing the same thing can help calm baby.

All babies cry. *Never shake a baby.* Shaking or hitting a baby can cause permanent brain damage or death.

Remember, your baby has come a long way from the warm and completely comforting womb. Touching, talking, holding, rocking, cuddling and stroking are forms of communication. They tell your baby that you care.

Skin-to-Skin Contact

Skin-to-skin care during your recovery and newborn transition period on the labor delivery unit provides important benefits to your newborn. These include stabilizing your baby's body temperature and blood sugar as well as facilitating bonding and breastfeeding initiation. As there are potential risks associated with unobserved skin-to-skin care, our nursing staff will closely observe you and your infant and will help you find the correct skin-to-skin position. As a result of these risks, routine skin-to-skin care is not recommended beyond the early hours of life. Please feel free to discuss these issues with your health care team.

Sleep and Positioning

Initial Sleeping Habits

Very few babies sleep through the night during their first months of life. Try not to make sleeping through the night your number one objective. Also, don't compare your baby's sleep habits to your neighbor's baby.

With few exceptions, babies need to be fed several times at night to get adequate calories for growth. Recognize night feedings as normal behavior for infants. Gradually, night sleep lengthens as your baby matures.

Helping Your Baby to Sleep:

- Position your baby on his or her back rather than the side or tummy. Sleeping on the back is associated with a greatly decreased incidence of SIDS (Sudden Infant Death Syndrome).
- Do not use pillows, soft comforters, plastic waterproofing materials or lambskin in the baby's bed.

- Being snugly wrapped in a sleep sack helps some newborns settle into sleep.
- The motion of rocking, walking or car rides may help your baby relax for sleeping.
- Try music, singing or a gentle massage for a soothing sleep ritual.
- Continue making your usual family sounds when you bring your baby home. Babies have the ability to close out sounds and learn to sleep through most noises.
- Babies sleep from 10 to 20 hours in 24 hours, with an average of 14 hours. As long as your baby is feeding well and is healthy, trust your baby to know how much sleep he or she needs.
- To learn more about Safe Sleep, visit safetosleep.nichd.nih.gov.

Car Seat Safety

Car safety is an important part of your child's health care. Statistics show that car accidents are the leading cause of serious injury and death for infants and children. Car seats and seat restraints are saving lives. Furthermore, the use of car seats and seat restraints is mandatory in Massachusetts. Please use these life-saving devices for your entire family.

Always Remember:

- Never hold a child in your lap while riding in either the front or back seat.
- Always follow the manufacturer's instructions for correct installation. Save the toll-free numbers from the instruction booklet and call the manufacturer with any specific questions.
- The center rear seat is the safest place in the car.
- The American Academy of Pediatrics recommends that infants and toddlers ride in a rear-facing car safety seat until they are two years of age or until they reach the maximum weight or height allowed by the manufacturer of their seat. Please consult your pediatrician.
- Always use the car's seat belt to anchor the seat to the car.
- Make sure the seat's harness fits snugly. There should be no slack between baby and harness.
- Use a tether strap if the seat requires it.
- Children under 12 should never be in a seat with an air bag.



- Set a good example by using your seat belt every time you travel. All vehicle occupants must use a seat belt in Massachusetts. It's the law.
- Studies show that when children are correctly buckled up, they are better behaved, feel more secure and are less likely to be injured in the car.

The American Academy of Pediatrics recommends minimizing the time your baby is seated in a car safety seat and using car safety seats only for travel.

If you have purchased a car seat travel system that allows you to move your baby's car seat from your vehicle to a stroller base, you might be tempted to let your baby finish car naps in the car seat. However, sitting in a car seat for lengthy periods can contribute to the development of a flat spot on the back of your baby's head, worsen gastroesophageal reflux disease (GERD) and affect a child's breathing. Experts suggest not letting your child sleep or relax in the car seat.

When to Call Your Baby's Physician

- Difficulty breathing, choking spells or blue color that is not resolved quickly by stimulation and/or bulb syringe—call 911.
- Rectal temperature of 100.4°F or higher or 97.4°F or lower.
- Any yellow or yellow-green discharge from the eye.
- Green-colored spit up or forceful vomiting.
- Vomiting that lasts more than 24 hours or with fever and diarrhea.
- Blood in urine or stool.
- Increasing jaundice.
- Concerns about the circumcision, including bright red bleeding (more than a spot), swelling, foul discharge, or inability to urinate.
- Concerns about the umbilical cord, including bright red bleeding (more than a spot) or a foul odor.
- If your infant's behavior changes and he/she is very lethargic or listless or excessively sleepy.
- If your baby is inconsolable, unusually irritable, in pain, constantly fussy or cannot feed.
- Call your baby's physician if your newborn infant feeds fewer than six or eight times in 24 hours, does not have a bowel movement in 24 hours or has fewer wet diapers than he is days old. (For instance, we expect that a three-day-old infant will have three wet diapers.) By the time your milk is in, we expect six to eight wet diapers in 24 hours. Any change in behavior that just "isn't right."
- Your baby's physician is a wonderful resource for your questions and concerns, and someone is on call 24/7. Don't be afraid to call your pediatrician anytime.

Reducing the Risk of Sudden Infant Death Syndrome: What You Can Do

Sudden Infant Death Syndrome (SIDS) is rare, but still strikes nearly 6,000 (1 in 1,000) babies in the United States every year. Parents want to do everything possible to decrease the risk that their babies will be among that number.

The cause of SIDS is unknown. However, sleeping position has been found to reduce the risk of SIDS. Studies in Europe and Scandinavia report a decrease of 50 percent in Sudden Infant Death Syndrome as a result of simply putting healthy babies on their backs whenever they sleep.

Talk to your baby's physician about the sleeping position that is best for your new baby. Certain health conditions require a tummy-down sleeping position. If your baby was born with a birth defect, or has a breathing, lung or heart problem, be sure to talk to your physician about which sleep position to use. Be sure baby sitters, relatives, and daycare workers know which sleeping position is best for your baby.

What is SIDS?

Sudden Infant Death Syndrome (SIDS) is defined as "the sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene and a review of the clinical history."

SIDS, sometimes referred to as crib death, is the major cause of death in babies from one month to one year of age. Most SIDS deaths occur when a baby is between one and four months old. More boys than girls are victims, and most deaths occur during the fall, winter and early spring months.

The death is sudden and unpredictable. In most cases, the baby seems healthy. Death occurs quickly, usually during a sleep time. A great deal of research is being conducted to determine the causes of SIDS. However, after 30 years of research, scientists still cannot point to one definite cause or causes. There is no way to predict or prevent the occurrence of SIDS. But, placing a baby on his or her back when sleeping has impacted the number of cases of SIDS.

Some mothers worry that babies sleeping on their back may choke on spit-up or vomit during sleep. There is no evidence that sleeping on the back causes choking. Millions of babies around the world now sleep on their backs and physicians have not found an increase in choking or other problems.

Helpful Hints:

At first, some babies don't like sleeping on their back. Swaddling them snugly may help. Talk to

your physician if you are concerned about your baby's sleep. While sleeping on his or her back may help protect your baby from SIDS, there are other things that will also help to keep your new baby healthy.

