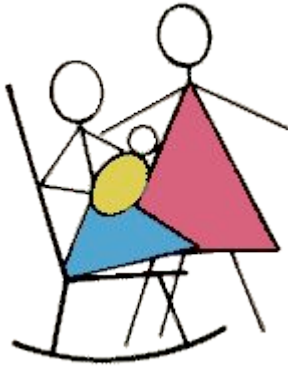


## After Childbirth



Remember, you are not only adjusting to a new 24-hour-a-day job as a parent and changing a relationship with your partner, but you are also recovering from giving birth. These anxious feelings usually subside over several weeks, especially with understanding and support from your partner and family, and as you watch your baby grow and develop.

## Breastfeeding



Breast is Best!

## Newborn Care



Joy and anxiety – at the same time!  
A newborn is adjusting to a world that is very different from the warmth and security he knew in his mother's womb.  
Parents need time to adjust, too.

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## **Taking The Time You Need to Bounce Back - It's time to nurture yourself as well as your newborn...**

Chances are, you've been so busy anticipating your little one's arrival that you've overlooked one not-so-minor point: how you're going to feel afterward. Recovering from childbirth can be a surprise. "What could hurt worse than getting that baby out?" you're no doubt wondering. Well, recovery pains are not as intense, to be sure, but they are a force to be reckoned with. Add to the exhaustion, hormones gone haywire, learning to breastfeed, and the 24-hour demands of a newborn, the first few weeks are tough. Then again, there are the high points: nuzzling that soft skin, lazing in bed, all those gifts! These strategies and a little patience will have you bouncing back in (almost) no time.

### **Oh, My Aching Body!**

No, you haven't been hit by a train, just a seven- or eight-pound ball of baby. Whether your birth experience was a marathon or a short sprint to the delivery room, you're still going to need to recover.

- The incredible shrinking uterus will go back to its normal size a lot faster than it expanded. In fact, in just a month and a half, your uterus will go from two and a half pounds to only two ounces! You can monitor the size of your uterus by gently pressing underneath your belly button a few times a day. In six weeks you won't be able to feel it at all. Along the way, you'll experience afterpains, cramps that occur as the uterus contracts back down. Some are more severe than others, especially during breastfeeding, when you may also feel a gush of blood from your vagina. These cramps are usually most significant in the first few days after delivery and will eventually become unnoticeable.
- Postpartum vaginal flow, referred to as lochia, will continue for some time. This discharge begins immediately after delivery and is bright red in color, like a heavy period. After about three days it lightens and turns pinkish brown, then white or yellow before tapering off altogether. Forget tampons: You should only use sanitary napkins to absorb the flow. Lochia may end in as soon as two weeks or last as long as four. Your actual menstrual periods probably won't resume as long as you continue to breastfeed. (However, decreasing the frequency of nursing, such as when your baby begins to sleep through the night or you return to work, may cause your periods to recur.)

#### **Your Abdomen**

There's no denying that it's still big. And loose. And very sore if you had a cesarean. Avoid lifting heavy objects and don't jump into a sit-up routine. By your postpartum checkup, you'll have lost about 20 pounds and will be able to begin tightening up.

#### **Your Breasts**

About three days after delivery, your milk will come in, leaving you swollen and sore. The best remedy is to feed your baby as often as possible and wear a supportive bra 24 hours a day. To enhance the letdown response, put a warm washcloth on your breasts before nursing. Soon the milk flow will adjust to Baby's needs. If the breasts remain unstimulated, milk production will cease.

#### **Your Bowel and Bladder**

That first bowel movement can rival pushing the baby out. That's because the bowel has been slowed down by labor. Narcotics may also slow down bowel activity. It helps to eat high-fiber foods (prunes are always good) and drink plenty of fluids. Be careful not to strain or you may worsen hemorrhoids. Keep in mind, too, that if you had a cesarean, it may take longer for your bowels to recover, as with any type of abdominal surgery. Urinating on the first day or so can be difficult, too. Run the faucet, spritz the genitals, and drink lots of liquids.

#### **Hemorrhoids**

It'll be about a week before you can sit down comfortably. Not only is the area tender, but also you may have developed hemorrhoids while pushing the baby out. The best remedies:

- Use ice packs the first 24hrs after birth to help to prevent and relieve pain.
- Use a Sitz bath or warm soaks after the first 24 hrs 3-4 times a day for 10-15 minutes to help circulation, reduce swelling, and relieve pain.
- Pat gently with baby wipes or Tucks to clean your bottom after every bowel movement.
- Take acetaminophen (Tylenol) for pain relief. You can take 650mg every 6 hours.
- APPLY ANY OF THE FOLLOWING TO THE AREA SEVERAL TIMES A DAY -
  - Witch hazel compress-apply using a cotton ball
  - Aloe Vera gel directly on the anus
  - Preparation H- follows the directions on the package
  - Compress made of grated raw potato
    - \* All of these are soothing and help shrink the hemorrhoids
- IT IS IMPORTANT TO –
  - Avoid coffee, alcohol, and other stomach irritants. They can make the hemorrhoids worse.
  - Avoid sitting or standing for long periods of time.
  - Do not strain when moving bowels.
  - Do 10-15 Kegal exercises three times a day.
- PREVENT CONSTIPATION -
  - Eat fiber in your diet. You can get fiber in fresh fruit, green leafy vegetables, grains, and cereals.
  - Drink enough water. 6-8 glasses every day.
  - Exercise moderately at least 1 hour a day.
  - Don't use strong or harsh laxatives.

You can replace an external hemorrhoid into your rectum by lubricating your finger with Preparation H or Aloe Vera gel, and gently pushing it back inside. Afterwards try to tighten your rectum and wash your hands. If you are not comfortable doing this, ask your healthcare provider.

Talk to your midwife if the pain continues for more than two weeks after childbirth or you have more than a small amount of bleeding. If these suggestions don't work there are prescription medications available.

Above all, remember that postpartum hemorrhoids are extremely common and most often go away without intervention.

#### **You might need medical help before your 6-week postpartum check up if you notice any of the following symptoms:**

- Heavy bleeding (soaking a sanitary napkin every hour for several hours)

- Passing a large number of clots
- Severe pain, redness, or discharge from an incision (episiotomy or cesarean) or a tear
- A fever over 100.4 °F
- Pain and burning during urination
- Severe pain in your lower abdomen
- Persistent perineal pain and tenderness
- The return of bright red bleeding after the lochia has become brownish
- A foul-smelling vaginal discharge
- Nausea or vomiting
- Pain, redness, or hot spots on your breasts



## Dealing With The Baby Blues

Many pregnant women look forward to the birth of their baby as a time of joy and happiness. They may be very excited to finally meet the new addition to their family. However, many women are surprised by negative feelings. Soon after giving birth, they may feel sad, tearful, or moody. If you are feeling this way, you may have what is known as the “baby blues” or “postpartum blues.” You are not alone – the blues affects 70-80% of women after giving birth.

- Women with the Blues may experience a variety of feelings including:

- |                |                        |
|----------------|------------------------|
| - Sadness      | - Extreme irritability |
| - Weepiness    | - Insomnia             |
| - Anxiety      | - Loss of energy       |
| - Restlessness | - Loss in appetite     |

These feelings usually develop 3-6 days after delivery.

