



Congratulations!

Get you & your baby off to a great start with this helpful guide.

Tips for breastfeeding, daily care, safety concerns and more.



Welcome to a whole new world!

The birth of your baby is life-changing, and we are honored to share in your first steps together.

In our supportive environment you'll have access to registered nurses, lactation consultants and an experienced team. We are ready to give you the essential information you need to feel comfortable and well-prepared while caring for your infant today and in the months ahead. We are here to give you time to rest, recuperate and bond with your baby.

As you transition from our home to yours, we will ensure you have the skills you need to flourish as a parent.

Thank you for allowing us to be part of your journey.

This information provided is in accordance with the Association of Women's Health, Obstetrics and Neonatal Nursing (AWHONN) and the American Academy of Pediatrics (AAP) guidelines.

Disclaimer: This information is not intended to be a substitute for professional medical advice. It is provided for educational purposes only. You assume full responsibility for how you choose to use this information.



What to expect from your time in the hospital

Practice togetherness with rooming in

You and your baby will be sharing a room during your stay with us. This comfortable space has everything you need to care for yourself and your baby. Don't see something you need? Just ask! Spending this precious time together will help you and your baby get to know each other.

Why room together?

- Babies cry less, and being with mom is "home" for baby.
- Parents get to know their baby better.
- You learn to recognize early feeding cues such as rooting, lip movements and sucking on fingers or hands.
- Babies can be fed at the first sign of hunger.
- Babies and mothers sleep better.
- Parents are better prepared to care for their babies at home.

Support is important

If possible, have a support person with you throughout your whole stay. They will benefit from the education and bonding that will happen around the clock.

Tip for visitors

Meeting new family and friends can be overwhelming for an infant and sometimes is best after they've transitioned from our home to yours. Please let us know if you need us to assist you with a "No Visitors" nap time.

Keeping your newborn baby safe...

At the hospital:

- While in the hospital, your baby will have an electronic sensor (tag) attached to their ankle. This tag should be snug but not tight. It is important that this tag stays on at all times. This tag helps us monitor your baby's location. We will remove the tag right before you go home.
- A security alarm will sound if your baby's security tag gets too loose, too close to the exit doors or is tampered with in any way.
- Visitors are allowed, but our unit remains locked for security.
- If your baby leaves your room, they should be in the crib. Please do not carry your baby in the hallway.
- All staff caring for your baby should have proper identification and introduce themselves to you.
- Do not give your baby to anyone you do not know or who has not properly identified themselves. When in doubt, contact the nurse's station.

At home:

- The safest place for your baby is with you (at all times).
- Never leave your baby unattended.
- We recommend not publishing your baby's birth in the newspaper or using outdoor decorations to announce your baby's arrival.
- Only allow people you know and trust into your home.



Breastfeeding

Breastfeeding provides both you and your baby important health benefits that will last a lifetime. Major health organizations recommend exclusive breastfeeding (meaning your baby receives only your milk and nothing else to eat or drink) for at least 6 months, and continued breastfeeding throughout the first year with the addition of solid foods.



Make it a goal to keep your child healthier by breastfeeding for at least 1 year.

Remember, although breastfeeding is natural, it is a learning process for both you and your baby. Allow yourself several weeks to get comfortable with breastfeeding. Any time you are unsure if you are feeding correctly, seek the help of a lactation consultant or other knowledgeable health care provider. Once breastfeeding is fully established, it can be one of the most rewarding experiences of new motherhood.

How to know when your baby is hungry

Babies show several cues when they are hungry. Tuning in to your baby's cues will make breastfeeding more successful and satisfying for both you and your baby.

Watch for these early cues:

- Small sucking motions, licking lips, sticking tongue out
- Rooting toward the breast (turning the head and opening the mouth)
- Crying is a late hunger cue! Try to catch your baby's feeding cues early in the cycle—avoid crying—and begin breastfeeding!





Five keys to successful breastfeeding

Keep your baby skin-to-skin

Take advantage of this special time. Practice skin-to-skin often. Babies who do skin-to-skin eat better, which will help establish a good supply of breast milk. If you are tired, dad can do skin-to-skin, too!

Rooming in with your baby

Rooming in allows your baby to feed as often and as long as they want, which will keep your baby calm and help you establish a good milk supply. After the first 24 hours, babies typically eat 8 to 12 times a day for the first several weeks. If your baby is sleepy and not showing hunger cues, try the waking techniques described later in this booklet.

Avoid supplementary feedings

All your baby needs is you! Rarely is there a baby who needs more than their mother's own milk. Giving supplements can make your baby feel too full and lead to less frequent feedings. This will lead to a decreased milk supply.

The use of formula can increase your baby's risk of allergies, ear and lung infections and other health problems, including asthma and diabetes. There is also a higher risk of diarrhea, obesity and chronic diseases. Even small amounts of formula can make a difference in your baby's health.

Avoid pacifiers and artificial nipples

Any time your baby seems hungry, offer the breast. In between, continue your skin-to-skin holding. Pacifier use may hide your baby's hunger cues and your baby may not feed frequently enough. The different feel of a pacifier or bottle nipple can confuse babies. Babies may also get used to the fast flow from bottles, making breastfeeding more difficult. The American Academy of Pediatrics recommends avoiding both pacifiers and bottle nipples until breastfeeding is well established, at least 3-4 weeks.