- **Bedding.** Make sure your baby sleeps on a firm mattress or other firm surface. Don't use fluffy blankets or comforters under the baby. Don't let the baby sleep on a waterbed, sheepskin, a pillow or other soft materials. When your baby is very young, don't place soft stuffed toys or pillows in the crib with him or her. While these toys are cute, some babies have smothered because of the presence of soft materials in their crib. Your newborn should not wear a hat while sleeping. For information on crib safety, contact Consumer Product Safety Commission at 800-638-2772 or www.cpsc.gov.
- **Room Sharing.** According to the American Academy of Pediatrics, there is growing evidence that room sharing (infant sleeping in the parent's room) without bed sharing (baby should be in their own crib or bassinet) is associated with a reduced risk of SIDS. Avoid sleeping with your baby in your bed, sofa or chair.
- **Holding your baby.** When holding your sleeping baby, make sure your head is up and you can see your baby's face, nose and mouth at all times. Also avoid using cell phones and digital devices that can distract you from caring for your newborn.
- **Temperature.** Babies should be kept warm, but

they should not be allowed to get too warm. Keep the temperature in your baby's room comfortable to you.

- **Smoke-Free.** Create a smoke-free zone around your baby. No one should smoke tobacco or other substances around your baby. Babies and young children exposed to smoke have an increased risk of SIDS. If you are a smoker, never sleep with your baby.
- **Physician or Clinic Visits.** If your baby seems sick, call your physician or clinic right away. Make sure your baby receives his or her immunizations on schedule.
- **Prenatal Care.** Provides a healthy start for your baby. Be sure to schedule early and regular prenatal care. The risk of SIDS is higher for babies whose mothers smoked during pregnancy. It is also important for pregnant women not to use alcohol or drugs (unless prescribed by a physician).
- **Breastfeeding.** Consider breastfeeding your baby. Breast milk contains antibodies and nutrients to help keep your baby healthy and has been associated with a lower incidence of SIDS.
- **Pacifiers.** Because pacifier use has been associated with a reduction in SIDS

incidence, mothers of healthy term infants should use pacifiers at nap or sleep time after breastfeeding is well established, at approximately three or four weeks of age.

- **Awake Time.** Place your baby on his or her tummy often when awake and under your watchful eye. "Tummy time" helps prevent flattening of the back of the head and gives babies an opportunity to strengthen neck muscles.
- **Enjoy your baby!** Most babies are born healthy, and most stay that way. SIDS is rare. Don't let the fear of SIDS spoil your enjoyment of having a new baby!

If you have any questions about your baby's sleep position or health, talk first to your baby's physician.

Community Resources for More Information:

Massachusetts Center for Sudden Infant Death Syndrome (SIDS)

Boston Medical Center, One Boston Medical Center Place, Boston, MA 02118 800-641-7437 (MA & RI) or 617-414-SIDS (7437) <http://www.bmc.org/pediatrics-MA-SIDS>



Program Description: Since 1975, the Massachusetts Center for SIDS has provided counseling and information to families throughout Massachusetts whose babies have died suddenly and unexpectedly to Sudden Infant Death Syndrome and other causes of infant mortality, 0-3 years of age. Services include:

- 24-hour crisis counseling.
- Bereavement counseling for one year after death.
- Training and educational programs for professionals and the general public.
- Parent support group meetings - Springfield, Worcester, Boston.

Back to Sleep Campaign

PO Box 3006, Rockville, MD 20847
800-505-CRIB (2742)
www.nichd.nih.gov/sids

Breastfeeding Support Group

Childbirth Education Classroom, Allen-Riddle Building, Newton-Wellesley Hospital 2014 Washington Street, Newton, MA 02462

Tuesdays and Thursdays, 1:00-2:00pm 617-243-6314

SUID/SIDS Resource Center

2115 Wisconsin Avenue, NW, Suite 601, Washington, DC 20007
866-866-7437
www.sidscenter.org

Description: Providing resources to states, communities, professionals, and families to reduce sudden unexpected infant death (SUID)/Sudden Infant Death Syndrome (SIDS) and promote healthy outcomes.

Pediatric Care for Your Child

Finding a Pediatrician

When it is time for you to get care for your newborn, Newton-Wellesley is still here for you. We provide pediatric primary care services to infants, children, adolescents and young adults at a variety of locations in the western suburbs of Boston. Our goal is to deliver the highest-quality care to the patients in our community while keeping the unique physical and emotional needs of our young patients in mind.

If your child needs specialty care, we provide access to conveniently located, expert care providers. We are proud to collaborate with MGH for Children. Subspecialists from MGH for Children see patients on site at Newton-Wellesley for a wide range of medical needs.

Let us help you find the perfect doctor for your child. Call 866-NWH-DOCS.

When Your Child Needs Emergency Care

When your child requires specialized emergency services in an environment close to home, Newton-Wellesley Hospital is able to provide the

highest level of care through our collaboration with MGH for Children. The Maxwell Bloom Emergency Pavilion has a dedicated eight-bed Pediatric Emergency Department with specialized equipment needed to care for children in a caring, comfortable and reliable atmosphere.

The Pediatric Emergency Department operates 16 hours a day from 10:00 a.m. to 2:00 a.m. Our internationally recognized pediatric surgeons, pediatric medical subspecialists and in-house pediatricians, neonatologists and pediatric anesthesiologists are on-call 24 hours a day. Our facility was designed with children – and parents – in mind. The rooms are bright, cheerful and offer activities for distraction. We also have a certified child life specialist on staff.

If your child has need of additional or follow-up care, your family has access to an array of MGH for Children pediatric specialists on site at the Hospital in the following areas without the need to go to Boston: adolescent medicine, allergy, cardiology, endocrinology, gastroenterology, nephrology, neurology, orthopedics, pulmonology, rheumatology, surgery and urology.

CHAPTER 4:

Infant Nutrition

Infant Nutrition

What and how you feed your baby is especially important during the first year. The average baby doubles birth weight within five months after birth, and weight triples by the first birthday. A smaller than average baby often grows more rapidly. Breast milk or iron-fortified formula is baby's most important food in the first year and should be the only food for the first four to six months of life.

Health professionals recognize breastfeeding as the best choice for most infants. The World Health Organization ranks food choices for babies as:

- 1) breastfeeding
- 2) the mother's own milk expressed and given to her child through a bottle or syringe
- 3) the milk of another human mother
- 4) iron-fortified formula

There are, however, instances when a woman physically cannot breastfeed such as hormonal and glandular deficiency or other medical reasons. There are a few infectious diseases that can be transmitted through human milk to a baby, including HIV and untreated tuberculosis. Mothers with HIV are advised not to breastfeed.

Similarly, mothers with tuberculosis should not breastfeed until appropriate treatment has been started. Mothers with hepatitis B can breastfeed their infants if the infant receives the hepatitis B vaccine in the first few days after birth. There is no evidence that hepatitis C is transmitted by breastfeeding. Mothers with chronic hepatitis C are often advised that they can nurse their infants, but they should discuss this with their physician. Other types of infections need to be evaluated by the obstetrician and pediatrician, but nearly all will be found to be safe for breastfeeding. Talk with your physician or midwife if you are wondering if a medical condition or a medication you are taking would affect your breastfed baby.

