



Going Home

*Essential Information on Postpartum Care,
Breastfeeding & Newborn Care*

 **ENLOE**
HEALTH

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women and postpartum people who give birth recover without problems. **But anyone can have a complication for up to one year after birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

Trust your instincts.
ALWAYS get medical care if you are not feeling well or have questions or concerns.

<p>Call 911 if you have:</p>	<ul style="list-style-type: none"><input type="checkbox"/> Pain in chest<input type="checkbox"/> Obstructed breathing or shortness of breath<input type="checkbox"/> Seizures<input type="checkbox"/> Thoughts of hurting yourself or someone else
<p>Call your healthcare provider if you have: (you only need one sign) <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"><input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger<input type="checkbox"/> Incision that is not healing<input type="checkbox"/> Red or swollen leg, that is painful or warm to touch<input type="checkbox"/> Temperature of 100.4°F or higher or 96.8°F or lower<input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911 or your healthcare provider:

“I gave birth on _____ and
(Date)
I am having _____.”
(Specific warning signs)



Scan here to download this handout in multiple languages.

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy, vaginal tear, or C-section site may mean an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher or 96.8°F or lower**, bad smelling vaginal blood or discharge may mean you have an infection.
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

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Contents

Congratulations	2	Breast Health	23
Resources	3	Milk Supply	23
Lactation Support	3	Sore Nipples.....	23
Additional Breastfeeding Support	3	Narrowed Ducts & Mastitis	24
Caring For Yourself	4	Baby's Weight Gain.....	24
Physical Changes	4	Marijuana Use While Breastfeeding	26
Managing Pain	5	Newborn Care	27
Diet	6	Baby Characteristics	27
Healthy Eating While Breastfeeding	6	Umbilical Cord Care.....	27
Cesarean Birth	6	Circumcision Care	27
Gas Pains After Cesarean Birth	6	Care of the Uncircumcised Penis	28
Postpartum Complications	7	Newborn Screening.....	28
Postpartum Hemorrhage	7	Newborn Hearing Screening.....	28
Blood Clots	7	Congenital Heart Disease Screening	28
Postpartum Preeclampsia	7	Jaundice	28
Urgent Maternal Warning Signs	8	Diaper Care	29
Perinatal Mood & Anxiety Disorders (Pmad)	9	Temperature Taking.....	30
Baby Blues vs. PMAD	9	Bulb Suctioning.....	30
Edinburgh Depression Screening Test	10	Bath & Skin Care	30
Help for PMAD.....	11	Bath Safety	30
Resources.....	11	Sponge Bath.....	31
Partners/Fathers Can Help Moms & Babies	13	Cleaning a Baby Girl.....	31
When to Call Your Obstetric Provider	13	Tub Bath.....	31
Breastfeeding	14	Skin Care	31
The Benefits	14	Fingernail Care	32
Characteristics of Breast Milk	15	Dressing Baby	32
When to Feed.....	15	Sleeping Patterns	32
Breastfeeding Holds	15	Bonding	33
Latching Baby Onto the Breast.....	16	Sibling Adjustment.....	33
The Letdown Reflex.....	17	Baby Behavior States	34
Waking Baby for Feedings.....	17	Deep Sleep State	34
Feeding Patterns	17	Light Sleep State	34
Sleepy Baby	18	Drowsy State	34
Cluster Feeding	18	Quiet Alert State	35
Growth Spurts.....	18	Active Alert State	35
Engorgement.....	18	Crying State	35
Pumping, Collection & Storage of Breast Milk ... 20		Keeping Baby Safe	36
Getting Ready to Pump.....	20	Preventing Shaken Baby Syndrome.....	36
Pumping.....	20	Bronchiolitis Prevention	37
How to Pump.....	21	Product Safety	37
How to Store	21	Car Seat Safety.....	37
Sterilizing	22	Car Heat Safety	37
Thawing & Warming Breast Milk.....	22	Pet Safety	38
Burping	22	When to Call Your Baby's Provider	38



Congratulations on the birth of your new bundle of joy!

Bringing a new baby home from the hospital is often very exciting, but it can also be overwhelming. At Enloe Health, we are happy to provide you with this Going Home booklet, which offers information to help guide you through your first few weeks after delivery.

The booklet includes basic information on caring for yourself and your newborn. If you have questions about your health or the health of your baby, contact your obstetric provider, your baby's provider, or the Enloe Health Mother & Baby Education Center.

As you journey into your new role as a parent, many questions and concerns may arise. We encourage you to attend Enloe Health's **Bittie Baby & Me*** parenting education class. This six-class series is free for mothers who deliver at Enloe Health. For details on Enloe Health's parenting education classes, please refer to the class calendar brochure provided, visit www.enloe.org/baby or call 530-332-3970.

Resources

Enloe Health Mother & Baby Education Center | 530-332-3970

Enloe Health provides a rich education program that includes classes for before and after your baby is born. We offer classes on childbirth preparation, newborn care and breastfeeding. In addition, our safety classes include infant and pediatric CPR techniques for parents, grandparents, and babysitters. When your baby is born, you may want to take advantage of our classes that provide information, techniques and tips on positive parenting in the first year of life. This is an essential time in a child's health and lifelong development.

Enloe Health Breastfeeding Supply Store | 530-332-3970

Enloe Health's Breastfeeding Supply Store is one of the few places in Chico where you can rent breast pumps or purchase pump parts and storage items.

Northern Valley Indian Health | Children's Health Center

Pediatric Providers: 530-781-1440 | Obstetric Providers: 530-433-2500

Northern Valley Indian Health strives to keep children healthy. The Pediatric Care team provides care for newborns, children, and adolescents through 18 years of age and for pregnancy. All insurances are accepted, including Healthy Families and Medi-Cal.

LACTATION SUPPORT

Inpatient – All nurses in Enloe Health's Nettleton Mother & Baby Care Center have received extensive breastfeeding education to help you and your baby get off to the best start possible. If needed, lactation specialists are available.

Outpatient – At the Enloe Health Mother & Baby Education Center, we offer lactation assistance before and after the birth of your baby. Our outpatient setting is staffed by International Board Certified Lactation Consultants, who can provide private consultations.*

ADDITIONAL BREASTFEEDING SUPPORT

- **Butte County Public Health Department** (Medi-Cal clients only)
www.buttecounty.net | 530-552-4000
- **Better Babies** (Medi-Cal clients only)
www.nvih.org/services/prenatal | 530-433-2500
- **La Leche League of Chico** | www.lllchico.org | 530-487-4109
- **La Leche League International** | <https://llli.org>
- **WIC** (Qualifying clients only) | <https://wicbreastfeeding.fns.usda.gov>

Butte County

- Chico 530-552-4025
- Gridley 530-552-4025
- Oroville 530-552-4025

Glenn County

- Orland 530-865-8791
- Willows 530-865-8791

Tehama County

- Corning 530-527-8791
- Red Bluff 530-527-8791

Yuba County

- Marysville 530-749-4830

Sutter County

- Yuba City 530-822-7224

Caring for Yourself

The first six weeks after giving birth are called the postpartum period. This time is filled with physical and emotional changes and challenges. The following information will guide you through these normal changes as you recover from the birth of your baby and move into your new role as a parent.

PHYSICAL CHANGES

Temperature

You may feel warmer than normal or have hot flashes. It is common to have night sweats and to awaken dripping with perspiration. This is a normal hormonal response and is the body's way of getting rid of extra fluids you needed during pregnancy. Some women run a low-grade fever as their breast milk supply increases. Night sweats should stop by the end of the first week after giving birth.

Uterus

After delivery, your uterus begins to return to its pre-pregnancy position and size. This is known as involution. You may notice intermittent uterine cramping called "after pains," especially during and after breastfeeding. These are stronger if this is not your first baby or if you had twins. Medications such as Tylenol or Motrin (Ibuprofen) can help. These pains usually go away on their own by the end of the first week after your delivery.