Ask for help

If you are unsure how breastfeeding is going, ask to see the lactation consultant in the hospital. She can watch a feeding and give you tips on how to position and latch your baby. Proper latch and positioning will ensure better milk transfer and more comfort for mom.

Waking a sleepy baby

Babies are often sleepy during the first week or so. So sleepy that they may not awaken often enough to feed or even fall asleep while feeding. After the first 24 hours newborns need to eat 8 to 12 times per 24 hours. You may need to wake your sleeping baby to make sure they are getting enough to eat.



Try these different tips to see what works best for your baby:

- Hold baby skin-to-skin.
- Rub and massage the baby in various places:
 - Bottom of the feet
 - Up and down the spine
 - Up and down the arm
- Talk to the baby.
- Gently roll the baby side to side.
- Change your baby's diaper.
- Apply a wet washcloth to your baby's head, stomach or back. (Be careful not to let the baby become chilled. Premature infants become chilled more easily than term infants.)
- Allow your baby to suck on your finger for a few minutes.
- Express some breast milk and place just under your baby's nose.

If your baby nurses frequently, they may have a longer stretch without eating. But if your baby is difficult to wake for feedings or is not having enough wet diapers and stools, call your doctor or lactation consultant.

Finding the best position to help baby latch on

The way you hold your baby and how they latch on to the breast are the keys to comfortable feeding for you and more milk for your baby.



Getting comfortable

Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows wherever needed to support your arms and relax your shoulders.

Positioning your baby

Hold your baby close and at breast level. Position your baby facing you with their nose in front of your nipple so your baby has to “reach up” slightly to grasp the nipple. Be sure your baby does not have to turn their head to latch.

Helping baby latch on

- Place your fingers well behind the edge of the areola and compress lightly, shaping your breast to allow the baby to get a deep latch. An easy way to remember how to hold your hand is to keep your thumb by your baby's nose and your fingers by their chin. That way you will automatically rotate your hand to match the baby's positioning.
- Allow your baby's head to lean back slightly so their chin touches the breast first.
- Tickle your baby's upper lip with your nipple to encourage them to open wide.
- Bring the baby to the breast, not the breast to the baby.

Basic positions for breastfeeding



The laid-back position is most helpful immediately after delivery or if the baby is having trouble latching on. Lean back into a comfortable position and place your baby parallel with your body and near your breast. Many babies will “crawl” to latch on in this position if you give them enough time.

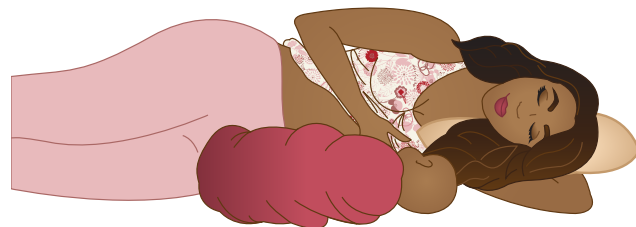
The cross-cradle hold is one of the preferred positions for the early days of breastfeeding. You will have good control of your baby when you place your hand at the base of their head. Roll the baby to face you belly-to-belly.



The football hold (clutch hold) is good for mothers who have had a cesarean delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.



Side lying is great for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Use pillows to support your back and the baby's back, and between your legs. Roll the baby toward you, belly-to-belly.



The cradle hold is great after the baby is doing well with nursing and the latch-on is easy. It is the most common position and you will often see this in pictures of breastfeeding mothers. Place your baby's head in the bend of your arm or on your forearm and support their body with your arm. Remember to roll your baby toward you belly-to-belly.



Tips for successful breastfeeding

- Observe your baby for feeding cues and offer your breast when cues are present.
- Most babies are sleepy the first few days of life and the frequency and length of feedings will vary. After a few days, most babies nurse every 1 1/2 – 3 hours. Your baby should have 8-12 feedings in a 24-hour period.
- It's important to strive for 15-30 minutes on the first breast and then to offer the second breast as long as your baby desires.
- It is important to feel strong tugs, not pinching or biting.
- Listen for swallowing while your baby feeds. As the amount of your milk increases each day you should notice more frequent swallowing.



Take a peek at this helpful video to see how to latch your baby

<http://www.globalhealthmedia.org/portfolio-items/attaching-your-baby-at-the-breast>

What to expect once the baby latches on

Your baby's chin should touch the breast and their nose should be very close. Usually, babies can breathe easily, even when pressed close to the breast, because they can breathe around the "corners" of their noses. Do not press on the breast to make a breathing passage for the baby to breathe. This can distort the shape of the nipple in the baby's mouth and contribute to soreness as well as limit the drainage from the area of the breast above your fingers. If necessary, pull the baby's hips in closer to you. This should free up the baby's nose.

The baby's mouth should be open wide like a yawn. Most of the areola is in the baby's mouth and both upper and lower lips are flanged (rolled out). You'll feel a deep pulling sensation as the baby nurses. Some mothers describe a tender feeling as their baby latches on that eases as the milk begins to flow. During the feeding you will feel tugging or pulling. If you experience a painful sensation such as pinching or biting, remove your baby from your breast and re-latch them. If you need to remove your baby from the breast, slip your finger between their lips and gums to break the suction. Wait for the suction to release before removing the baby.



Difficulty latching

Some babies have difficulty latching. Here are some tips to try:

Skin-to-skin holding

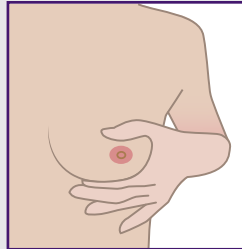
Do this several times each day. Having your baby close to your breast encourages them to feed.

