



New Parents' Guide

Created in collaboration with
The Childbirth Education Association of Cincinnati



Created by:

No matter how or when they're born, each baby deserves to feel absolute love and support during the transition from womb to world. Inspired by moms and nurses, we partner with hospitals to create a more nurturing environment for babies and a better foundation for their development.

In association with:



Our goal is to provide education to families based on their needs and interest in areas of women's and infants' health. Our role in the community is to continue to be an advocate and educator for families regarding health issues throughout the childbearing period.

Congratulations!

Congratulations on your pregnancy! Whether you've been planning for years or you received a happy surprise, we're honored and excited to support you through one of the most unique and exciting chapters in your life.

You may feel a range of emotions about becoming a mom (anxious, eager, scared), and you'll probably have some questions along the way.

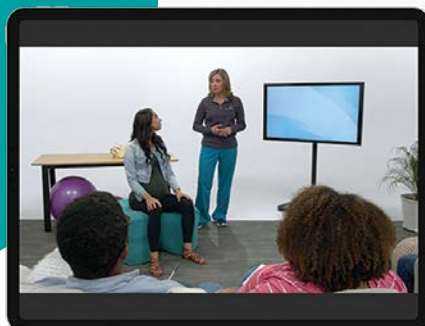
Together with the Childbirth Education Association, we've compiled the information and resources you need to feel confident and prepared when your new baby arrives. We want to help you navigate your pregnancy journey with as little stress as possible, so you can focus on what matters most:

welcoming your new baby with
joy and love.



Childbirth Education Video Series

To help families prepare for everything from pregnancy to postpartum, Pampers developed a nine-part Childbirth Education Video Series to help supplement this guide. Visit **Pampers.com** to learn more.



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What to expect during pregnancy

Section 1

The coming months will teach you more about your body than you ever thought possible—starting with how amazing it is.

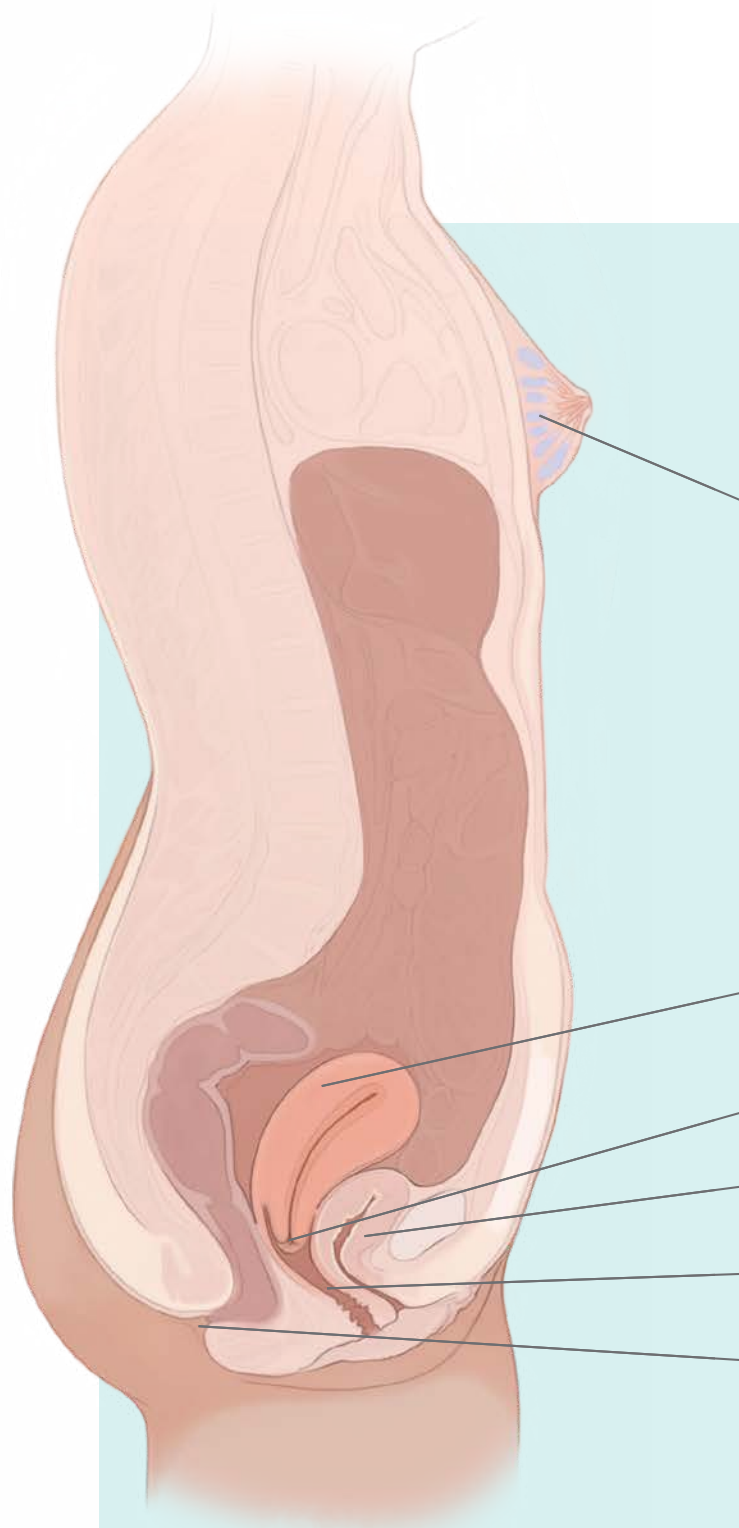


Changes to Your Body

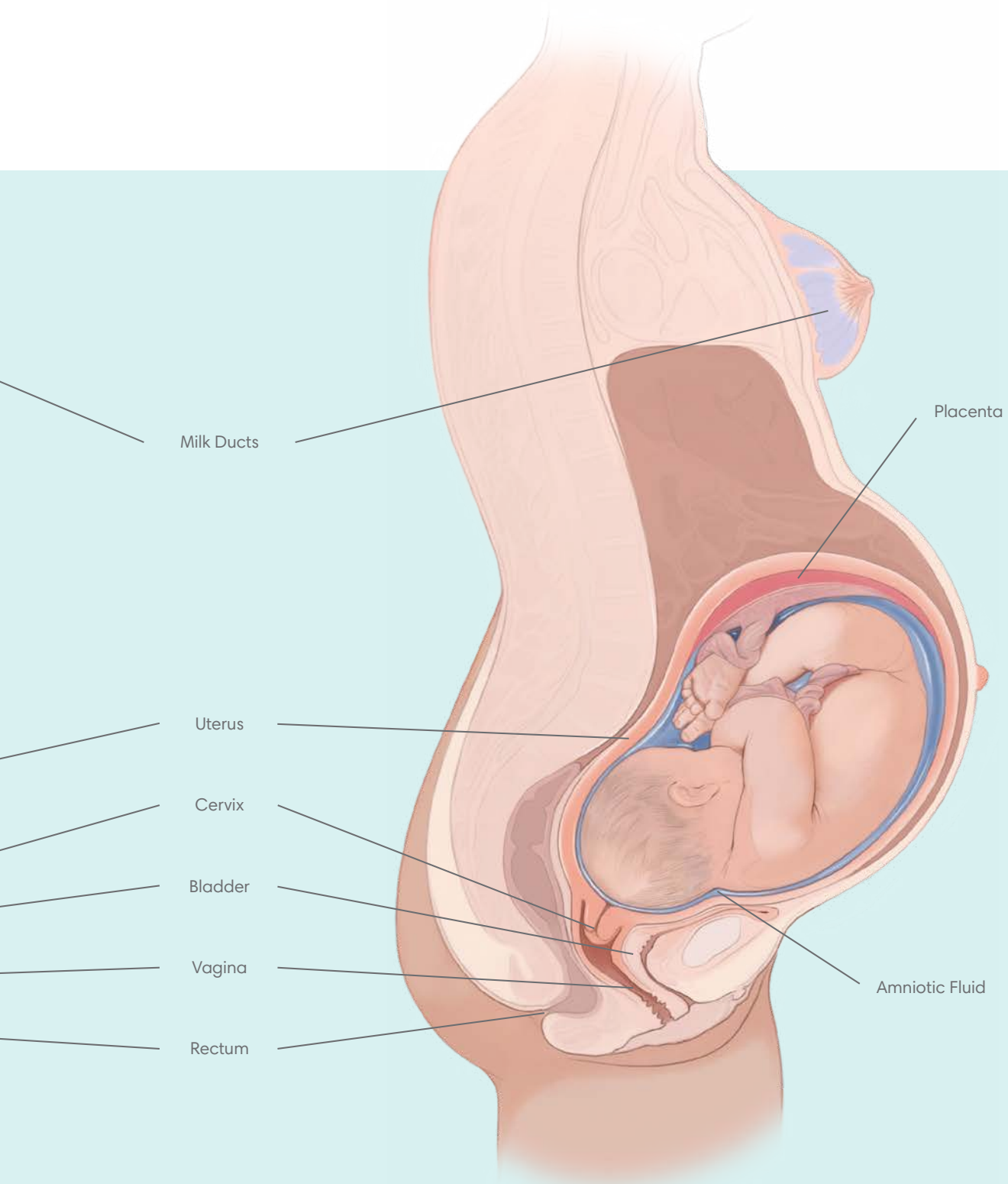
Basic Anatomy

The female reproductive organs include the ovaries, fallopian tubes, uterus, vagina, and the external genitalia, or vulva.

- Your ovaries produce the egg, which is fertilized by the sperm as it travels down your fallopian tubes.
- When your fertilized egg enters the uterus, it implants itself in your uterine wall and continues to develop.
- As your baby grows and your uterus expands, your uterus moves out of your pelvis and into your abdomen.
- Your other organs, such as your lungs and intestines, will make room for your growing uterus.
- Your placenta delivers nutrients to your baby through the umbilical cord, which also removes waste from your baby's blood.
- To allow your baby to pass into the vaginal canal, your cervix must thin out and dilate. This occurs during labor and birth.
- Your baby exits through your vaginal canal, and your uterus slowly begins to shrink back down.



Pre Pregnant Anatomy



Pregnant Anatomy

Physical Discomforts



Nausea and Vomiting

Many women experience nausea and vomiting during their pregnancy, commonly called morning sickness. Morning sickness often occurs during the early months of pregnancy because of hormonal changes, emotional upsets, the slowing of your digestive system or decreased blood sugar.

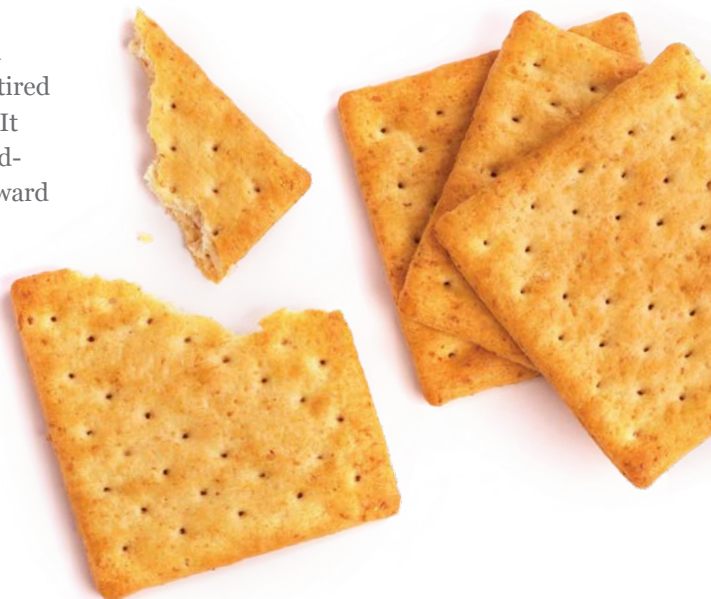
If you experience nausea or vomiting, some of these suggestions may help:

- Try getting up slowly in the morning; avoid sudden movements.
- Eat 5-6 small meals per day. Do not overload your stomach with too much food, and do not go for long periods without food.
- Drink fluids between meals.
- Avoid spicy, greasy, fried foods.
- Eat foods high in carbohydrates (potatoes, cereal, pasta, crackers, bread).
- Avoid caffeine.
- Sniff a freshly cut lemon or try lemon drops.
- Keep crackers or dry cereal beside your bed and eat a small amount of food before you get up.
- Avoid strong smells.
- Try taking prenatal vitamins after dinner or at bedtime.
- When you feel nauseous between meals, try food or drinks with ginger or peppermint.

Fatigue

Because of all the changes happening in your body, you may find yourself especially tired during the first few months. It usually goes away during mid-pregnancy and reappears toward the end of pregnancy.

- Make sure to get plenty of rest at night and nap during the day if possible.



Shortness of Breath

Your growing uterus puts pressure on some of your internal organs and your diaphragm (the muscle that helps you breathe), restricting your lungs' ability to fully expand. When the baby drops down into the pelvis (i.e. lightening), you will feel some relief.

In the meantime:

- Sleep on your left side to relieve pressure and add an extra pillow when needed.
- Wear loose, comfortable clothing, specifically around your waist or chest.

Report any severe or recurring shortness of breath to your health care provider.



**Your body
is doing a
lot of work**
— give it the care
that it deserves!



Gas and Heartburn

The slowing of your digestive processes and digestive muscles causes side effects like gas and heartburn. The burning sensation comes from your enlarged uterus pushing some of your stomach contents upward.

To alleviate these symptoms:

- Chew your food thoroughly and avoid gas-forming foods (fatty, greasy and spicy foods).
- Drink liquids at least 30 minutes after eating.
 - Do not eat or drink an hour before bed.
 - Use pillows to elevate your body while sleeping.



Constipation & Hemorrhoids

As your digestive system slows down to better transfer nutrients to your baby, your bowel habits will change as well.

- Drink plenty of fluids.
- Eat high-fiber foods like raw fruits and vegetables and whole grains.
- Exercise.

Increased pressure on the veins in the rectum may cause hemorrhoids or make it painful to have a bowel movement.

- Do not strain to have a bowel movement.

Physical Discomforts

Frequency of Urination

You may notice that you have to go to the bathroom more than normal. This is because of the pressure that your enlarged uterus puts on your bladder. This occurs during early pregnancy and again near the end as the baby settles deeper into the pelvis.

Urinary Tract Infections

- Urinary tract (bladder or kidney) infections can occur more frequently during pregnancy and cause burning or pain while urinating, blood in your urine, fever or pain in the area of your kidneys.

Call your health care provider if you experience any of these symptoms.

Vaginal Discharge

You may also notice an increased amount of vaginal discharge.

- If this discharge becomes excessive, foul-smelling or irritating, report it to your health care provider.
- Avoid vaginal douches unless specifically prescribed by your health care provider.

Swelling

The extra blood and fluids in your body during pregnancy can cause swelling, particularly in your feet and hands. This swelling is called edema.

- Lie on your left side and elevate your feet whenever possible to improve circulation.

Some degree of swelling is normal, but talk to your health care provider if you have sudden swelling in the hands, feet or face.



Body Aches and Pains

Increased pressure from the uterus on the muscles and blood vessels may lead to leg cramps, varicose veins, and backaches. Body aches may be due to improper posture, the relaxation of joints and the position of your baby.

- Try pelvic rocking on your hands and knees to increase pelvic and leg circulation, and maintain good posture throughout the day for relief.
- It is also helpful to elevate your feet frequently, wear loose clothing, and avoid long periods of standing or walking.
- Stretch out any leg cramps by pulling your toes toward your knee while keeping the cramped leg straight.

At some point, you may feel a sudden, sharp, catching pain in your lower side from cramping of the round ligament that supports the uterus.

- When you feel this pain, change your position slowly and correctly, using good body mechanics (as outlined in Section 3: Positive Positions, pg. 32).

Sciatica

Some women suffer from sciatica, a pain along the course of the sciatic nerve which extends from the lower part of the back, down the buttocks, and continues down the back of the leg. Sciatica may affect one or both legs.

Try one of these exercises for relief:

Glute and Hamstring Foam Rolling

Sit on a foam roller on the ground, supporting yourself with your hands behind you. Bend one knee toward your body while keeping the other leg straight, then slowly move your body back and forth over the roller. Continue this movement for 30 to 60 seconds, then repeat on the other side.



Pigeon Pose

Get on your hands and knees on the floor, then slide your left knee forward so that it's between your hands. Slide your right leg back, keeping your foot on the floor. Place a rolled towel or a yoga block under your left hip to allow room for your belly. Slowly lean forward, using your arms for support. Hold for 1 minute, then repeat on the other side.



Butterfly Pose

On the ground, pull your legs together and connect the bottoms of your feet. Slowly let your knees fall to the sides and lengthen your spine for 5 breaths, then fold forward.



Seated Hip Stretch

Sit on a chair with your feet flat on the ground. Pull your right ankle up onto your left knee and lean forward until you feel a stretch in your buttocks. Hold for 30 seconds and repeat on the other side.



Standing Lower Back Stretch

Stand facing a table or chair with your feet slightly wider than your hips. Lean forward with your hands on the chair, keeping your arms straight and your back flat. Pull your hips away to feel a nice stretch in the lower back and back of the legs. Hold this position for 30 seconds to 1 minute.



Personal Changes

Travel

Travel is usually permitted during pregnancy, but **contact your health care provider if you are concerned about the timing, location or duration of your trip.** If you are traveling for long stretches of time, make sure to move around and take frequent rest periods.

Work

Whether you want to continue working throughout your pregnancy is up to you, and employment can usually continue until quite near your due date. However, this will naturally depend on the type of job, your health and your health care provider's advice.

Medication

Though you may experience the previously mentioned discomforts during your pregnancy, never take any medication without talking to your health care provider first. This includes sinus medicines, pain relievers or any other drug you normally purchase “over the counter” or by prescription.

Smoking

Avoid cigarette smoking during pregnancy. Babies of women who smoke are at a higher risk of having low birth weight and more respiratory illnesses and are at a greater risk of SIDS (Sudden Infant Death Syndrome).