Newton-Wellesley Lactation Consultants round on our new mothers every day to answer your questions and offer support.

Breastfeeding

Breastfeeding is an excellent way to meet your baby's nutritional and emotional needs. Advantages to breastfeeding for babies include:

- Fewer allergies
- Fewer gastrointestinal tract diseases
- Fewer respiratory tract diseases
- Less inflammation of the ear
- Lower chance of childhood obesity

Breastfeeding usually takes some practice for both mother and newborn. The best approach is to relax and be patient during the initial period when you and your infant are learning.

Get help early. Your nurse can answer your questions and assist you with feedings while you are in the hospital.

If necessary, she can also refer you to the on-site lactation consultant who specializes in breastfeeding issues. Proper emotional support is important for breastfeeding mothers. You may want to join a support group such as the La Leche League or Nursing Mother's Council, talk with friends and relatives who have had successful breastfeeding experiences or find a local lactation consultant. It is a good idea to do this even before your baby is born so that you are familiar with local resources by the time your baby arrives.

It is best to have the first feeding shortly after birth, preferably within your baby's first hours of life. This is possible even after a Cesarean birth with the assistance of a nurse or partner while you are in the recovery room. Breastfeeding must begin after childbirth. Your body will not continue to make milk if your baby is not nursing or if you are not pumping.

Great Start

Nursing immediately after delivery when your baby is wide awake is the best way to begin. It is also a quiet and special time for you. Be sure to tell your nurse and partner that you want to begin nursing your baby as soon after the birth as possible. A full-term newborn has a sucking reflex that will enable her or him to feed right away. The following information and advice will guide you as you begin nursing your baby.

Breast Milk

Baby's sucking stimulates the release of two hormones, oxytocin and prolactin. Oxytocin signals your uterus to contract and return to its pre-pregnancy size. This is why many women experience uterine cramping during the first few days of nursing. Oxytocin also contracts tiny muscles in the breast to release milk to the baby. This is called the "let down" reflex.

The hormone prolactin stimulates your breast to produce milk. The "first milk" is a substance called colostrum, which is a highly nutritive fluid with protective antibodies that are very beneficial to newborns. Colostrum is produced in very small quantities (perfectly designed for a newborn's small

stomach). Colostrum provides all the nutrition your baby needs for her/his first days of life. Colostrum varies in color and consistency and transitions into a thinner liquid called transitional milk before becoming mature milk about two weeks postpartum. Mature milk is thin and white in color and resembles the appearance of skim milk.

The more your baby nurses, the more milk your body will produce. The amount of milk removed from the breast determines the amount of milk produced. A pattern of supply and demand is established with each feeding. Drink a glass of water, juice or milk at every feeding to ensure that you are adequately hydrated. It is also important for you to maintain a healthy diet by eating a variety of fresh, nourishing foods like fruits, vegetables, proteins and grains. It is not necessary for your baby to drink water, formula, or other liquids in addition to breast milk unless prescribed by your health care provider.

Recognizing Signs of Hunger

The following are signals from your baby that will alert you that he or she is hungry:

- Open eyes
- Baby starts to wake (eyes flutter and hands move)



- Baby starts to squirm or move
- Sucking movements of the baby's mouth
- Attempts to suck on fingers or fist
- Rooting (turning toward anything the baby's face comes in contact with)
- Tongue thrusting

A baby does not have to cry to show readiness for feeding. Crying is a late hunger sign. It is much easier to nurse a baby who is calm and just beginning to show hunger than a baby who has been waiting so long for food that she or he is upset and crying. Just like you, your baby learns best when not distracted by discomfort or frustration.

Feeding Frequency

In the first few days after birth, your newborn may not seem to want to vigorously breastfeed. During this time, it is important to encourage at least 10 feedings in 24 hours. This allows for some feedings to go more smoothly than others, while still allowing your baby enough opportunities to learn and enough signals for your breasts to produce more milk.

Watch for cues that your baby is hungry, and gently wake your infant to nurse her/him after any three to four-hour period of sleep. Avoid using pacifiers in the first weeks so that your baby will use all of his or her sucking energy for feeding.

Frequent feedings during the first few days encourage milk production and help minimize breast engorgement. Your newborn's stomach is very small. Consequently, he or she can only eat a small amount at a time and will need to feed frequently. You'll know your baby is sucking well when:

- The feedings are not painful for you.
- The baby has at least one bowel movement in a 24-hour period.
- The baby seems satisfied after feeding.
- You can hear your baby swallowing (after your transitional milk has come in).
- The baby has six to eight wet diapers in a 24-hour period (after your transitional milk has come in).

During the first few weeks at home, the baby will usually feed 10 to 12 times in a 24-hour period. Your infant may "cluster feed," which means

wanting several feedings within a short period of time followed by a longer sleep period. Feedings will average one every two to three hours. Cluster feeding is fine for your baby. It is important to breastfeed whenever your baby is hungry. Your baby will nurse less often as he or she gets older. Take advantage of these early days. Put your feet up, get plenty to eat and drink, and rest while your baby nurses.

Burping

You can try burping your baby when he/she slows down during a feeding. Hold your baby upright against your chest with her/his head at your shoulder and give the baby gentle pats or circular rubs on the back. Alternatively, you can hold your baby in sitting position on your lap for a burp, with one hand patting and the other supporting the belly and jaw. Babies may not burp after every feeding.

Good Positioning and "Latch-On"

For successful, comfortable nursing it is important to hold the baby's body in a proper position. It is also crucial that your baby's mouth is well "latched-on" to your nipple.

All About Latch-On

- It is crucial that baby gets a lot of the areola (the darker skin around the nipple) in her/his mouth whenever breastfeeding.
- Once the baby is in position, line the baby up so that her/his nose is facing your nipple. Try having some expressed colostrum or milk on your nipple for your baby to taste and smell. Your nipple should be in alignment with the baby's nose. Gently tickle the baby's lips with your nipple until her/his mouth opens as wide as a yawn.
- Holding your breast with your thumb above the areola and your other fingers below (not on) the areola, quickly pull your infant close to you so that the nipple is centered toward the back of the baby's mouth, or slightly raised. Your baby's mouth should cover most of the areola. It is normal for the tip of the baby's nose to touch your breast while nursing.
- Check to make sure that both of your baby's lips are flanged out when your baby is nursing. This

can be difficult to see, and you might need to ask a nurse or your partner to help. If the baby only gets the nipple and not some or all of the areola, the mother will feel nipple pain and can quickly get cuts that take a long time to heal. This will also prevent the baby from getting enough milk.