Symptoms only last a few hours to a few days and are mild.

If your symptoms are lasting longer than 2 weeks after the birth of your baby or getting worse, it is important that you contact your health care provider. You may be experiencing a psychological or medical condition other than the baby blues.

*If your emotions are getting worse or are lasting for more than 2 weeks, contact a health care provider for support.*

*If you are having feelings of harming yourself or your baby, please contact a professional IMMEDIATELY.*

The Baby Blues are primarily due to a sudden shift in hormone levels following birth.

Other factors that may lead to negative feelings include:

- |  |                                      |
|--|--------------------------------------|
| - Lack of sleep                            | - Difficulty with breastfeeding      |
| - Lifestyle adjustment                     | - Pre-existing mental health problem |
| - Lack of support                          |                                      |
| - Unplanned or unpleasant birth experience |                                      |

### What can I do to feel better?

The Baby Blues usually go away without therapy within 2 weeks.

- It is important that you try not to feel guilty about having the Blues – these feelings are very common and they do not mean that you are a bad parent.
- Share your feelings with your partner, a friend, or a family member and ask for their help.
- Get plenty of rest. Try to sleep while the baby sleeps or take frequent naps during the day if needed.
- Breastfeeding is an excellent way to combat negative feelings, plus it increases bonding between you and your infant.
- If you are having difficulty with breastfeeding, seek help.
- Schedule frequent outings such as walks or visits to friends to avoid feelings of isolation.
- Spend time with your partner.
- Eat a healthy diet and continue to take your prenatal vitamins.
- Avoid alcohol and caffeine.
- Chamomile tea is effective in calming the mind and inducing sleep.
- Blessed thistle tincture can help relieve depression. You can take up to 80 drops per day in water.
- Motherwort herbal tincture provides a non-drowsy relief of tension and emotions. You can take 5 drops in water as needed.
- A warm bath with lavender, jasmine, or clary sage essential oils can aid in relaxation and ease emotions.
- For Additional Support and Information: [www.babybluesconnection.org](http://www.babybluesconnection.org), [www.depressionafterdelivery.com](http://www.depressionafterdelivery.com)
-

## Fathers and Baby Blues

Yes, fathers are vulnerable to similar emotions. Many years ago, the National Institute of Child Health and Human Development found that 62 percent of fathers felt blue some time during the first four months following the birth of their baby. That's one of the reasons we know that the baby blues aren't exclusively caused by hormonal changes.

Many factors can contribute to these feelings. The most common are: fear of fatherhood or worries related to new responsibilities and loss of freedom, financial concerns or stress over added expenses and worries about whether his current salary will be sufficient, and role anxieties such as asking, "Will I be a good father? Will I father like my father did?"

What compounds the stress is that men are encouraged *not* to share their fears. Instead, they're often told to "take it like a man" and just deal with it. Unfortunately, keeping silent about your emotions can actually increase stress. Men should be encouraged to talk to their partner or to a professional about what's worrying them. By expressing their anxieties, new dads are more likely to get a clearer perspective and the support they need to feel better.

Like new moms, new dads need support, encouragement, reassurance, and a safe place to vent their concerns. Talk about the changes in your lives with your partner. Support each other. Remember that dads, too, need some extra TLC and attention during this transition — they just may not be good at asking for it.



## Things Dads Can Do

### Welcome Home!

Most couples are anxious and concerned right after they take the baby home. It takes about six weeks for most couples to feel better about having a baby.

### Here are things you can do:

Hug your partner a lot. Tell her she's doing a great job.

Be patient with the baby and with your partner. This is new for all three of you and takes some getting used to.

Ask friends and family members for help with cleaning up, grocery shopping and meals. This is not the time to be shy about asking for help. Everyone needs help with a new baby!

Try to rest whenever you can.

Help out with the baby during feeding time. If mom is breastfeeding, you can bring her the baby. Help them get comfortable.

Help with other jobs too: change diapers, give baths, rock the baby, cuddle the baby, read to the baby and sing the baby to sleep.

Most babies love to sleep on their dad's chest.

## Three Different Stages of Breastmilk

**Colostrum** - is the first stage of breastmilk that occurs during pregnancy and lasts for several days after the birth of the baby. It is either yellowish or creamy in color. It is also much thicker than the milk that is produced later in breastfeeding. Colostrum is high in protein, fat-soluble vitamins, minerals, and immunoglobulins. Immunoglobulins are antibodies that pass from the mother to the baby and provide passive immunity for the baby. Passive immunity protects the baby from a wide variety of bacterial and viral illnesses. Two to four days after birth, colostrum will be replaced by transitional milk.

**Transitional milk** - occurs after colostrum and lasts for approximately two weeks. The content of transitional milk includes high levels of fat, lactose, water-soluble vitamins, and contains more calories than colostrum.

**Mature milk** - is the final milk that is produced. 90% is water, which is necessary to maintain hydration of the infant. The other 10% is comprised of carbohydrates, proteins, and fats, which are necessary for both growth and energy.

There are two types of mature milk: foremilk and hindmilk.

- *Foremilk*: This type of milk is found during the beginning of the feeding and contains water, vitamins, and protein.
- *Hindmilk*: This type of milk occurs after the initial release of milk and contains higher levels of fat, and it is necessary for weight gain.

Both foremilk and hindmilk is necessary when breastfeeding to ensure the baby is receiving adequate nutrition and will grow and develop properly.

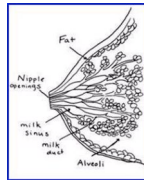
## What's in Breastmilk?

**Proteins** - Human milk contains two types of proteins: *whey* and *casein*. Approximately 60% is whey, while 40% is casein. This balance of the proteins allows for quick and easy digestion. If artificial milk, also called formula, has a greater percentage of casein, it will be more difficult for the baby to digest. Approximately 60-80% of all protein in human milk is whey protein. These proteins have great infection-protection properties.

**Fats** - Human milk also contains fats that are essential for the health of your baby. It is necessary for brain development, absorption of fat-soluble vitamins, and is a primary calorie source. Long chain fatty acids are needed for brain, retina, and nervous system development. They are deposited in the brain during the last trimester of pregnancy and are also found in breastmilk.

**Vitamins** - The amount and types of vitamins in breastmilk is directly related to the mother's vitamin intake. This is why it is essential that she gets adequate nutrition, including vitamins. Fat-soluble vitamins, including vitamins A, D, E, and K, are all vital to the infant's health. Water-soluble vitamins such as vitamin C, riboflavin, niacin, and pantothenic acid are also essential. Because of the need for these vitamins, many healthcare providers and lactation consultants will have nursing mothers continue on prenatal vitamins.

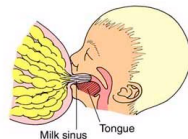
**Carbohydrates** - Lactose is the primary carbohydrate found in human milk. It accounts for approximately 40% of the total calories provided by breastmilk. Lactose helps to decrease the amount of unhealthy bacteria in the stomach, which improves the absorption of calcium, phosphorus, and magnesium. It helps to fight disease and promotes the growth of healthy bacteria in the stomach.