Give your baby a taste

Express a few drops of milk on your nipple or drip some milk over your nipple for your baby to taste. Stroke your baby's lips with your nipple (from nose toward chin) until their mouth opens wide and pull them quickly onto the breast. Encourage your baby softly and calmly.

Support your breast

If your nipple is difficult to grasp, roll it gently between your fingers to make it stand out. With your fingers placed well behind the areola, shape your breast to match the oval of the baby's mouth. This will help your baby latch on to more breast tissue.



If using these hints doesn't help resolve these problems, make an appointment to see a lactation consultant or visit a breastfeeding support group. Call lactation services to make an appointment or for information on support groups in your area.

Easing the pain of sore nipples

Initially you may have some difficulties with sore nipples. Here are some suggestions to help you get through this.

Sore nipples

Check position

- Make sure the baby is lined up so they do not need to turn their head.
- Bring baby up to mom.
- Provide breast support.

Check latch

- Open wide like a yawn.
- Lips flanged out.
- Tip of nose and chin should be at breast.

Coping measures

- If your breasts are full, express some milk by hand before latching. This softens the breast tissue and helps the baby to latch deeper.
- Start on least sore side first.
- Alternate positions: Football and cross cradle work best if sore.
- Apply expressed breastmilk to nipples after feed.
- These measures may help to relieve sore nipples. If not please call for assistance from the lactation staff.

Finding relief from engorged breasts

When the breasts are too full of milk, they can become engorged — swollen, hard and painful. Here are some tips to prevent and treat engorgement.

To prevent engorgement

- Nurse frequently in the early days.
- Make sure your baby is latching well so that they can empty the breast effectively.
- Avoid bottles and pacifiers the first three to four weeks.

For moderate engorgement

- Apply warmth before feeding to soften the breast and encourage milk flow.
- Stand in the warm shower and let the water run over your breasts.
- Gently massage your breast. Make circular motions in small areas with your fingertips and move your hand all around the breast. Then stroke from the outer breast toward the nipple.
- Hand express a little to soften the breast. See page 13 to learn how.
- Apply cold compresses after feeding to reduce swelling and provide comfort.



Try these tips and still uncomfortable?
Call your lactation consultant.

For extreme engorgement

- Apply cold to the breasts, not heat. This will reduce swelling, slow refilling of the breasts and provide some comfort.
- Lying on your back helps the excessive fluid in your breasts to be reabsorbed by your body.
- Cabbage leaves may be applied to the breasts before feedings to reduce swelling. Although this may sound like an unusual treatment, many women have found it effective in relieving the pain and fullness of engorgement. Place a chilled cabbage leaf in your bra for 15 to 30 minutes two to three times per day or until your breasts begin to soften. Do not apply more often or you can reduce your milk supply. Do not use cabbage applications if you are allergic to cabbage or if you develop a skin rash.
- If latch-on is difficult at the beginning of a feeding because of the fullness, you can use hand expression to soften the breast.
- If your baby doesn't empty your breasts during feedings or only feeds on one breast, you may use hand expression or a breast pump to relieve fullness.

Hand expression

Hand expression is a helpful skill to learn. Here are some reasons for learning to use your hands and fingers to express your milk.

- Expressing some milk onto the tip of your nipple can encourage your baby to latch.
- In the first few days after birth, hand expression can be more effective at removing colostrum than a breast pump.
- If your baby needs a supplement in the first few days, use hand expression to provide the milk they need.
- If your breasts feel too full when your milk volume increases, you can hand express enough milk to feel more comfortable.
- Hand expression is also a handy skill whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed.



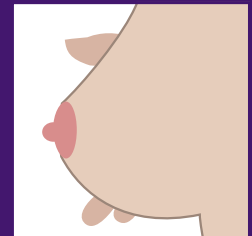
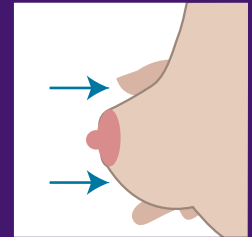
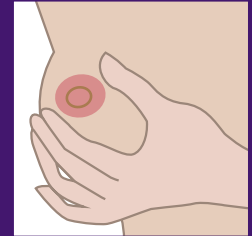
Hand expression routine:

Begin by sitting up and leaning forward. Massage the breast gently in a circular motion.

Follow these steps:

1. Gently grasp the breast with your thumb and forefinger at the approximate location of where the baby's lips would be for a correct latch and **PRESS** the breast back toward the chest wall.
2. Using the forefinger and thumb, gently **COMPRESS** behind the areola and roll toward the nipple. Do not slide your fingers along the skin or squeeze on the nipple.
3. **RELAX** your fingers and then repeat the **PRESS**, **COMPRESS**, **RELAX** routine in a steady rhythm.

Rotate your fingers around the areola to express all areas of the breast. It can be helpful to alternate breasts every few minutes.



Here's a video that walks you through hand expression techniques

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/>

Breast milk needs for full-term, healthy babies

Storing milk

- Human milk may look thin and watery or white and creamy. These variations are normal and any milk expressed should be saved for your baby.
- Store milk in hard plastic or glass bottles or in breast milk freezer bags. Do not use plastic bottle liners that are made for bottles. The seams can come apart in the very low temperature of a freezer.
- You may mix milk from different pumping sessions. Freshly expressed milk should be chilled before adding it to refrigerated milk. Do not add freshly expressed milk to frozen milk.
- Store in 2-ounce portions. Storing in small amounts and offering additional amounts to the baby if needed will prevent having to throw out unfinished milk.