- There should be no pain associated with breastfeeding. Make sure it feels comfortable.
- It is very important to teach your baby to open wide for each feeding. All babies need to learn how to breastfeed even though they are born with reflexes that help. At the beginning, you may need to reposition the baby a few times before she/he latches on properly. If the baby is latched well, the sucking should give you a moderate pulling and tugging sensation.
- Try to resist the temptation to keep the baby on the breast even when it hurts. To remove your baby from the breast, put your finger in the corner of your baby's mouth between the gums until the suction is broken. Reposition the baby and try again.
- If you are having trouble, ask for help "early and often." Your nurses and the lactation consultants are happy to assist while you and your baby learn to breastfeed in the hospital. Other resources are listed in Chapter 5 of this guide.

Breastfeeding Positions

There are a number of good breastfeeding positions. You may try a few of them to see which is most comfortable. Descriptions of four popular positions are described here. Many mothers find the cross-cradle and clutch or "football" positions to be easiest with a newborn since these two positions give mothers the most control over their babies' heads.

The side-lying position can also be quite comfortable and restful, though some mothers find it easier after baby has grown and gained some head control. Side-lying and the clutch positions are often suggested for mothers who have had Cesarean birth because the baby does not have to lie against mother's stitches.

To prepare for a nursing session, start by bringing the baby's body level with your breast and supporting your baby with a firm household pillow. Your nipple should be in alignment with the baby's nose. Your hands and arms should not be supporting the baby's weight, but rather guiding

the baby's head. Many new mothers find it helpful to use a nursing pillow, particularly one that fastens around the mother's back. A nursing pillow should be relatively firm because it helps keep baby up and close to your breast. Without a pillow, gravity can slowly pull the baby away during the course of feeding. This can result in the baby sucking on the end of the nipple, which will eventually cause nipple pain and damage. Nursing pillows are available through lactation consultants and baby stores.

When using any of the following positions, use one hand to hold the base of your baby's head. The palm of your hand should support the baby's neck and upper back, with your thumb and index finger on either side resting under each ear. If you place your hand or fingers higher up on the back of the baby's head, you will trigger a newborn reflex that encourages your baby to turn toward the direction of the touch of your fingers and away from your breast. For the same reason, try not to touch your baby's face while nursing. If you touch your baby's cheek, for example, the baby will turn to the side where she or he was touched rather than stay focused on the nipple. In addition, position the baby so that the baby's ear, shoulder, and hip are in a straight line. This allows the baby to lie comfortably and not turn or twist to reach the breast.

Football or Clutch Hold: Begin by finding a comfortable chair, preferably with arms, and gather some firm pillows. Sit and place the pillows at your side to support your baby, who will lie next to you. Lay your baby next to you on her or his back. The baby's bottom should be all the way back against the back of your chair, with her or his legs going up the back of the chair. Support the baby's back and shoulders with your arm, and cradle the base of your baby's head with your fingers. Use your other hand (on the opposite side of the baby) to support your breast.

Cross-Cradle Hold: The cross-cradle position gives you good control over your newborn's head and your breast. To begin nursing, gather a firm pillow and make yourself comfortable in an armchair. Place your pillow on your lap, and lay your baby on her/his side on top of the pillow. Extend your arm that is closest to the baby's feet along her/his back and use your hand to support the baby's head by cradling the base of her/his head with your fingers. Your other hand can support your breast. Make sure baby stays on her/his side so that you can remain "belly-to-belly" with your baby.



Side Lying: In this position, lay on your side with your baby on her/his side next to you. Put a pillow behind your back and lean into it. This will help raise your breast up off the bed a bit.

Lay your baby down alongside you, with the baby resting on her/his side. The baby's abdomen should be facing yours ("belly-to-belly"), with baby's head level with your breast. It may be necessary to put a thin pillow under the baby to raise baby to nipple level. It can also help to put a pillow behind your baby's back to keep baby from rolling away from you. If you have had a Cesarean birth, you may also wish to put a thin pillow between your abdomen and the baby. This position can be very restful for a new mother, but some mothers find this position difficult with a newborn. If you find it difficult at first, try again in another week or two when your baby has developed a little head control.

Cradle: The cradle position is most commonly associated with nursing and usually preferred for older babies. To begin, find a comfortable armchair and hold the baby in your arms with baby's body entirely on his/her side. You should be belly-to-belly with your baby. The baby's bottom arm will be around your waist, and the baby's head will be in the bend of your elbow. You may want to

put pillows under your elbow and your baby to keep him or her raised and close to your breast. Support your breast with your free hand, placing your thumb above the areola and your four fingers below it. This can be a challenging position with a newborn if your elbow doesn't cradle the baby's head in alignment with your nipple. If this is the case, try again when your baby is bigger.

Growth Spurts

Babies have growth spurts and need to feed more frequently at these times. The first growth spurt usually occurs around 7 to 14 days, followed by spurts at four to six weeks, three months and six months. These growth spurts last one to three days. During this period, increased sucking will boost your milk supply to provide for your growing baby. During a growth spurt, your baby is asking your body to make more milk. Your body can do this best if you allow your baby to nurse as often as she/he wishes. The amount of milk in your breasts during a growth spurt is still enough to support your baby's needs until the milk supply increases. Giving the baby formula or water during this time can interfere with your baby's efforts to increase your milk supply. After the growth spurt, your baby's feeding pattern will return to normal.

Tips for Rousing a Newborn

It is common and normal for newborns to sleep a lot. However, babies need to breastfeed often and for a long enough period of time. Encourage your baby to nurse every one to three hours during the day. Once your baby is nursing well, has regained birth weight and has helped you establish a good milk supply, you can allow the baby to sleep for longer stretches at night. There are various techniques to wake a sleepy baby and keep her or him interested in nursing.

Talking softly to the baby, loosening or removing blankets or holding the baby in a standing position will help awaken him or her. Other ways to help the baby awaken include changing the baby's diaper, gently rubbing the baby's feet or hands or giving the baby a bath.

If your baby starts to fall asleep while nursing, try burping the baby between sides, gently massage the baby's limbs or switch breasts. You can also try compressing your breast gently and releasing. Breast compression and release can increase the milk flow, which encourages the baby to continue sucking.

Breast Engorgement

During the first week after delivery, as the colostrum is changing to mature milk, your breasts will become full. This normal postpartum fullness usually lessens within three to five days.

If feeding or pumping does not adequately remove all the milk your body produces, engorgement may develop. Breast engorgement can be very uncomfortable. The full areola may cause the nipple to flatten making it difficult for the baby to latch on well.

Managing Engorgement:

- Breastfeed your baby as frequently as 10 to 12 times in 24 hours.
- Avoid giving your baby water or formula for the first three to four weeks unless medically indicated.
- Avoid using a pacifier for the first three to four weeks.
- Express a little milk before you nurse by hand or pump. This will help make the areola softer, and the nipple more erect so latch-on is easier. If your baby can't latch on because your nipples are



flattened, gently stimulate your nipples by hand to make them more erect and hand express some milk to soften the areola. You may need to use a hospital-type breast pump to do this.

- Use moist heat for up to five minutes and breast massage before hand expression or pumping. Another option is "reverse pressure softening." Place your index and middle fingers on each hand, opposite one another on each side of the nipple. Push straight back toward the chest wall for 30 seconds. Then move the fingers to a different place on the nipple. If you visualize your areola as a clock and your first position was 3:00 and 9:00, move to 12:00 and 6:00. Repeat pressure for another 30 seconds. This should move some milk away from the nipple, often enough to get the baby to latch on.
- Express your milk if you have to miss a feeding.
- Wean your baby very gradually if you want to stop breastfeeding. For example, if your baby is breastfeeding 10 times per day, drop one feeding every other day.