## Where Does The Milk Come From?

Within your breasts, thousands of sacs lined with specialized cells absorb water, salts, sugar, and fat from your blood. From these constituents, you manufacture milk. Droplets of milk flow through ducts to reservoirs located behind your nipples. Milk collects in these reservoirs continuously between feedings. Milk reaches your baby's mouth through many tiny openings in your nipples.

The structure of a nursing mother's breast is like a collection of streams that flow into a reservoir. The reservoir has a limited amount of space to store milk. Your body compensates for the limited storage by replenishing its supply of milk when the milk is needed. In other words, lactating breasts are a manufacturing site: They are never empty, and they are always capable of producing more milk.



## What Happens When Your Baby Nurses?

Foremilk collects in your breasts between feedings. It is the first milk to enter your baby's mouth at each breastfeeding session. Foremilk accounts for about one third of your baby's intake at a feeding. Once you baby has drunk your foremilk, the hindmilk, higher up in the duct system, flows to the nipple.

- Quick feedings and scheduled feedings transfer mostly foremilk and little hindmilk to your baby, leaving her hungry and dissatisfied when she is removed from the breast. If you ensure that your baby drinks both foremilk and hindmilk, she is more apt to be full and sated by both fat and total liquid content.
- You can help her get both kinds of milk by breastfeeding her at her request, nursing her until she decides she is finished, and allowing frequent feedings. Let your baby drink from one breast until she is satisfied; do not switch her to the second breast until she has drawn hindmilk from the first.

Your baby controls the amount of milk your body makes. His strong sucking action stimulates nerves in your nipple. Impulses from these nerves travel to your brain, causing several hormones, including prolactin and oxytocin, to enter your bloodstream. Prolactin speeds to your breasts, directing them to make milk. The more frequently and effectively your baby sucks, the more prolactin your brain releases and the more milk your breasts produce.

- If your baby sucks less often and for shorter episodes, your prolactin level falls and milk production decreases.
- A drop in milk production can also occur if your baby is incorrectly positioned at the breast, resulting in poor "latch-on," which fails to stimulate the flow of milk.

Your baby takes milk from your breast by sucking, but you also give milk by letting it down. Letdown of your milk is important to your baby's nutrition.

Team players: hormones -

- With birth — and the delivery of the placenta milk-making gets under way. The hormone prolactin swings into action, your milk supply increases rapidly ("comes in"), and your breasts feel full.

- Oxytocin, the milk-ejection hormone, squeezes the sacs where milk is made and sends milk through ducts to the tip of your nipple. This squeeze and sudden release of milk is your letdown reflex. Some mothers experience it as a tingling sensation in their breasts. Let-down might feel peculiar at first, but after a few weeks the sensation will lessen and you'll equate it with a feeling of relaxation and the sight of contented baby.

### **The Letdown Reflex**

Seeing a baby's open mouth, hearing his cry, or simply thinking about breastfeeding can begin the process that ends in the release of your milk.

Conversely, your scare of mind can also hamper letdown by inhibiting the release of oxytocin. For example, anxiety or stress can impair your letdown reflex.

To encourage letdown, include plenty of water in your diet, get adequate rest, and relax into nursing sessions with your baby, enjoying his smell and feel.

## **Health Benefits of Breastfeeding**

**Calming effect** - Breastfeeding has a soothing effect on nursing mothers. The breastfeeding hormones are involved in the production of endorphins, chemicals that bring about a sense of peace and increase affectionate, maternal behavior while suppressing hostility, anxiety, and irritability. In addition, breastfeeding requires you to sit or lie down with your infant eight or more times a day, a practice that is in itself quieting.

**Shaping up** - The hormone oxytocin stimulates your uterus to contract, helping to control blood loss and return your uterus to its pre-pregnancy size.

**Aid in child spacing** - Prolactin, secreted when your nipples are adequately stimulated, suppresses ovulation. If you don't ovulate, you cannot become pregnant.

- Lactational amenorrhea is very sensitive to your breastfeeding style. The key to a contraceptive effect is consistent, relatively continuous breastfeeding that occurs at night as well as during the day.
- Ovulation — and fertility — is likely to resume if you do any of the following:
  - o Breastfeed intermittently
  - o Give your baby a pacifier
  - o Encourage long intervals between feedings
  - o Breastfeed only during the daytime
  - o Put your baby on a feeding schedule
  - o Supplement with any amount of formula or solid food

**Decreased risk of iron deficiency** - Your body uses some of its iron in the manufacture of breastmilk. But that loss is offset by the delayed resumption of your menstrual periods. When the effect of delayed menses is combined with improved iron absorption by your digestive tract, the net result is decreased risk for iron deficiency (anemia).

**Lower incidence of certain cancers** - Mothers who breastfeed for at least six months in their lifetime show a decrease risk of contracting breast cancer. Similar reduced rates have been shown for ovarian and uterine cancers.

**Protection against fragile bones** - Women who breastfeed are 75% less likely to develop osteoporosis than women who feed their babies formula. Most mothers lose a small amount of their bone mass during the time they breastfeed. But within months of weaning, their bodies have replaced it with new, denser, and stronger bone.

**Nature's easiest diet** - A well-documented benefit of breastfeeding is relatively rapid and sustained weight loss. Nursing an infant burns 200 to 500 calories a day. A formula-feeding mother would need to swim 30 laps or ride a bicycle for more than an hour to burn an equivalent number of calories.



### **It's All About The Latch**

The most important part of successful breastfeeding is the latch. If your baby is not properly latched on to your breast, feedings could be painful. There are specific techniques that can be used when latching the baby to the breast.

The position in which you hold your baby is also crucial. When a good position and latch is obtained, breastfeeding can be a wonderful experience between mother and baby.

#### **Hunger cues**

Your baby may first display some hunger cues, signaling that he/she is ready to feed. He might suck on his lip, tongue, finger, or fist. Fidgeting and fussing at this time are also indicators that your baby is hungry. Crying is a late hunger cue and may make it more difficult to begin breastfeeding. Try to pay attention and learn those earlier hunger cues. Keep in mind that swaddling, pacifiers, and mittens can inhibit the hunger cues, as the baby's mouth and hands are restricted.

#### **Positioning your baby to feed**



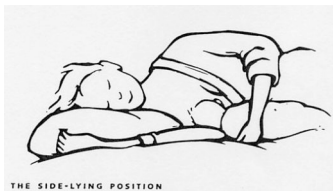
Sit upright and cradle your baby in your arm with his tummy against yours. (A pillow will help bring him to the correct height.) Support his head in the bend of your elbow, and tuck his lower arm between his body and yours.



The baby's position is the same as in the cuddle hold; you use the opposite arm. This gives you good control of your baby's head. Once he has begun to nurse, you may choose to change back to the cuddle hold.



This is a good choice when you have had a cesarean birth, your breasts are very large, you are nursing twins or a premature baby, or your baby has trouble latching on. Sit upright and place a pillow by your side to support your arm and raise your infant to the level of your breast. Lay your baby on her back, supporting her head and shoulders with your arm. (Her buttocks should be against the back of the chair and her legs angled upward.) Tilt her head close to your breast to latch on.



Lie comfortably on a bed, couch, or floor and bring your baby close. She should be on her side, turned toward you. Lift your breast upward with your upper hand and gently stroke your baby's mouth until she opens to latch on. Once your child has emptied (he lower breast, you can either turn over and place her on her other side or raise her with a firm pillow to the level of your upper breast. You can also turn your body to lower your upper breast to her mouth.