	Room Temperature (66°F-78°F)	Refrigerator (35°F-39°F)	Freezer (0°F or less)
Freshly Expressed Milk	Up to 8 hours	5 days	Up to 1 year
Previously Frozen Milk	4 hours or less	24 hours	Do Not Refreeze



Preparing for feeding





- To figure out how much milk your baby needs for each bottle feeding: Take your baby's weight in pounds and multiply by 2.5. This is how much is usually needed for a whole 24 hours. Divide this number by 8 and this is how many ounces of milk is needed for each feeding. This calculation works well until your baby weighs around 12-13 pounds. After that, even up to 6 months of age, breastfed babies typically do not need more than 3-4 oz. per feeding.
- Frozen milk can be thawed in the refrigerator or under warm, running tap water. Cold milk can be warmed in a bottle warmer, or the bottle can be placed in a bowl or cup of hot water. Do not microwave breast milk.
- Only warm as much milk as your baby needs at one feeding. Any milk left that the baby does not take must be thrown away after two hours.

References: American Academy of Pediatrics, Academy of Breastfeeding Medicine, Centers for Disease Control and Prevention, American Academy of Family Physicians.

How to know if breastfeeding is going well

- Breastfeeding should be comfortable. Your nipples should not feel painful during feedings.
- Once your milk is in, usually by the third or fourth day after birth, you should notice your breasts feel softer after your baby feeds.
- You should be able to hear your baby swallowing.
- Your baby is having lots of feedings and plenty of wet and dirty diapers. (See chart below.)
- Your baby is gaining weight.

See chart below to track your baby's progress.

	 Feedings	 Wet Diapers	 Soiled Diapers
Day 1	8+	1+	1+ (black, sticky)
Day 2	8+	2+	2+
Day 3	8+	3+	3+
Day 4	8+	4+	3+
Day 5	8+	5+	3+ (yellow, seedy)
Day 6	8+	6+	3+
Day 7	8+	6+	3+

**If you have any concerns related to the above information, please call Lactation Services.*

Breastfeeding support services

Every mom needs a little support when it comes to learning new skills. That's why Beacon's board-certified lactation consultants provide:

Personalized support, including:

- Phone assistance
- 1:1 lactation consults
- Pump rentals

Free breastfeeding support groups, including:

- Infant weight checks
- Feeding observations and latch assistance
- Encouragement and empowerment
- Mother-to-mother support

For more information on service locations and times, call Beacon Breastfeeding Services or visit our webpage at beaconhealthsystem.org/breastfeeding-services.

Elkhart General Hospital: 574.389.4886
Memorial Hospital: 574.647.3475

All Beacon patients are invited and encouraged to use services at the location most convenient for them.

Helpful websites

The following websites provide evidence-based breastfeeding information. Information provided is not to replace professional assistance. Please talk with your baby's pediatrician or a lactation consultant to address any specific breastfeeding concerns you may have.

Global Health Media Project—Breastfeeding Videos

<http://www.globalhealthmedia.org>

Kelly Mom—Parenting, Breastfeeding

<http://kellymom.com/>

La Leche League

<http://www.llli.org/>

A close-up photograph of a woman with dark hair, looking down at a newborn baby she is holding. The baby is wrapped in a green and grey patterned cloth. The woman's face is partially visible, showing a gentle expression. The background is a blurred kitchen setting with wooden cabinets and a sink.

Day-to-day care for baby

Skin-to-skin contact is important

It's likely that you held your baby skin-to-skin right after they were born. Your nurse explained to you right after delivery that babies get used to life on the outside by being right next to their mommy's (or daddy's, auntie's, grandma's) heart.

Everything that is good and true about skin-to-skin right after birth is still true in the days and weeks to come. Using skin-to-skin when snuggling with your baby is wonderful and skin-to-skin contact is also helpful:

- To calm a fussy baby
- To warm baby after a bath
- To encourage breastfeeding
- To comfort your baby during painful procedures
- To help your baby sleep

All babies cry!

Crying is a baby's way of communicating. It is important to respond promptly to your baby's crying during the first few months. Responding to your baby's cry does not spoil them. After a while, you will learn that your baby has different cries for different reasons. Your baby may cry to tell you:

- I'm hungry!
- Change my diaper!
- I want to be held!
- I am too cold or too hot!
- I am bored!
- I don't feel well!
- I am overstimulated!

Soothing your baby

Once you have determined that your baby is not hungry, in need of a diaper change or ill, here are some tips that can help calm your fussy baby:

- Skin-to-skin contact
- Swinging or rocking, holding or walking
- Calming sounds (singing, humming, radio or a white-noise device)
- Swaddling and sleep sack
- Suckling at breast or pacifier (after breastfeeding is well established)



Shaken baby syndrome

Shaken baby syndrome describes the serious injuries that occur when an infant, toddler or child is thrown or shaken. The

act of severely or violently shaking a baby is often the result of a parent or caregiver's frustration or anger in response to a baby's constant crying. Shaking a baby is a serious form of child abuse. Many babies die from being thrown or shaken. Many others have irreversible brain damage. Those who survive may be blind, have mental retardation, paralysis, seizure disorders, learning and speech disabilities or neck and back damage.