Treating Engorgement:

- Apply warm, moist towels to your breast for two to five minutes or take a warm shower before nursing.
- Use gentle breast massage before and during breastfeeding.
- Use deep breathing, soft music, or other relaxation techniques to lessen discomfort and encourage letdown before and during nursing.
- Apply cool compresses or ice to your breasts after nursing to relieve discomfort and decrease swelling. A bag of frozen peas makes a nice ice pack.
- If your baby takes only one breast, use a breast pump or hand express the milk from the other breast during the engorgement period.

Sore Nipples

Prevention

To prevent nipple tenderness, make sure you are correctly positioning your baby during nursing and that she or he is latching-on properly.

Management

There are a number of things you can do to help alleviate sore nipples. Focus on correcting your baby's latch.

Be patient while you and your baby learn to nurse. Do not allow the baby to nurse with an uncomfortable latch. Take the baby off and try again, even if you have to do this a number of times. Use deep breathing, soft music or other relaxation techniques before and during breastfeeding. Nurse on the least sore side first. Massage your breasts while nursing, from base to nipple. This helps stimulate the milk flow. Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.

If your nipples become dry, cracked or sore you can express breast milk and gently rub it into your nipples. You may also apply pure lanolin. (Pure lanolin is sold as Lansinoh or Pure-Lan at most pharmacies.) This forms a moisture barrier to help keep your nipples dry. When bathing, avoid using the soap on your breasts or nipples. Water is all that is needed to clean your breasts. Release the suction from the baby's mouth before you remove your baby from the breast. Do this by placing a clean

finger in the side of your baby's mouth between her/his jaws. Do not take your baby from the breast until you feel the suction break.

If the condition of your nipples is not improved within two days, contact your physician, nurse, midwife or lactation consultant so that they can check for infection.

Frequently Asked Questions About Breastfeeding

What is a "normal" suck/swallow pattern for my baby?

Each baby's suck/swallow pattern is unique. Initially, when beginning breastfeeding right after birth, your baby may take quick, brief sucks until colostrum is tasted. Following that, the suck/swallow pattern is more rhythmic. When you first begin a feeding, you want to see about six to ten rhythmic sucks to each swallow followed by a pause. You will feel a gentle pull on the breast with each suck if you have positioned the baby correctly. Multiple sucks encourage your milk to let down. Once the milk is flowing, your baby will swallow more frequently with fewer pauses.

How do I know the baby is getting enough milk?

Newborns typically lose from five to seven percent of their birth weight during the first few days after birth. Breast milk contains 20 calories per ounce, and it has the perfect balance of fat and protein needed for your baby to gain weight. Your baby will regain his or her initial weight loss in one to two weeks if you are feeding 10 to 12 times every 24-hour period. Also, keep track of wet and soiled diapers. These provide a good indicator of how much your baby has eaten. In the first one to two days after birth, your baby may have only one to two wet diapers and one bowel movement per day. By the time your baby is four days old, you should notice:

- Audible swallowing while breastfeeding
- A sense of fullness in your breast before feeding
- A "let down" milk release that may feel like a tightening or tingle in the breast. This may happen only in one breast.
- Your breast will be softer after a feeding than before you started.

- Milk may leak from one breast while the baby is feeding from the other.

By the time your baby is four days old, she/he should have:

- At least six to eight wet diapers every 24 hours
- Light yellow urine (not dark, tea-colored urine). If you use disposable diapers and are unsure if the diaper is wet, place a tissue in the diaper.
- 10 to 12 feedings in 24 hours
- Contentment after feeding
- At least one or two soft, yellow, seedy stools every 24 hours. The stools may not be completely yellow, but you should notice a change from dark meconium to lighter milk stools. The baby may stool with most feedings. Call your pediatrician or family physician if your four days or older infant has fewer than six wet diapers in 24 hours.

How do I learn to nurse modestly in public?

It is difficult to nurse modestly at first when you and your baby are still beginners. Within a couple of weeks, you will be able to get into position and get a good latch-on quickly and easily. When you are comfortable doing this at home, try practicing discreet nursing in front of a full-length mirror. Sit

down comfortably, lift or unlatch your bra with your shirt still covering you, and get your baby in position. Next lift your shirt, or unbutton your shirt from the bottom, or move your breast through the opening of your nursing shirt. Then quickly latch your baby on and bring the edge of your shirt back down toward the baby's cheek. Check the mirror to see if you are covered enough for your comfort. You can also practice in front of a friend or partner. Once settled, the passing stranger will probably think you are just holding a sleeping baby. If you are out in public and would like more privacy than a bench affords, you can use a dressing room at a store, a restaurant table facing a wall, or a special nursing room that some facilities provide. Don't feel that you need to go to a restroom to nurse. You wouldn't eat in a restroom, and your baby shouldn't have to either.

At Newton-Wellesley Hospital we are pleased to provide a Mamava lactation pod for nursing mothers visiting the hospital.

Will I spoil my baby with frequent breastfeeding?

Frequent breastfeeding does not spoil babies. Babies who are breastfed on demand have healthy growth patterns and form healthy attachments. Feeding on demand helps babies grow properly and it teaches babies their first lesson about relationships: They can safely rely on their mothers to take care of their needs for food and comfort.



When should I introduce the bottle?

It is best to wait until the baby is three to six weeks old before introducing the bottle. This allows enough time for breastfeeding to be established. You can hand-express or pump milk for your baby, and then ask a partner or friend to offer the bottle to the baby while you are away. You may have to try several different kinds of bottles and nipples before you find one your baby likes. Some babies eat from bottles on the first try. Others need a number of attempts before they will drink from a bottle.

How long will my baby need nighttime feedings?

Babies do need to eat frequently through the day and night in their first few months of life. Night nursing in the early months also helps encourage a good milk supply. Eventually, babies are able to sleep for longer periods at night. Babies are often able to do this between four and six months of age, though it is normal for a baby to sleep through the night earlier or later than this age range. The medical definition of sleeping through the night for a baby is sleeping a five-hour stretch.

What can I eat while breastfeeding?