**The following technique will help ensure a proper latch:**

- The baby's nose should be opposite the nipple
- You might need to hold your breast to help guide the nipple to your baby's mouth. Grasp the breast on the sides, not the top and bottom. If your hand is under your nipple, it will be in the way of the baby's mouth.
- Aim the nipple toward the baby's upper lip, not the middle of the mouth. You might need to rub the nipple across the top lip to get your baby to open his mouth.
- The baby's head should be tilted slightly back. You do not want his chin to his chest.
- When he opens his mouth wide with the chin dropped and tongue down, he should latch on to the nipple.
- Try to get as much of the lower portion of the areola (the area around the nipple) in the baby's mouth.
- The baby's chin should indent the lower portion of your breast.

**Signs that confirm a good latch:**

- Tongue is seen when the bottom lip is pulled down
- Ears wiggle
- There is circular movement of the jaw rather than rapid chin movement
- Cheeks are rounded
- You do not hear clicking or smacking noises
- You can hear swallowing
- Chin is touching your breast
- Your baby ends the feeding with signs of satiety/satisfaction. These signs include: the baby looks relaxed, "falls" off the breast, has open hands, and/or falls asleep.

**Is Your Baby Getting Enough Milk?**

Breastfeeding works by the concept of supply and demand. In general, if your baby is nursing frequently, has six to eight wet diapers a day, is gaining weight, appears healthy, and receives no supplementation, she is probably getting plenty of milk. If you suspect that your milk production is tapering off, simply increase the number of times you put your baby to the breast each day and night. The more your baby stimulates and empties your breasts by nursing (or the more you express or pump your milk), the more milk you will produce. Remember, even if your breast feels empty, it will produce milk as your child nurses.

#### **EASY STEPS TO INCREASE YOUR MILK SUPPLY**

- Feed your baby nothing but your own milk. If you have been supplementing with formula, cut back gradually
- Encourage your baby to nurse as often and as long as she wants. Don't give her a pacifier, which would replace sucking at the breast.
- Check positioning to be sure your baby is nursing efficiently
- Encourage your baby to drain both breasts at each feeding. - It's fine to switch back and forth a few times during feedings to keep him interested.
- Drink plenty of fluids, especially water, and eat a nutritious diet. You may want to eat smaller, more frequent meals.
- Rest, relax, and enjoy the closeness of your nursing time.

If you are still concerned about your milk supply, contact a La Leche League leader or a lactation consultant for advice. In most cases, a few simple steps will remedy the problem. If your baby is not gaining weight by the time he is two weeks old, keep his doctor informed.

#### **Decreased Milk Supply? - consider these questions:**

- Are you supplementing with juice, formula, milk, or water? If your baby skips a nursing, your breasts produce less milk.
- Is your baby nursing efficiently? Perhaps he is not draining your breast, which causes your milk supply to decrease.
- Are you feeding on a schedule? The best schedule is determined by your baby. Let her choose when and how long to nurse. This will ensure that you meet her nutritional needs.
- Do you smoke: eat chocolate: or drink coffee, tea, or cola? Caffeine can slow weight gain, and nicotine can reduce your milk supply. Both can make babies fussy.
- Do your breasts no longer seem full? This is normal once your production has adjusted to your baby's needs.
- Do your breasts no longer leak? Leakage has nothing to do with milk supply. Many women experience leaking only during the first few months.
- Do you no longer feel the let-down reflex, or has its intensity subsided? This is normal. Some mothers never feel let-down, and for most, it becomes less noticeable over time.
- Does your baby want to nurse frequently? Babies need comfort as well as food. Frequent nursing assures your baby of plenty of milk and cuddles.
- Has your baby suddenly changed the duration or frequency of nursing. She may have become a more efficient nurser or be more interested in exploring, A growth spurt can make her nurse more, or she may need more time with you,
- Is your baby fussy? There are innumerable reasons for a baby to fuss. If nursing doesn't help, try a walk, a massage, a bath, wrapping him, or rocking him. If fussiness is almost constant, your baby may have an allergy thrush, or an ear infection. Check with your baby's healthcare provider.
- Are your baby's weight gain and routines different from those of your friends' babies? There is a wide variation within the norms. Every baby grows at a different rate, and healthy babies come in a variety of shapes, sizes, and behaviors.



### **Breastfeeding and Dads**

As a father, you have an important role in the life of a breastfeeding mother. Becoming involved in your partner's breastfeeding education can help to alleviate her fears and reservations, as well as your own.

#### **How Can I be More Supportive of my Breastfeeding Partner or Family Member?**

The most important thing that you can do to help your partner is to support her in to breastfeed and help her avoid outside negative influences from extended family or when nursing in public.

- Offer your partner comfort measures such as a drink, a footstool or a pillow nursing
- Burp baby after a feeding
- Change baby's diaper or bathe baby
- Care for baby while your partner naps or showers
- Help your partner feel positive by affirming her mothering, her beauty and her; offer a massage and show plenty of affection
- Be realistic in your expectations, acknowledging that adjusting to parenthood is overwhelming
- Assist with or take over household responsibilities such as cooking, cleaning grocery shopping, or washing dishes.

- Sterilize breast pumps and bottles
- When baby awakens for middle of the night feedings, bring baby to your partner

Performing daily activities with your baby that are reserved for you alone will produce a special bond between you and your child. Take a walk or spend some time alone with your baby. Try making it a habit to be the one to burp your baby after your partner nurses. Your baby will become accustomed to being comforted by your body. Showering or bathing with baby (after the umbilical cord has fallen off) is also a great way to form a closeness between the two of you. Should your baby need to learn to take breastmilk from a bottle, you are the best person to offer the first bottle.

#### **How will breastfeeding affect our sex life?**

Parenthood affects your sex life-regardless of whether your partner breastfeeds. Exhaustion and lack of free time may have a dampening affect on your intimacy. Planned get-togethers are helpful; romantic words and gestures go a long way to create an amorous mood.

There is no harm in handling your partner's breasts during sex. As they are functioning to produce milk, they may occasionally be somewhat tender and can leak or spray milk when stimulated. Realize, however, that some women seem to get their "daily touching quota through nursing and may wish to avoid excessive touching of the breasts during sex. Some fathers feel uncomfortable, too, because they perceive that the role of the breasts has changed. Talk about your feelings with your partner, and avoid activity that makes either of you uncomfortable. The shape of a woman's breasts may change, but this is due to pregnancy, not breastfeeding.

### **Returning to Work And Breastfeeding - Maintaining Your Milk Supply**

Frequency is the key. Nurse unrestrictedly throughout your evenings, nights, weekends, and days off. As long as you continue breastfeeding, even part time, you will produce milk, although your supply might diminish if you do not express for missed feedings. Remember that milk production is based on supply and demand. If you and your baby spend time apart during the day, it is common for your baby to want to breastfeed more when you are together, to compensate. Expect an upswing in the frequency of nursings.