Bleeding

It is normal to have vaginal bleeding that is similar to a heavy period for one to three days after delivery. This vaginal blood flow, known as lochia, usually decreases over time, and changes in color from dark red to pale red to light brown to clear. Typically, lochia lasts up to six weeks after delivery. Please call your obstetric provider if you saturate more than one peri-pad in 1 hour or have blood clots larger than the size of an egg. If you are breastfeeding, you may notice increased blood flow and uncomfortable cramping when your baby nurses. This is normal.

You will want to use peri-pads (not tampons) until your lochia stops. Tampons can increase the risk of infection. You will also want to avoid using swimming pools and hot tubs during this time. Always follow your obstetric provider's instructions.

Bladder

For the first few days after giving birth, try to empty your bladder every 3-4 hours. This is important because when your bladder is full, it can push on your uterus. This pressure may prevent your uterus from contracting and may make you bleed more. Your body is trying to get rid of the extra fluid it took on during your pregnancy. It is normal to pass large amounts of urine during your first few days after delivery. Call your obstetric provider if you have urinary tract infection symptoms, such as frequent or urgent need to urinate, or pain and burning with urination.

Pericare

For about 10 to 14 days after birth, fill a peri-bottle with plain warm water and spray it onto the outside skin around your vaginal area to keep the area clean. Staying clean lowers the chance of infection and helps the healing process. Follow these tips:

- Wash your hands before and after changing your sanitary pads.
- Rinse with warm water using your peri-bottle three to four times a day and after urination and bowel movements.
- Pat yourself dry from front to back.
- Change your pad after every urination or bowel movement.
- Check the amount and color of your lochia with each pad change.

Episiotomy & Tears

If you had an episiotomy or tear due to the birth of your baby, your obstetric provider may have used stitches to repair your vaginal area. These stitches typically dissolve in about 14 days after delivery. To decrease swelling and pain, place ice packs against the outside of your vaginal area for 24 hours after delivery. If your provider instructs

you to soak in a bathtub after delivery, called a sitz bath, do not add perfumes, soap or bubble bath ingredients. Placing these chemicals into your bath water could increase your chance of infection to the area around your vagina and uterus.

Hemorrhoids

It is not unusual to have hemorrhoids during pregnancy or after the birth of your baby. To help with pain or itching, apply ice packs, or pads with witch hazel, such as Tucks, to your rectal area. Maintain a diet high in fiber with foods such as whole grain cereals, bran muffins, fruits and vegetables. Also, make sure you stay hydrated by drinking plenty of fluids. Eventually, your hemorrhoids will shrink or decrease in size and become less uncomfortable. If not, inform your obstetric provider.

Constipation

Your first bowel movement may not occur until the third or fourth day after delivery. Maternal hormones, medications, decreased activity and fear of pain from that first bowel movement can slow things down. To help make you more comfortable, try taking stool softeners such as Colace or Dialose. Make sure you go when you feel the urge, try to relax and take some deep breaths. For persistent problems, use a fiber laxative such as Metamucil, Fibercon or Citrucel daily for two to four weeks, or check with your obstetric provider for suggestions.

Activity & Rest

Activity and rest are very important for all new parents. The physical efforts of labor, birth and caring for your newborn, along with the emotional challenges that a new baby places on your family, can be tiring. Rest as much as you can and try to nap when your baby naps.

If weather permits, take short walks outside every day. Take care of yourself and your baby, only doing light housework if you feel up to it. Allow friends and family members to help with meals, laundry, vacuuming, and heavy cleaning. Avoid lifting anything heavier than your baby for four to six weeks after delivery. Obstetric providers recommend not driving a car except in an emergency for the first week after a vaginal delivery and for two weeks after a cesarean section.



Sex & Birth Control

You can become pregnant while breastfeeding, even when you are not having a typical menstrual cycle. Talk to your partner about when it is right for you to resume a sexually intimate relationship. When the time is right, set aside time for each other and make each other a priority. You may experience vaginal dryness due to hormonal changes. A water-based lubricant can help with this. It is important to discuss with your obstetric provider what method of birth control might be right for you.

Skin & Hair

During your pregnancy your skin and hair have undergone some changes due to your hormones. After childbirth, your skin will return to normal. This means the linea nigra, the dark brown line on your abdomen, brown or red blotches, or acne will fade over the next few months. Stretch marks will fade to a lighter color. You may notice your skin is dryer. Your hair has been in a resting state during pregnancy, so you lost less of it. It is not uncommon to lose large amounts of hair four to five months after childbirth. This is normal, so don't worry.

MANAGING PAIN

It is not uncommon to experience pain after having a baby. You can manage it with natural methods or pain medication. Natural pain remedies include the use of heat or cold, massage and the breathing techniques you used during labor. Follow instructions about pain medications and pain management. If you are having severe pain, call your obstetric provider.

DIET

After giving birth, it is important to maintain a healthy diet that includes:

- Leafy green vegetables
- Foods high in protein
- Whole grain cereals and breads
- Dairy products
- Fruit

Drink plenty of fluids, making sure you have six to 10 glasses of water each day. Try to limit the amount of empty calories you eat, such as sugar, soda, saturated fats, processed foods and excessive carbohydrates. To prevent anemia or low blood levels of iron, eat foods that are high in iron.

Iron-rich foods include:

- Red meats and chicken
- Clams and oysters
- Pork and turkey
- Nuts and dried fruits

Please note that your body absorbs iron from animal-based foods better than from plant-based foods. To help your body absorb plant iron, include a source of Vitamin C with your iron-rich meal. This could include citrus fruit or juice, melons, strawberries, tomatoes, broccoli, and most deep-colored fruits and vegetables.

Learn more at www.choosemyplate.gov. To receive a meal plan that matches your nutritional needs, go to www.myplate.gov/myplate-plan and create a profile.

HEALTHY EATING WHILE BREASTFEEDING

Breastfeeding mothers generally need more calories to meet their nutritional needs. An additional 450-500 calories per day is recommended. No special foods are needed, but healthy foods are always best.

If you notice that when you eat a certain food your baby is irritable or fussy, stop eating that food and see if it helps. It may help to keep track on a food log or diary. The Food and Drug Administration warns breastfeeding mothers to avoid eating fish

that are high in mercury like swordfish, shark, king-mackerel and tilefish. Limit Albacore (white) tuna to 6 ounces per week. It's also best to:

- Make sure you know the source and preparation of raw fish if you eat sushi. Raw food can cause parasites or bacteria.
- Limit caffeine to 2-3 cups (about 300mg or less per day).

Avoid alcohol. Not drinking alcohol is the safest option for breastfeeding mothers. Generally, moderate alcohol consumption by a breastfeeding mother (up to one standard drink per day) is not known to be harmful to the infant, especially if the mother waits at least 2½ hours after a single drink before nursing. However, exposure to alcohol above moderate levels through breast milk could be damaging to an infant's development, growth and sleep patterns.

CESAREAN BIRTH

The steri-strips on your abdominal incision usually fall off within a week. If they have not fallen off seven days after surgery, you may gently remove them. Please notify your obstetric provider if you notice any signs of infection at your incision site, such as redness, swelling or foul-smelling drainage, if you have chills or a fever over 100.4°F, or if you see separation at your incision site. Clean your incision gently with soap and water when you shower and pat the area dry with a clean towel.

GAS PAINS AFTER CESAREAN BIRTH

A buildup of gas in the intestines and constipation are common problems after a C-section. To keep your bowels moving, eat foods high in fiber, drink plenty of water and walk. Your obstetric provider may prescribe a medication for you. To minimize gas pains:

- Assume a knees-to-chest position.
- Try walking, rocking or lying on your left side.
- Increase the amount of warm fluids you drink.
- Avoid drinks that are carbonated, very hot or very cold.