- Very few foods that you eat will bother your baby. Most babies have gassy and fussy times during the day no matter what their mother eats. This is also common among bottle-fed babies. Gassiness and fussiness are conditions most likely related to the development of your baby's digestive and nervous systems.
- In rare instances, large quantities of a particular food such as a quart or more of orange juice or a large amount of a particular fruit have been associated with diarrhea and colicky symptoms in some babies.
- Some mothers report that their babies seem gassy after they have had broccoli, cabbage, or beans. Most babies are not bothered by these foods.
- If you suspect that milk or some other food is causing colicky symptoms in your infant, eliminate that food from your diet for 48 hours and see if the symptoms disappear. If the food did bother your infant, you should see an improvement within 48 hours.
- Families with a history of egg, peanut or milk allergy may choose to eliminate these foods from the mother's diet.
- You can continue to take your prenatal tablet or multivitamin while you are breastfeeding. It is recommended that all women who could become pregnant take 0.4 mg (400 mcg) of folic acid daily to reduce the possibility of the developing baby having a neural tube defect.
- Use your weight to decide if you need to have more calories while breastfeeding. You will have a significant weight loss in the first three to four weeks after birth. You can then eat enough nutritious foods to maintain that weight or safely lose one to two pounds a week until you reach your desired weight. Losing more than two pounds a week could cause fatigue and reduce your quantity of milk production. There is a wide variation in the pattern of weight loss or gain during breastfeeding. Usually women notice a weight loss after three months of exclusive breastfeeding.
- If a mother consumes caffeine or chocolate, less than one percent will appear in her milk. It is fine to have a cup or two of coffee, a cola, tea or small amount of chocolate while breastfeeding.
- Some foods such as garlic, onions and mint have been found to change the odor and flavor of breast milk. Researchers studying garlic in breast milk found peak levels in the milk two hours after the mother ate garlic. When the garlic levels were high, babies suckled more vigorously and took in more milk. These researchers speculate that we teach breastfeeding babies about family food preferences by exposing them to a variety of flavors in the breast milk.
- Years ago, women were encouraged to drink beer to make more milk. We now know that beer does not increase milk supply. In fact, alcohol can interfere with the letdown reflex and will be present in breast milk. Alcohol is not good for babies and should be avoided. The same researchers who studied garlic in breastfeeding mothers found that when a mother had even one drink, her infant suckled less vigorously and consumed less milk during a feeding.
- When a breastfeeding mother smokes, nicotine will be in her milk. Nicotine can decrease milk supply and cause colicky symptoms in the baby. It is important that babies not be exposed to cigarette smoke from anyone who smokes. Exposure to cigarette smoke has been associated with increased incidence of respiratory illness, ear infections and sudden infant death syndrome (SIDS).



In summary, eat well while you are breastfeeding. Nurture yourself with good foods that you enjoy. Don't worry about occasionally skipping a meal or having a cup of coffee or piece of chocolate. Mothers have been breastfeeding successfully for thousands of years in a variety of cultures and their babies have thrived.

What medications are safe to take while breastfeeding?

If you are breastfeeding, please check with your physician before taking any type of medication - whether prescription or over the counter. According to the American Academy of Pediatrics, most medications are safe to take while breastfeeding, but a few can be dangerous to your baby (and they are not necessarily the same ones that were dangerous during pregnancy). Your physician is the best source for the most up-to-date information on which medications are safe for you at this time.

How old should my baby be when we stop breastfeeding?

This is largely an issue of preference. The American Academy of Pediatrics recommends exclusive breastfeeding (no other food or drink) for six months, continued breastfeeding for at least one year and as long after as desired by mother and baby. The World Health Organization recommends breastfeeding for at least two years and as long after as desired by mother and baby. With the availability of double-sided electric pumps, it is now easier to accomplish this even if the mother

works outside of the home. Breast milk has nutritional and immunological benefits to the baby as long as the she/he nurses. Your milk supply will continue as long as you continue nursing your baby. Babies of any age benefit from the emotional bonding that breastfeeding provides. Weaning at any age should be done gradually in order to make the transition easier on both mother and baby.

Can I become pregnant again while I am still breastfeeding my baby?

Yes. Nursing mothers can become pregnant even while their babies are nursing frequently. If you do not want to become pregnant, be sure to use reliable contraception. Avoid hormonal forms of contraception. They can inhibit milk production in the early months. If you do want to become pregnant while still nursing, your ovulation will resume after your baby is able to space out her or his feedings. This often happens at about six months when the baby has started eating some solid foods.

How do I store breast milk?

- Fresh breast milk can be kept at room temperature up to four hours. However, we generally recommend refrigeration as soon as possible. You may store fresh breast milk in the refrigerator for up to five to seven days. If not used during that time, it may be frozen for up to six months in a freezer. Place container in the back of the refrigerator or freezer. Do not store in the door. Breast milk can be stored in the deep freeze at 0° F for up to 12 months.

- Store in a clean glass or plastic container. Plastic disposable bottle bags work well.
- Milk stored in two to four ounce volumes is easier to thaw.
- Label the container with date of collection. Write your baby's name on the label if it is stored in the nursery or if you will be taking it to daycare.
- Thaw your frozen breast milk in warm water. Never use a microwave oven or boiling water to thaw. Extreme heat can kill the milk's immune cells and could cause burns in your baby's mouth. Once thawed, breast milk is good for up to 48 hours in the refrigerator. Do not refreeze.
- Appearance of your mature breast milk is similar to skim milk but may greatly vary in color from yellow to blue. Milk fat does separate after thawing. Shake gently to remix.
- Discard previously frozen breast milk left over in the bottle after feeding or if left at room temperature over two hours.
- If your baby is in the Special Care Nursery, you may be given other directions about milk collection and storage.
- Call your baby's physician with questions or concerns.

Outpatient Lactation Services

Mothers often have many questions and concerns about breastfeeding after leaving the hospital. Breastfeeding success is closely associated with the support new moms receive. Newton-Wellesley Hospital has resources available to help.

Outpatient Breastfeeding Support Group

Our support group is a free, drop-in group for mothers who have questions about nursing their baby and are looking for mom-to-mom support. The group is facilitated by a board certified lactation consultant. Individual consultations are not offered as part of the group. The group meets Tuesdays and Thursdays, from 2:00-3:00 p.m. at Newton-Wellesley Hospital Ambulatory Care Center, 159 Wells Ave., Newton.

Outpatient Lactation Clinic

The Outpatient Lactation Clinic provides individualized, one-on-one appointments with a

lactation consultant. The Clinic sees mothers who are having more complex issues feeding their babies and can include poor weight gain in their newborn, latching difficulties, low milk supply, mastitis, sore cracked nipples and milk over-supply issues. Mothers can make an appointment by calling the Lactation Office at 617-243-6314. Clinic visits are covered by insurance. The Clinic is located on the fifth floor of Newton-Wellesley Hospital. Many pediatrician offices also have a lactation consultant. Contact your infant's pediatrician for more information on the services they provide.

A Special Note about Cannabis Use and Alcohol Consumption

Cannabis use and alcohol consumption are not recommended during pregnancy or while breastfeeding. Ingestion may require screening of babies and a report to the Department of Children and Families (DCF).

Formula Feeding

Bottle-fed babies need an iron-fortified formula for the first year of life. The American Academy of Pediatrics asserts that iron-fortified formula prevents anemia (low red blood cell count and low hemoglobin). Studies have shown that babies receiving an iron-fortified formula have no more gassiness, fussiness, or constipation than infants receiving low-iron formula. Cow milk-based formulas are recommended over soy unless the baby is allergic to cow milk protein. Soy formula can also be iron fortified.

Take the first feeding slowly. Your baby's stomach is about the size of a walnut and, therefore, he or she may want only sips. Gradually, over the next several days, your baby will take one to three ounces at each feeding.