#### **Returning to work –**

Choose the expression method that best meets your needs. If you purchase a pump, practice assembling and cleaning it. In time, you will become accustomed to the sensation of holding a plastic flange against your breast. If you opt for hand-expression of your milk, learn the technique well in advance of your return to work. Begin expressing and freezing milk about two weeks prior to resuming your work routine. The assurance you gain will make it easier for you to continue after you return to work. Try breastfeeding and expressing milk in various locations.

Delay introducing a bottle until your baby has become expert at nursing and your milk supply is well established — at least four, preferably six weeks. About two weeks before you return to work, have your baby's caregiver offer your baby a bottle. Many babies will refuse a bottle if their mother is nearby. Infants older than three months who resist the notion of drinking from a bottle might accept milk from a cup or a spoon.

#### **Expressing milk at home -**

To build up an initial milk supply, try expressing in the morning (before your baby breastfeeds), between feedings, or immediately after feedings. Many mothers get good results by expressing milk from one breast while their baby sucks on the other. Allow your baby to nurse from the side first offered until he unlatches of his own accord. If he is still interested in nursing, you can switch sides, allowing him to breastfeed on the pumped breast. You need not worry that he will be nursing on an empty breast. You produce milk as your baby nurses.

#### **Storing your milk -**

Store your milk in clean glass or plastic bottles or specially designed, disposable plastic bags. Save it in quantities of 2, 3, and 4 ounces so the caregiver can choose the amount appropriate to your baby's hunger or feeding pattern. Leave fresh rather than frozen, milk for your baby whenever possible.

- You can safely keep your milk for up to 10 hours at room temperature (66°F - 72°F)
- For eight days in the back of your refrigerator
- Up to two weeks in the freezer compartment of your refrigerator
- Three to four months in a separate door freezer that is opened often
- Six months or longer in a separate freezer that stays a constant 0°F.

Label each container of frozen milk with the date and the quantity. Use the oldest milk first. To thaw breastmilk, place the container under cool running water, gradually increasing the water temperature until the milk is warm. Never refreeze thawed breastmilk. The antibodies in breastmilk can survive freezing if the milk is properly stored, but they cannot survive intense heating, such as that from a microwave oven.

Use a separate container to store the milk each time you pump. You can later combine cooled batches for a feeding or for frozen storage. You can add refrigerated milk to frozen milk provided the amount you add is less than the amount already frozen.



## Breastfeeding Issues

### Sore Nipples

There may be times during breastfeeding when your nipples hurt as your baby latches on, especially in the first few weeks. This is normal and does not mean that breastfeeding won't work for you.

After the initial weeks of nursing, nipple soreness is often caused by improper positioning. Your nipple should be positioned far enough in your baby's mouth that there is no friction as she sucks. A position that is too high, too low, or pulling to one side, perhaps caused by insufficient support of the baby's weight, can cause your nipples to chap, crack, or bleed.

Remove your baby from the breast by inserting your finger between your baby's mouth and your nipple to gently break the suction. Change nursing positions throughout the day to prevent continual friction on any one part of the nipple. Don't cease nursing while your nipples heal. If you do, your breasts may become engorged, which will make it more difficult for your baby to latch on. You can try putting a little of your milk on your nipples; breastmilk fights infection and is high in soothing fats.

If nipples are exposed to air and sunlight, they heal quickly. Change nursing pads often, if you wear them, and keep your nipples well ventilated with natural-fiber bras and clothing. Very tender nipples can be protected with plastic breast shells (not to be confused with nipple shields).

### Engorgement

Your breasts are full, swollen, sore, and perhaps a little shiny. You can't figure out why your baby has such a hard time latching on. She opens her mouth wide (crying, usually), but when she tries to suck, her mouth slides off your breast and onto your nipple. Engorgement is caused by a large supply of milk in combination with extra blood and fluids supplied to your breasts in preparation for feeding. Consider full breasts your body's way of telling you it is time to nurse. Engorgement can return any time there is an unusually long interval between feedings or when your baby is not draining accumulated milk sufficiently. This can occur if nursing sessions are cut short or if your baby is not positioned properly. Engorgement is easy to treat. To ease discomfort of engorgement, try pumping, hand-expressing, a hot shower, or a warm washcloth applied to the breast. Be sure to express only enough milk to relieve your discomfort and soften the areola enough to nurse. Too much pumping or expressing can increase milk production, aggravating the problem. Cabbage leaves: place several fresh in your bra (replacing every three hours)

- Green cabbage is preferred
- Wash thoroughly & crush
- Use a rolling pin to flatten
- Place in bra or directly to breast

### Trouble Latching On

There are several reasons for latching-on difficulties, especially in the early days of breastfeeding. Each time you bring your baby to your breast, give her about 10 minutes to latch on. If she's unsuccessful, take a break and try again later. Don't get discouraged. Contact someone in your support network for encouragement and ideas. Practice and patience will pay off.

### Flat or Inverted Nipples

It is not uncommon for a woman to have one or two flat or inverted nipples. This can make breastfeeding a little more difficult at the start, but patience and guidance can quickly alleviate the problem. Encourage your baby to take adequate amounts of your nipple and breast into his mouth. As he feeds, he may draw out the nipple. You can also try pulling on and rolling the nipple with your fingers or using a breast pump very briefly before feeding. Many women find that wearing breast shells helps to draw nipples outward. If you can't get your baby to latch on, your lactation consultant might advise you to express milk and feed it to your child with a spoon or a cup in the early weeks; in time, breastfeeding will become easier.

### Nipple Confusion

If your baby receives a bottle or a pacifier at the hospital or at home during the early weeks, you might experience difficulty getting him back on the breast. Remember all the advantages of breastfeeding, and avoid the bottle and pacifier whenever possible, especially during the early weeks.

### Plugged Duct

A sore or tender spot on your breast is usually a plugged milk duct. If you have a plugged duct, a part of the breast may still feel firm and full after nursing. If left untreated, a plugged duct can lead to mastitis, a painful inflammation of the breast. A plugged duct is usually the result of milk improperly or incompletely drained from your breast during a feeding. The best solution is prevention. Proper positioning of your nursing baby is important in the prevention of plugged ducts.

Watch your baby nurse. He should take long, deep swallows. Quick, shallow swallowing is an indication that he doesn't have enough breast tissue in his mouth or that his position is inhibiting the strong sucking that drains the breast. The breast should be emptied fully and evenly of accumulated milk at each nursing.

Vary your nursing position throughout the day so you expose different parts of the breast to your baby's most vigorous sucking. Try the football hold or lying down with your baby to feed him. Be sure your bra and clothing do not constrict your breasts. Wear a proper nursing bra rather than sliding up a regular bra to nurse. Rest, eat well, and drink ample fluids. Try to get plenty of sleep so you aren't run down. When you are breastfeeding, you need extra rest and nutrition. Structure your life in a way that makes you feel good and keeps you healthy. A plugged duct is often the first signal that you are doing too much. Get more help, or let some housework and activities slide. Relax and enjoy your baby!

#### TO RELEASE A PLUGGED DUCT

- Nurse on the affected breast first and more frequently.
- Position yourself so you can nurse with your baby's chin pointing toward the plugged duct. Her tongue action will stimulate the milk to flow.
- While you are nursing on the affected breast, apply massage and heat, such as a warm, wet washcloth, to encourage proper drainage.
- Between nursings, use moist heat and massage to encourage the duct to clear.
- Gently rub the plug toward the nipple while you are showering.
- Use plain warm water to cleanse any dried secretions that may be blocking your nipple's pores.