Postpartum Complications

POSTPARTUM HEMORRHAGE

Some bleeding after delivery is normal. If your bleeding is heavy, it could be a postpartum hemorrhage. A hemorrhage can happen anytime during the 12 weeks following the birth of your baby. Call your obstetric provider immediately if you:

- Have bleeding that soaks through one peri-pad in 1 hour
- Have a steady flow of bleeding that continues over time
- Pass blood clots bigger than an egg
- Feel dizzy, faint, weak or clammy
- Have blurred vision or a fast heart rate

If you cannot reach your provider, go to the Emergency department or call 911.

BLOOD CLOTS

A small percentage of mothers may get a blood clot in their lower leg called a deep vein thrombosis or DVT. It is uncommon but could be life threatening if the clot breaks off and travels to the lungs or brain. To prevent a clot from forming, walk around whenever you get the chance. You have a greater risk of a DVT during the first eight weeks after delivery. Call your provider immediately if you have:

- A swollen or red area on your leg that is painful or warm to the touch
- Pain or tenderness in your leg that feels like a pulled muscle

If you cannot reach your provider, go to the Emergency department.

Call 911 if you have:

- Chest pain
- Shortness of breath or difficulty breathing
- Facial drooping, arm or leg weakness on one side
- Difficulty speaking or slurred speech

POSTPARTUM PREECLAMPSIA

Postpartum preeclampsia can happen to anyone who just had a baby. Often symptoms start in the first 48 hours after birth, but they can happen up to six weeks after the birth of your baby. Preeclampsia is dangerous but is also very treatable if caught early. It is important to share with any medical professional who cares for you that you recently had a baby. Call your provider immediately if you experience:

- A headache that does not get better after taking medication such as Tylenol or Ibuprofen
- Vision changes such as blurred vision, seeing spots or a sensitivity to light
- Swelling of your face or hands
- Pain in your abdomen, especially in the right, upper side
- Nausea, vomiting or you just don't feel well

If you cannot reach your provider, go to the Emergency department or call 911.



Pregnant now or within the last year?

Get medical care right away if you experience any of the following symptoms:



Headache that won't go away or gets worse over time



Dizziness or fainting



Changes in your vision



Fever of 100.4° F or higher



Extreme swelling of your hands or face



Thoughts of harming yourself or your baby



Trouble breathing



Chest pain or fast beating heart



Severe nausea and throwing up



Severe belly pain that doesn't go away



Baby's movement stopping or slowing during pregnancy



Severe swelling, redness or pain of your leg or arm



Vaginal bleeding or fluid leaking during pregnancy



Heavy vaginal bleeding or discharge after pregnancy



Overwhelming tiredness

These could be signs of very serious complications. If you can't reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last year.

Learn more at www.cdc.gov/HearHer



This list of urgent maternal warning signs was developed by the Council on Patient Safety in Women's Health Care.

Perinatal Mood & Anxiety Disorders (PMAD)

PMAD affects 10-15% of new mothers in the United States. It can occur any time in your baby's first year, not just within the first few weeks after birth. Women who have a personal or family history of depression are more likely to become depressed during and after pregnancy. Lack of support, stress, hormonal changes, trauma, and other factors can also cause depression and anxiety.

BABY BLUES VS. PMAD

Having a baby can bring many changes, and sometimes these changes can be overwhelming. It is common for new mothers to have "baby blues" or mood changes within the first two weeks after delivery. However, some mothers struggle for a longer period of time. If your mood changes and interferes with your ability to care for yourself or your baby for longer than two weeks, you may have postpartum anxiety, depression, or obsessive compulsive behaviors. Be sure to contact your obstetric provider.

Signs of anxiety include:

- Extreme worries or fears
- Chest pain
- Dizziness
- Shortness of breath
- Feeling of losing control
- Numbness or tingling

Signs of depression include:

- Feelings of anger, irritability or guilt
- Lack of interest in the baby
- Trouble concentrating
- Thoughts of hopelessness
- Thoughts of harming yourself or your baby

Signs of obsessive compulsive behaviors include:

- Repetitive, upsetting and unwanted thoughts or mental images
- The need to perform certain behaviors over and over

Signs of postpartum psychosis include:

- Hearing voices
- Visual hallucinations
- Feelings of paranoia

Although perinatal mood and anxiety disorders are common, they are serious and treatable. ***If you think you may have PMAD symptoms, reach out for help. It will not go away or get better on its own, but with treatment, you can feel like yourself again.***

Things you can do

It is important to take care of yourself, so you can enjoy your family. These tips can help:

- Ask for help. Talk to your obstetric provider, attend a support group and ask a loved one to help you get the care you need.
- If it is an emergency, call the Butte County Crisis Line at 530-891-2810.
- Ask your obstetric provider about medications that can be safely used for PMAD.
- Talk to a therapist, alone or in group therapy.
- Ask your faith or community leaders about support resources.
- Learn as much as you can about PMAD.
- Ask family or friends for support and help when you need it.
- Keep active by walking and stretching.
- Get plenty of rest.
- Eat healthy foods and drink plenty of healthy fluids.
- Share your feelings and thoughts with those you trust.
- Attend one of Enloe Health's Bittie Baby & Me classes* or Enloe Health's Pregnancy & Postpartum Support Group. Call 530-332-7260 for more information.

DON'T GIVE UP! It may take more than one try to get the help you need!

**Service(s) not available in Spanish*

EDINBURGH DEPRESSION SCREENING TEST

Please complete this questionnaire by circling the answer that most closely matches how you have felt in the last seven days. After you are done, add up your results and compare them to the score interpretation.

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

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

2. I have looked forward with enjoyment to things:

As much as I ever did	0	Definitely less than I used to	2
A little bit less than I used to	1	Hardly at all	3

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

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

4. I have been anxious or worried for no good reason:

No, not at all	0	Yes, sometimes	2
Hardly ever	1	Yes, most of the time	3

5. I have felt scared or panicky for no good reason:

No, not at all	0	Yes, sometimes	2
No, not much	1	Yes, quite a lot	3

6. Things have been getting on top of me:

No, I've been coping as well as ever	0		
No, most of the time I've coped well	1		
Yes, sometimes I haven't been coping as well as usual	2		
Yes, most of the time I haven't been able to cope	3		

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

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

8. I have felt sad and miserable:

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

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

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

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

Never	0	Sometimes	2
Hardly ever	1	Yes, quite often	3

SCORE INTERPRETATION

1-4 No further screening is required.

5-9 There is some concern. Use resources inside and outside your home.

10+ Contact your physician and refer to resources on page 10.

1. SOURCE: COX, J.L., HOLDEN, J.M., AND SAGOVSKY, R. 1987. DETECTION OF POSTNATAL DEPRESSION: DEVELOPMENT OF THE 10-ITEM EDINBURGH POSTNATAL DEPRESSION SCALE. BRITISH JOURNAL OF PSYCHIATRY 150:782-786. 2.SOURCE: K.L. WISNER, B.L., PARRY, C.N. PIONTEK, POSTPARTUM DEPRESSION, N ENGL J MED VOL. 347, NO 3, JULY 18, 2002. 194-199.

HELP FOR PMAD

The most effective treatment for PMAD includes:

- Individual or group support and therapy
- Medicine that can be safely used during pregnancy and breastfeeding (prescribed by your obstetric provider)
- Support from family, friends and the community

If you suspect you have PMAD:

- Contact your obstetric provider.
- Participate in a support or education group.
- Refer to resources listed below.

RESOURCES

Enloe Health Mother & Baby Education Center 530-332-3970 | www.enloe.org/baby

Available Monday through Friday, 9 a.m. to 3 p.m.,
(closed on observed Enloe Health holidays).
During these hours, someone will call you back
within 24 hours.