Feed your baby when he or she seems hungry. Don't try to adhere to a schedule at first. Your baby may feed 8 to 12 times in 24 hours in the first few days. Later, feeding may be less frequent, with a greater amount of formula consumed at each feeding.

Always hold your baby close during feedings. Never prop bottles. Babies need to be cuddled and held close during feeding. Alternately hold your baby in your right and left arms during feeding. This helps develop your baby's eye muscle development.

Burp your baby after feeding. It isn't usually necessary to interrupt feeding for burping unless your baby seems uncomfortable.

Monitor wet diapers and bowel movements. Six or more wet diapers and several bowel movements a day indicate your baby is getting enough to eat. Babies who are formula fed occasionally become constipated. Contact your doctor for advice if this happens.

Formula is available in three preparations: ready-to-feed, concentrated liquid and powder. It is essential to follow the directions for mixing the

concentrate or powder. Any over-concentrated solution is difficult for the baby's kidneys and digestive system to handle. A formula that is too diluted will not provide the nutrition that babies need in order to grow.

Babies sometimes show a preference for one nipple type over another. You may need to experiment to find the right one. There is no need to sterilize bottles or nipples. Just clean nipples with a nipple brush in hot, soapy water and rinse with hot water. Bottles may be run through the dishwasher or washed with hot, soapy water and rinsed with hot water.

Newborn Feeding Guidelines

For the first six months of life, breast milk or iron-fortified formula is the recommended sole source of nutrition for your infant.

Every baby is unique; therefore, the following suggested serving sizes are only general guidelines. As time goes by you will become aware of your baby's signals regarding interest in eating and when he or she is finished eating. When adding new foods such as vegetables, grains, fruits or meats, it is recommended to add only one new food every four days. This will enable you to monitor how your child is tolerating a specific food.

Age	1 month	1 – 2 months	2 – 3 months	3 – 6 months
Suggested Serving Size	1-4 ounces	3-5 ounces	4-7 ounces	6-8 ounces
Daily Servings	8-12 feedings	6-8 feedings	5-7 feedings	4-6 feedings

Around six months of age, it is recommended to add complementary foods that are rich in iron, such as iron-fortified rice cereal, to your infant's diet. For feeding guidelines beyond six months of age discuss with your baby's physician.

Vitamin D

The American Academy of Pediatrics now recommends that all infants and children, including adolescents, have a minimum daily intake of 400 IU of vitamin D beginning soon after birth. New evidence supports a potential role for vitamin D in maintaining innate immunity and preventing diseases such as diabetes and cancer. Please discuss what vitamin D option will be right for your child with his or her physician.

Recommended Resources

Feeding Your Child for Lifelong Health
by Susan B. Roberts, PhD and
Melvin B. Heyman, MD

How to Get Your Kid to Eat, But Not Too Much
by Ellyn Satter, RD

Child of Mine, Feeding with Love and Good Sense
by Ellyn Satter, RD

www.choosemyplate.gov

The United States Department of Agriculture (USDA) website for general nutrition recommendations as well as specific nutrition and diet information for breastfeeding mothers and young children.

CHAPTER 5:

Pregnancy and Parenting Resources

Becoming a parent is an exciting experience. It is also a time of change and transition. Nurturing yourself is just as important as taking care of your baby. Clinical Social Workers are available at Newton-Wellesley Hospital to talk with you about this transition and to provide a range of resources including parenting education, groups for mothers, private-pay help at home, information about postpartum blues and depression and financial assistance. You may reach a social worker by calling 617-243-6695, or you can ask to meet with a social worker when you are in the hospital. Below are listed some other resources you might find helpful as you transition from pregnancy to parenting.

Newton-Wellesley Hospital's Wellness Center

2014 Washington Street, Newton, MA 02462
617-243-6221
nwh.org/classes

The Center offers exercise and wellness classes including Prenatal Yoga, Pilates, Strength Training, Tai Chi, as well as Nutrition, First Aid and CPR.

American Academy of Pediatrics

National Headquarters: 141 Northwest Point
Boulevard, Elk Grove, Illinois 60007 847-434-4000
www.aap.org

An organization of over 55,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. Their award-winning web site is updated daily and provides a wide range of helpful information for parents and caregivers. Some of the topics included are "The Latest Research and Reports on Children's Health Issues" and "Information on New State and Federal Legislation."

Breastfeeding Support Group

Newton-Wellesley Hospital, 2014 Washington
Street, Newton, MA 02462 617-243-6314
nwh.org/support

The Breastfeeding Support Group at Newton-Wellesley Hospital provides free breastfeeding support and assistance to new mothers who have been discharged from the hospital setting. Mothers learn breastfeeding techniques and can ask our lactation consultants breastfeeding questions. Many of our participants find it not only helpful but comforting to hear how other mothers are managing with breastfeeding a new baby.

Centers for Disease Control and Prevention

1600 Clifton Road, Atlanta, Georgia 30333
800-CDC-INFO (800-232-4636)
www.cdc.gov

Online research publications of health topics including the following:

- **National Center on Birth Defects and Developmental Disabilities**
www.cdc.gov/ncbddd

January is Birth Defects Prevention Month. This site offers many tips for having a healthy pregnancy.

- **Reproductive Health**
www.cdc.gov/reproductivehealth

This information source explains many issues including infant health conditions.

Center for Early Relationship Support: A Program of Jewish Family and Children's Services

1430 Main Street, Waltham, MA 02451
781-647-5327
www.jfcsboston.org

Programs include: Visiting Moms, Early Connections, Nurturing Rooms, Feeding Support, Healthy Families, post-adoption support and managing multiples.

Family Ties of Massachusetts

Massachusetts Department of Public Health (DPH)
Donovan Health Building, 3rd Floor, 5 Randolph Street, Canton, MA 02021 Hotline: 800-905-TIES (8437), Office: 781-774-6602
www.massfamilyties.org

A statewide parent-to-parent information and support network for families of children with special needs. It is a central directory for early intervention programs throughout the state. The mission of the program is to match you with an experienced parent who has a child with the same or similar disability or special needs. Their belief is that the most powerful source of support is other parents.

The Genesis Fund

52 Second Avenue, First Floor, Waltham, MA 02451
781-890-4282
www.thegenesisfund.org

A non-profit organization that provides funding for specialized care of children with birth defects, genetic diseases and intellectual disabilities.

Healthy Start Program

P.O. Box 1977, Andover, MA 01810 888-488-9161
www.hspmoms.org

This service promotes early, comprehensive, and continuous prenatal care for low income, uninsured women in Massachusetts. Healthy Start reaches out to women at risk for poor birth outcomes and provides assistance in securing pregnancy-related services, such as WIC (Women, Infants and Children Program).

La Leche League International (LLLI)

957 North Plum Grove Road, Schaumburg, Illinois 60173 847-519-7730, 800-LALECHE (525-3243)
www.lalecheleague.org

An internationally recognized authority on breastfeeding. LLLI is a non-profit group comprised of mothers, families, and health professionals from





around the world. There are over 3,000 LLLI groups in 61 countries led by mothers who volunteer their time to help women breastfeed. Helps mothers who breastfeed through mother-to-mother support, encouragement, information, and education.