Signs and symptoms of shaken baby syndrome include:

irregular, difficult or stopped breathing, extreme crankiness, seizures, vomiting, tremors, shakiness, difficulty staying awake, no reaction to sounds, and/or acts lifeless. If you or a caregiver has violently shaken your baby, seek medical attention immediately. Getting the necessary and proper treatment without delay may save your child's life.

If you feel as if you cannot deal with your baby's crying:

- Take a deep breath and count to 10.
- Put your baby in a safe place, such as a crib or play pen. Leave the room and call a friend or relative for help.
- Give your baby's health care provider a call. Perhaps there is a medical reason why your baby is crying.
- Do not pick the baby up until you feel calm.
- Never throw or shake your baby.

Your baby and sleep

Your newborn will wake frequently during the night. This is normal and expected behavior that is necessary for helping your baby grow and develop in healthy ways. Not only does your baby need to be fed during the night, it is important for your baby to feel safe and secure by being close to you. As your baby gets older, nighttime sleeping behaviors will become more predictable and they will wake less often.

Sleep tips for parents

- During the day, sleep when your baby sleeps. This may mean limiting visitors so you can take naps during the day.
- Keep your baby in your room at night with the crib or bassinet pulled up next to your bed. This will help everyone get more sleep.
- Keep the lights low when you are up caring for your baby in the night. This is less stimulation for your baby and will also help you get back to sleep more quickly.
- After feedings, it may be helpful for you to hold your baby for a short period of time. This will help your baby fall into a deeper sleep making it easier for you to move your baby back to the crib.
- Between feedings, you and your support person may need to take turns caring for your baby so that you can take turns sleeping.
- If you fall asleep while feeding your baby, place your baby back on a separate sleep surface as soon as you awaken.
- Ask for help! Taking care of your new baby can be hard work!



Safe sleep saves lives

One of the most important decisions you will make as a new parent is where and how you place your baby to sleep. If you follow these safe sleep rules, you will help protect your baby from sudden unexpected infant death syndrome (SUIDS), suffocation and accidents during sleep.

- Always place your baby to sleep on their back. Side and tummy positions are not safe.
- Use a crib that meets current safety standards. For information about crib safety standards, visit the Consumer Product Safety Commission website at cpsc.gov. The mattress should be firm and fit snugly in the crib. Cover the mattress with only a tight-fitting crib sheet. Portable cribs and play yard-style cribs are also good choices.
- Do not put anything soft, loose or fluffy in your baby's sleep space. This includes pillows, blankets, comforters, bumper pads, stuffed animals or toys and other soft items. Use a wearable blanket or other type of sleeper instead of blankets to keep your baby warm and safe.
- Room share, don't bed share. Have your baby sleep in a crib or bassinet next to your bed. Falling asleep with your baby in your bed, on a couch or armchair is dangerous.
- Never place your baby to sleep on top of any soft surface. This includes adult beds, sofas, chairs, waterbeds, pillows, cushions, comforters and sheepskins.
- Do not use wedges or positioners to prop your baby up or keep them on their back.
- Make sure your baby doesn't get too warm during sleep. Use light sleep clothing and keep room temperature at what would be comfortable for an adult.
- Offer your baby a pacifier when you place them down to sleep. If you are breastfeeding, wait until nursing is well established before using a pacifier (usually around 1 month).
- Educate everyone who cares for your baby about these safe sleep rules!



Keep in mind that newborns sleep about 16 to 18 hours a day, usually in 2- to 3-hour periods, but sometimes in spurts as short as half an hour. Each baby tends to have their own sleep pattern and virtually nothing you do will change that pattern. Follow these tips – and try to get some sleep while your baby sleeps.

Diapering

Be prepared and have everything you need ready before you start changing a diaper. Never leave a baby alone on any surface. Always wipe girls from front to back to avoid an infection, and unless you want to get wet, keep little boy parts covered. When purchasing diapers, any brand will do — the important thing is to change your baby's diapers frequently to prevent diaper rash.

The scoop on poop

Babies frequently have changes in the number, color and consistency of their stools. These changes are of no concern as long as your baby is eating normally and has no symptoms of an illness. Babies often grunt, strain and turn red in the face during normal bowel movements. This is usually not an indication of constipation.

Newborn stool

- Your baby's first stool will be greenish-black, tarry and sticky, similar to motor oil, because of meconium. At 2-4 days, stool will become almost army green in color and less sticky.
- Healthy breastfed stool looks yellow, runny and could even have a "seedy" texture.
- Healthy formula-fed stool is brown, thick and pasty.
- Eventually, you'll start feeding your baby solid food. This is when the stool will become more brownish, thick and mushy.



Weight loss and gain

Babies usually lose weight in the first few days of life. This is normal. Most regain their birth weight within 14 days, double it by the sixth month, and triple it by one year.

Bathing

While the first bath you give your newborn may feel nerve-wracking, don't worry! In time, bathing can be an enjoyable activity for you and your baby. Your baby only needs a bath two to three times a week because they don't get very dirty and soaps can dry the skin. When it's time for a bath, make sure your baby isn't hungry enough to be fussy (but not right after a feeding, because the extra motion could cause your baby to spit up). The room should be warm and draft-free. Use an area that is sturdy and of a comfortable height. Have all of your supplies ready and **NEVER** leave your baby alone. Your nurse will be glad to demonstrate how to give your baby a bath during your hospital stay.