For emergency resources, call our Warmline at
530-332-7208. This is an unmonitored line that
only gives resources.

HelpCentral.org | 2-1-1 | helpcentral.org

Text your zip code to 898211 or call 211.
Find support, counseling and other
resources in your community.



Help Me Grow Butte | www.helpmegrowbutte.org

no-cost service available to all families in Butte
County with children aged 0-5 who are interested
in learning more about their child's development or
behavior. Help Me Grow Butte works directly with
caregivers to ensure they are connected to the
services and resources they need so their children
can grow and thrive.

Mothers Strong | first5butte.org/mothers-strong

A group dedicated to bringing vital
health information to moms and families
in the North State area.

Pregnant women and moms can receive
support text messages from Mothers Strong and
HelpCentral.org by texting the word "moms" to



989211. (Standard messaging and data rates
may apply.) Text STOP to opt out. Find end
user privacy and terms and conditions at [www.
preventionpaystext.com/policies/](http://www.preventionpaystext.com/policies/).

Please note that HelpCentral.org and Mothers
Strong and do not provide therapy or counseling,
a hotline or a warmline, and cannot provide advice
via email. If you think you or a loved one may be
suffering from pregnancy-related or postpartum
depression and anxiety, please call 211. If you
are outside of Butte County, contact Postpartum
Support International at 1-800-944-4773 or
www.postpartum.net, or speak to your provider.

**If you have thoughts of harming yourself or your
baby, or if your pregnant/postpartum loved one
is exhibiting frightening or bizarre thoughts/
behaviors, call 911 immediately.**

OTHER ONLINE RESOURCES

Postpartum Support International Facebook or www.postpartum.net

Dedicated to helping parents suffering
from pregnancy-related or postpartum
mood and anxiety disorders, including postpartum
depression, the most common complication of
childbirth. This group works to educate family,
friends, and providers so moms and moms-to-be
can get the support they need and recover.





Postpartum Support International Help for Dads
www.postpartum.net/get-help/help-for-dads/

Helps dads and families by providing firsthand information and guidance through the experience of postpartum depression.

Postpartum Progress | Postpartum Progress on Facebook | www.postpartumprogress.com

A popular blog on postpartum depression and other mental illnesses related to pregnancy and childbirth.

PHONE/TEXT SUPPORT

National Maternal Mental Health Hotline
1-833-943-5746

Available 24/7, 365 days a year, in English or Spanish and other languages by request. Staffed by licensed and credentialed perinatal mental health and healthcare providers, childbirth professionals, and certified peer specialists, the Hotline provides immediate and informed access to support, understanding, brief intervention, and resources to all pregnant, postpartum, and post-loss individuals AND their partners and families.

Call or text the Hotline anytime to connect. You do not need a diagnosis to reach out for help.

Postpartum Support International
1-800-944-4773 (1-800-944-4PPD)

Someone will call you back within 24 hours.

PPD Moms
1-800-773-6667 (1-800-PPD-MOMS)

A helpline 24 hours a day, seven days a week, for anyone experiencing depression during and after pregnancy, as well as anyone concerned about a new or expecting mother.

Butte County Behavioral Health Crisis Services
560 Cohasset Road, Suite 180, Chico
1-800-334-6622

www.buttecounty.net/behavioralhealth

Immediately connects individuals 24/7, to a mental health professional for telephone intervention, information or referrals. Walk-in counseling is available 8 a.m. to 5 p.m. for individuals to receive face-to-face crisis intervention and assessment.

Call 988 Suicide & Crisis Lifeline | 9-8-8

Offers 24/7 call, text and chat access to trained crisis counselors.

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, seven days a week.

THERAPISTS

These Chico-based therapists have specialized training in working with women and families who are experiencing PMAD.

Gail Garcia, LCSW

530-588-5817 | gailgarcia/csw@gmail.com

Private pay, private insurance, Medi-Cal

Aracely Munguia, LCSW

530-588-6432 | aracelymunguia/csw@gmail.com

Private pay, private insurance, Medi-Cal | English and Spanish

Therapeutic Solutions

530-899-3150 | Most private insurances

PARTNERS/FATHERS CAN HELP MOMS & BABIES

Partners play a vital role in parenting and your child's development. It is important to be involved, right from the start. Partners, if you can, take time off from work to get to know your new baby and help with their care. If you have only a few days or weeks, you still have nights and weekends to help.



Here are some things you can do:

- Help and support Mom by taking over some of the household chores and caring for the baby while Mom rests.
- Watch Mom for symptoms of postpartum depression, anxiety and panic feelings.
- Spend time holding and bonding with your baby. Babies need to be held and touched. Try holding your baby chest to chest and skin to skin. The warmth of your skin and the sound of your heart are soothing to your baby.

WHEN TO CALL YOUR OBSTETRIC PROVIDER

Call your obstetric provider if you have any of these warning signs:

- Postpartum blues that do not go away after several weeks
- A fever of 100.4°F or higher
- Worsening perineal pain
- Uterine infection symptoms, such as a foul-smelling odor, constant pain in your lower abdomen or severe cramping
- Urinary tract infection symptoms, such as increased frequency of urination and pain or burning with urination
- Breast infection symptoms, such as a painful, red lump or a hardened area in the breast, along with a fever and flu-like symptoms
- Heavy bleeding, where more than one peripad is saturated within 1 hour or there are clots larger than the size of an egg
- Persistent headaches, dizziness or seeing spots in front of your eyes
- A red, tender or swollen area in leg
- A C-section incision that becomes red, separated or has a foul-smelling odor

Call 911 if you have:

- P** – Pain in your chest
- O** – Obstructed breathing or shortness of breath
- S** – Seizures
- T** – Thoughts of hurting yourself or your baby

Breastfeeding

Breast milk is the perfect food for your baby. Breastfeeding provides many nutritional and health benefits. The American Academy of Pediatrics endorses breastfeeding exclusively for the first six months of your child's life. It also supports continued breastfeeding along with complementary foods for as long as you and your child desire, for two years and beyond. If you are unsure about breastfeeding or if you have questions, talk to a lactation consultant, your obstetric provider, or pediatrician.

THE BENEFITS

- Helps baby's brain develop
- Strengthens baby's immune system to fight off disease and sickness
- May reduce the risk of Sudden Infant Death Syndrome (SIDS)
- May reduce the child's risk of Type 1 and Type 2 diabetes
- Causes your uterus to contract and return to normal size
- Earlier return to pre-pregnancy weight
- May reduce incidence of childhood cancers
- Helps lower the risk of childhood obesity
- Lowers mother's risk of osteoporosis and some breast and ovarian cancers
- Lowers mother's risk of developing Type 2 diabetes
- Provides a special bonding experience for mother and baby

When breastfeeding, be sure to:

- Wear a well-fitting bra for comfort.
- Wash your hands before breastfeeding.
- Use pillows to support your arm and baby, especially in the first few weeks.
- Lay baby with their tummy facing mom's tummy.
- Bring baby to the breast, not the breast to baby.
- Have baby's nose at nipple level to latch.
- Lead with baby's lower jaw. A good latch starts there.
- Have baby's nose and chin touch mom's breast. (A baby's nose is designed to breathe and breastfeed at the same time.)
- Roll up a washcloth or small receiving blanket and wedge it under the breast for hands-free support.
- Avoid pacifiers for the first three weeks after your baby is born. Pacifiers can cause nipple confusion and interfere with milk production. Once breastfeeding is well-established, the AAP recommends using pacifiers for safe sleep.





BREASTFEEDING HOLDS

You will spend many hours feeding and soothing your baby at the breast. Your baby's ability to latch properly and your comfort during feeding are important for breastfeeding success. Try holding your baby in different positions to find what works best.