Sexual intercourse may be continued, but your desire during pregnancy might be unpredictable. You

may experience a wide range of physical and emotional changes throughout your pregnancy, so it is important to share your feelings and concerns with your partner. You can use this opportunity to learn more about each other and become more sensitive to each other's changing needs. In some cases, your health care provider may advise against sexual intercourse if there is any danger of miscarriage or premature labor.



Your Baby's Development

(by trimester)



First Trimester

First Trimester (1-12 Weeks)

In the weeks following conception, your baby starts to develop its brain, spinal cord, heart and other organs.

- The neural tube along your baby's back starts to close, forming a C-shape along the spine and giving it a curve that your baby will maintain for much of the pregnancy.
- Structures in and around your baby's head and nose form, like the eyes and ears.
- The eyelids and external ears continue to develop while your baby's length increases to about 2 1/2 inches.



As your due date approaches, remember that it is a calculated estimate and may change. It is normal to give birth before or after your due date.

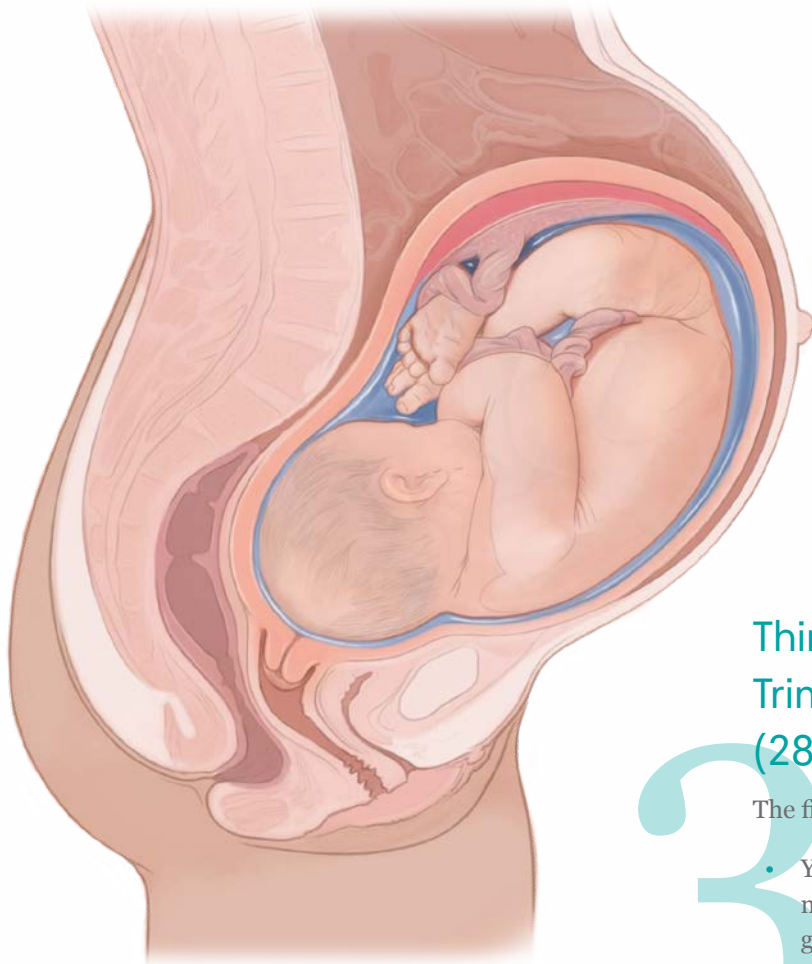
Second Trimester (12-28 Weeks)

After the first 12 weeks, the second trimester begins, and fetal development is well underway.

- In the coming weeks, you will be able to tell the sex of your baby and begin to feel movement.
- Your baby's toenails, hair and lungs grow.
- As your baby's ears begin to stand out, they are able to hear and respond to familiar sounds, like your voice.
- Your baby also begins to inhale and exhale amniotic fluids.
- Toward the end of your second trimester, your baby has partially formed fingerprints and footprints.



Second Trimester



Third Trimester



During the third trimester, your nutrition is more important than ever. Don't forget to continue your prenatal vitamins and maintain a healthy diet.

Third Trimester (28-40 Weeks)

The final stretch!

- You may feel your baby kicking and stretching more prominently because of their rapid weight gain, causing the skin to become pink and smooth rather than wrinkled.
- Your baby's brain is developing rapidly at this time, and they can respond to light and noise.
- Most internal systems are well developed (kidney, liver, central nervous system), but the lungs may still be immature until they are fully developed at 36-37 weeks.
- Though the skull remains soft and flexible, their hair grows and may appear as a tuft on their head.

Your Baby's Doctor

You will want to make sure that you have a pediatrician or family doctor in place for your child because you will need to list a primary care doctor before you are discharged from the hospital. Find a doctor close to your home or child care location that offers hours that will meet your needs. A primary care practice that has a nurse on staff to answer questions by phone is also helpful.

Support During Pregnancy

Though pregnancy and giving birth is primarily the mom's job, it's **important to remember your partner's role throughout your pregnancy.** The two of you have started a life-changing journey together, and you both play an important role in your baby's life, starting at conception.

Stress, anxiety and nervousness are normal before a new baby comes and can affect everyone involved. Maintaining open and honest communication is the key to parenting success, both now and in the future.

- Check in with each other to see how you're feeling, and divide responsibilities so neither of you become too overwhelmed.
- Take turns with household chores or work together on your birth plan. Having an extra pair of hands will help make everything much easier.

Dads/Partners

- Know that you are playing a pivotal role in your baby's development by supporting mom.
- Offer to help whenever you can, and stay patient during this unpredictable time.
- Encourage each other to maintain a healthy lifestyle and take time to relax before your new baby arrives.
- You may be surprised to find yourself sharing in some of the symptoms of pregnancy, such as fatigue and weight gain.

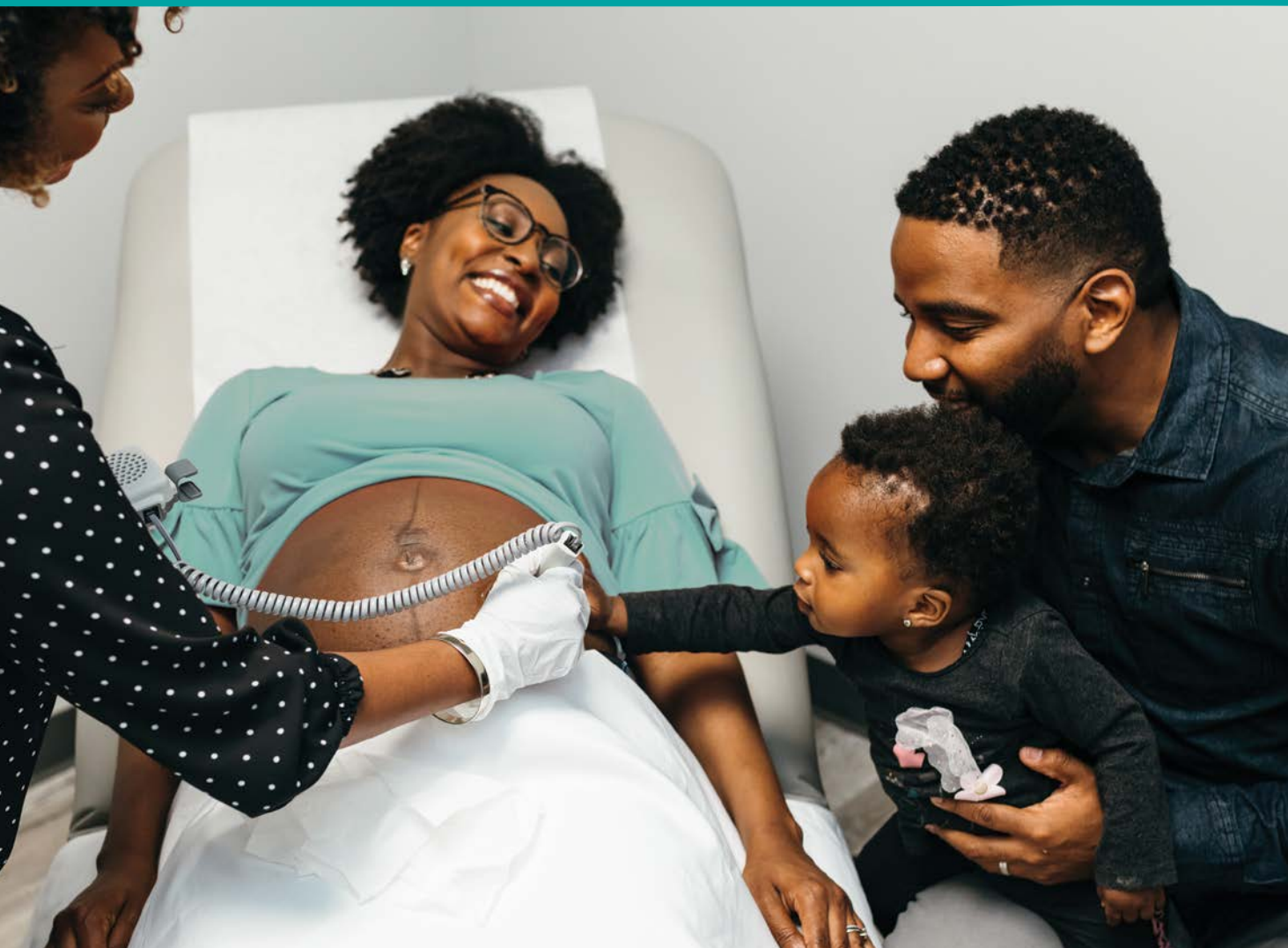
Ultimately, the bond that you two form now will be the foundation for the family that you are building. Enjoy your time together as you prepare for your new baby!



Help your partner feel more connected to the process by sharing what you are experiencing with them. The more they know and understand about your pregnancy, the more they can help you.

Don't be afraid to ask for help when you need it.





How Your Partner Can Get Involved

- Your partner can go to any checkups and ultrasounds. This is a great time to ask questions and learn more about the process together.
- Have them spend time talking, reading or singing to your baby. Your baby can hear you both and will start to recognize your voices!
- Ask them to create a playlist to help you relax during labor and birth.
- Together, make a list of people to call when you go into labor or give birth. You're going to be pretty busy when the day comes, so your partner will be in charge of spreading the good news.

Notes

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Healthy pregnancy

Section 2

Keeping your baby healthy is all about keeping yourself healthy. A well-balanced diet and exercise routine will help ensure you both get what you need.





Diet/Nutrition

Food

Good nutrition is always encouraged, but your health becomes especially important when you are pregnant or breastfeeding. A well-balanced diet with a variety of nutrient-rich foods that is low in empty-calorie (nutrient-poor) foods will ensure proper nutrition for both you and your baby.

Your baby relies on you to obtain many nutrients, so it is especially important to maintain healthy levels of omega-3 fatty acids, calcium, vitamin D and iron to accommodate their needs.

- Eat nutritious foods containing carbohydrates, protein, good fats (olive oil, nuts, sunflower kernels, fish, avocado, etc.), vitamins and minerals.
- Include a variety of fruits and vegetables, whole-grain foods, milk and dairy products or dairy substitutes, lean meats, eggs, beans or other protein-rich foods.
- Limit foods and drinks high in sugar (soft drinks, pastries, etc.) because they are high in calories and nutrient-poor.
- www.myplate.gov is a useful tool to determine how much of each food group you should have every day.

Drinks

- Continue drinking water throughout the day to ease heartburn, constipation and other uncomfortable symptoms.
- Choose herbal teas with ingredients regularly found in the diet, such as cinnamon and orange rind.
- Use sugar substitutes in moderation.

Vegetarian or Vegan Diet

A vegetarian or vegan diet can be a part of a healthy pregnancy, but you'll need to be more aware of your food and supplement choices to make sure you're getting the extra nutrients you need. Your diet should contain foods high in protein, vitamin B12, vitamin D, calcium, iron and Omega-3 fatty acids. Talk to your health care provider about nutritional supplements if you are concerned about your nutrient intake from food.

Including the following foods in your diet will help you reach your nutrient goals:

Iron

- Fortified cereals and breads (V)
- Beans (V)
- Spinach (V)

Omega-3 Fatty Acids

- Walnuts (V)
- Flaxseed (V)
- Foods fortified with microalgae-derived DHA (V)

Vitamin B12

- Milk and yogurt
- Fortified soymilk and other plant milks (V)
- Eggs
- Nutritional yeast (B12-fortified) (V)

Protein

- Nuts and nut butters (V)
- Beans and lentils (V)
- Dairy products
- Meat alternatives (e.g., soy, mycoprotein and seitan) (V)

Calcium/Vitamin D

- Dairy products
- Fortified soymilk and other plant milks (V)
- Fortified orange juice (V)
- Soy products (e.g., tofu and edamame) (V)

(V) denotes vegan choices



Diet/Nutrition

Important Nutrients in Pregnancy

Iron

During pregnancy, additional iron is needed to support an increase in blood supply, the placenta and your growing baby. You will need about twice the amount of iron (27 mg per day) during your pregnancy that you would need while not pregnant.

- High-iron foods include red meat, fortified grains, spinach, eggs and legumes.
- For vegetarians and women who do not eat much meat, combine plant sources of iron with vitamin-C rich foods (like a spinach salad with bell peppers, or pasta with tomato sauce).
- Avoid taking iron supplements with coffee and tea.

Vitamin D

Adequate vitamin D is important for bone health and may decrease risk of preterm birth, low birth weight, gestational diabetes and pre-eclampsia.

- Good sources of vitamin D are fortified foods including milk and milk products, juices, salmon and canned light tuna fish.

Omega-3s

These essential fatty acids have been shown to help with babies' brain and eye development.

- Try to eat low-mercury fish at least twice a week (e.g., salmon, canned light tuna, etc.).
- Some non-seafood options are flax/chia seeds, walnuts and sunflower kernels.

Calcium

Calcium is an important mineral for the proper development of your baby (bones, teeth, heart, nerves and muscles). It can also decrease your risk of pregnancy-induced hypertension and pre-eclampsia.

- Include approximately three calcium-rich foods daily, or about 1000 mg. (e.g., milk, cheese, yogurt or calcium-fortified foods like orange juice and milk substitutes).
- If you do not consume enough calcium, your baby will take the needed calcium from your bones and teeth.



Prenatal Vitamins

Take your prenatal vitamin daily, as well as other prescribed vitamins and minerals. Your prenatal vitamin should contain at least 400 mcg of folic acid.



It's never too late to start taking your prenatal vitamin!

Ideally, you should start taking the vitamin before conception and through pregnancy and breastfeeding and continue taking it throughout your childbearing years. The baby's neural tube, which becomes the brain and spinal cord, develops during the first month of pregnancy — sometimes before you even know that you're pregnant — so it's good to have the vitamins already in your system.

Foods to Avoid

While there are many foods you are encouraged to eat for a healthy pregnancy, there are also foods that you should avoid.

Listeria is a bacteria that can develop in certain foods and may cause problems for you and your baby, like premature delivery or a miscarriage.

Do not eat soft cheeses.

Avoid feta, Brie, Camembert, blue-veined cheeses and Mexican-style cheese such as “queso blanco fresco,” unless made from pasteurized milk. Read the ingredients list to see if the milk is pasteurized. Hard cheeses such as mozzarella, Colby, Swiss, cheddar, pasteurized processed cheese slices and spreads, cream cheese and cottage cheese can be safely consumed.

Do not eat hot dogs, lunch meats or deli meats.

They are considered to be unsafe unless they are reheated until steaming hot.

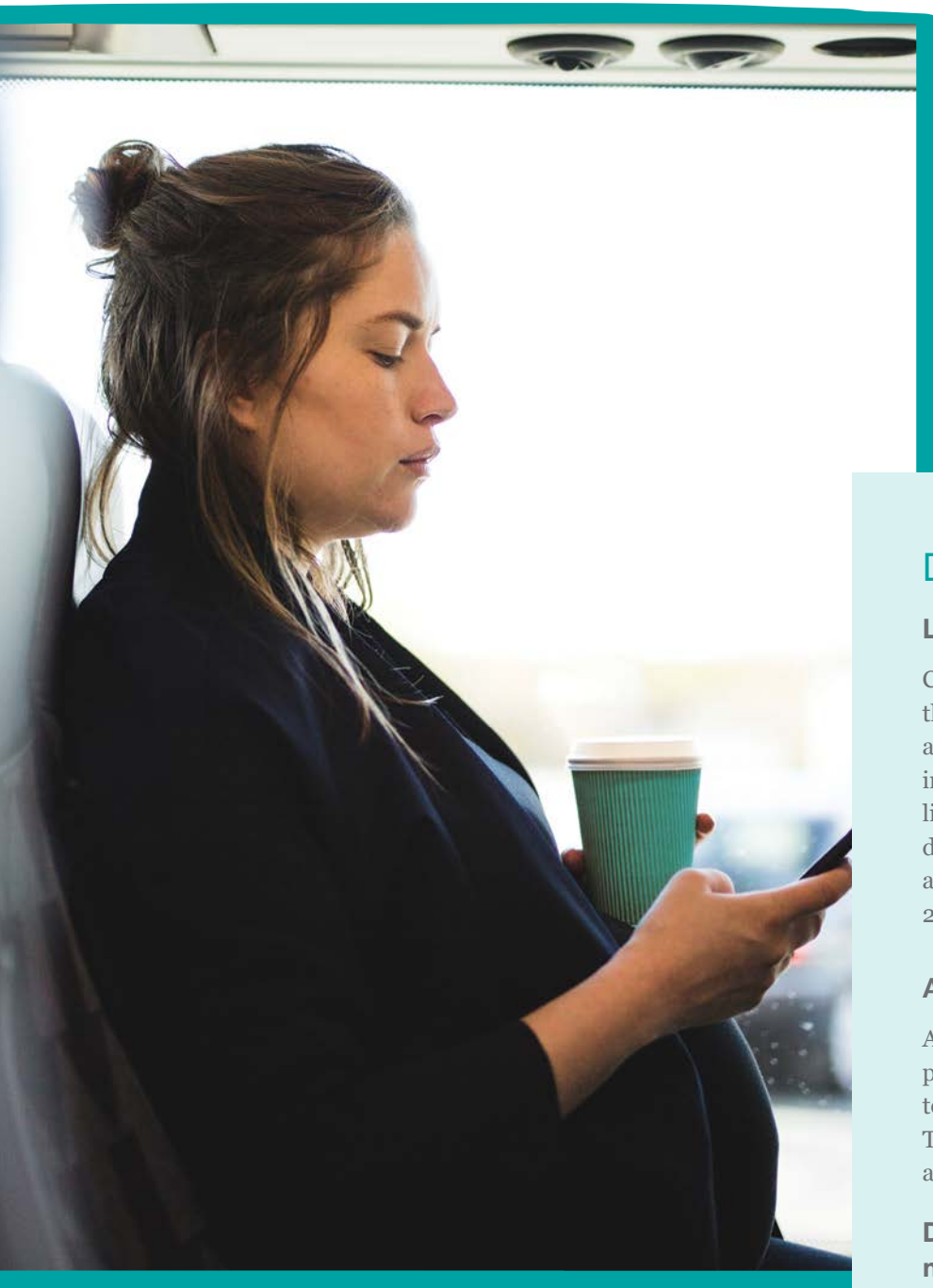
Do not eat raw shellfish like oysters, clams or mussels.