### Mastitis

Prompt treatment of plugged ducts will usually prevent mastitis and its symptoms: fever, fatigue, and nausea. If you begin to feel flu like symptoms, or if your breast becomes hot and tender, you might have a breast infection. Breast infections are particularly common in the first weeks after birth and during times when a mother doesn't get the rest and nutrition she needs.

Most often, mastitis is preceded by a plugged duct. It can also result from an infection entering the breast through a cracked nipple.

- It's more important than ever to continue nursing frequently. Your baby won't get an infection from your breast.
- Apply warm, moist compresses to the sore part of your breast before and during nursing.
- Rest. Go to bed and stay there for two or three days. Get help with all tasks.
- Contact your healthcare provider, who might prescribe an antibiotic. Request a type that allows you to continue breastfeeding.
- Be sure to complete the entire course of treatment, even if the infection seems to clear quickly.
- Consider going without a bra while you recover.
- Drink plenty of liquids.
- Enjoy a little extra time with your baby.

### Nursing Strike

Your baby suddenly refuses to nurse, or she stops nursing after a few swallows and begins to cry. She abruptly seems to have lost interest in breastfeeding. A typical strike lasts a few days, but it can continue for as long as two weeks. There are many possible reasons for a nursing strike. Among the most common are teething, a cold or ear infection, an unpleasant taste, a sore mouth, and discomfort from an injury or immunization. Emotional causes are also common: separation from you, a change in your baby's routine, a change in your behavior, too many distractions during nursing, and insufficient attention to your baby's needs. An emotional reason for a strike is just as important to consider as a physical one. Returning to nursing may take some gentle coaxing and extra attention, especially if the strike was set off in part by something you did, such as yelling when you were bitten. Almost all children will resume nursing, given the chance. In the meantime, you can try feeding your child your milk by cup or spoon or increasing the solid food available to a toddler. Pump or express your milk to keep up your supply.

- Make offers to nurse as relaxed and pleasant as you can.
- Devote yourself to your child as much as possible. Try cuddling, stroking, or singing at nursing time. Keep in mind that a sleepy baby may be more willing to nurse.
- Many mothers are upset to think that nursing is over. True weaning occurs gradually over weeks or months as a toddler loses interest. Some parents interpret a nursing strike as the ideal time for early weaning, but this is usually not the best choice for either of you. The nursing relationship is a bond of love and understanding as well as a food source. It usually works best to end nursing gradually, by mutual agreement.

### Thrush

Thrush is a yeast infection that thrives on milk. In an infant, it appears as white spots inside the mouth and as a diaper rash resembling a mild burn or a patch of red does. The rash may be accompanied by peeling skin, and it doesn't respond to air exposure or other ordinary treatments.

A baby with thrush may also show signs of tiredness: inefficient nursing with eyes closed, often followed by long bouts of sleep. When the yeast moves to the intestinal tract, the baby may experience gas and discomfort.

Thrush is passed to a nursing mother from her baby's mouth.

- Mother's symptoms include red, swollen, or cracked nipples accompanied by itching, flaking, or burning.

- White spots are occasionally apparent.

Thrush is caused by *Candida*, a yeast always present in the body. Prolonged sucking (sometimes caused by sleeping with a bottle or a pacifier) can injure the lining of the mouth and allow the yeast to grow out of control, causing an infection. Babies sometimes acquire the infection as they pass through the birth canal. This is particularly true when maternal diabetes is involved. A thrush infection may follow a cesarean birth because the antibiotics given to the mother kill the natural yeast stabilizers in her system. Antibiotics administered to an infant can also cause the infection.

Both mother and baby need treatment, but there is no need to stop nursing, even temporarily.

- Expose your nipples to air and sun, and exercise careful hygiene with everything that touches your breasts and your baby's mouth, such as nursing shells and baby's toys.
- Keep your bras clean, and change your nursing pads, if you use them, after each feeding.
- Your healthcare provider can prescribe a safe medication to treat thrush, such as nystatin. Because it is swallowed, nystatin eliminates the intestinal yeast.
- It is also recommended that mothers supplement their diet with *Lactobacillus acidophilus* (found in yogurt that contains live cultures), especially after taking antibiotics." This beneficial bacterium is present in normal human digestive tracts, where it usually keeps thrush-causing yeast in check.

## **Interruptions in Breastfeeding**

If breastfeeding is interrupted due to illness or temporary separation, you will want to express milk to keep up production. By pumping your breasts and getting your milk to your baby, you'll ensure the continuation of milk production and the best nutrition for your child.

## **Your Newborn - A Head-to-Toes Look at Your Astonishing New Arrival**

The *SKULL* has two soft spots, or fontanel. One is on the forehead, above the brow line. The other, where you may be able to see or feel your baby's pulse, is close to the crown of the head. These soft spots will grow smaller as your baby's skull bones grow together.

The *HEAD*, which takes up about a quarter of the baby's length, may seem very large. Most babies' heads are lopsided or elongated because the soft bones were compressed during birth. In a few days the head will start to become more rounded. A bald head, a full crop of hair, or anything in between is normal.

The *HANDS* are usually held in tight fists. When opened, they reveal finely lined palms, tissue-paper-thin nails, dry, loose-fitting skin, and deep creases.

The *SKIN* is often covered with vernix, the cheesy, white coating that protected it in the uterus. Until babies start breathing well, they often look purple-tinged. Veins may be visible through the skin, which is thin and dry. Peeling, particularly on the hands and feet, is normal.



The *EYES* may appear swollen and bloodshot due to the pressures exerted on them during birth. A baby's true eye color won't become apparent for as many as six months; in many cases, the color at birth is lighter.

The *FACE* could startle you. The nose may be flattened and the chin asymmetrical or pushed in from being squeezed through the pelvis. Often the skin of the brow is loose and wrinkled, giving the baby a "worried old man" look.

The *GENITALS* of both sexes usually appear large and swollen. Girls may have a vaginal discharge, which can be bloody. It will clear up in a couple of days.

The *LEGS* are often drawn up against the abdomen in the fetal position. When extended, they may appear short and bowed.

The *FEET* have only one bone (at the heel). The rest is cartilage, which will form future bones. It's common for the feet to be turned in.

The *BODY* may surprise you with its short neck, small sloping shoulders, large rounded abdomen, umbilical stump, and narrow hips. Fine hair called lanugo may cover the forehead, temples, shoulders, and back but will disappear sometime in the first few weeks. When a newborn cries hard, a deep flush spreads over the body, and veins on the head may swell and throb.

## First Year Development: Infant Development

Perhaps your six month old has not rolled over yet, but the child development chart shows that some babies start rolling over at five months. Or possibly your neighbor's eleven month old is walking, but your thirteen month old has not attempted to walk. Maybe you are worried that your baby's development is not where it should be and wonder what this means for his or her future. Comparing your baby's development to other infants or to norms on developmental charts should be avoided. Instead it is important to know that babies develop at different rates and should only be compared to their individual milestones from the previous week or month.