Cross-cradle Hold

Place a pillow on your lap under your baby. Support the baby's head and neck with your hand. Bring your baby across your body to the opposite breast and support your breast with your free hand. Your baby should be on one side, facing you and level with your nipple. Your forearm should support baby's back and bottom. This hold is helpful if your baby is having trouble latching on.



Football Hold

Place a pillow on your side. Support baby's head and neck with your hand while you tuck the baby's legs and body under your arm, next to your side as if you were carrying a football. Use your free hand to lift and place your breast to your baby's lips. If you had a C-section, the baby does not rest on the incision with this hold.



Cradle Hold

Sit straight in a comfortable chair. Place one or two pillows on your lap and one more under your arm. Support the baby's head in the bend of your elbow, and allow your arm to wrap around and support baby's bottom. Turn baby to face you, tummy to tummy. If needed, support your breast with your free hand, making a C with your thumb on top of the breast and your fingers below. The baby's chin and nose should touch your breast.



CHARACTERISTICS OF BREAST MILK

Colostrum, a thick, yellow fluid, is the first milk your body produces. It is rich in antibodies to give your baby a healthy start. Within a few days, your mature milk will come in. The amount of breast milk you make depends on how often and how well your baby nurses. The more baby nurses, the more milk your body will produce. Mature milk is made of foremilk and hindmilk. Both are vital for growth.

- Foremilk is the watery milk that comes from your breast when you begin a feeding session with your baby. It quenches baby's thirst and is high in protein.
- Hindmilk comes later in feeding. It is thick and creamy.

WHEN TO FEED

If possible, start breastfeeding within the first hour after birth. The skin-to-skin contact that results from keeping your baby close to you will increase your baby's interest and success with breastfeeding. Offer your breast whenever your baby shows feeding cues, at least eight to 12 times within a 24-hour period. This is an important reason to have your baby room with you.

Feeding cues include:

- Licking lips
- Clenched hands, hand-to-mouth movements
- Flexed arms and legs
- Rooting
- Sucking fists and fingers
- Crying is the last sign of hunger; it's best not to wait for this to occur, as baby may be too upset to latch on

Side-Lying Hold

One way to get rest while feeding is the side-lying position. While lying on your side, place one pillow under your head and another behind your



back for support. Cuddle your baby on their side next to you, tummy to tummy. Baby's nose should be level with your nipple. Use your hand to lift and guide your breast so the baby can latch on. Be sure not to fall asleep in this position. This is not a safe sleeping environment for baby.

Laid-Back Position

The laid-back position is especially helpful in the early weeks, while your newborn is less coordinated. The baby relaxes on your body, and gravity helps baby achieve a deeper latch onto the breast. Here are the basics.



- Relax into a semi-reclined position with your head and shoulders supported. Get comfortable. A bed or sofa with pillows works well.
- Lay baby tummy-down on your body. The breast is circular, so try different angles. Gravity keeps baby in place when you are laid back.
- Place baby's cheek near the bare breast, if needed. Relax and enjoy this time together.
- This position is perfect for skin-to-skin holding.

LATCHING BABY ONTO THE BREAST

Breastfeeding comfort depends on a good latch. To help baby until latching becomes easy for both of you:

1. Support the bottom of baby's head and neck at the level of your breast so baby's nose is in line with your nipple. Using your free hand, cup your fingers behind the areola (dark area around the nipple) in the shape of a C — thumb above baby's upper lip and fingers below the jaw.
 2. Tickle baby's lip with your nipple. Wait until baby's mouth opens wide and tongue extends over the lower gum. Then quickly, but gently, apply pressure behind the shoulders (not behind the head) to bring baby to the breast, chin-first, with the nipple pointing toward the roof of baby's mouth.
 3. Baby's lips should be turned out around the breast with your nipple on top of baby's tongue. The mouth should cover the nipple and as much of the areola as possible. The lower jaw does most of the work during feeding, so it should be farther away from the nipple than the top lip is (off-center latch). The chin and possibly the nose will touch the breast.
- Your baby will start the suckling reflex. You should feel a tugging sensation, which indicates a proper latch. For the first few days, you may feel some tenderness, but breastfeeding should not be painful. If you feel pinching or pain, remove baby from the breast and try latching again.

If you need to take baby off your breast, first break the suction by gently sliding your finger between your nipple and baby's gum. The mouth will release without causing any pain.

THE LETDOWN REFLEX

The letdown reflex is your body's normal response to getting ready to feed your baby. Once your baby latches onto your breast and begins suckling, a message travels to your brain that tells your body to let the milk start flowing. Letdown occurs every time you breastfeed. Some women may not notice letdown, while others may feel tingling sensations. The first few times you breastfeed, the letdown process may take a few minutes. Massaging your breast before feeding may speed up the process. As you become more skilled, letdown will become quicker, taking only a few seconds.

WAKING BABY FOR FEEDINGS

Infants who sleep for long periods need to be awakened every 2-3 hours for the first few weeks to make sure they get enough to eat. To wake baby:

- Hold baby skin to skin.
- Gently stroke baby's head.
- Change baby's diaper.
- Call your baby's name.
- Rub baby's thighs or tummy, or tickle the bottoms of feet.

As your infant begins moving around, gently rub his or her back, place your newborn in a sitting position and try burping. If your baby is still in a deep sleep and is not waking, try again in about 30 minutes.

FEEDING PATTERNS

During the first several weeks, it will seem as if your baby is feeding all the time. Breast milk is quickly digested in a baby's stomach. Therefore, baby needs to breastfeed at least 8-12 times every 24 hours during the first few weeks. Frequent feedings are needed for baby to gain weight and to stimulate your milk production.

There are no rules about how long a baby must nurse to feed well. Allow your baby to nurse without a time limit anytime he or she shows

feeding clues. The time between feedings is measured from the start of one feeding to the start of the next. As your baby gets older, the frequency and length of feedings will change. Most babies develop their own pattern within six to eight weeks.

Again, feed your baby at the first signs of hunger. Do not wait until baby cries. It can make latching on harder. Learn more on page 15.

You'll know your baby is full when he or she:

- Stops sucking
- Relaxes his or her body
- Falls off the nipple
- Thrusts the tongue out
- Becomes drowsy and falls asleep
- Bites the nipple

Once your milk production increases, you should hear a swallow after every few sucks. Your baby may take short breaks to rest and then begin suckling again. Let your baby finish the first breast before offering the second. Alternate the breast you offer first at each feeding. This ensures both breasts are stimulated and emptied. Burp your baby before switching breasts and after every feeding.



SLEEPY BABY

Newborns can be drowsy. If your baby falls asleep after only a few minutes of active feeding, he or she may not be getting enough breast milk. To wake up your baby:

- Stroke the bottom of baby's foot with your finger.
- Place baby in a sitting position for burping.
- Loosen baby's clothing.
- Change breastfeeding positions.
- Gently hand massage the breast to get your milk flowing. (See page 15.)

CLUSTER FEEDING

Your baby may nurse often in a short period of time (cluster feed) and go for long stretches at other times. This is normal. It is important to follow your baby's lead in the early weeks.

It's important not to schedule your baby's feedings. Doing so can hinder your milk production and slow baby's weight gain.

FEEDING EVERY 2-3 HOURS



FEEDING ON DEMAND



GROWTH SPURTS

Your baby will have growth spurts around 7-10 days, 3 weeks, 6 weeks, 3 months and 6 months of age. During these times, your baby may nurse more frequently for a few days to increase your milk supply. Your baby's suckling and drinking milk tells your body how much milk to produce. After the growth spurt is over, your baby will settle back into a normal pattern.