Women who are pregnant and breastfeeding should also avoid fish containing high levels of mercury like swordfish, shark, tuna steaks, king mackerel or tilefish (golden or white snapper). For more information, visit www.fda.gov/fishadvice.



For more information on food safety for pregnant women, visit www.foodsafety.gov.

Diet/Nutrition



Drinks to **Avoid**

Limit caffeine intake.

Caffeine is a stimulant that passes through the placenta to the baby and through the mammary glands into breast milk, so it should be limited during pregnancy. It is also a diuretic and interferes with mineral absorption. Limit caffeine to less than 200 mg/day.

Avoid alcohol use.

Alcohol can be harmful because it passes directly through the placenta to the fetus soon after you consume it. This can cause fetal alcohol syndrome and fetal alcohol birth effects.

Do not drink unpasteurized milk, juice or cider.

Oral Health

Oral care impacts the whole body's health, and it's especially important during pregnancy. Because of your increased hormone levels and other pregnancy changes, you have a higher risk of developing gum disease or cavities and enamel erosion, which can affect the health of your developing baby.

- Follow a thorough and consistent daily oral hygiene routine.
- Choose a toothbrush, toothpaste and rinse that fight gingivitis.
- If you have morning sickness, rinse your mouth after vomiting. Use a toothpaste with stannous fluoride daily to prevent acid erosion.
- Avoid excessive sugar intake.
- If you have morning sickness, find times during the day when you're feeling your best to brush, floss and rinse.



Exercise

Always check with your health care provider before beginning an exercise program. Avoid strenuous exercise or any exercises that involve lying on your back for long periods of time.

- Make sure your back and pelvis are always stabilized, and you should stop exercising immediately if you experience any bleeding, contractions, dizziness, nausea or vomiting.
- Going for a walk or taking a yoga class are examples of good, healthy exercise.



Kegel Exercises

Good muscle tone in your pelvic floor is essential for supporting the pelvic organs.

Kegel exercises will help you identify the perineum for relaxation at birth and for toning during postpartum. You can identify the muscle by periodically stopping and starting your flow of urine.

- Sitting on the edge of a chair, legs spread apart, feet flat on the floor, tighten your pelvis floor to the count of five, then release to the count of five and push to bulge pelvic floor.
- Breathing should be slow and easy, and the exercises should be done in sets of five.
 - Try to practice the Kegel exercise a few times per hour to maintain a strong pelvic floor.



Positive Positions

As your baby grows and the size and shape of your stomach changes, so does your center of gravity.

The positions and mechanics shown can help you be more comfortable and promote safety. They are designed to minimize the strain on your leg and back muscles.

Sitting
Cross-Legged





Supported Rise



Pelvic Tilt—Spine Arched



Pelvic Tilt—Spine Straight



Sleeping Position—Left Side



Bending and Lifting

Pregnancy Complications

Health problems can happen during pregnancy either as a result of previous health concerns or your changing body. Stay aware of how your body feels and tell your health care provider about any unusual symptoms, as they may be a sign of one of the following complications.

Preeclampsia

Most commonly developed in the last trimester, preeclampsia is a pregnancy complication that causes high blood pressure, kidney damage and other problems. As the blood vessels constrict, it is harder for blood to get to major organs like the liver, kidneys and brain. Though it may not come with any symptoms, preeclampsia can be very dangerous to you and your baby.

You may be at a higher risk if you are a first-time mom, have previous experience with gestational hypertension or preeclampsia, had high blood pressure or kidney disease prior to pregnancy or if you have a BMI of 30 or greater.

Your health care provider should screen you for preeclampsia at every prenatal visit, but you should report any sudden swelling or weight gain, or a severe and consistent headache.

Pre-Term Labor

If it is before your 37th week of pregnancy and you have had four or more contractions in one hour, or if your contractions become more rhythmic, frequent or painful, you should contact your health care provider right away.

Placenta Previa

In most pregnancies, the placenta attaches to the top or side of the uterus. Placenta previa occurs when a baby's placenta partially or totally covers the cervix, inhibiting the baby's ability to exit through the cervix. Your health care provider will confirm the location of your placenta during your routine ultrasound.

Placenta previa is more common in women who have more than one child, have had a C-section or other surgery on the uterus or have twins or triplets.

If you have bright red vaginal bleeding without pain during your second or third trimester, call your health care provider right away.

Gestational Diabetes

Your doctor will usually perform a glucose test for gestational diabetes around your 28th week of pregnancy because the placenta is producing large amounts of hormones that may cause insulin resistance. If you do have gestational diabetes, you can help control your blood sugar levels by eating healthy foods, exercising and, if necessary, taking medication. Talk to your doctor about what treatment is best for you.

You may be at a higher risk if you are over 35, have a BMI of 30 or higher or have a family or personal health history of prediabetes or type 2 diabetes. For unknown reasons, women who are black, Hispanic, American Indian or Asian also have a higher risk of developing gestational diabetes. Let your doctor know of any relevant medical history you might have.

Notes

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Preparing for labor and birth

Section 3

No matter how or when you give birth, it's important to know the basics before the big day.



Labor and Birth Options

When it's time for delivery, there are a lot of options for how, when and with whom you bring your baby into the world. After you read about all of your labor and delivery options, you can create a birth plan to outline your wishes. You can find a birth plan template at the end of this section on page 49.



However your baby comes into the world, remember that it is a beautiful experience unique to you and your baby.

Support Staff

Doula: A doula is a trained professional who supports mom during birth.

This includes making sure that all involved parties adhere to the birth plan and allowing your partner to be involved in the birth as much as they (and you) would like.

Midwife: Certified nurse-midwives are certified by the American College of Nurse-Midwives and are formally trained in nursing and midwifery. They can provide prenatal care and will also be present at birth.

Doctor: Many women will see an obstetrician/gynecologist for their prenatal care who is then also present at birth. This can be comforting over the course of your pregnancy because the doctor is familiar with your health and situation.

Nurses: Nurses are trained to assist and guide you through your perinatal (before, during, birth) experience. A variety of nurses will be present during your labor to assist you and the doctor.

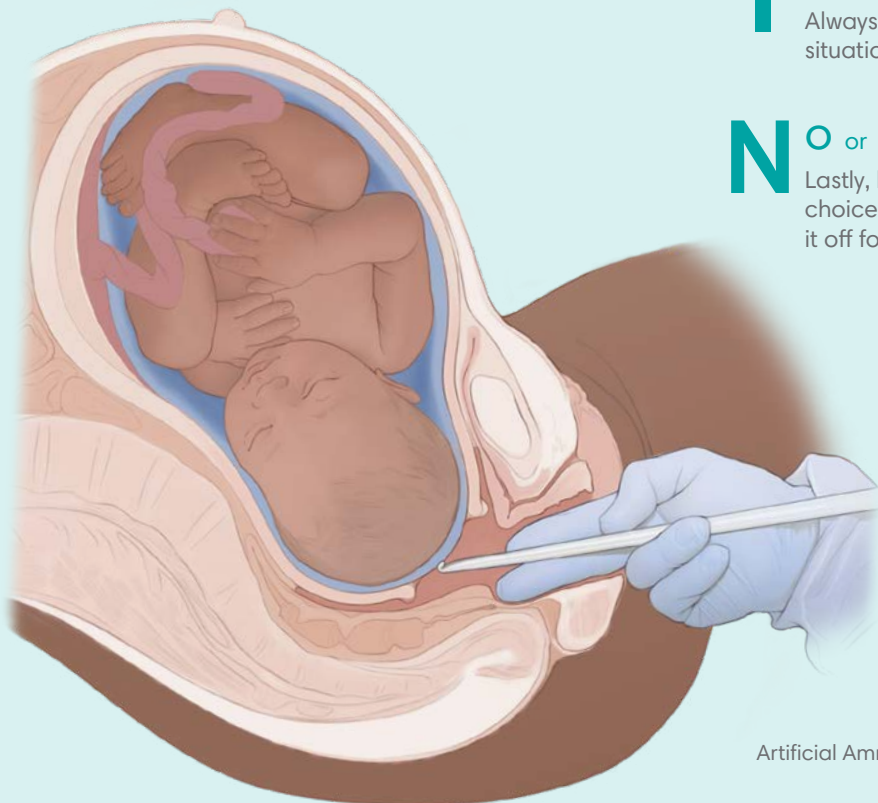


Labor Intervention

An intervention is any action that clinically helps in the labor process. This may include:

- Increasing labor contractions with Pitocin (a medication used to induce labor)
- Artificially rupturing your amniotic membrane
- Using forceps or a vacuum extractor to help your baby move down the birth canal

During labor, your baby will be monitored intermittently or continually for signs of distress. The monitor will track your baby's heart rate in response to contractions over a period of time for signs of distress. Your health care providers will use this information to decide if an intervention is necessary.



If your health care provider recommends a labor intervention, use this acronym to help you ask the right questions and make an informed decision.

Benefits to mom and baby

Risks to mom and baby

Always ask what the benefits and risks are to both you and baby for any suggested intervention in your labor.

Alternatives

You can also ask if there are any alternatives to what is suggested.

Intuition

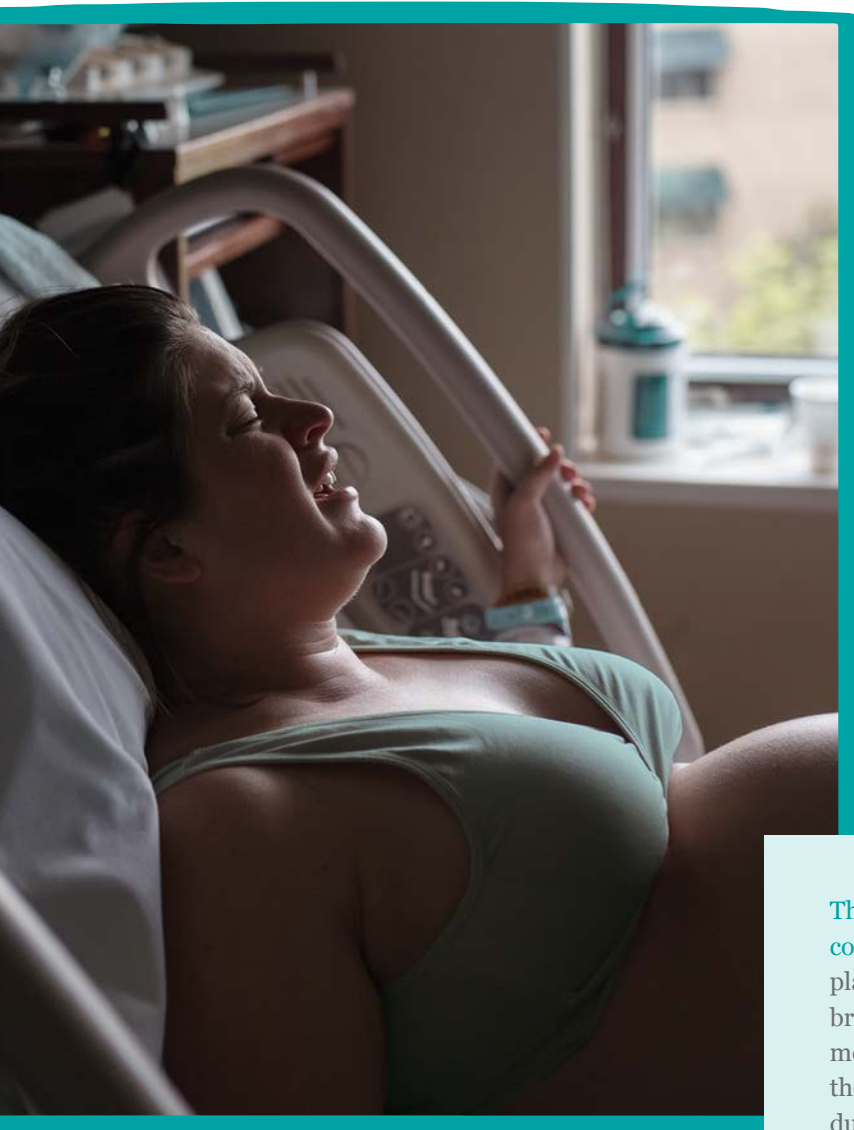
Always share your intuition or feelings on the situation and recommended course of action.

No or not now

Lastly, because it is your body and your choice, you can refuse a procedure, or put it off for the time being.

Artificial Amniotic Rupture

Labor and Birth Options



Pain Relievers

Narcotic analgesics, or pain relievers, are used only in early labor. These medications cross the placenta and can affect the baby but are generally safe to use if you are more than two hours from delivery. They can be given either as a shot or through an IV and usually take effect very quickly. They do not necessarily remove the pain or the sensation of the contraction; they alter your perception of the pain. Being able to feel the sensation of the contraction is important as labor progresses toward delivery. A pain reliever used early in labor allows you time to rest and regain energy for a more engaged and positive birthing experience. As it wears off, you might feel like you can tackle pushing and delivery without the use of an epidural.

The risks of pain relievers should also be considered. Pain relievers pass through the placenta to your baby and can affect your baby's breathing if given too close to delivery. Some medications can cause sleepiness or grogginess; therefore, you will need to be in bed for the duration of the side effects. Bed positions do not have the advantage of more upright positions, which use gravity to their advantage.

Epidural

An epidural is the most common choice for labor. Epidurals may lower your blood pressure, so IV fluids are required before an epidural can be started.

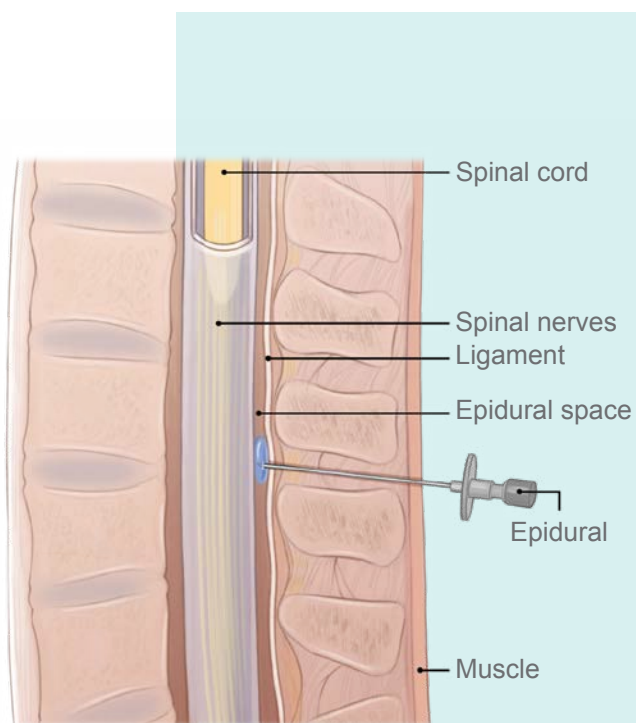
- You will be positioned to curve your spine inward to create space for the needle. Once your skin is cleaned and numbed, a needle is guided between the vertebrae into the epidural space.
- When the needle is in the proper position, a catheter is fed through the needle to deliver the medication.
- An epidural causes a loss of sensation from under the breasts to the toes, though the amount of numbness and ability to move varies.
- The “urge to push” sensation may be felt as pressure or may not be felt at all.

It takes a couple of hours for a “return to normal” sensation after the epidural is discontinued. You may also require oxygen after receiving an epidural. Because of the risk of low blood pressure, which affects the amount of blood and oxygen being delivered to your baby, your baby will be constantly monitored afterward.

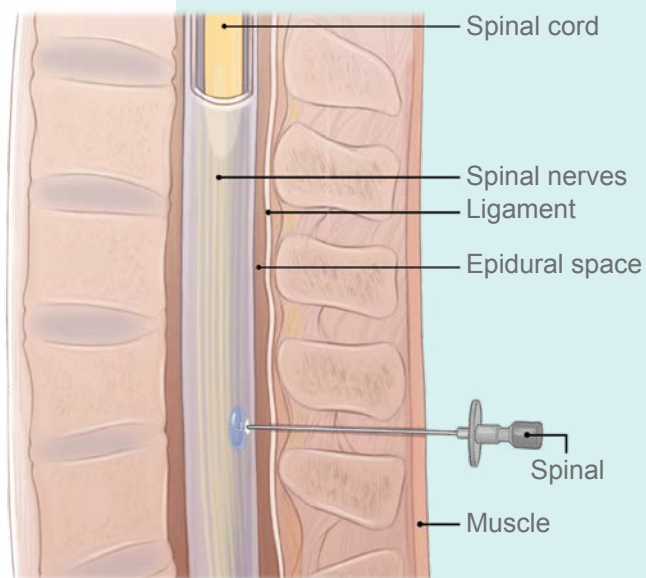
Spinal Anesthesia

Spinal anesthesia is used for birth only.