### Your Baby's Development Month by Month:

The following milestones are listed under the *FIRST* month in which they *may* be achieved. However, remember that babies develop at different rates, so if your baby has not reached one or more of these milestones, it does not mean that something is wrong. He or she will probably develop these skills within the next few months. If you are still concerned, consider discussing this with your baby's pediatrician. The delay could indicate a problem, but more than likely it will turn out to be normal for your baby. Premature babies generally reach milestones later than others of the same birth age, often achieving them closer to the adjusted age and sometimes later.

#### The First Month:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>- Can lift head momentarily</li> <li>- Turns head from side to side when lying on back</li> <li>- Hands stay clenched</li> <li>- Strong grasp reflex present</li> <li>- Looks and follows object moving in front of them in range of 45 degrees</li> <li>- Looks intently at parents when they talk to him/her</li> </ul> | <ul style="list-style-type: none"> <li>- Sees black and white patterns</li> <li>- Quiets when a voice is heard</li> <li>- Cries to express displeasure</li> <li>- Makes throaty sounds</li> </ul> |
|--|---|

#### The Second Month:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>- Lifts head almost 45 degrees when lying on stomach</li> <li>- Head bobs forward when held in sitting position</li> <li>- Grasp reflex decreases</li> <li>- Follows dangling objects with eyes</li> </ul> | <ul style="list-style-type: none"> <li>- Visually searches for sounds</li> <li>- Makes noises other than crying</li> <li>- Cries become distinctive (wet, hungry, etc.)</li> <li>- Vocalizes to familiar voices</li> </ul> |
|---|--|

- Social smile demonstrated in response to various stimuli
- The Third Month:**
- Begins to bear partial weight on both legs when held in a standing position
  - Able to hold head up when sitting but still bobs forward
  - When lying on stomach can raise head and shoulders between 45 and 90 degrees
  - Bears weight on forearms
  - Grasp reflex absent
  - Holds objects but does not reach for them
  - Clutches own hands and pulls at blankets and clothes

- The Fourth Month:**
- Drooling begins
  - Good head control
  - Sits with support
  - Bears some weight on legs when held upright
  - Raises head and chest off surface to a 90 degree angle
  - Rolls from back to side
  -

- The Fifth Month:**
- Signs of teething begin
  - Holds head up when sitting
  - Rolls from stomach to back
  - When lying on back puts feet to mouth
  - Voluntarily grasps and holds objects
  - Plays with toes
  - Takes objects directly to mouth

- The Sixth Month:**
- Chewing and biting occur
  - When on back can lift chest and part of stomach off the surface bearing weight on hands
  - Lifts head when pulled to a sitting position
  - Rolls from back to stomach
  - Bears majority of weight when being held in a standing position
  - Grasps and controls small objects
  - Holds bottle

- The Seventh Month:**
- Sits without support, may lean forward on both hands
  - Bears full weight on feet
  - Bounces when held in standing position
  - Bears weight on one hand when lying on stomach
  - Transfers objects from one hand to another

- The Eighth Month:**
- Sits well without support
  - Bears weight on legs and may stand holding on to furniture
  - Adjusts posture to reach an object
  - Picks up objects using index, fourth, and fifth finger against thumb
  - Able to release objects
  - Pulls string to obtain object
  -

- The Ninth Month:**
- Begins crawling
  - Pulls up to standing position from sitting

- Follows objects 180 degrees
- Locates sound by turning head and looking in the same direction
- Squeals, coos, babbles, and chuckles
- "Talks" when spoken to
- Recognizes faces, voices, and objects
- Smiles when he/she sees familiar people, and engages in play with them
- Shows awareness to strange situations

- Explores and plays with hands
- Tries to reach for objects but overshoots
- Grasps objects with both hands
- Eye-hand coordination begins
- Makes consonant sounds
- Laughs
- Enjoys being rocked, bounced or swung

- Watches objects that are dropped
- Says "ah-goo" or similar vowel-consonant combinations
- Smiles at mirror image
- Gets upset if you take a toy away
- Can tell family and strangers apart
- Begins to discover parts of his/her body

- Grabs feet and pulls to mouth
- Adjusts body to see an object
- Turns head from side to side and then looks up or down
- Prefers more complex visual stimuli
- Says one syllable sounds like "ma", "mu", "da", and "di"
- Recognizes parents

- Bangs objects on surfaces
- Able to fixate on small objects
- Responds to name
- Awareness of depth and space begin
- Has taste preferences
- "Talks" when others are talking

- Reaches for toys that are out of reach
- Listens selectively to familiar words
- Begins combining syllables like "mama" and "dada" but does not attach a meaning
- Understands the word no (but does not always obey it!)
- Dislikes diaper change and being dressed

- Sits for a prolonged time (10minutes)
- May develop a preference for use of one hand

- Uses thumb and index finger to pick up objects
- Responds to simple verbal commands
- Comprehends "no no"

**The Tenth Month:**

- Goes from stomach to sitting position
- Sits by falling down
- Recovers balance easily while sitting
- Lifts one foot to take a step while standing
- Comprehends "bye-bye"
- Says "dada" or "mama" with meaning

**The Eleventh Month:**

- Walks holding on to furniture or other objects
- Places one object after another into a container
- Reaches back to pick up an object when sitting
- Explores objects more thoroughly
- Shakes head for "no"

**The Twelfth Month:**

- Walks with one hand held
- May stand alone and attempt first steps alone
- Sits down from standing position without help
- Attempts to build two block tower but may fail
- Turns pages in a book
- Follows rapidly moving objects
- Says three or more words other than "mama" or "dada"
- Comprehends the meaning of several words

- Increased interest in pleasing parents
- Puts arms in front of face to avoid having it washed

- Says one other word beside "mama" and "dada" (hi, bye, no, go)
- Waves bye
- Object permanence begins to develop
- Repeats actions that attract attention
- Plays interactive games such a "pat-a-cake"
- Enjoys being read to and follows pictures in books

- Able to manipulate objects out of tight fitting spaces
- Rolls a ball when asked
- Becomes excited when a task is mastered
- Acts frustrated when restricted

- Repeats the same words over & over again
- Imitates sounds, such as the sounds dogs and cats make
- Recognizes objects by name
- Understands simple verbal commands
- Shows affection
- Shows independence in familiar surrounding
- Clings to parents in strange situation
- Searches for object where it was last seen

## Common Problems for Babies

### JAUNDICE

Jaundice, identified by yellowish skin and whites of the eyes, occurs in half of all newborns, typically around day two or three. It's caused when bilirubin, a yellow pigment in bile — the fluid produced in the liver — builds up in the baby's bloodstream. Normally, the liver filters bile from the blood and sends it to the gallbladder, where it's released into the intestines or absorbed into the bloodstream and disposed of. But, just as with nearly every other organ of a days-old baby, the liver is immature and not fully developed. Often, the bilirubin builds up and gets stored in the layer of fat just underneath the skin, which causes the yellowish, or darkish, cast. Another form of jaundice, found in about two out of every 100 breast-fed babies, is caused by a component in breast milk that interferes with the absorption of bilirubin. Also, breastfed babies may be jaundiced if they're not getting enough milk. In rare instances, jaundice occurs because the mother and baby's blood types are incompatible, or because there is some infection, or a blood or liver disease. Generally, though, jaundice goes away without any special treatment. Your health care provider may tell you to lay the naked baby in a patch of sunlight for a few minutes a day, or, if it's more serious, order a course of phototherapy, in which the infant lies under a blue or white fluorescent lamp that radiates ultraviolet light. The light changes the bilirubin so it moves into the bloodstream, where it can be excreted. You don't want the bilirubin to build up; in high levels it can cause brain damage. Another suggestion is to try feeding your baby more often. Whether you're breast- or bottle-feeding, the more you feed the baby, the more bowel movements he will have, which helps clear out the bilirubin.