Call your baby's provider if your baby:

- Is sleepy and hard to wake for feedings
- Has fewer than six wet or three soiled diapers per day after five to seven days
- Has lime green, watery and foul-smelling stools
- Acts hungry or fussy even after nursing
- Has trouble latching or staying latched onto the breast
- Feeds fewer than six times in 24 hours during the first month

ENGORGEMENT

A few days after your baby's birth, your breasts will begin to fill with milk. As your milk supply increases, the extra fluids, tissue swelling and circulation may make your breasts feel full, tight, and tender for a few days. This is called engorgement, and it is normal. If your baby has not been breastfeeding well or often, your breasts may become overly full and feel hot, hard, and painful. Unresolved overfullness can damage your milk supply and increase the risk of developing a breast infection.



PREVENTION

- Breastfeed on demand, at least eight to 12 times in 24 hours.
- If your baby has not fed well, hand express or pump your breasts for a few minutes, just enough to soften the breast.
- Alternate breasts. Empty one breast fully before offering the second breast.
- Ensure baby has a proper latch. (See page 16.)
- Vary breastfeeding positions. (See page 15.)
- Wear a supportive bra, even at night.
- Avoid weaning abruptly.
- Avoid bottles or pacifiers for the first three to four weeks.

TREATMENT

- Your areola may be very full. To help your baby latch on, press your fingertips around the base of the nipple for a few seconds to move the fluid away from the nipple and areola.
- Hand express enough milk to soften the nipple and areola. (See page 20.)
- Hold your baby in the football hold. Latching on and feeding are easier in this position when your breasts are full.
- Apply ice packs to your breasts as often as every hour if needed for comfort.
- Continue taking Ibuprofen to help with swelling.
- Drink plenty of water. Don't restrict your fluid intake.

Cold Therapy

- A cold compress can reduce swelling and relieve pain. Apply a cold compress for up to 20 minutes at a time between feedings. You can make your own ice packs with crushed ice in plastic bags. Always place a paper towel between the compress and your skin.



Your infant is getting enough milk if:

- Baby is back to birth weight by 14 days.
- Baby gains weight steadily after the first week (5-7 ounces per week).
- Baby makes swallowing sounds while nursing.
- Baby seems satisfied after being fed and burped.
- Baby is nursing at least eight times in 24 hours.
- Your breasts feel softer after feeding.
- You are changing six to eight wet diapers a day by the end of the first week.
- By five to seven days after birth, baby produces stool three to six times per day and may produce stool after each feeding for the first month of life.

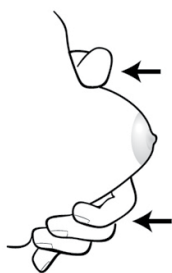
Pumping, Collection & Storage of Breast Milk

Expressing milk regularly is the key to maintaining a milk supply. Pumping routines should simulate a baby's feeding schedule. After 3 weeks of age, a newborn should nurse eight to 12 times in 24 hours. Working mothers will need to express milk at the same times at which they would feed their baby.

Did you know...

Hand expressing milk in the first hour after birth can increase your milk supply by 130%. We encourage hand expression five times a day for the first five days.

The 3 simple steps to hand expression...



1 PRESS INTO CHEST WALL



2 COMPRESS BREAST WITH HANDS IN C SHAPE



3 RELAX

GETTING READY TO PUMP

- Wash your hands before handling any of the breast pump parts, breasts or expressed milk. Wash all parts of the breast pump that touch the breast or the expressed milk with hot soapy water and rinse well. Storage containers for milk should also be washed thoroughly.
- Make yourself comfortable before pumping. Sit with your shoulders relaxed and back supported. Have everything you need, including water to drink, within reach. It is important to relax in order to get a letdown. Many women find that their milk lets down when they think about or look at a picture of their baby while pumping. It is also helpful to listen to relaxing music or use childbirth breathing exercises to relax.
- Read all instructions before using the pump, and use it according to manufacturer directions. Center the breast shield over the nipple. The nipple should move comfortably.

- If using an electric pump, plug it in and check the suction before placing it on the breast. Always begin pumping by turning the pump suction regulator on minimum. Bring the breast shield to the breast and then gradually increase to a comfortable level. If the suction is too strong, the tension on the breast will decrease the amount of milk you pump.
- Try gentle breast massage before pumping. Some women gently stimulate the nipple before using the pump. Moistening the breast with breast milk before placing the shield on the breast can help create a seal.

PUMPING

- Pumping is most efficient when done on a regular schedule, at the same time each day or at a time when your baby normally nurses.
- If you are pumping in addition to nursing, a good time to pump is within 30 minutes after the baby nurses, as the pump will ride off the letdown created by the baby.

- If you are pumping periodically, good times to pump are early in the morning or when your baby has only partially nursed and is satisfied.
- The amount of milk that can be pumped in one session depends on many things, including how long it has been since your baby last nursed, how practiced you are at pumping, how comfortable you are with pumping, the time of day, the proper flange size and how established your milk supply is. Pump until the milk flow slows or stops.
- Human milk can vary in color, consistency, and smell depending on the time of day the milk was expressed, the age of your baby and your diet.
- Be assured that a nursing baby will always be more effective at letdown than a pump.
- Pumping and hand expression of breast milk is not difficult but takes practice.
- Use BPA-free bottles or storage containers. BPA is a chemical that can leach into milk if the container is heated or scratched.
- Wash all pump parts that come into contact with your breast milk after each use. Use a dishwasher on hot cycle or hand wash with hot, soapy water. Rinse well. Refer to your breast pump manual for cleaning instructions.
- If you or your baby becomes sick, boil bottles and nipples for at least 10 minutes a day until you both feel better.
- These guidelines are for healthy full-term babies.



If you are away or your baby is not latching, pump for 15-20 minutes on each breast. To protect your milk supply, pump as often as your baby would nurse. In the early weeks, that is about eight to 12 times every 24 hours.

HOW TO STORE

Use breast milk storage bags, or clean food grade containers with tight-fitting lids made of glass or plastic to store expressed breast milk. Avoid bottles with the recycle number 7, which indicates that the plastic may contain BPA. Place containers in the back of the refrigerator or freezer – never place them in the door.

Cool fresh milk in the refrigerator before adding it to a container or to frozen milk. Glass or hard-sided plastic containers are recommended for preterm infants. Antibodies have been known to adhere to thin plastic bags. Always label containers with the date and time pumped. Add the baby's name if you're taking the breast milk to the hospital or child care provider.

Whether you plan to use your expressed milk the same day or later, you must store it safely.

These guidelines are for healthy infants; (storage times may vary for premature or sick babies):

- Store milk in a clean bottle or disposable milk storage bag.
- Fill each bottle with enough milk for one feeding. Storing 2-4 ounces of milk per container should cut down on waste.
- Use a solid cap to create an airtight seal.



Learn more at www.cdc.gov/breastfeeding/pdf/preparation-of-breast-milk_H.pdf

HOW TO PUMP

Single Pumping (one breast at a time): Pump each breast for 15-20 minutes. Switch breasts every 5-7 minutes.

Double Pumping (both breasts at the same time): Pump for 15-20 minutes.

Pumping at Work: Returning to work or school does not have to end breastfeeding. With a little planning, you can still make plenty of milk for your baby. Pumping within 3-4 hour intervals will maintain a milk supply and keep you comfortable. Talk to your employer about providing a clean and private place for you to pump during the workday. Learn more at www.legalaidatwork.com.

STERILIZING

You can sterilize clean equipment using a commercial sterilizer — be sure to follow the manufacturer’s instructions — by using a dishwasher with hot water and a heated dryer cycle or by using a simple pan of boiling water. When boiling items, follow these steps:

1. Fill a large pan with water.
 2. Place the clean items in the water, ensuring the water covers the equipment completely and no air bubbles are trapped.
 3. Cover the pan with a lid and bring the water to a rolling boil for 5 minutes. Make sure the pan does not boil dry.
- Use clean tongs to remove equipment. Place them on a clean towel to air dry.