- The procedure is similar to an epidural, but instead the needle goes through the epidural space into the spinal fluid.
- The medication is delivered through the needle, and then the needle is withdrawn.
- Numbness below the injection site is immediate.



Epidural



Spinal Anesthesia

Labor and Birth Options

Natural Birth

You can deliver a baby without any medication by focusing on your breathing and remaining calm throughout labor to work through the pain. Other natural options include a home birth or water birth, both of which can be performed without medication **but should be approved by a health care provider.**

Comfort Techniques

Even if you plan on getting an epidural for pain relief during labor, it is very useful to know and practice these comfort techniques.

Progressive Muscle Relaxation - Take a deep breath and tense a specific area of your body, exhaling loudly when you let the muscles relax. Move down the body until your body feels loose and heavy.

Breathing Techniques - Hyperventilating and breath-holding are not effective breathing patterns because they limit the amount of oxygen you are bringing to yourself, your baby and your muscles. The key is to take deep, rhythmic breaths and coordinate breathing with your contractions. Your labor partner can count out loud in a low, slow, soothing voice as you inhale—1, 2, 3, 4—and again as you exhale—1, 2, 3, 4. Later in labor, you may find you need a more active breathing pattern during contractions.

Massage - Ask your partner to massage different parts of your body, especially your hips and back. The type of touch you prefer can vary throughout the process.

Guided Imagery - Use your imagination to transport yourself to a place that makes you feel relaxed and peaceful to distract yourself from pain and hospital activity.

Aromatherapy - Use a diffuser or cotton balls to spread scents in the air. Lavender is a good scent for relaxation, and citrus or peppermint are good for pushing.

Aquatherapy - Use a tub (only before your water breaks) or shower to help you relax.

Music - Play low, soothing music to enhance the experience and help you feel more comfortable.

Lighting - Keep the lights low to create a calm, relaxing environment.

Positive Positioning - Use counterpressure and different positions and props (birthing ball, chair, squatting bar, etc.) to feel as comfortable as possible.



Cesarean Birth

If a vaginal birth is not possible, your baby will be born by cesarean. Once the decision is made, preparation for surgery often moves rapidly.

Most of the time, epidural or spinal anesthesia is used to allow you to be awake during the birth.

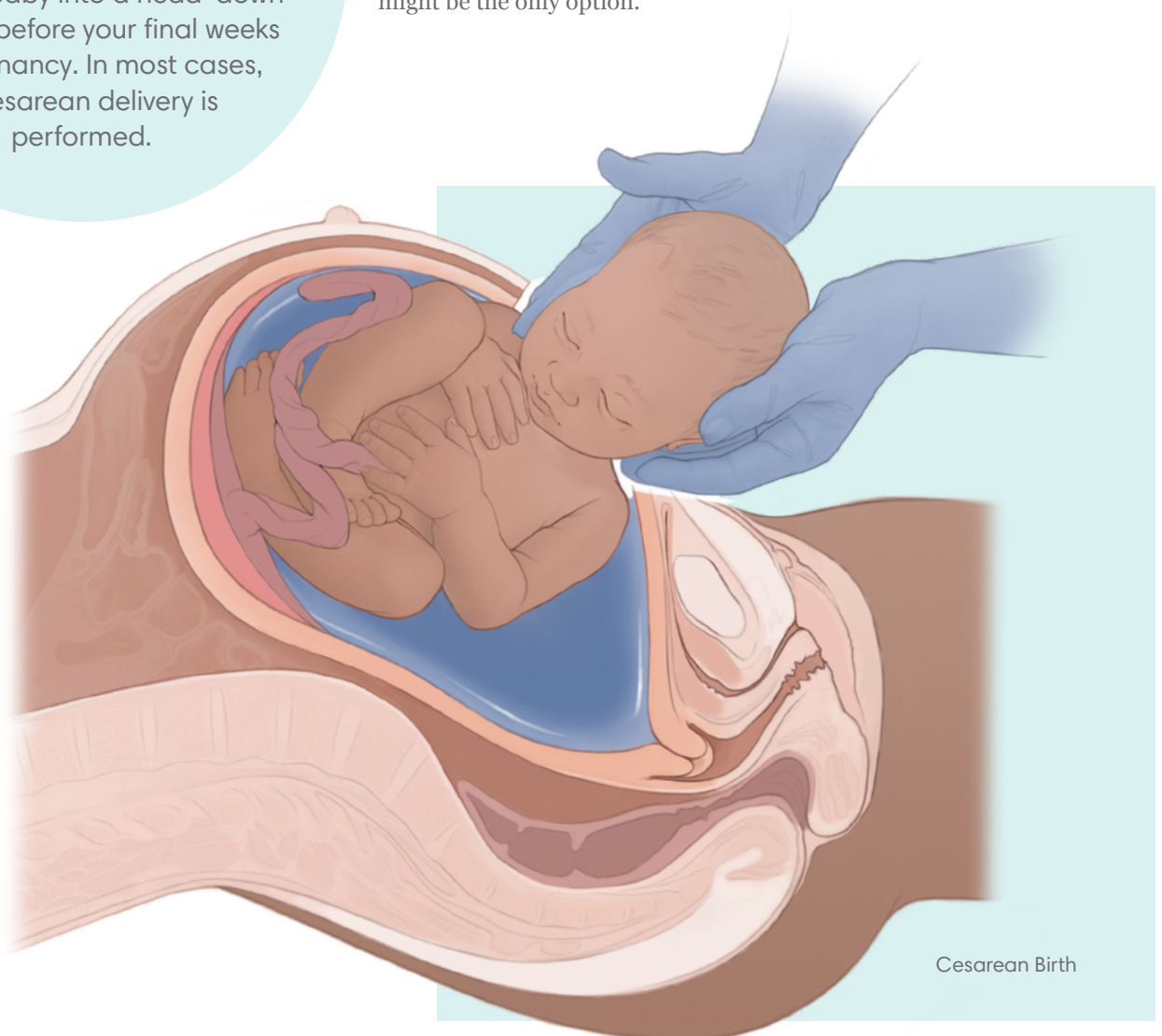
There are two kinds of C-sections:



Breech birth refers to a birth in which the baby's buttocks or legs sit low in the pelvis. Talk to your health care provider about options for trying to turn the baby into a head-down position before your final weeks of pregnancy. In most cases, a cesarean delivery is performed.

Planned or Non-Emergency - If you develop pregnancy complications or you've had a previous C-section and aren't considering a vaginal birth after cesarean (VBAC), a C-section might be planned ahead of time.

Emergency - If there are complications that could harm you or your baby, immediate delivery through a C-section might be the only option.



Cesarean Birth

Seeing and Holding Your Baby

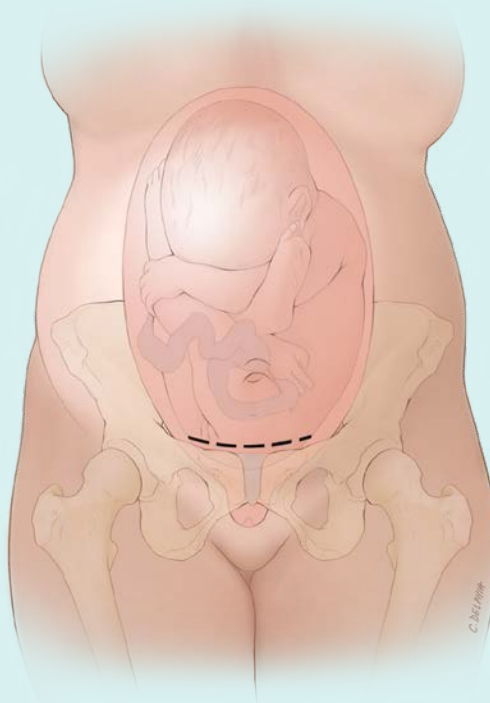
Once the cesarean begins, it only takes a few minutes for the baby to be born through an incision in your lower abdomen. It then usually takes about 45 minutes to complete the surgery.

Many hospitals allow skin-to-skin contact if mom and baby are medically stable. The partner may have the chance to do skin-to-skin as well. After this, you will be moved to recovery where you will stay for about two hours. This is a good time for more skin-to-skin or to start breastfeeding.

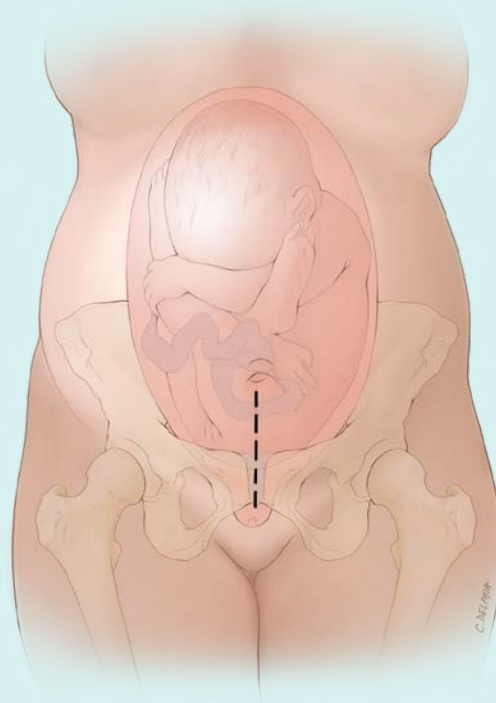
Recovery After Cesarean Birth

Pain relievers are given after a cesarean to make you comfortable so you can move around and recover more quickly. A nurse can provide tips on how to splint the incision, get out of bed more easily and hold the baby for feedings.

Find out what kind of incision was made on your uterus (vertical or transverse) and how this affects future births.



Transverse Incision

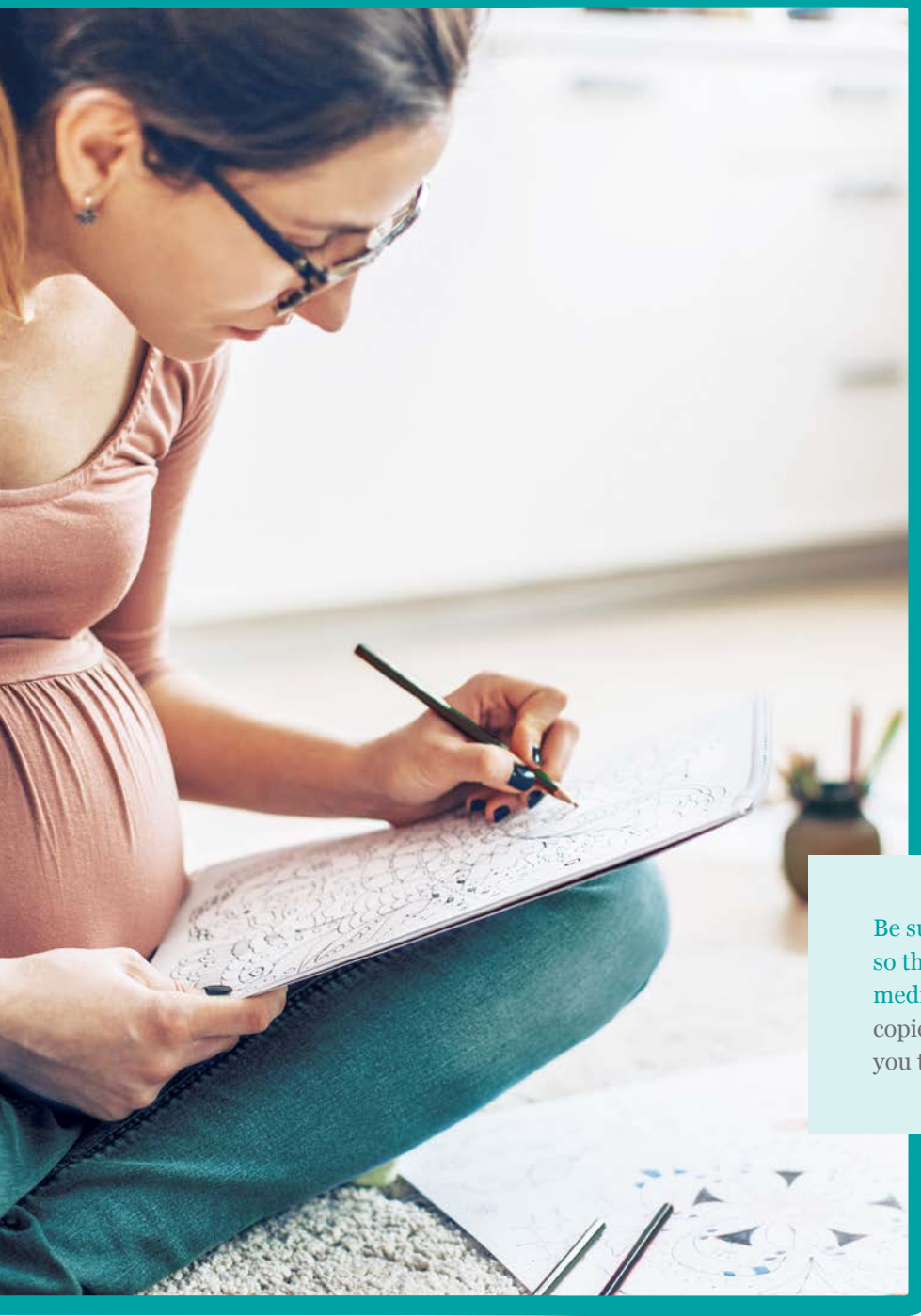


Vertical Incision

Vaginal Birth After Cesarean (VBAC)

Talk to your health care provider about whether it will be possible to have a vaginal birth after having had a cesarean birth. Vaginal birth after cesarean (VBAC) should be possible and is encouraged because of the lower risk of complications, shorter recovery time and more involvement in the birthing process.

Creating a Birth Plan



A birth plan is a clear and concise one-page statement of your preferences for labor and delivery. However, it's important to know that much of what happens during labor and delivery is unexpected. Every labor is different, and needs may arise that you didn't expect. Remember to be flexible and embrace the changes as they come, because your ultimate goal is a healthy mom and a healthy baby.

No matter the situation, creating a birth plan can help outline your options before the big day. Consult your partner and your health care provider while creating your birth plan to identify your preferences and see what is available to you.

Be sure to include your medical history so the hospital staff is aware of any medical concerns you may have. Make copies of the birth plan and bring with you to the hospital.

Birth Plan

A birth plan is a wishlist for how you want your baby's birth to go. Fill out this plan with your partner, then share it with your provider, your family and other support people. It's best for everyone to know ahead of time how they can best support you during labor and birth.

My name _____ My baby's due date _____

List any classes you have taken (e.g., labor, birth, etc.) _____

1 Who do I want with me during labor and birth?

Name _____

Phone _____

This person is:

☐ My partner

☐ My friend

☐ My family

☐ Doula

☐ My baby's father

☐ Other _____

Name _____

Phone _____

This person is:

☐ My partner

☐ My friend

☐ My family

☐ Doula

☐ My baby's father

☐ Other _____

Name _____

Phone _____

This person is:

☐ My partner

☐ My friend

☐ My family

☐ Doula

☐ My baby's father

☐ Other _____

2 What kind of support do I want during labor?

☐ Help with breathing techniques

☐ Help with relaxation

☐ Massage and counterpressure

☐ Encouragement

☐ Help with changing positions

☐ Other _____

3 What positions do I want to be in for labor?

☐ Lying down on left side with a peanut ball

☐ Sitting on a birth ball

☐ On hands and knees

☐ Labor dancing

☐ CUB (Comfortable Upright Birth) chair

☐ Other _____

4 What kind of drugs, if any, do I want to help with my labor pain?

5 Would I like to have intermittent monitoring of my baby?

☐ Yes

☐ No

6 Are there special traditions I want to take place when my baby is born?

☐ Yes

☐ No

☐ Describe _____

7 Who do I want to cut the umbilical cord?
Name _____

8 Do I want to save my baby's umbilical cord blood?
(If so, you will need to have the kit prepared six weeks prior to giving birth.)
☐ Yes ☐ No

9 Do I want to breastfeed my baby?
☐ Yes ☐ No

10 If my baby is a boy, do I want to have him circumcised?
☐ Yes ☐ No

11 Are there any cultural or religious objections to newborn screenings?
☐ Yes
☐ No

12 Are there any procedures I want to delay or refuse?
☐ Yes ☐ No
☐ If yes, please list: _____

13 Are there other issues the hospital or birthing center staff should know about me or my baby's birth?
☐ Yes ☐ No
☐ Describe _____

14 My baby's health care provider's contact information:
Name _____
Phone _____



Hospital/labor bag essentials (for you and your partner):

- | | |
|--|---|
| ☐ Contact case, solution, glasses | ☐ Mouthwash |
| ☐ Chapstick | ☐ Socks or slippers |
| ☐ Powders or lotions | ☐ Camera |
| ☐ Telephone numbers | ☐ Baby book |
| ☐ Toothbrush and toothpaste | ☐ Massage accessories |
| ☐ Hairbands | ☐ An outfit to go home in (for baby and mom) |
| ☐ Phone charger | ☐ Nursing bra |
| ☐ PJs or comfy clothes (breastfeeding-friendly) | ☐ Breastfeeding pillow |
| ☐ Snacks, mints, lozenges, etc. | ☐ Car seat |

Note: Your hospital room will usually be supplied with diapers, wipes, infant T-shirts and sleep sacks.

Notes

[illegible]

Notes

[illegible]

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Labor and birth

Section 4

It will take some work, but you're closer than ever to meeting your new baby! However it happens, remember that every woman is unique, and every labor experience is unique as well.



Pre-Labor Signs

There are several ways that your body may indicate the onset of labor. These signs will not always happen in order, so pay attention to your body and look for the common signs of labor to know when to leave for the hospital.

Lightening

This is when the baby's head engages in the pelvis and starts to move lower into your abdomen. You may begin to notice that your pants suddenly fit differently, or people may comment on how low you are carrying the baby.

“Nesting”

You may notice a surge of energy in the last few weeks of your pregnancy. This is sometimes called the nesting instinct. It is a true physiological happening that is named after the instinct birds have to prepare a nest, or home, for their baby's impending arrival. Use the resurgence of energy to take care of yourself and prepare your home for your baby. This is a good time for cleaning your baby's clothing and bedding, as well as installing their car seat. If this is your first time installing a car seat, you can seek the help of a certified car seat technician.