Lamaze International

2025 M Street, Suite 800, Washington, DC 20036
800-368-4404
www.lamaze.org

A philosophy that provides a foundation and direction for women to prepare to give birth. Their classes cover normal labor, positioning, massage, anesthesia, breastfeeding, postpartum and more.

March of Dimes

888-MODIMES (663-4637) or 508-366-9066
www.marchofdimes.com

The mission of the March of Dimes is to improve the health of babies by preventing birth defects and infant mortality. They have been in business for over 65 years. They support research grants focused on finding causes of birth defects and premature birth. They have an online Pregnancy and Newborn Health Education Center.

Massachusetts Department of Public Health (DPH)

250 Washington Street, Boston, MA 02108
617-624-6000
www.mass.gov/dph

This is the main office for the state. There are many other offices and regional health offices in the state with programs, which they can direct you to. Some are included below.

Massachusetts Division of Medical Assistance (DMA)

617-624-6000
www.mass.gov/masshealth

This is the single state agency in Massachusetts that administers Medicaid (Title XIX) and The Children's Health Insurance Program (CHIP) (Title XXI). In Massachusetts, Medicaid and CHIP are combined into one program called MassHealth. DMA also manages the Insurance Partnership for small businesses.

MassHealth

Division of Medical Assistance 800-841-2900
www.mass.gov/masshealth

The DMA offers health care benefits directly or by paying part or all of your health insurance premiums. MassHealth pays for health care for certain low and medium income people living in Massachusetts. Some of the criteria include those under 65 and not living in a nursing home or other long-term care facility; families with children under 19; children under 19; and pregnant women.

Massachusetts Down Syndrome Congress (MDSC)

20 Burlington Mall Road, Suite 261,
Burlington, MA 01803
800-664-MDSC (800-664-6372),
Office: 781-221-0024
www.mdsc.org

The Massachusetts Down Syndrome Congress (MDSC), established in 1983, is an all-volunteer, non-profit made up of parents, professionals and anyone interested in gaining a better understanding of Down syndrome.



Medela, Inc.

1101 Corporate Drive, McHenry, IL 60050
800-435-8316
www.medela.com

A leading manufacturer of breast pumps and accessories distributed worldwide. Call toll-free for a location near you to purchase/rent breast pumps. (Breastfeeding National Network, BNN: 800-TELLYOU (835-5968)).

National Birth Defects Center

52 Second Avenue, First Floor, Waltham, MA 02451
781-466-9555
www.thenbdc.org

The NBDC provides diagnosis and treatment by physicians and specialists for children with birth defects, genetic diseases and intellectual disabilities. They also provide genetic counseling to prospective parents.

National Women's Health Information Center

United States Department of Health and Human Services, Office on Women's Health
200 Independence Avenue SW, Room 712E,
Washington, DC 20201
800-994-WOMAN (9662)
www.womenshealth.gov

A huge database including detailed information from pre-pregnancy to childbirth, breastfeeding, postpartum care, childcare and beyond. There are

questions and answers and other related topics. Their telephone number listed above is a helpline for your questions.

Nursing Mothers' Council of the Boston Association for Childbirth Education (BACE)

69 Court Street, Newton, MA 02458
617-244-5102
www.bace-nmc.org

Free telephone counseling for tips, guidance, or problem-solving. Call for counselor in a town near you.

Outpatient Lactation Services at Newton-Wellesley Hospital

Many mothers need additional breastfeeding support after they are discharged from the hospital. NWH offers new mothers and babies a free Breastfeeding Support Group and an on-site Outpatient Lactation Clinic. Please call the Lactation Office at 617-243-6314 for more information on outpatient lactation at NWH.

Parental Stress Line

800-632-8188
www.parentshelpingparents.org

An anonymous and confidential support stress line, open 24 hours a day, seven days a week. Parents and caregivers under stress with children of any age can talk to a trained volunteer counselor.

Parents Helping Parents

800-632-8188

www.parentshelpingparents.org

This organization is based on a self-help model grounded in the belief that parents are capable of developing their own solutions when given the space, encouragement and community resources they need.

Postpartum Depression/Anxiety Support

800-944-4773

www.postpartum.net

Provides support, encouragement and information for women suffering from perinatal mood and anxiety disorders, including postpartum depression.

Pregnancy Exposure InfoLine

40 Second Avenue, Suite 520, Waltham, MA 02451

800-322-5014

www.thepeil.org

A toll-free service which provides information concerning drugs, medications, and other agents that might be harmful to pregnant women and their unborn children. All calls are confidential and free of charge.

Prescription Parents, Inc.

Parents Helping Parents of Children with Cleft Lip & Palate 45 Brentwood Circle, Needham, MA 02492
617-499-1936

www.prescriptionparents.org

Faces of Children 617-355-8299

www.facesofchildren.org

Prescription Parents (PP), a local Boston organization run by volunteers, has helped parents in Massachusetts, New Hampshire, Vermont, Maine, Rhode Island and Connecticut for over 40 years. They have now merged with Foundation for Faces of Children (FFC) a New England-based, not-for-profit organization, which provides patients and families with the most accurate, up-to-date and accessible information about facial conditions (including cleft lip, cleft palate and other head and facial differences) and advocates for the best care possible for these children.

Therapy and The Performing Arts

52 Second Avenue, First Floor, Waltham, MA 02451

781-466-9555

www.tpaprograms.org

Therapeutic and recreational programs for children with physical and intellectual disabilities.

Women, Infants and Children Program (WIC)

Bureau of Family and Community Health

800-WIC-1007 (942-1007)

www.mass.gov/wic

WIC serves low-income pregnant, postpartum and breastfeeding women, infants and children up to age five who are determined to be at “nutrition risk” by a health professional. They must also meet income guidelines. It is a federal grant program available in all 50 states, 33 Tribal Organizations, American Samoa, District of Columbia, Guam, Puerto Rico and the Virgin Islands. These 88 WIC State agencies administer the program through 2,200 local agencies and 9,000 clinic sites. This program has been recognized as the most cost effective, preventative nutrition program of its time. The WIC program works with the Department of Food and Agriculture to provide participants with coupons redeemable at Farmers’ Markets for fresh fruits and vegetables. Participants also receive checks for nutritious foods such as milk, cheese, fruit juices, iron-fortified cereals, peanut butter, dried beans and eggs. They also collect and review the immunization status of its infants and children and make referrals to keep children up-to-date on their shots. In Massachusetts they have a statewide network of 37 local programs with 130 sites and 800 retail stores.

ZipMilk

www.zipmilk.org

ZipMilk MA is a community service of the Massachusetts Breastfeeding Coalition, providing listings for breastfeeding resources based on zip code. Names and contact information are provided through the Massachusetts Lactation Consultant Association, La Leche League, Nursing Mothers Council, Massachusetts WIC, and local hospitals and community groups.

Smoking resources

www.trytostop.org

www.quitworks.org

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NEWTON-WELLESLEY HOSPITAL

2014 Washington Street
Newton, MA 02462

NWH.org