THAWING & WARMING BREAST MILK

- Hold the bottle under warm, running water or place it in a bowl of warm water for a few minutes, until the milk reaches room temperature.
- Do not warm milk in the microwave or on a stove. Rapid heating destroys nutrients and causes hot spots that can burn baby’s mouth.

BURPING

Babies swallow air during feedings whether breastfeeding or bottle feeding. The swallowed air can make the baby fussy. Offer your baby a chance to burp anytime he or she slows down, or stops feeding. Burp your baby when changing breasts and at the end of each feeding. When feeding from a bottle, some parents burp halfway through a feeding and at the end. Here are a few methods:

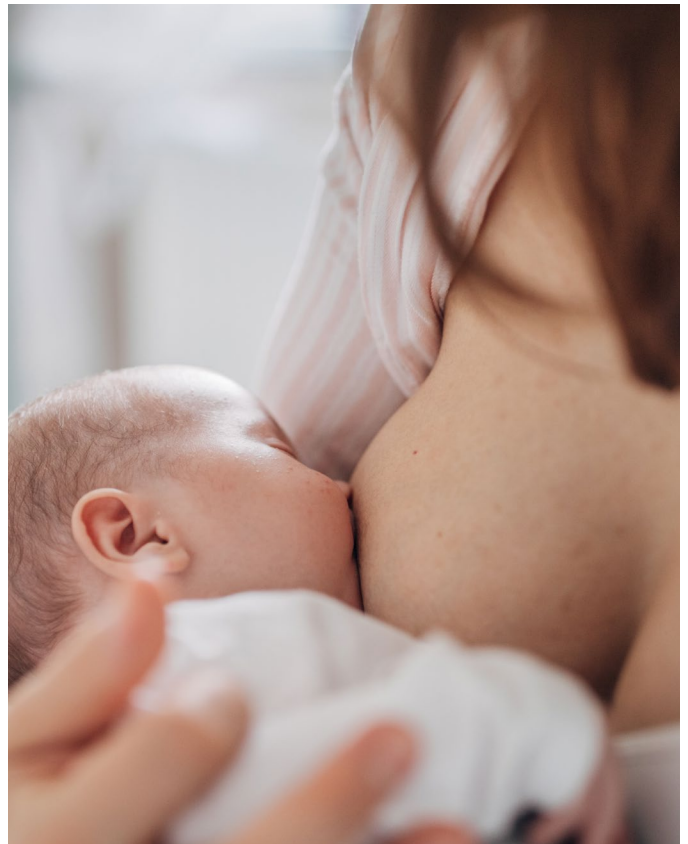
- Hold baby with his or her head on or over your shoulder. Support the head and back with one hand, gently patting the baby’s back with the other.
- Set baby on your lap in a sitting position. Support the chest and head with one hand, and pat baby’s back with your free hand.
- Lay baby tummy-down on your lap, being careful to support the head. Pat baby gently on the back.
- Babies don’t burp with every feeding. If no burp comes, keep your baby upright for a few minutes before laying the infant down on his or her back to sleep.

Storage of Breastmilk	Temperature	Duration	Special Instructions
Freshly Pumped Milk	Room temperature up to 77°F (25°C)	4 hours	Label the milk with the date and time.
<i>Store milk in an insulated bag with ice packs until milk can be refrigerated.</i>			
Refrigerator	39°F (4°C)	Up to 4 days	Place the milk in the back, where it is coldest.
<i>Use oldest milk first. Gently swirl the bottle to mix before feeding.</i>			
Freezer Attached to Refrigerator	0°F (-18°C)	3-6 months	Place the milk in the back, where it is coldest. Freeze refrigerated milk within 48 hours.
Deep Freezer	-4°F (-20°C)	6-12 months	
Thawed Milk	If refrigerated	24 hours	Label the milk with the date and time.
	If left at room temperature	2 hour	
Warmed Milk	Warmed in warm water	2 hour	Test the temperature by placing a drop on your wrist. The milk should be slightly warm.
Previously Fed Milk	Room temperature, after baby has partially fed from the bottle/cup	1-2 hours	Discard unfed milk after this time frame.

Breast Health

Establish a routine of checking your breast and nipples regularly. Learning how to identify, prevent, and treat conditions that can occur during breastfeeding can help you avoid problems and resolve discomfort faster. Follow these tips:

- Wear a supportive bra. Make sure it fits well and is not too tight. Nursing bras are convenient for feeding.
- Consider wearing a supportive bra at night.
- Avoid restrictive clothing and underwire bras that can press on breast ducts. This can cause narrowed milk ducts and increase the risk of a breast infection.
- Change nursing pads whenever they become damp, wet or soiled.
- Take a daily shower. Use only clear water on the nipples. Soap washes off the natural lubricant produced by the glands around your nipples, which can cause your nipples to dry and crack.



MILK SUPPLY

Low Milk Supply

Most mothers can produce plenty of milk for their baby, regardless of their breast size. The more milk that's removed from the breast, the more milk the body makes to meet the demand. Breastfeed at least eight to 12 times in 24 hours, even at night. If your baby is nursing well, your breasts should feel softer after feeding. If you are concerned about low milk supply, make an appointment with a lactation consultant.

Oversupply

Your breast may feel overfull most of the time. Your milk flow may be fast and forceful, causing your baby to fuss and nurse less effectively. To slow the milk flow, hand express a little milk before latching your baby onto your breast. Use gravity to slow the flow by using the side-lying or reclined position. If baby chokes or sputters, unlatch and let the excess milk spray into a towel. If you experience oversupply, make an appointment with a lactation consultant.

SORE NIPPLES

Breastfeeding should not be painful, but your nipples may feel tender for the first few days. If your nipples become sore, your baby may not be latching correctly. See page 15 and try these tips:

- After nursing, express a few drops of breast milk on the nipple and areola. Hydrogel nipple pads may also provide relief. You may apply purified lanolin cream sparingly after a feeding. If your nipples are sore or cracked, call our lactation consultants at 530-332-3970.
- If your nipples are flat or inverted, or if they retract when your baby tries to latch on, you may need to shape or compress the breast so baby can get a good latch. A lactation consultant can help you find the right technique.
- In many cases, nipple shields are not necessary and should only be used under the guidance of a lactation consultant.

NARROWED DUCTS & MASTITIS

Your milk ducts can become narrowed, causing a hard, tender area on the breast. To treat such an area:

- Allow your baby to nurse on demand.
- Apply a cold compress after feeding to relieve pain and swelling.
- Spend more time resting, eating a healthy diet and drinking enough fluids.
- Take Ibuprofen to reduce inflammation.

If these efforts are helpful, the lump will go away by itself. If the condition worsens, you may develop mastitis. Mastitis is an infection of the soft tissue in the breast. It often causes flu-like symptoms, such as fatigue, fever and headache. Your breasts may swell, feel hot and develop red streaks. If you suspect mastitis, call your obstetric or health care provider so you can begin antibiotic treatment. Keep feeding your baby, as mastitis will not affect your milk quality.

Call a lactation consultant or obstetric provider if:

- You are concerned about your milk supply.
- Your breasts have red spots or streaks and feel tender.
- You notice a hard, red, painful area on your breast that does not go away within a few days.
- Your nipples are sore, cracked or bleeding.
- Latching or breastfeeding is very painful.
- You have chills, flu-like symptoms or a temperature greater than 100.4°F (38°C).

BABY'S WEIGHT GAIN

It is normal for your baby to lose weight in the first few days after birth. Once your milk supply increases in volume, your baby should gain about 5-7 ounces per week. By 2 to 3 weeks of age, your baby should be back to his or her birth weight. If you're concerned about your baby's weight, talk to your baby's provider.