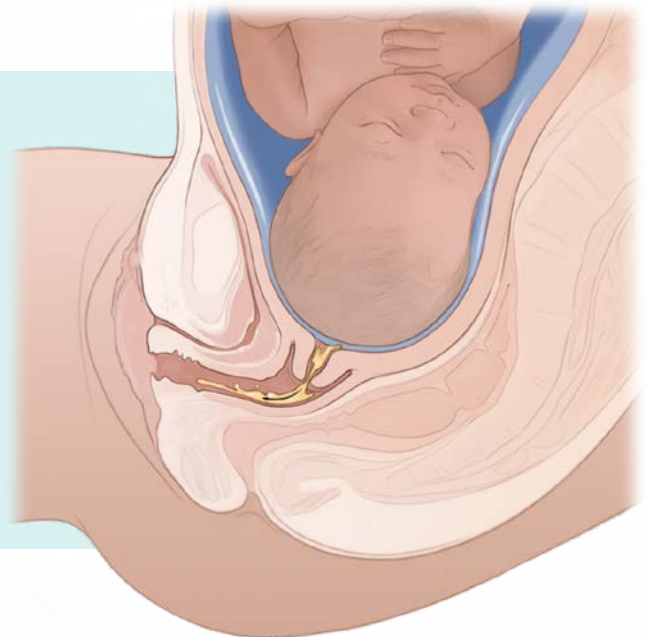
Braxton-Hicks Contractions

Braxton-Hicks contractions, or “false contractions,” are intermittent, usually painless uterine contractions occurring during late pregnancy. Braxton-Hicks contractions can be triggered by your activity, dehydration, a full bladder and sex. They do not increase in frequency and are irregular, with no change in length and intensity. This is the uterine muscles' way of strengthening themselves for labor.

If your contractions become more rhythmic, frequent or painful, you should call your health care provider.

Losing Mucus Plug

Losing your mucus plug does not necessarily mean that labor is starting. It means that your cervix is starting to dilate and that your body is preparing for labor. It is normal to lose the mucus plug anytime from a couple of weeks before labor starts to immediately before the start of labor.



Losing Mucus Plug

Early Labor Signs

Bloody Show

As the cervix begins to thin and open, it releases mucus and causes small blood vessels to break, resulting in a bloody show. The bloody show should appear as pink tinged mucus, NOT as active red bleeding. Significant amounts of bright red bleeding during pregnancy should immediately be reported to your health care provider.

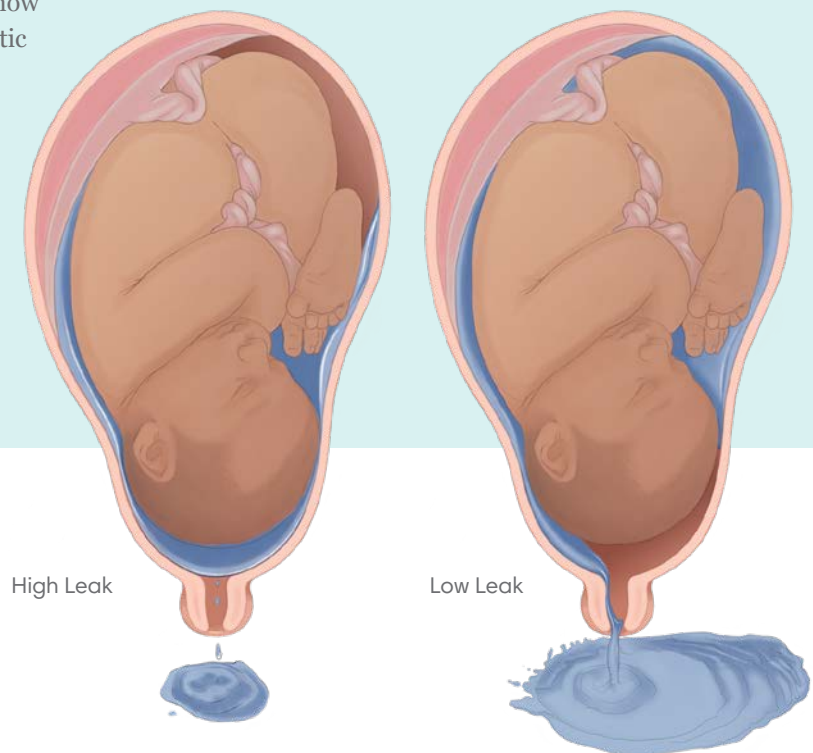
Regular Contractions

The muscle fibers of the uterus can contract or shorten, making the uterus feel hard. Most women feel like true labor contractions start in the lower back and wrap around the abdomen. Your uterus uses contractions to do the work of labor, which may occur from 20 to five minutes apart, gradually coming closer together. Usually, they will start out short (lasting about 30 seconds every 20 minutes) and gradually increase in length, frequency and intensity. Once your contractions are happening in a consistent length and frequency, you are entering true labor.

Worried About Your Water Breaking?

Many women worry that their water will break when they are least expecting it and least prepared for it. While having your water break is a sign of true labor, it only happens as the first sign of labor in 10% or less of pregnancies. Far more often, water breaks much later in labor when the pressure created by the contractions ruptures the membranes surrounding the bag of waters.

If your water does break, it is important to know that it could happen as a large gush of amniotic fluid, or a slow, but steady trickle that may be confused with urine leakage. Urine has color and odor and usually stops after emptying the bladder, while amniotic fluid is typically clear and odorless and leakage would continue even after emptying the bladder. **If the fluid is green, brown or has a foul-smelling odor, be sure to tell your health care provider.**



Stages of Labor

1

First Stage

The first stage of labor has three phases: early, active and transition.

Early Labor

Early labor tends to be the longest phase of labor, lasting up to 12 hours or more.

You can usually maintain normal activities during this time. Take advantage of the ability to rest while you can and save your strength!

Contractions are generally mild and tend to last less than a minute, with about 20 minutes between contractions that gradually come closer together. These contractions begin to efface (thin) and dilate (open) the cervix.

- **Breathe.** Breathe slow and easy, in and out through your nose, using a rhythmic pace.
- **Relax.** Stress or fear can prolong labor. Focus on your breathing or relax in another way. See “Comfort Techniques” on pg. 44.
- **Prepare.** Conserve your energy and eat small, light snacks. Use the upright labor positions on pg. 62 for comfort, and start timing your contractions.

The length of a contraction is timed from the start of the contraction to the end of the contraction.

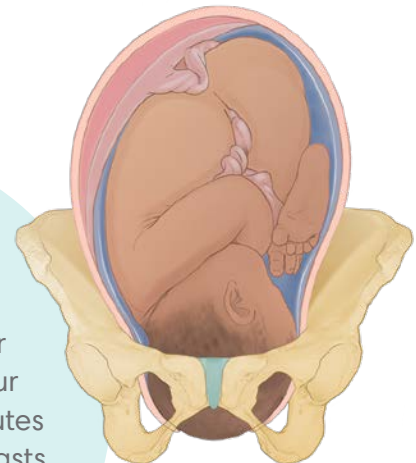
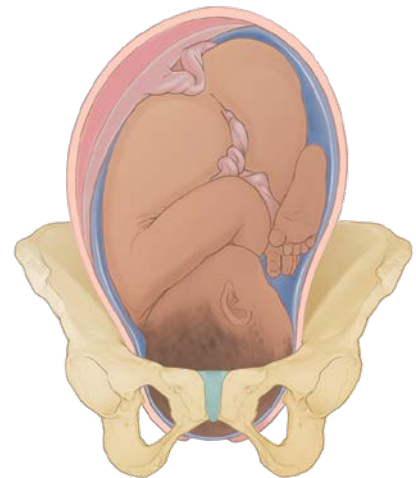
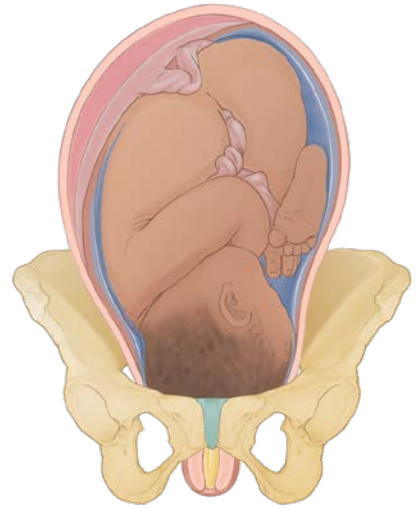
The frequency is timed from the start of one contraction to the start of the next contraction.

To track your contractions, you can use a labor app or a cellphone timer so you can focus on other things.



The 5-1-1 rule:

Most health care providers will want you to transfer to the hospital when your contractions are five minutes apart, each contraction lasts for a full minute and they have been in this pattern for one hour.

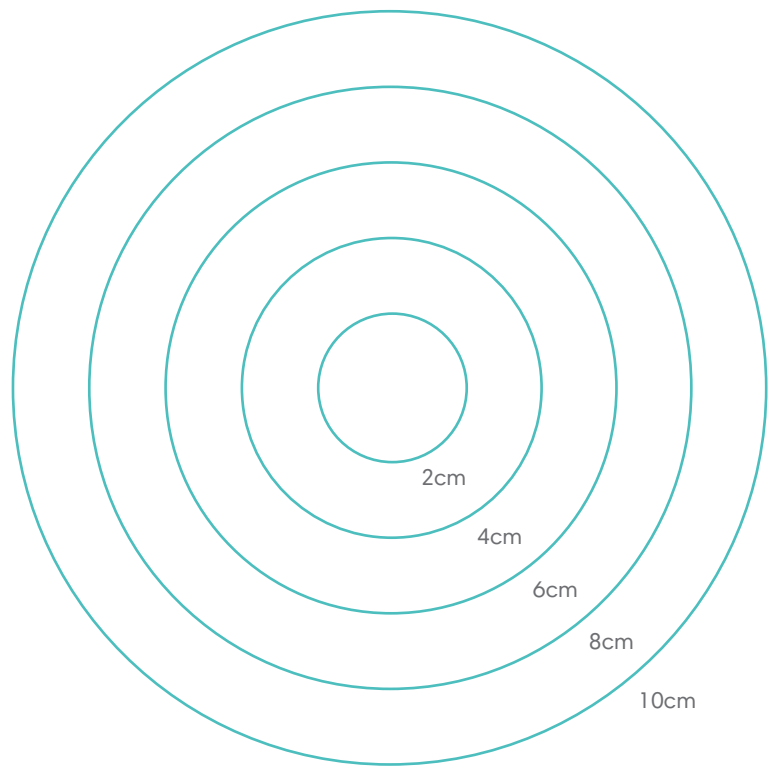


Active Labor

During this phase, the cervix dilates from six to eight centimeters. The active phase can last two to six hours or more. Contractions grow progressively stronger and longer during this time, lasting 60 seconds or more and coming every two to five minutes. Use comfort techniques (pg. 62) and positive positions (pg. 32) to help you be more comfortable.

- Continue to try to stay relaxed during contractions.
- Breathe deeply in a comfortable, rhythmic pace—in through your nose and out through your mouth.
- Go to the bathroom often.

If you are medicated, rest and turn from side to side every half hour using a peanut ball between your legs.

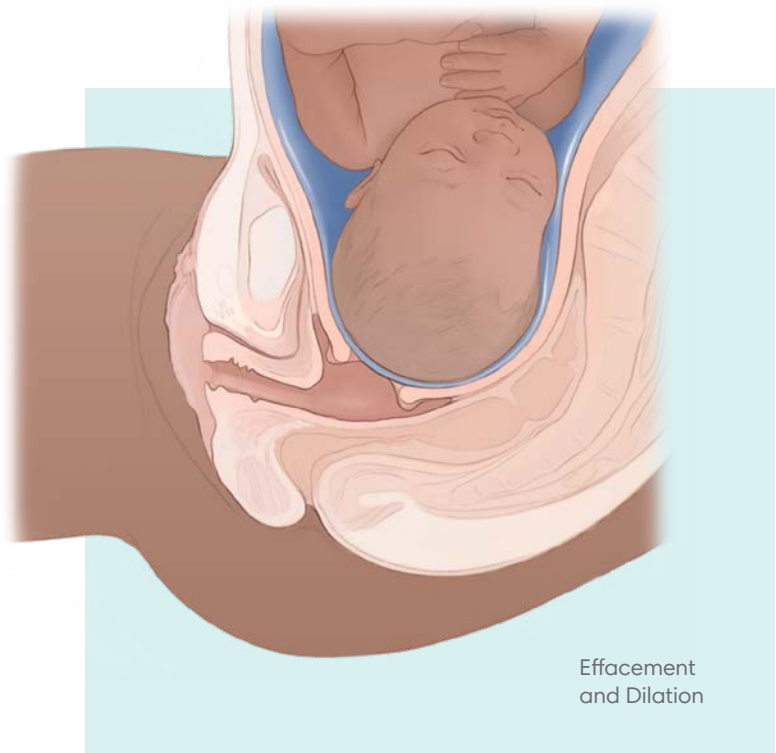


Circles show actual diameter in centimeters.

Transition

During this phase, contractions are very intense, lasting 60 to 90 seconds and occurring as close as every two to three minutes. Transition is the most intense period of labor, but also the shortest, lasting anywhere from a few minutes to a couple of hours.

Once the cervix is fully dilated (10 centimeters), the urge to push or bear down usually increases as the baby's head moves down the vagina (birth canal) and puts pressure on the pelvic floor. Notify your nurse so they can check your progress. This sensation also may feel like you need to move your bowels.



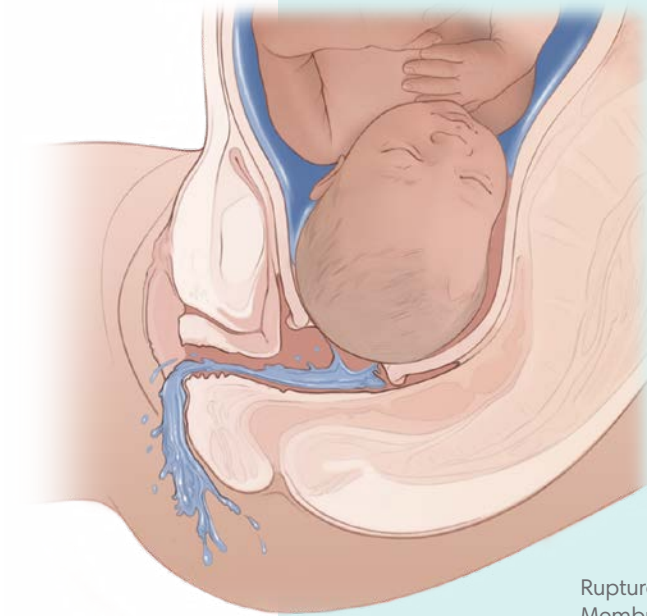
Effacement and Dilation

Stages of Labor

Rupture of Membranes

The sac that your baby has been growing in is filled with amniotic fluid that acts as a protective shock absorber and maintains a constant temperature and environment for your baby. The sac can rupture at the onset of labor, or at any time during labor. Sometimes, health care providers will break the membrane during labor or birth in an attempt to increase contractions (see pg. 41).

If your sac breaks or starts leaking before you arrive at the hospital, call your health care provider, noting the following information:



Rupture of
Membranes

Time

Amount

Color

Odor



Fetal Monitoring

Your baby will be monitored intermittently or continually for signs of distress during labor. The monitor can be internal or external and will track your baby's heart rate in response to contractions over a period of time.

Positions for First Stage of Labor

You can use position and movement to help your labor progress and keep yourself more comfortable. It often helps to change positions frequently to find the position that works best for you.

- You can try laboring in the shower, a Jacuzzi tub (ask your health care provider first if your water has already broken), sitting in a rocking chair, sitting cross-legged in bed, and lying on your side.
- Try walking to help open the inlet of the pelvis.
 - Sitting on a birth ball and rocking side to side provides relief to sore hips and alleviates pressure on the perineum.
 - Getting onto your hands and knees can provide relief from lower back pain, as well as being in a resting position. You may want to try arching your back up like a cat and then returning to a neutral position.



Birthing Ball

The Role of Your Labor Partner

Sometimes it may feel like there aren't a lot of ways that your partner can help during labor, but you need them now more than ever! [Here are ways your partner can help:](#)

- Comfort and provide words of encouragement
- Provide ice chips to keep you hydrated
- Offer a cool washcloth for your forehead or neck
- Offer a warm compress for your lower back
- Remind you to relax and let go of any tension
- Offer distractions such as walking, movies, etc.
- Encourage position changes often and remind you to go to the bathroom
- Provide massage, back rubs or counterpressure to your lower back
- Breathe along with you to help with steady and rhythmic breathing



Standing Support



Labor Dancing



Leaning on Chair



Walking



Forward Leaning



Chair Sitting

Stages of Labor

2 Second Stage

The second stage consists of pushing and birth.

Pushing

During the pushing stage, contractions are between 60-90 seconds long and occur every 3-5 minutes, accompanied by a strong urge to bear down and push. Pushing can take from a few minutes to a couple of hours. Pushing efforts are most effective when you follow your natural urge to bear down and relax when the urge subsides.

Remember to push from your diaphragm and belly muscles, not from your face or throat. Use deep grunting noises from deep in your diaphragm to focus your energy. Curl around the baby with your chin on your chest and pelvis tilted, and relax your legs and perineum.