Cord care

Check the umbilical cord daily for proper healing. As it heals it will have the appearance of a scab. Do not pick it, cut it or pull it off. It will dry up and fall off all on its own, usually within seven to 10 days. If it gets dirty, use a small amount of warm water to clean it. Also, roll the diaper below the cord and dress your baby in loose clothing so air can circulate around it. If you notice pus or foul-smelling drainage, call your baby's health care provider.

Nail care

Babies are born with fingernails that are tissue-paper thin but they can be really sharp. You will want to keep them trimmed so that they don't scratch that sweet baby face. It is hard to tell where the nail ends and the skin starts, so the easiest way to trim them is to use an emery board and file the nails when they are sleeping.





Keeping baby safe & healthy

Taking your baby's temperature

When you call your baby's health care provider because of a problem, one of the first questions they will ask is, "Is your baby running a fever?" You'll need a good digital thermometer. Digital thermometers are inexpensive, easy to use and fast. An axillary (under the arm) temperature is the safest and preferred method of screening for infants under 3 months of age. If the axillary temperature is above 100.4°F (38°C), your baby might have a fever, and you should call your baby's health care provider.

How to take an underarm temperature:

- Put the tip of the thermometer in an armpit. Make sure the armpit is dry.
- Close the armpit by holding the elbow against the chest for a few minutes or until your digital thermometer beeps. The tip of the thermometer must be covered by skin.

Immunizations

Immunizations, also referred to as shots or vaccinations, are a way of protecting your child against a variety of diseases that can be prevented. Most likely your baby had their first vaccine here at the hospital. Children will continue to need vaccines throughout their lifetime. Your health care provider will set up a schedule for these vaccines. You will be given a record of every shot your child receives. You will need this record when your child begins school, so keep it in a safe place.

Jaundice

Jaundice, which means “yellow,” is a common condition in newborns. Jaundice refers to the yellow color of the skin and whites of the eyes caused by excess bilirubin in the blood. Low levels of bilirubin in the blood are okay, but when the levels get too high, it is dangerous for the baby. We screen all of our infants for jaundice prior to discharge. Once you go home, if you notice your baby’s skin becoming yellow, call your pediatrician.

Follow-up care

Before you leave the hospital, you should already have a follow-up appointment made with your baby’s health care provider. It is important to visit your baby’s health care provider regularly to check their growth and development and get their immunizations. Your baby should have well-baby checkups at:

- 1-3 days after leaving the hospital
- 1-2 weeks after birth
- 4 weeks after birth
- 2, 4 and 6 months of age
- 9, 12, 15 months of age and beyond

When you get home, don’t hesitate to call your baby’s health care provider if anything seems odd to you or if you see any of the warning signs in the Quick Resource Guide (on page 35 of this booklet).





Car seat safety

One of the most important jobs you have as a parent is keeping your child safe when riding in a vehicle.

- Your baby must have a car seat for their very first ride home from the hospital.
- The American Academy of Pediatrics recommends all infants and toddlers should ride in a rear-facing car seat until they reach the highest weight or height allowed by their car seat's manufacturer.
- Never place a rear-facing seat in front of an airbag.
- Always keep the car window closed and the door locked nearest your baby.
- Never leave your baby or child unattended in a car, not even for a moment.

We strongly encourage you to have your child's car seat checked to make sure it is installed properly. Beacon Children's Hospital and your local fire department may offer certified staff who will teach you to correctly install and use your child seats. Call in advance to arrange an appointment. For more information or to make an appointment, call 574.647.1804.

Baby safety tips

- Never leave your baby alone on any elevated surface (even if they are asleep). This includes a changing table, bed, sofa or chair. They could fall and be injured.
- Install gates to stairwells.
- Any small object could be a choking hazard.
- Plastic bags should be out of reach.
- Never hold your baby while cooking or drinking hot liquid.
- Before placing your baby in the bath, always test the water temperature with your wrist to make sure it is not too hot, and never leave your baby alone at bath time.
- Be sure that the toys your baby plays with are age-appropriate and safe.
- Do not leave your baby alone with a pet.
- Never smoke around your baby or allow anyone else to do so.
- Be sure all wall sockets are capped with safety plugs.
- Store medications and cleaners out of reach.
- Every floor of your house should have a working smoke alarm and carbon monoxide detector.

Other important tips

- Schedule and go to all well-baby visits.
- If possible, give your baby only breast milk for at least the first six months.
- Give your baby lots of tummy time when they are awake and being watched. This helps make their arm and neck muscles strong and prevents flat spots on the back of the baby's head.





The late preterm infant

Your baby may have come a little earlier than planned. Infants born between 34 and 37 weeks gestation are referred to as “late preterm infants.” Even though your baby is just a few weeks early, they may need a little extra time to get used to new surroundings.

Six things parents of a late preterm infant should know and watch for are:

Feeding. Your baby may feed slower and need to feed more often. If your baby begins to refuse feedings, even for less than a day, you should contact the pediatrician. Our lactation consultants are also available for any feeding questions or concerns.

Sleeping. Your baby may be really sleepy and may need to be awakened to eat every three hours or sooner.

Breathing. Your baby is at a greater risk for respiratory distress. **If your baby seems to be having trouble breathing, dial 911 immediately.**

Temperature. Your baby probably does not have much body fat to help regulate their temperature. Because of this, you will want to keep your baby away from drafts and dress them in one more layer than you are wearing.

Jaundice. Your baby's liver is immature and puts them at a greater risk of becoming jaundiced. We screen all of our infants for jaundice before discharge. Call your pediatrician if you notice your baby's skin becoming yellow or if they are not feeding well.