If you think your baby might have jaundice, check his or her skin in natural daylight for any signs of yellowing or darkening. As mentioned here, it shouldn't be a big deal if your baby is a newborn. Jaundice in an older baby, however, could be a sign of something serious. Call your care provider if this occurs.

### SPITTING UP

It often seems that as soon as you've finished feeding your baby, everything you worked so hard to get down comes right back up — all over your shirt. Spitting up is as endemic to newborns as the soft spot on the top of their heads. Also called reflux or regurgitation, these "wet burps" usually occur shortly after feedings.

Babies spit up because, in about half of all infants, the valve at the upper end of the stomach (the esophageal sphincter) hasn't closed properly. This should change by the end of the first year. Until then:

- Try smaller feedings - try nursing on one side and pumping the other. Wait at least two hours between feedings to give the baby's stomach time to empty. Also, don't feed a crying baby. The air gulped in crying may lead to a post-meal spit up.

- Avoid putting pressure on the abdomen. This means not wrapping the diaper too tightly, especially when baby is in a sitting position.
- Pay attention to position. Forget burping over the knee; that's a sure way to get your shoes covered. Instead, try to keep baby upright just after feeding in a front pack.

If your baby is vomiting frequently and not gaining weight, call your care provider. She may have a condition called pyloric stenosis, a narrowing of the outlet from the stomach to the intestines. If the vomit is brown, green or tinged with blood, call your care provider.

## **RASHES**

So you're considering showing off the baby and her face erupts with the worst case of acne you've seen since high school.

Just as you did then, you can blame it on hormones. More than 30 percent of newborns develop baby acne of the face mainly small red bumps, with some whiteheads interspersed. It's caused by exposure to your hormones just before birth. Wash your baby's face gently with warm water two or three times a day. It will clear up — only to reappear in about 13 years! You may also see a red rash on her chin as she starts teething. With teething comes drooling, which, particularly in winter months, can lead to dry, chapped skin. Keep your infant's skin clean with warm water, and change her sleeping position and sheets regularly.

## **DIAPER RASH**

No matter how careful you are, whether you use disposable or cloth diapers, it's nearly inevitable that at some point your baby will get diaper rash. At least you're not alone; up to 35 percent of all babies get diaper rash. Even if you've escaped it for the first six months, you may encounter it as you introduce new foods to your baby's diet. The key is catching it early and treating it immediately — or preventing it completely.

Each of these preventatives also works as a treatment:

- Change diapers often to prevent skin contact with urine and feces.
- Forget the diaper wipes. They simply aren't enough after a poopy diaper, and they can actually dry out baby's skin. Use lots of warm water and a soft wash-cloth. And be thorough — any speck of poop left on your baby could turn into a skin ulcer or diaper rash.
- Expose your baby's bottom to air each day. Put her on a blanket naked to play for 20 minutes. She'll love it, and the air will help prevent and treat the rash.
- Avoid plastic pants. If you use cloth diapers, use diaper liners instead and terrycloth diaper covers.
- Use a protective cream or ointment. There are several available, including petroleum jelly, A & D or Desitin . If the rash doesn't disappear in three days, it may be a yeast infection. Certain over-the-counter creams are specially formulated to treat yeast infections. But don't use boric acid or talc, both of which can be dangerous for baby. Try cornstarch instead.

## **DEHYDRATION**

One of the most important things to watch out for with very young babies is dehydration. It can happen suddenly and without much warning. Common causes include diarrhea, vomiting or simply not getting enough formula or breastmilk.

Signs to watch for:

- |                                      |  |
|--------------------------------------|--|
| - Crying without shedding any tears  | - Listlessness, rapid pulse              |
| - Dry mouth, often ringed with white | - Sunken eyes                            |
| - Cool, dry, pale skin               | - Urinating less than once every 8 hours |
| - Excessive thirst                   | - Sunken soft spot                       |

If your baby has any of these symptoms, call your care provider immediately.

## **DIARRHEA**

There you are, holding baby with one arm, trying to fix dinner with the other, when you hear an explosive sound coming from the nether regions, smell something awful and feel something wet all over your hand. OK, a diaper blow out, you think. You bathe the baby, put her in clean clothes, pick her up and boom! There she goes again. She's got diarrhea, and not only will you need to stock up on diapers for the next two days, you've also got to watch for dehydration.

There are numerous causes of diarrhea in a baby, from food allergies, changes in diet and reactions to medications to viruses and other infections. The most common virus is the rotavirus, particularly prevalent among children in day care. It usually hits during the winter. Some children have no symptoms, while others may have severe vomiting, watery diarrhea and fever, maybe a cough or runny nose. It lasts about four to six days and is highly contagious.

The best defense - Wash your hands often before touching your child and make sure any caregiver does the same. And always wash your hands — with soap — after changing a diaper.

The best treatment is time and fluids, particularly oral rehydration solutions such as Ceralyte, Pedialyte or Oralyte.

Call your care provider if your baby is less than 6 months old and, in addition to the diarrhea, has a fever, bloody stools, prolonged vomiting and signs of dehydration as described above.

Breast-fed babies bowel movements tend to be softer and looser than bottlefed babies. They may even be watery for the first few weeks of life. This is normal, not a sign of diarrhea.



## **SIDS stands for Sudden Infant Death Syndrome**

It occurs among infants who are 1 month to 1 year old. The death is sudden and unpredictable. In most cases the baby seems healthy. Death occurs quickly, usually during sleep. Unfortunately there is no way to predict or prevent SIDS.

**Make sure your baby sleeps on his or her back. This is the best protection against SIDS.**

Follow these simple guidelines and enjoy being a new parent. Share this information with family and friends who may also be taking care of your baby.

### **So, how can you decrease the risk of SIDS to your baby?**

- ◆ Early and regular prenatal care. This includes proper nutrition and regular check-ups. Prevent premature birth, a major risk factor for SIDS.
- ◆ Avoid smoking during pregnancy, using drugs or alcohol.
- ◆ No one should smoke around your baby, or in your home. The exposure to tobacco smoke increases the risk of SIDS.
- ◆ Consider breastfeeding your baby. Breastmilk keeps your baby healthy. Human milk contains substances that aid infant growth and development necessary for optimal brain development. And, breastmilk contains antibodies that protect babies from many illnesses.
- ◆ Your baby should sleep on a firm mattress. No stuffed animals, fluffy blankets or comforters, or toys in the crib. No waterbeds, pillows or sheepskin. These can cause your baby to become smothered.

### **What else can you do?**

Prevent overheating. Babies should be kept warm, but not too warm. Don't overdress. Keep the room comfortable for you.

- ◆ An overheated baby is more likely to go into a deep sleep, and may be difficult to wake.
- ◆ Regular pediatrician visits are encouraged, including immunizations on schedule.
- ◆ If your baby seems ill see a doctor.