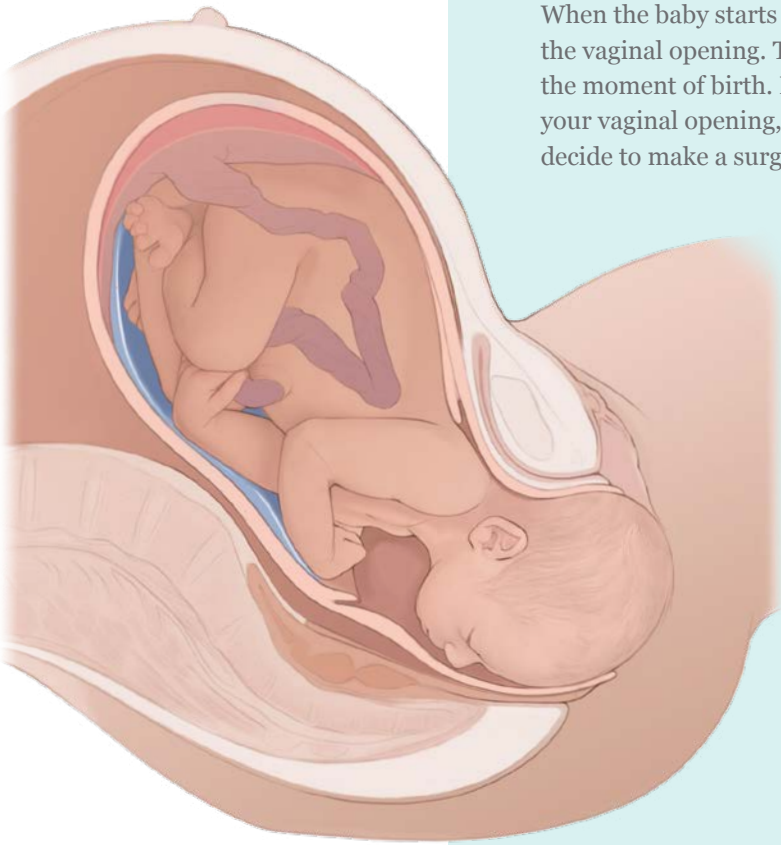


Birth

When the baby starts crowning, their head is visible at the vaginal opening. This means you are very close to the moment of birth. If the baby's head is too large for your vaginal opening, your health care provider may decide to make a surgical incision to widen the opening, called an episiotomy.

The moment of birth is an exciting and anxious moment. Your baby will usually appear grayish blue in the first minutes, changing to pink as they begin to breathe. They may have some vernix or blood on their body, which the nurse will quickly clean off as she massages your baby with a warm blanket.

Immediately after birth, your baby will be placed on your abdomen to start kangaroo care.



Positions for Second Stage of Labor

There are many positions that can be used for pushing in the second stage. Some use gravity to help the baby move down, while others widen the pelvic outlet or help the baby rotate into a better position.

Work to find which position works best for you by listening to your body and doing what is most comfortable. Other positions (not shown) include squatting using a squat bar, sitting on a birthing chair, using a hanging squat supported from behind by your labor partner, and using stirrups or foot rests on a delivery bed or table.



You can watch the effectiveness of your pushes by using a mirror. This will help you recognize when you are having an effective push.





Semi Sitting



Peanut Ball



Side-Lying



Hands and Knees

Stages of Labor



Placenta

3

Third Stage

Delivery of the Placenta

This is usually the shortest stage of labor, about 5-30 minutes. After your baby is born, your caregiver will clamp the umbilical cord in two places and cut the cord.

Your baby will be left with a small blue/purple stump attached to their belly button. It should fall off on its own within one to two weeks.

Often, it takes only a few contractions for the placenta to separate from the wall of the uterus and be expelled. Your health care provider will examine your vagina and perineum after delivery and repair any tears. If an episiotomy was necessary, it would be repaired at this time. Stitches dissolve and do not have to be removed.

This is an exciting time as you begin to bond with your baby and hold your baby skin-to-skin.



If you'd like, it's possible for you or your partner to cut the umbilical cord. You can note this in your birth plan on pg. 49.

Fourth Stage

Recovery

As you begin your recovery from labor and birth, you may feel relieved, satisfied, elated and exhausted. You will spend the next two hours in the labor and delivery room where a nurse will check your vital signs, the amount of vaginal bleeding and firmness of your uterus. Postpartum bleeding is heaviest at this time, and passing clots is normal.

The uterine contractions that you will experience are commonly known as afterbirth pains and may feel like menstrual cramps. This process is called involution as the uterus begins to shrink back to its pre-pregnancy size. The afterbirth pains may be more intense when breastfeeding because your body releases oxytocin. This increases the intensity of the contractions, aids in the involution process and helps to control bleeding.



Post Pregnant Anatomy

Immediately After Birth

Kangaroo Care

Right after birth, the nurse will quickly wipe down your baby and offer you the chance to hold them on your bare chest.

Enjoy this unique bonding experience, and offer your partner a chance to experience it as well!

Benefits of skin-to-skin:

- Encourages bonding between you and your baby.
- Decreases your stress and helps your baby better transition.
- Helps regulate your baby's body temperature and keeps them warm.
- Stabilizes your baby's blood sugar and heart rate.
- Promotes breastfeeding.
- Supports your baby's brain development.
- Helps your baby cry less and sleep more.



Immediately After Birth

Apgar Score

Your baby's heart rate, breathing, muscle tone, reflexes and skin color are evaluated using an Apgar score. They will be scored twice: once one minute after birth, and again after five minutes.

- An Apgar score of seven or higher means your baby is doing well immediately after birth.
- A score of six or lower may mean your baby will need medical attention in the period after birth.

The Hour of Quiet Alert

The process of labor creates a special state of alertness for the baby that lasts for about an hour. You can use this time to touch, talk to and interact with your baby. Lowering the lights and delaying putting medicine in their eyes will make it easier for them to keep their eyes open and see you. If you choose to breastfeed, this is the time to start trying.



Take a breather! You and your partner have gone through a lot of physical and mental stress, and you deserve a little rest. Congratulate each other on your new baby and take advantage of this special time as a family.



Notes

[illegible]

Notes

[illegible]

[illegible]





Caring for yourself

Section 5

With so much attention placed on caring for your baby, your needs can easily be overlooked. Take some time for yourself, and don't be afraid to ask for help.



Personal and Mental Health



Having a baby is exciting and rewarding, but sometimes you may feel like your needs get lost in the process. Don't feel bad for taking time for yourself — this is a HUGE change! Your health and happiness are just as important as your baby's.

For additional support, you and your partner should work with each other to ensure that you both don't become burned out.

Postpartum Bleeding

Your bleeding will be heaviest in the hours after delivery but may continue for up to six weeks. You should not use tampons during this time. Keep a good supply of sanitary pads at home.

Tips to Combat Fatigue:

- Try to rest whenever your baby rests. New babies are awake more at night than during the day for the first three weeks, so be prepared for nighttime feedings.
- Let others help with household chores such as laundry, cooking, shopping, cleaning, etc.
- If possible, arrange to have your partner take time off after the baby arrives.
- Let family and friends know that you will be taking it easy for the next few weeks and you may have to miss out on some obligations.
- Take turns with your partner waking up to soothe your baby.

Postpartum Depression

Once you give birth, there are rapid changes in your hormone levels, which can make you feel like you're on an emotional rollercoaster. Beyond what is called the "baby blues", postpartum depression symptoms continue beyond the first six weeks after birth.

Symptoms of postpartum depression may include:

- Anxiety
- Excessive tiredness
- Sleeping problems
- Confusion
- Frequent crying
- Feeling guilty
- Frightening thoughts
- Low self-esteem
- Eating problems
- Decreased sex drive
- Mood swings
- Feelings of hopelessness
- Irritability
- Forgetfulness
- Feeling overwhelmed

If any of the above feelings last longer than the first two to four weeks after birth, contact your health care provider. It is also helpful to share your feelings with family and friends.

Some ways to alleviate postpartum depression include:

- Nap when your baby naps.
- Eat well. Do not try to diet too soon (especially when breastfeeding).
- Drink plenty of fluids.
- Try to do some kind of mild exercise every day.
- Arrange for short times away from the baby.
- Get out of the house at least once a day for a walk.
- Form relationships with other new moms. Join a mother's support group or postpartum depression group.
- Ask others to help with housework, babysitting and caring for other children you may have.
- Try to postpone other major life changes, like moving to a new home, whenever possible.
- Remember to meet your own needs, too. Read a good book, take a bath or get a haircut.
- Enjoy your baby! Relax and delight in every moment possible. Hug, kiss, cuddle, laugh with and love your baby.



Social Media/Societal Pressures

Online, it may seem like every new mom is perfectly composed, sharing beautiful photos of their baby and losing their pregnancy weight with ease. While it may look like they have it all together, the parts of life that people choose to share on social media often don't show the entire picture.

However you choose to document your journey, remember that every woman experiences pregnancy, birth and motherhood differently. Try not to compare your baby to another baby or yourself to another mom because each experience is as unique and special as the moms, babies and families that create them.



Relationship Tips

Adjusting to parenthood is a major challenge, so you and your partner should lean on each other for support whenever you can. Use these suggestions to manage your stress levels:

- Try to get some time away from home and the baby to relax and enjoy each other.
- Help each other learn new parenting skills that you may not be familiar with (e.g., swaddling, burping, etc.).
- Bond over your baby! The two of you brought a beautiful baby into the world, so take time to appreciate all of their wonderful characteristics.



Low or non-hormonal forms of birth control

are generally preferred methods while breastfeeding, so discuss with your health care provider which birth control option is best for you.



Sexuality

How you see yourself as a woman, mate, wife and mom can change after childbirth. You are a very important person to many people. To be all you can be to them, you need to take care of yourself first!

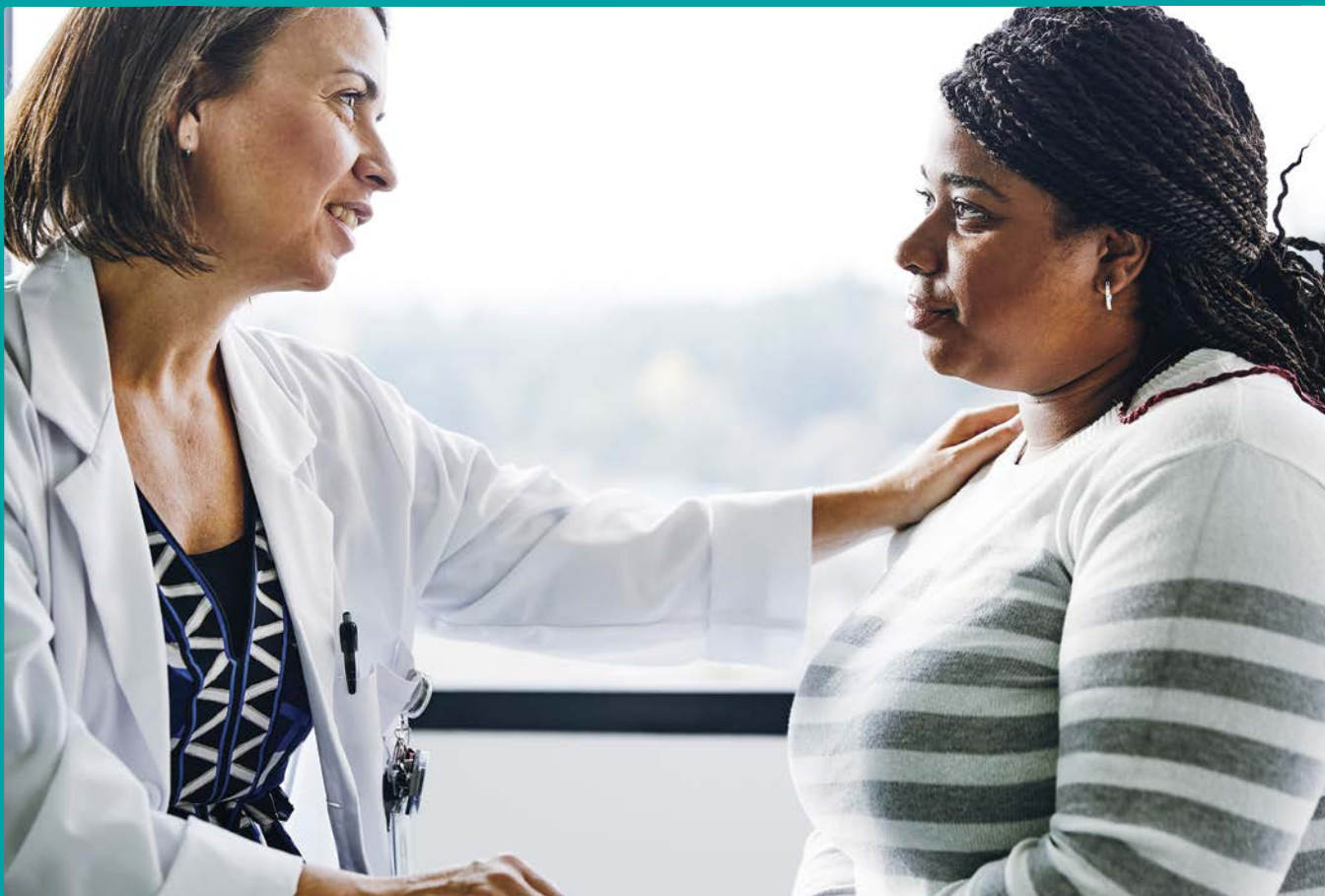
- Let details go. Your sex life may not be the same as it was before, and that's okay. Take the opportunity to learn more about your body and how it has changed.
- Know that there will be some temporary changes in your body, such as vaginal dryness and tenderness. Instead of focusing on the negative, appreciate all of the hard work that your body went through to bring your new baby into the world.
- Resume sexual intercourse again after talking to your health care provider.
 - If you are breastfeeding, or your breasts tend to leak, you may want to wear a bra lined with breast pads.



Postpartum Checkups

In order to make sure you're recovering well from labor and birth, your health care provider will want to give you a **postpartum checkup**. Postpartum care is important to maintain your health and make sure that you aren't at risk for any post-pregnancy health complications. Always go to your checkups, even if you feel fine.

- Make a postpartum care plan with your provider during pregnancy, and talk to your provider about your postpartum care team.
- Get a postpartum checkup no later than 6 weeks after giving birth. You'll get a complete postpartum checkup after 12 weeks.
- **You can become pregnant before your first postpartum period**, so now is a good time to talk to your health care provider about birth control options.



Notes

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Notes

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Your newborn baby

Section 6

The first few hours after birth are particularly special. After months of anticipation, you finally get to see and hold your baby for the first time.



Baby's Appearance

Brand new babies look quite different from babies you are used to seeing. Newborns are wet, wrinkled and curled up when they first arrive. Watch as your baby quickly begins to adapt to life outside the womb. Some babies respond loudly to this change in environment by crying, while others look around quietly.

Be sure to ask your health care provider or nurse about anything that concerns you.

Color

Babies may have a grayish-blue color when they are first born. That usually goes away quickly as they begin breathing on their own and their circulation gets well established.

Your baby's hands and feet may look somewhat pale or blue (cyanotic), especially when they are cold or crying, for the first week or more after birth.

Jaundice

A small amount of jaundice, or yellow color of the skin and eyes, is common in many full-term babies. It is even more common in premature babies. It usually appears in the first three to five days of life and disappears by the end of two weeks without treatment.

Babies are born with more red blood cells than needed, so the blood cells break down into a yellow substance called bilirubin. This is then eliminated from the baby's blood through the liver. Most newborns' livers are not developed enough to handle this, and bilirubin builds up in the baby's bloodstream.

Your baby may have a blood test to determine if further medical intervention is necessary to alleviate the excess bilirubin.





Head

Molding and Bruising

When your baby is born, the bones of their skull have not fused together and they can overlap slightly. This helps your baby pass through your pelvis and may result in the cone-shaped “molding.” Within a few days your baby’s head will be more rounded.

If forceps or a vacuum extractor were used, your baby’s head may have some bruising. These may fade within hours but can take up to a few weeks to disappear.

Fontanels or Soft Spots

Between the bones, there are two noticeable spots that feel soft. One is on the top of your baby’s head, and there is a smaller one at the back. Until these spaces are covered by solid bone, the brain is protected by a tough membrane.

Genitals

Your hormones affect the genitals and breasts of your baby, which may cause some fullness or swelling. Newborn girls may have some vaginal discharge that includes mucus or some blood, like a menstrual period. These effects disappear within a few days.



Even though there is protection for the brain during this time, it is important to be gentle and take steps to protect your baby’s head.

Baby's Appearance

Skin

Vernix

You may notice a white, cheesy substance on your baby's skin, called vernix. This substance protected your baby's skin while in the uterus and can simply be rubbed into their skin.

Lanugo

Some babies are born with fine, soft hair over large parts of their bodies. This lanugo is the first hair from your baby's hair follicles and will fall out over the next few weeks.



Vernix



Milia

Milia

Your baby's nose and face may have white, pimple-like bumps called milia. They are evidence of the healthy pores on your baby's skin.

Wash your baby's face with water and a washcloth while they are present, and they will disappear on their own.

Birthmarks

Many babies have red marks on the back of the neck or over the bridge of the nose. These little "stork bites" or salmon patches will fade over the first year or two.

Mongolian Spots

These bluish-black areas commonly appear on the lower back and buttocks of dark-skinned babies. They fade and usually disappear completely within a few years.



Mongolian Spots

Senses

All five senses are functioning at birth, letting your baby start to respond to their new environment.

- Hearing is well developed and lets your baby recognize your voice right after birth.
- Your baby's eyes can focus about eight to 12 inches away from their face, which is about the same distance between you and your baby when you are holding them.



Newborn Procedures

Physical Exam

A nurse will examine, weigh and measure your baby. A doctor then will also give your baby a complete examination.

During your stay, nurses will continue to periodically check your baby's general health and how well they are feeding.

Eye Medication

Your baby will have their eyes treated shortly after birth with ointment or drops as required by state laws. This is to protect against possible infections they might have received passing through the birth canal.



If you do not want your baby to have any immunizations or newborn screenings because of your personal or cultural beliefs, first talk to your health care provider about the potential risks to your baby. If the immunization or testing is required in your state, you will need to sign a waiver.