Infections. Your baby has an immature immune system that puts them at greater risk for infection. Ask everyone to wash their hands before touching your baby, and try to avoid taking your baby out in public. Do not allow anyone who is sick around your baby. The early signs of infection include difficulty with breathing, feeding, temperature or lower energy level.

Postpartum care

Don't forget that you and your body have just done something amazing. It takes time to recover from giving birth and your body is going to go through some changes in the days and weeks after your baby's arrival.



Your uterus

After giving birth, your uterus will begin the process of involution, or shrinking back to pre-pregnancy size. It takes approximately 6 weeks for the uterus to return to normal (pre-pregnant) size.



Pregnant uterus

Uterus immediately after delivery



Uterus 6 weeks post delivery

Pain management

After delivery, you may experience “after pains” or cramping, especially if this is not your first baby. This is normal. After birth cramping is caused by the uterus shrinking back to a non-pregnant size. Sometimes breastfeeding will cause cramping. This cramping should stop by the end of the first week after birth. Over-the-counter pain medications may help with this. If you had a cesarean section, the incisional pain should improve by the end of the first week after birth. If pain is not getting better or seems to be increasing, you should notify your doctor.



Bleeding is normal

- Bleeding should decrease each day unless you are doing too much. Rest often!
- The vaginal discharge can last up to 6 weeks after birth.
- Color will gradually change from red to brown to a gray/white drainage.
- Small clots are normal as long as they don't happen frequently.

Bowel movements after delivery

New moms are often worried about having a bowel movement after delivering a baby. Here are some tips and tricks for that big moment:

- Drink plenty of water, at least 8-10 glasses daily.
- Eat foods high in fiber — fruits, vegetables, whole grains.
- Walking may help.
- If you feel the urge, do not fight it. Go!
- You can use an over-the-counter stool softener or fiber pills, if needed.

Tips for a sore bottom after a vaginal delivery

- Use your peri-bottle until your bleeding stops.
- Remember to gently pat dry from front to back with toilet tissue.

- Use your sitz bath up to three times a day for about a week if ordered by your provider, or soak in a bath.
- Do not put anything into your vagina until you have seen your doctor.
- Tucks® pads (witch hazel) are great for easing swelling and pain.
- Dermoplast® spray is cool and numbing to your bottom.

Healing after a cesarean birth

Full recovery from a cesarean usually takes 4-6 weeks.

- Take the pain medication (and all other medication) your doctor prescribed as directed.
- Gradually increase activity.
- Walk on a regular basis to help your body heal and to prevent blood clots in your legs and constipation. Increase your distance gradually.
- Try to nap when your baby naps.
- Keep your incision dry and inspect your incision daily at least for the first week.
- Do not lift anything heavier than your baby.
- Do not drive while taking prescription pain medication.
- No tub bath until you have seen your doctor.
- Do not put anything into your vagina.
- Accept plenty of support — you will need help doing chores and taking care of the baby, especially the first few weeks.

If you're not feeling like yourself, tell someone

Perinatal mood and anxiety disorders (PMADs) can occur up to one year after giving birth. They can occur in any woman regardless of whether it is your first baby or if you've had previous births. If you experience even one or two of these symptoms, or just don't feel like yourself, please call your primary care provider or the Mother Matters line at 574.647.3243.

There are several types of PMADs:

- “Baby blues” (occurs in about 50-80 percent of women temporarily and usually resolves by 2-3 weeks postpartum)
- Depression
- Anxiety and/or panic disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Postpartum psychosis
- Bipolar disease

Postpartum depression is the No. 1 complication of childbirth.

Symptoms may include but are not limited to:

- Nervousness, anxiety, panic
- Sluggishness, fatigue, exhaustion
- Sadness, hopelessness
- Loss of appetite and sleep disturbances
- Poor concentration, confusion, memory loss
- Uncontrollable crying, irritability
- Lack of interest in the baby
- Feelings of guilt, inadequacy, worthlessness
- Fear of harming the baby and/or yourself
- Scary or intrusive thoughts
- Recurring nightmares
- Daydreaming about traumatic event



Remember: If you feel any of these feelings — even just one — call your primary health care provider who can help you find your balance.



Rest is important

You just grew and brought a baby into the world. It is normal for you to be tired, especially in the first few weeks after having a baby. Whenever possible, sleep when your baby is sleeping, day or night.



Weight loss

It is common to weigh the same or more than you did before labor. Much of the weight remaining after delivery is from excess fluid. Weight loss should occur as your body's fluids return to normal. A safe rate for weight loss is about 1-2 pounds a week. Do not diet or "starve" yourself to restore your pre-pregnancy weight. Nutritious eating is important for healing and keeping you strong and healthy.



Swelling

Some moms experience swelling in the legs and feet for the first couple of weeks after birth. To reduce the swelling, continue to drink plenty of water and elevate your legs when you can. Call your health care provider if you have headaches that do not improve after taking headache medicine or new changes in your vision.



Skin changes

Many skin changes that developed during pregnancy are caused by an increase of hormones and will gradually disappear over several months. Stretch marks gradually fade to silvery lines but do not disappear completely.



Nutrition

As a new mother, it is important to follow a healthy diet to give your body the energy it needs to heal and take care of your new little one. The United States Department of Agriculture has an interactive website at ChooseMyPlate.gov that can help you make healthy food and exercise choices.