Shots

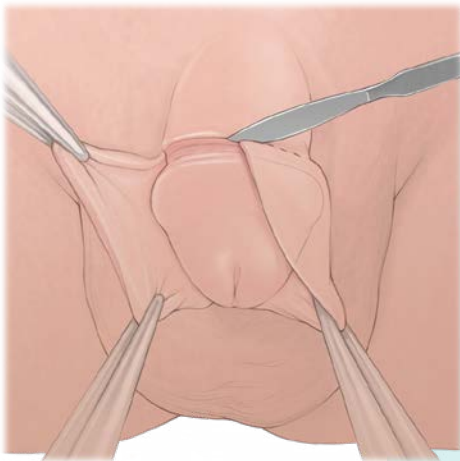
Soon after birth, your baby will get an injection of vitamin K to improve blood clotting and prevent serious bleeding.

Some hospitals offer the first hepatitis B immunization with parental consent.

Other Tests

Newborn tests and screenings vary state by state, but a newborn hearing test and genetic screening test may be administered.

Other blood tests may be conducted while you are still at the hospital. **Talk with your health care provider about your vaccination options and decide what is best for your baby.**



Circumcision

Circumcision

If you choose to circumcise your baby boy, this can be done during your hospital stay. Your health care provider will remove the skin that covers the head of the penis. After circumcision, you will be taught how to care for your baby while his penis heals.

Once the circumcised penis heals, normal washing provides proper care.

Naming



Though it is not necessary to immediately name your baby, you and your partner may start thinking about the name that you feel really “fits.” You might consider naming them after a family member, friend or historical figure that you admire.

Potential Girl Names

Potential Boy Names

Notes

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Feeding your baby

Section 7

Breastfeeding or bottle-feeding is a great time to bond with your baby and make sure they have everything they need for healthy growth and development.



Breastfeeding



Benefits

Breast milk is the ideal food for babies because it has just the right amount of nutrients and antibodies to meet their needs at each stage of development.

There are many benefits to breastfeeding:

Benefits for Baby:

- Breastfed babies have a lower risk of asthma, ear infections, childhood leukemia, type 2 diabetes, diarrhea and Sudden Infant Death Syndrome.
- Breast milk is easily digestible by your baby.
- Breastfeeding boosts your baby's immune system and helps to protect them from illness.

Benefits for Mom:

- Breastfeeding lowers the risk of heart disease, diabetes and some types of cancer.
- Your body uses calories as you make milk.
- Breast milk is free, always ready and at the right temperature.
- Your body releases the hormone oxytocin, which prompts the uterus to contract, helping it return to its pre-pregnancy size quickly. Oxytocin is also called “the love hormone” because of its powerful bonding qualities, making you feel closer to your baby.

Breast Care

Incorporating proper breast care into your daily shower or bath routine will help set the stage for breastfeeding after birth.

- Wash each breast with a clean washcloth and warm water.
- Avoid any soaps, alcohol or products that can cause drying of the nipples.



Diet While Breastfeeding

Many of the food and drink restrictions you had during pregnancy are no longer necessary while breastfeeding. However, some substances such as alcohol, caffeine and some medications will transfer into your breastmilk. Talk to your doctor or a lactation consultant before taking any medications or herbal supplements while breastfeeding.

- If you find certain foods or spices are upsetting your baby's stomach, try avoiding those foods to see if baby feels better, so you know if it is the true cause. Ask your baby's doctor for guidance.
- Drink plenty of fluids while breastfeeding. A general rule is to drink at least one glass of water every time you breastfeed or express milk.
- Just as in pregnancy, you can safely consume one to two cups of coffee or other caffeinated drinks without a problem.
- Alcohol leaves your breastmilk just as it leaves your bloodstream, so it may take a while for the tainted milk to filter out. According to the Centers for Disease Control and Prevention moderate alcohol consumption (up to one standard drink per day) is not known to be harmful, especially if you wait at least 2 hours before breastfeeding.
- If you are under the influence of drugs, do not breastfeed your baby. Drugs can pass into your baby through your breast milk, which can cause serious health problems.

Ask your health care provider or lactation consultant before you take any medications to ensure they do not harm your baby.

Breastfeeding

Colostrum

Your body has been producing colostrum, your first milk, since about halfway through your pregnancy. This way, you will have milk for your baby as soon as they are born! It is usually yellowish in color, has a thicker consistency and is produced in small amounts. What colostrum lacks in amount, it makes up for in power. It is high in immune-boosting properties such as antibodies and white blood cells and coats your baby's intestinal tract, protecting them from harmful bacteria. Because of its health benefits and color, colostrum is nicknamed "liquid gold." The colostrum acts as a laxative and helps move your baby's bowels as well.

Your breasts will not feel full immediately after birth, but the amount of colostrum that your body makes is the perfect amount for your baby. At birth, your baby's stomach is only the size of a marble and can comfortably digest one to two teaspoons.

Your body will continue to make colostrum until about three to five days after birth, when it will transition to mature milk. By day 10, your baby's stomach has grown to about the size of a large egg and can hold about two ounces. At this time, you may notice that your breasts feel fuller and heavier. This fullness should only last a few days, and frequent breastfeeding will help to relieve the engorgement. You may also use hand expression or occasional pumping for comfort.

Breastfeeding Tips

- The sooner you breastfeed after birth, the better. If possible, in the first hours after birth, keep your baby near your breast and in skin-to-skin contact so breastfeeding can begin when your baby is ready.
- Breastfeed as often as your baby wants, any time they seem hungry. Newborns usually eat between eight and 12 times every 24 hours. This will include several night feedings.
 - » Some signs that your baby is hungry: sucking on fingers or fists, smacking lips and rooting for breast. Crying is a late sign of hunger and can make latching on more difficult. Try to feed your baby at the first sign of hunger.
- Breastfeed on one breast until baby lets go, falls asleep or slows down swallowing, then offer the second breast. Your baby may or may not feed from the second breast, but it is important to offer both breasts every time. Alternate the starting breast at each feeding.
- While breastfeeding may be uncomfortable at first, it should not be painful. If it hurts your nipples, the baby may not be positioned properly or latching on well. Pain at any point is a sign that something is not right.
- Be sure to get help right away if you aren't able to reposition the baby and be comfortable. Your hospital nurse can help you. She can also give you the names of other resources for help and support.
- Avoid giving your baby water and foods until they're about six months old.
- Until breastfeeding is well established (about three to four weeks), avoid pacifiers and artificial nipples. Also, avoid unnecessary formula feeding as it could lower your milk supply.
- You can find relief from sore nipples by expressing a drop of breast milk and letting it air dry on your nipple.

Proper Latching

It's important for your baby to have a deep latch onto your breast to avoid pain and help your baby feed effectively.

To encourage proper latching:

1. Sit down comfortably, with pillows supporting your back or arms if needed.
2. Turn your baby so that their stomach is facing your body (not up toward ceiling).
3. Bring your baby in close. Their chest, stomach and hips should be touching your body, with their nose lined up in front of your nipple.
4. Gently squeeze a little milk out of your nipple, and touch your nipple to your baby's lips.
5. When your baby opens their mouth wide, like a big yawn, pull them in quickly to latch on to your breast.
6. Your baby should have a good amount of areola in their mouth. You will see more areola above the nipple. This is asymmetric.
7. You should hear your baby's swallows while breastfeeding.

NOTE: Bring your baby to your breast rather than bringing your breast to your baby's mouth.



Don't be discouraged if you feel like you can't breastfeed perfectly right away. It takes a lot of patience and practice to get into a routine with your baby, and there will be a learning curve.

Breastfeeding

Many parents wonder whether their baby is getting enough milk from the breast. Your baby is getting enough milk if:

- They have one wet and one dirty diaper for each day of life (i.e., one wet and one dirty on the first day, two wet and two dirty on the second day, etc.) with at least six wet and four dirty diapers by the time they are five days old.
- They wake up to eat eight to 12 times in 24 hours.
- They are content after feedings.
- They are gaining weight.
- Your breasts feel softer after feeding.

If you are concerned that your baby is not meeting these guidelines, [call a lactation consultant or your pediatrician](#).



Side-Lying





Cross Cradle Hold



Clutch (Football) Hold

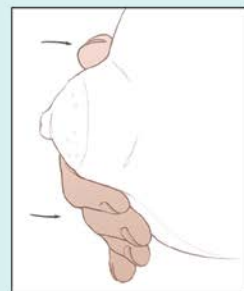
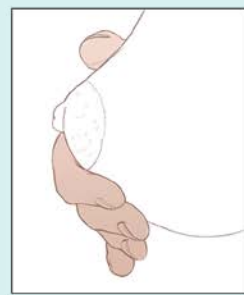


Discreet

Hand Expression of Breast Milk

Expressing your milk by hand is a helpful skill to have because your hand is the universal (and cheapest) pump.

1. Find a clean container to catch the expressed milk (bottle, cup or bowl) and wash your hands.
2. Gently massage your breast to help release milk and move it toward your nipple.
3. Make a "C" with your thumb and fingers of one or both hands, and place them opposite of each other around areola.
4. Press backward toward your chest wall and squeeze your thumb and fingers together in a kind of rolling motion. Do not slide your fingers along your skin.
5. Remember, there are milk pockets all the way around the breast under the edge of the areola. Feel for them. Rotate your hand and repeat the motions above so that you express milk from all ducts. Work on one breast, then switch to the other. Come back to the other, and vice versa, until you can't get any more milk.



Handling Breast Milk

Pumping

At some point while breastfeeding, you may need to express your milk. A breast pump can be an efficient way to do this. Talk to a representative at your health insurance company before purchasing a pump, as most insurance companies will provide an electric breast pump to you at little or no cost.

Just as breastfeeding should not be painful, pumping your milk should not cause you nipple pain. If you experience nipple pain with pumping, you may need a larger flange size. These can be purchased through your pump manufacturer, online or at some retail stores.



Pumping Tips:

- Around four weeks after birth, you can begin expressing your milk for later use.
 - » Do not be discouraged if you only get a small amount the first few tries. You are asking your body to make extra milk, and it may take a few times for this to register.
 - » Pump after a feeding in which the baby only took one breast, or pump both breasts after the morning feeding.
- Use your pump at the same times that your baby would normally breastfeed to keep up your milk supply.
- Use your hands to do breast compressions while pumping. This will help maximize your output.
- If you need help getting your milk to flow while pumping, many moms find looking at a photo or video of their baby or massaging their breasts to be helpful.

Breast Milk Storage Guidelines

Type of Breast Milk	Freshly Expressed or Pumped	Thawed, Previously Frozen	Left Over from a Feeding (baby did not finish the bottle)
Locations and Storage Times	Countertop: Up to 4 hours	Countertop: 1-2 hours	Countertop: Within 2 hours
	Refrigerator: Up to 4 days	Refrigerator: Up to 24 hours	Refrigerator: Within 2 hours
	Freezer: Up to 12 months	Freezer: Never	

Countertop: **77°F or colder**
(25°C) (room temperature)

Refrigerator: **40°F**
(4°C)

Freezer: **0°F or colder**
(-18°C)

Thawing & Warming

- Thaw frozen breast milk by placing it in the fridge overnight, putting it in a container of warm water or running it under warm water.
- Warm breast milk by placing the bottle or bag in a container of warm water.
- Never microwave breast milk because of uneven hot spots that could burn your baby’s mouth.
- Milk that is left over after a feeding should be used within two hours.

Cleaning

- Read the instruction manuals for how to wash your bottles and breast pump.
- Some parts can be put in the dishwasher while others can simply be cleaned with dish soap and water.
- If cleaning by hand, use a wash basin and brush that is used only for cleaning your pumping supplies. Do not place directly in sink, as this can have germs that can contaminate your pump parts/bottles. Let air dry.

When Baby Cannot Breastfeed



Like all parts of your pregnancy journey, the breastfeeding process will be different for every woman. Your baby may not be able to breastfeed, or you may prefer a different way to feed.

If your baby is having trouble breastfeeding, don't worry!

Try to express your milk at least eight times every 24 hours until you can get help from a lactation consultant. If you are not able to express enough milk to satisfy your baby, talk to your health care provider about supplements.

When problems arise, you can alternate between breast milk and formula to make sure your baby is properly fed.



Breastfeeding

(returning to work)

Take as much time as you can for maternity leave so that you can heal, bond with your baby and establish a healthy milk supply. If you are returning to work, remember that there are federal laws that require your employer to provide you with space and time to pump your breastmilk or to breastfeed your baby. This law can be found at www.dol.gov/whd/nursingmothers.



Workplace Pumping Tips:

- To maintain your milk supply when returning to work, express milk for your baby the same number of times a day as you would if you were not separated. This is usually two to four times a day, depending on the age of your baby and the length of your work day.
- Choose clothing that you can pull up or pull down in the front. Having an extra shirt on hand may be helpful.
- A double electric pump will help maximize your pumping time.

Try to coordinate pickup times so your baby is ready to eat when you arrive. If you're trying to decide how much milk to leave at home to feed, research shows that exclusively breastfed babies between the ages of one to six months take an average of three ounces a feeding, or 20 to 30 ounces of breast milk a day.

Weaning From Breastfeeding

After the first year, continue to breastfeed for as long as both you and your baby are comfortable.

Weaning usually happens gradually on its own. As your child gets older, they will have fewer and fewer feeding sessions, especially as they learn new skills such as eating and exploring the world.

- If you need to or want to wean before it happens naturally, you should start the process slowly. Drop one feeding at a time, waiting a few days in between before dropping another feeding.
- Many moms have success by dropping the least favorite feeding sessions first. These are usually the feedings during the day when you can distract a baby with another activity or snack/meal.
- If your baby is under one year of age, you will need to offer an infant formula to replace feedings.



Even if you wean gradually, many moms find weaning uncomfortable for their body. To take away the pressure and discomfort, express just enough milk throughout the day. This will decrease your chance of developing a breast infection, and your breasts will gradually make less and less milk each day.



**Helpful
Breastfeeding
Resources:**

La Leche League
(www.llusa.org)

Centers for Disease Control
and Prevention
(www.cdc.gov)

The American Academy of Pediatrics
(www.healthychildren.org)

Office on Women's Health
(www.womenshealth.gov)

International Lactation
Consultant Association
(www.ilca.org)

Formula

As an alternative to breast milk, baby formulas offer adequate nutrition for most babies. However, even offering small amounts of breast milk along with formula can provide some of the benefits of breastfeeding. Ask your health care provider about the benefits of breastfeeding versus formula and which formula offers the best nutritional benefits for your baby.

If you do choose to feed formulas, they should be iron-fortified to prevent anemia, or iron deficiency. There are also specialized formulas for babies who are allergic to milk or soy proteins and for babies who are premature or have a low birth weight.

Prepare your baby's formula according to the directions on the container. Never increase or decrease the amount of water you use because it can be harmful to your baby's health.





Notes

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Taking care of your baby at home

Section 8

Bringing your baby home can be exciting and challenging. Enjoy your special moments together as you and your baby get to know each other better every day.



Diapering

Bowel Movements

Your baby's first bowel movement will be made of a sticky, greenish-black substance called meconium, which was in your baby's intestines while you were pregnant. Meconium stools are present for a few days following birth. Later, it is normal for babies to have yellow-green or slightly brown-yellow stools.

- The number of stools per day and their texture will vary from baby to baby.
 - » A breastfed baby will usually have loose, yellow, seedy stools.
 - » A formula-fed baby will have stools with a pasty appearance.
- It may be normal for your baby to have one stool in 24 hours or up to one stool every 2 to 3 hours in a 24-hour period.
- If the stool is hard and dry, your baby may be constipated.
- If a baby has diarrhea, the stool is usually mucousy, thin and watery, and it may have a foul smell.
- Frequent constipation or diarrhea should be reported to your health care provider.
- Many newborns have a pasty orange discharge on their diapers. These are uric acid crystals, the normal breakdown product of protein.



As your baby grows, their bowel movements may change in amount and frequency.

If you have any concerns about your baby's bowel movements or their appearance, save it and show it to your health care provider.



Cloth vs. Disposable

Each type of diaper has advantages and disadvantages. The decision to use cloth diapers, disposable diapers or a diaper service is usually based on your time, access to a washer/dryer, concerns about the environment and costs. You may find that using a combination of both is a viable option as well.

Diapering Frequency

Whenever your baby has a bowel movement, including urination, you should change the diaper as soon as possible to avoid diaper rash.

Diaper Rash

Diaper rash appears as red patches with tiny pimple-like bumps around the diaper area.

To avoid and treat diaper rash, try the following suggestions:

- Change your baby's diapers more often.
- Change your baby after every feeding and when needed.
- Use plain water or diaper wipes that are alcohol-free.
- Dry your baby's bottom thoroughly before putting on a new diaper.
- Let your baby go without diapers as often as possible.
- Ask your baby's health care provider if a barrier cream or ointment is needed.



Diaper Size

Diapers are usually numbered according to the baby's size and will come with a size and weight chart.

Follow these tips to ensure a good fit:

- The waist should be snug with the diaper just under the belly button.
- The diaper's leg cuffs should wrap neatly around your baby's legs and bottom.
- Fasten the tapes symmetrically on the waistband on the front of the diaper so there is adequate stretch.
- Red marks around the waist or thighs are signs of chafing.

Safe Sleep

Newborn babies sleep between 16 and 20 hours a day. They usually sleep one and a half to three hours at a time and wake up hungry. Plan, whenever possible, to rest when your baby rests.

Sudden Infant Death Syndrome

Sudden infant death syndrome, or SIDS, is the sudden, unexplained death of a baby that happens while the baby is napping or asleep at night. It often occurs in the first four months of life. Use these guidelines to help reduce the risk of SIDS:

- Follow the ABCs of safe sleep: your baby should always sleep **A**lone, on their **B**ack, and in a **C**rib or bassinet.
- Use a firm mattress in the crib or bassinet.
- Do not use blankets, comforters or a sheepskin under or over your baby. Use a sleep sack or blanket sleeper as a safe alternative, and do not use sleep positioners.
- Keep the room at a comfortable temperature. Don't overdress your baby at nighttime.
- The American Academy of Pediatrics recommends that babies stay in their own bed in the parent's room for up to a year.
- Never let people smoke around your baby or in their room.

ABCs of safe sleep

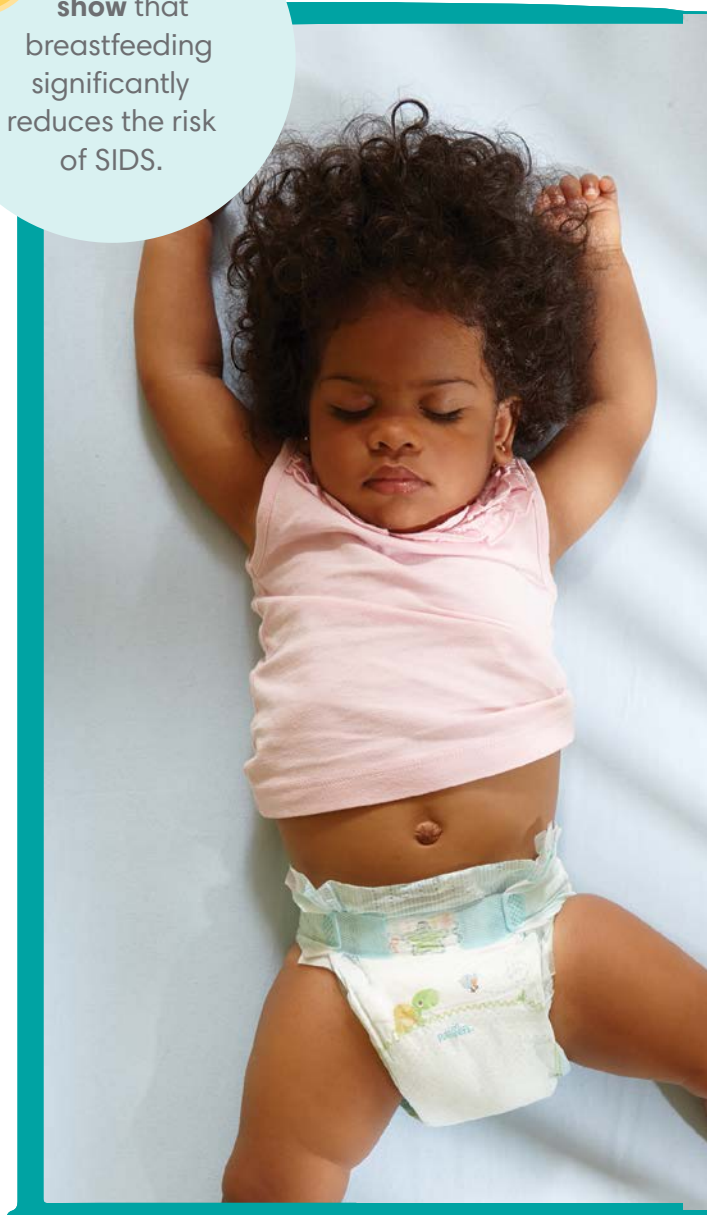
Alone
Your baby should sleep alone.

Back
Your baby should sleep on their back.

Crib
Your baby should sleep in an empty crib or bassinet.



Studies show that breastfeeding significantly reduces the risk of SIDS.



Crying

Colic

Colic is frequent, intense, prolonged crying that usually occurs at night. It happens for no reason, and there is no “cure” or medication for colic. However, colic isn’t a disease and won’t cause your baby any long-term harm. The cause of colic is unknown.

Colicky babies cry almost every evening, usually between 6 p.m. and midnight. They may twist their face in pain, draw their knees up to their abdomen and pass gas.

To help comfort a colicky baby, try:

- Cuddling your baby in your arms.
- Giving your baby tummy time.
- Using rocking movements or walking around.
- Giving your baby a warm bath.
- Keeping yourself calm while you’re around the baby.
- Massaging your baby’s body or pedaling their legs.
- Positioning your baby upright for 30 minutes after feeding.
- Taking car or stroller rides.
- Using appliance sounds/white noise.
- Dimming the lights.
- Singing or playing music.

If you feel overwhelmed when your baby is crying, lay them in a safe place and take some time to yourself. Alternate support persons, if possible.



NEVER
shake a baby.
This will cause
internal injuries,
brain damage or
even death.

PURPLE Crying

Similar to colic is the PURPLE Crying Period. The letters in PURPLE stand for the common characteristics that you will see during this time. Though frustrating, it is a temporary and normal phase in your baby’s development that will eventually pass.

P **Peak of crying**
Crying peaks during the second month and decreases after that

U **nexpected**
Crying can come and go for no apparent reason

R **esists soothing**
Your baby may not stop crying despite all your soothing efforts

P **ain-like face**
A crying baby may look like they are in pain, even when they are not

L **ong lasting**
Crying can go on for 30–40 minutes at a time, and often longer

E **vening**
Your baby may cry more in the late afternoon and evening



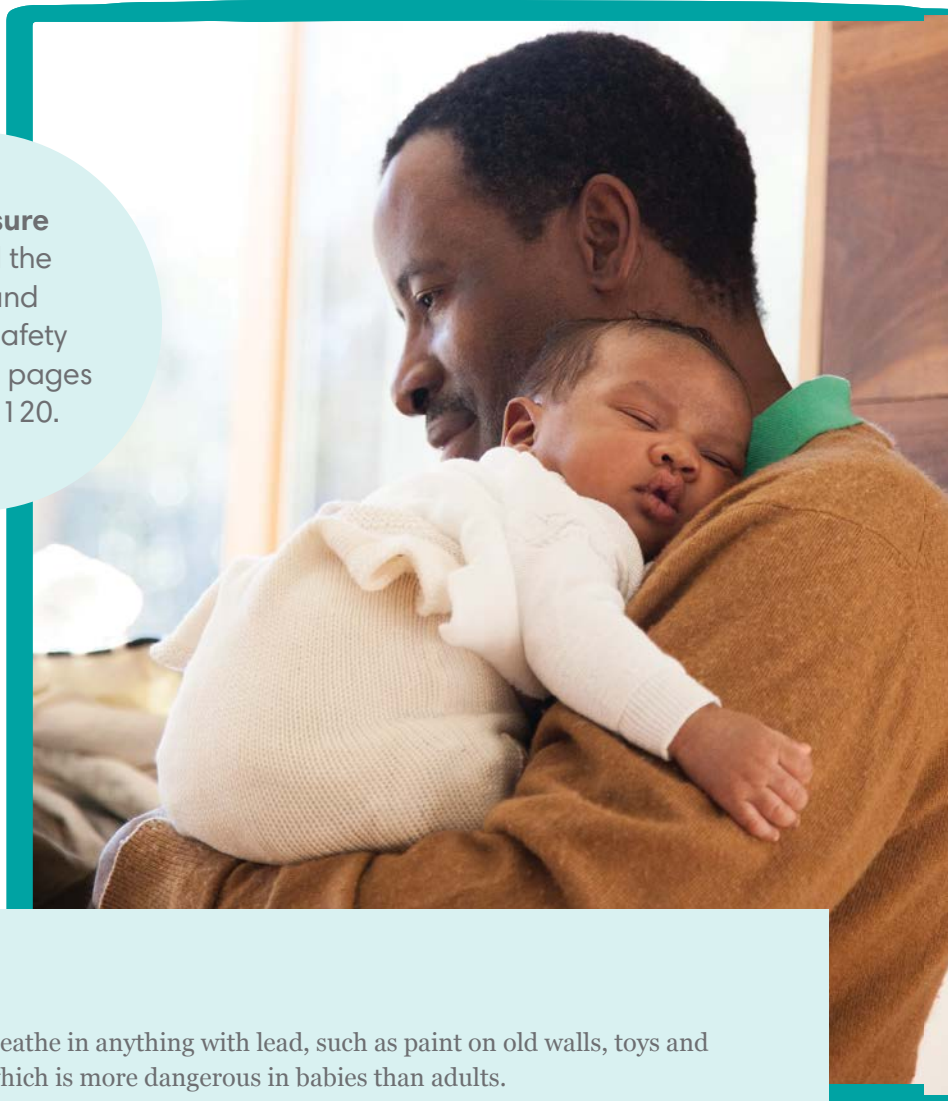
Safety



Make sure to read the Sleep and Bathing Safety sections on pages 116 and 120.

Carrying/ Supporting Tips

- Always make sure your baby's head and neck are supported.
- Use baby carrying devices that are approved for your baby's size, weight and development. Follow the manufacturer's directions for use.

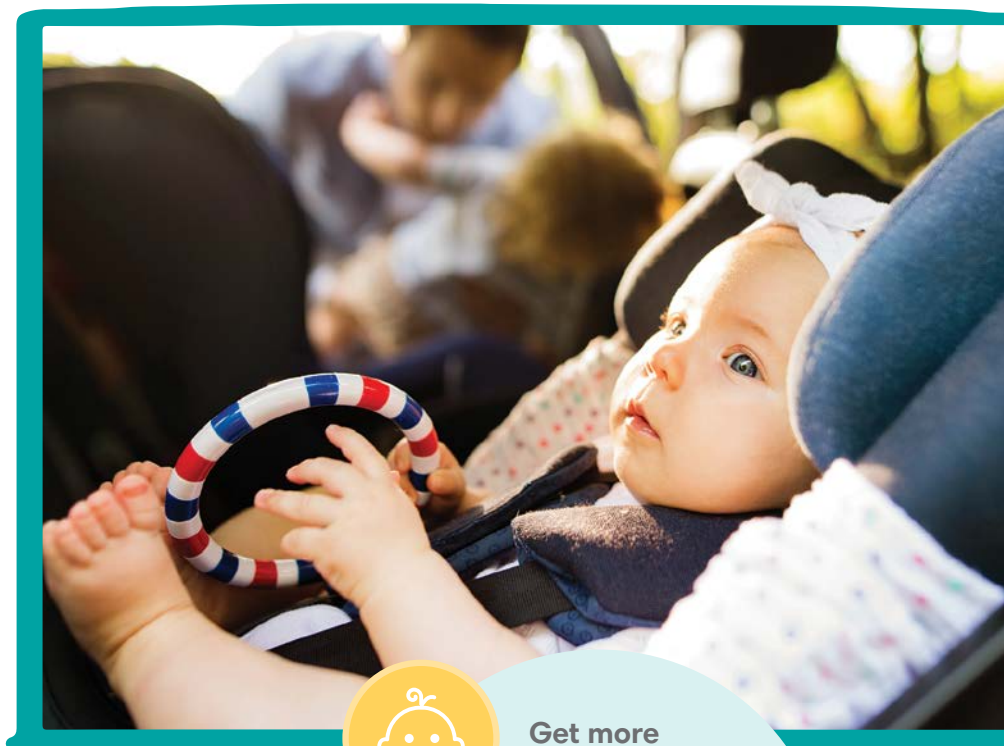


General Safety

- Do not let your baby consume, touch, or breathe in anything with lead, such as paint on old walls, toys and furniture. This can cause lead poisoning, which is more dangerous in babies than adults.
- Avoid direct sunlight and use coverups to protect your baby's sensitive skin.
- Use fire-resistant or flame-retardant clothing, bedding and toys.
- Never hold a baby while holding a hot drink.
- Check clothing for loose strings or ribbons that could wrap around your baby's small fingers or toes or get caught in car doors. Secure or remove other loose items in baby's room, such as window blind cords and electrical cords.
- Don't put pacifiers or necklaces around your baby's neck.

Car Safety

- **Bag in the Back:** start the habit of putting a personal item of daily use (e.g., cellphone, work computer, shoe, backpack) in the backseat of the car to avoid unknowingly leaving your child unattended. Children who are left in car seats, even for a short amount of time, are at risk for vehicular heatstroke, which can result in death.
- Always use a properly installed car seat that's right for your baby's age and size. Babies should be rear-facing in the backseat for as long as possible.
- Don't put anything between your baby and the harness straps; it can interfere with the tightness of the harness. Instead, place a warm blanket over your baby and harness.
- Make sure the chest clip is at your baby's breast line.
- Don't put your baby's car seat on any elevated surface, and don't leave them alone.



Get more
car safety tips
from the Sofia
Foundation at
www.bagintheback.org



Bathing

Your baby does not need to be bathed every day. However, your baby's face, genitals and hands should be sponge-bathed daily. Do not bathe your baby until the umbilical cord has fallen off and healed.

Select a location for bathing your baby that is a good height and is comfortable for you to access. Make sure you have all your bathing supplies ready before you start to limit time in the tub.

1. Wash your baby in a baby tub or basin filled with warm water up to their thighs. You can use a mild soap if you'd like.
2. Wash your baby's face and head before undressing them completely. Newborns usually object while being bathed and may cry because the sensations are new and different.
3. Clean your baby's eyes, nose and ears with a washcloth or clean cotton ball with water only. Do not put cotton swabs into your baby's ears or nose.
4. To shampoo your baby's scalp and hair, support your baby's head with your hand as if you were holding a football. Apply a small amount of gentle soap and rinse with water.
5. Wash the rest of your baby's body all at once, moving from top to bottom.
6. Dry the baby thoroughly, making sure to dry in the folds and creases of their skin.



Illness



Call your baby's health care provider if your baby has any of the following symptoms:

- Unusual irritability, excessive sleepiness, general restlessness, lethargy, excessive crying.
- Blood or mucus in their diapers, loose, watery stools, or sudden changes in stools.
- Flaring nostrils or wheezing.
- Swollen, bleeding, or unusual discharge from the circumcision area.
- Rashes that do not heal.
- Excessive tearing, swelling, redness or yellow-green discharge in the eyes.
- Loss of appetite or refusing food for a couple feedings in a row.
- Rectal temperature of 100.4 or higher.
- White patches on the roof and sides of the mouth.
- Stuffy or runny nose.
- Skin is hot, sweaty, blotchy, dried out or yellow.
- Drainage or bleeding from the umbilical cord.
- Change of color in urine.
- Projectile vomiting.



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Early baby development

Section 9

Every day brings something new and exciting for your baby as they grow and discover the world around them.



Baby's Development

Though every baby develops at their own rate, there are some general milestones that occur within the first year of your baby's life.

Second Month

- Begins to smile at people.
- Can briefly calm themselves (may bring hands to mouth and suck on hand).
- Turns head toward sounds.
- Coos and makes gurgling sounds.
- Pays attention to faces.
- Begins to follow things with eyes and recognize people at a distance.
- Can hold head up and begins to push up when lying on tummy.
- Makes smoother movements with arms and legs.

Fourth Month

- Holds head steady, unsupported.
- Smiles spontaneously, especially at people.
- Copies some movements and facial expressions, like smiling or frowning.
- Begins to babble with expression and copies sounds.
- Cries in different ways to show hunger, pain or being tired.
- Reaches for toys with one hand.
- Uses hands and eyes together, such as seeing a toy and reaching for it.
- Brings hands to mouth.
- Follows moving things with eyes from side to side.
- Pushes down on legs when feet are on a hard surface.
- Can hold a toy and shake it or swing at dangling toys.



Sixth Month

- Shows curiosity about things and tries to get things that are out of reach.
- Knows familiar faces and begins to know if someone is a stranger.
- Responds to other people's emotions and often seems happy.
- Responds to sounds by making sounds and responds by name.
- Brings things to mouth.
- Makes vowel sounds ("ah," "eh," "oh").
- Rolls back and forth, sometimes crawling backward before moving forward.
- Makes sounds to show joy and dislike.
- Begins to sit without support and might bounce on legs when standing.



If You're Concerned— Act Early

Tell your child's doctor or nurse if you notice a delay in any of these developmental milestones.



Ninth Month

- May be afraid of strangers and clingy with familiar adults.
- Sits without support, pulls to stand and starts crawling.
- Makes a lot of different sounds, like “mamamama” and “bababababa.”
- Plays peek-a-boo.
- Watches the path of something as it falls.
- Moves things smoothly from one hand to the other.
- Responds by name.

Twelfth Month

- Gets to a sitting position without help.
- Pulls up to stand, may take a few steps with/without holding on to furniture.
- Finds hidden things easily.
- Says “mama” and “dada” and exclamations like “uh-oh!”
- Uses simple gestures, like shaking head “no” or waving “bye-bye.”
- Points with index (pointer) finger.
- Looks at the right picture or thing when it’s named.
- Has favorite things or people.



Tummy Time

To develop muscular strength for crawling and walking, your baby should have “tummy time” while awake. Place them on the floor on a blanket with toys.



Well-Child Visits

Your health care provider will work with you to set up a series of visits to check on the health of your growing baby. Every doctor's schedule will vary, but the American Academy of Pediatrics (AAP) recommends checkups on the following schedule:

- ☐ At Birth
- ☐ 3 to 5 Days After Birth
- ☐ 1 Month
- ☐ 2 Months
- ☐ 4 Months
- ☐ 6 Months
- ☐ 9 Months
- ☐ 12 Months
- ☐ 15 Months
- ☐ 18 Months
- ☐ 24 Months
- ☐ 30 Months
- ☐ Yearly



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Resources

Section 10

For more information, check out this list of resources to answer any other questions you might have.



Resources



Pampers.com

www.pampers.com

Childbirth Education Association

www.childbirthclassesofcincinnati.com

American Academy of Pediatrics

www.aap.org
www.healthychildren.org

American Pregnancy Association

www.americanpregnancy.org

La Leche League

www.llusa.org

Centers for Disease Control and Prevention

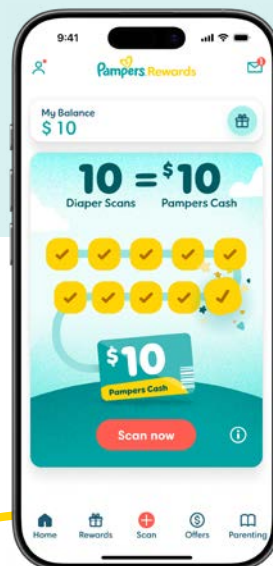
www.cdc.gov/pregnancy

The Sofia Foundation

www.bagintheback.org

American Association of Poison Control Centers

www.poison.org
(800) 222-1222



With the **PAMPERS REWARDS APP**, you can save big and get \$10 off Pampers for every 10 diaper scans, and most boxes have 2 scans! You can also get access to special offers, expert-led content, personalized diapering tips and more! Visit **Pampers.com** to learn more.

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