Physical activity and exercise

As you and your baby settle into your new routine, try to add some exercise to your day. Exercise can relieve stress and improve both your physical and emotional health. Remember to begin slowly, and don't push yourself too hard. Light exercise, such as stretching and walking, is encouraged as long as you do not get overtired or experience increased pain.

How to simplify life in the first month

- Let family and friends help with cooking and chores.
- Limit the number of visitors — playing host can be draining.
- Sleep or get rest when your baby sleeps.
- Use a front infant carrier to keep your baby close and your hands free.
- Keep healthy snacks around that you can eat with one hand while holding or breastfeeding your baby.
- Make and buy foods that are easy to prepare.
- Be flexible with your routine.
- Don't worry if your house is not spotless.
- Limit outside obligations, such as social events or unnecessary errands.



Medications

While most medications do transfer into milk, it is almost always in very low amounts. It is not likely that these amounts would have a negative effect on your baby. If you have questions about how a specific medication may affect breastfeeding, please call Lactation Services.



Sex after baby

Sexual intercourse too soon after delivery can cause uterine infections. Resuming intercourse needs to wait until your body is healed. While you may feel normal, it takes 4-6 weeks for your body to heal. Women can become pregnant before a normal period. Talk to your health care provider about birth control and have a plan before the first time.



Things to discuss with your doctor before going home

- Follow-up appointments
- Medications & vitamins
- Diet & exercise
- Sexual intercourse
- Birth control
- Restrictions



Visitors

Who doesn't love a new baby? Many friends and family will want to visit you and your baby once you are home. If you are not up to it, these visits can be draining. It's okay to just say no to visitors. Most people would totally understand. This is your time to enjoy and bond with your newest addition. Keep your baby away from people who are sick and always have people who are going to hold your baby wash their hands first.

A few final tips for the new mom

Rest

Enjoy lots of skin-to-skin time with your baby. This will keep you relaxed and help you establish a good milk supply.

Limit visitors

Limit visitors in the early days so you can take naps when your baby is sleeping.

Ask for help

Don't be afraid to ask for household help from friends and family. Every mom needs a good support system when they are taking care of a new baby. And accept help when someone offers!

Eat a healthy and full diet

You may enjoy eating anything you like! Your baby has already been exposed to many flavors while you were pregnant. Eating healthy foods will help you feel better, but your milk is perfect for your baby regardless of what you eat.

Drink when you are thirsty

A simple guideline is to have something to drink each time you breastfeed your baby. Your milk supply depends on how frequently your baby is feeding, not on "drinking enough fluids." You'll know you are well-hydrated if your urine is clear or pale yellow.



A few tips for dads and support partners

- Be involved in conversations with the health care staff. Ask questions about your baby!
- Encourage and support the breastfeeding mother. She spends a lot of her time breastfeeding and your positive comments will make a difference.
- Bring healthy snacks and a drink to mom while she is breastfeeding.
- Give her a back and neck massage.
- Help with the nighttime care of your baby.
- Limit visitors in the hospital and in the early days at home. Mom needs naps between feedings!
- Do any household chores that are necessary.
- Ask her how you can help.



Quick resource guide – When to seek medical help

Please tear out this page and keep it easily accessible for your reference.

When to call your baby's health care provider

- Sleeps excessively or is hard to wake up
- Refuses two or more consecutive feedings in 24 hours or not feeding well
- Vomits (not just spitting up)
- Is listless (doesn't have much energy)
- Frequently coughs
- Has a temperature greater than 100.4°F (38°C) under the arm
- Crying excessively with no known cause
- Jaundice (yellowish appearance) of skin or eyes
- Has a change in color (pale, bluish or gray arms and legs)
- Redness, drainage or foul odor from the umbilical cord
- Has unusual redness or swelling of the circumcised penis
- An unusual or severe rash
- Unusual stools (contains blood or mucous)

When to call 911 or go to the Emergency Room for your baby

- Difficulty or struggling to breathe
- Blue around the mouth or lips
- Unresponsiveness

Call 911 if you have chest pain or sudden weakness.

Mother's warning signs: when to call your health care provider

- Bleeding that soaks a pad every hour for 2 hours
- Passing frequent blood clots
- Discharge from the vagina that has a bad odor
- Severe abdominal pain or cramping
- Fever of 100.4°F (38°C) or higher
- Swelling, redness, discharge or bleeding from your cesarean incision or episiotomy site
- Your incision begins to separate
- Problems urinating, including inability to urinate, burning while urinating or extremely dark urine
- Have worsening pain in the perineum (the skin between your vagina and rectum)
- Breasts that are extremely painful and reddened, accompanied by flu-like symptoms
- Difficulty having a bowel movement or no bowel movement within 4 days of giving birth
- Severe headaches or headaches unrelieved by medication
- Pain, warmth, tenderness or swelling in your legs, especially the calf area
- Frequent nausea and vomiting
- Blurred or double vision, spots in vision or any other type of visual disturbance
- Difficulty breathing or catching your breath
- Symptoms of perinatal mood and anxiety disorder



Beacon Women's & Children's Services

Bremen • Elkhart • Memorial

Mother Matters program
574.647.3243

beaconhealthsystem.org

Lactation Services

Bremen Hospital	574.546.2211
Elkhart General	574.389.4886
Memorial Hospital	574.647.3475

Elkhart WIC	574.522.0104
South Bend WIC	574.647.2100
Mishawaka WIC	574.647.2175
24 hour Espanola WIC	574.286.7818