To determine how well your baby is doing, answer these questions:

- Do you feel breastfeeding is going well?
- Has your milk increased (breasts feel firmer and warmer, and you can hear baby swallow more)?
- Can baby latch comfortably?
- Is baby alert and nursing at least eight times in 24 hours?
- Do your breasts feel firmer before feeding and softer after?
- Is baby feeding well?
- Has nipple soreness decreased or gone away?
- Is baby wetting six to eight diapers and having at least three soft, yellowish bowel movements every 24 hours?
- Do you hear swallowing sounds when your baby suckles?
- Does baby seem more satisfied and content after feedings?
- If baby's skin was yellow (jaundiced), is it getting less yellow?
- Do you have a follow-up appointment for a weight check? Baby should be seen one to three days after leaving the hospital.

If you answered "no" to any one of the questions, contact your lactation consultant or baby's provider for assistance.

THE FIRST WEEK OF BREASTFEEDING

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Milk Supply	The early milk is called colostrum. It is thick and yellowish.		Milk is transitioning from colostrum to mature milk and is increasing in volume.		Milk continues to transition and increase in volume.	
Baby's Readiness to Feed	Baby will be sleepy. Wake him or her for feedings.	Nurse when baby is alert, mouthing, rooting or putting hands to mouth.	Continue to feed when baby is alert, mouthing, rooting or putting hands to mouth.			Baby appears satisfied after feeding.
			<i>Wake to feed if 3 hours have passed since the beginning of the last feeding.</i>			
Feeding Patterns	Nurse as soon as possible after birth.	Baby may cluster feed (feed frequently in a short period of time).			Cluster feeding may continue, especially in the evenings.	
		<i>Breastfeed at least 8-12 times each 24 hours.</i>				
Breast Issues	To help prevent sore nipples, prevent baby from latching and sucking on only the nipple.		Breasts may begin to feel fuller.		Breast may be firm and may leak.	Nipple tenderness (if present) is improving or is gone.
Baby's Urine	Expect at least 1 wet diaper in the first 24 hours.	Look for 2 or more wet diapers.	Look for 3 or more wet diapers.		By the end of the first week, expect 6-8 diapers per day to be wet with urine that is colorless or light yellow.	
Baby's Stool	Baby may have 1 dark-colored (meconium) stool.	Baby may have 2 or more dark-colored (meconium) stool.	Stool should be getting lighter in color. Look for 3 or more stools.		By 5-7 days, expect 3-6 stools per day. The stools should be soft, mustard-yellow, with seed-like particles.	

You'll find a breastfeeding log for your first week at home at the back of this booklet.

A WORD ABOUT MARIJUANA USE WHILE BREASTFEEDING

In California, marijuana is now legal for adults ages 21 and over, but that doesn't mean it is safe.

What you eat, drink, smoke and what drugs you use will affect your baby; therefore, take only medicines prescribed.

- The active chemical in marijuana, THC, attaches to the fat in the mother's breast milk, and transfers to the baby's body and brain.
- Being around marijuana smoke can cause baby to cough, and have trouble breathing, more colds and ear infections.
- Marijuana affects the user's judgment, coordination and memory, which can result in putting baby's safety at risk.
- Being high or buzzed while doing some activities can be risky. Being high while caring for a baby is not safe; therefore, do not let anyone who is high take care of your baby.
- Marijuana can make people feel very sleepy when they're high and may result in a deeper sleep. It is not safe to sleep with your baby, especially when high.
- It is not safe to drive a car while high; therefore, do not let your baby ride in a car if the driver is high.
- Store all marijuana products in a locked area. Make sure your children cannot see or reach the locked area. Keep marijuana in the child-resistant packaging from the store.

Using marijuana when you're pregnant or breastfeeding:

- Increases the risk of sudden infant death syndrome (SIDS).
- Can cause poor sucking reflex, poor feeding, slow growth and slow weight gain
- Slows motor and language development; baby may have problems with coordination and learning to talk
- Increase the chance of attention deficit disorder (poor ability to keep attention, follow directions, become easily distracted, and have poor judgment), hyperactivity and learning problems in school
- Can cause behavior problems as child becomes older such as aggression
- May cause tremors (shaking), high-pitched cry and difficulty comforting baby
- May cause problems sleeping well and regularly, thus making routines and quality of life challenging

Recommendations

- There is no safe amount of marijuana use, including smoking or ingestion.
- If you are planning a pregnancy, are pregnant, think you are pregnant, or breastfeeding, don't smoke or ingest marijuana.
- Keep your baby protected from all exposure to marijuana, including smoking and ingestion.
- For help to quit, call Dopeless Hoppers at 1-855-399-0014
- Ask your provider to help with alternative potential treatments.



Newborn Care

BABY CHARACTERISTICS

Whether this is your first child or fifth, you may have questions about the way your baby looks or acts. Here are some traits you may notice:

- Your baby's head may look long and pointy or too large for the small body. This is normal.
- The head will have two soft spots, one on the top of the head and the other toward the back of the head. They usually close by the 18th month.
- The legs may be bowed from the confined space of the uterus. They will straighten out.
- The eyes may appear puffy and out of focus. Your baby will gain more control over eye movements as the eye muscles mature.
- The skin may look wrinkled, red or scaly. The top layer of a newborn's skin sheds during the first week or two after birth.
- Some babies have milia. The little white bumps on the face are dead skin cells that will fall away on their own, usually within a few weeks.
- Girls may have a swollen labia and vaginal discharge that may be pink, white or red-tinged. Boys may have a swollen scrotum, and babies of both sexes may have swollen breasts. These are normal responses to hormones in the mother's system and will go away in a few days.
- Baby's small nasal passages can cause noisy breathing. Sneezing clears the baby's nose.
- The infant suddenly throws his or her arms out to the sides and then quickly retracts them. This is the normal startle reflex.

UMBILICAL CORD CARE

Keep the umbilical cord clean and dry. It is not necessary to apply alcohol to the area. Fold the diaper below the cord until it dries and falls off. Do not use a cord-binder or bellyband. Expect the umbilical cord to fall off within three weeks. Please notify your baby's provider if the umbilical cord area becomes reddened, has a foul odor, discharge or starts to bleed.



CIRCUMCISION CARE

The American Academy of Pediatrics supports circumcision of male newborns because the health benefits outweigh the risks of the procedure. The benefits include less risk of transmission of Human Immunodeficiency Virus (HIV) and other sexually transmitted infections. Newborn circumcision is the removal of the foreskin that covers the head of the penis. It is typically performed for religious, cultural or social reasons.

After the circumcision procedure, it is normal for the end of the penis to be reddened and have a yellowish appearance. However, please call your baby's provider if you notice any signs of infection, such as increasing redness, pus-like drainage, swelling or a strong foul-smelling odor. If your baby's provider used a plastibell for your newborn's circumcision, the plastic rim is left on after the procedure and typically drops off after five to eight days. Call your baby's provider if the plastibell does not fall off after eight days. Bathe your baby as normal, but do not rub the circumcised area. Be sure to follow the instructions from your baby's provider on how to care for your son's circumcision site.

CARE OF THE UNCIRCUMCISED PENIS

It is not recommended for your baby boy's foreskin to be retracted or pulled back for cleaning. Wash your baby boy's penis with warm, soapy water just as you would with any other part of his body. Between 1 and 5 years of age, your son's foreskin around the end of the penis will separate naturally. The skin can tear and scar if you try to separate the foreskin from the penis before it's ready. Your baby's provider will recommend when it's best to start retracting or pulling back your son's foreskin.

NEWBORN SCREENING

California law requires that your baby have a blood test that screens for certain illnesses. Babies can look very healthy at birth and still have a disorder. That is why routine newborn testing of all babies in California is done. Before discharge from the hospital, your baby will have this blood test. Blood is drawn with a gentle pinprick from your baby's heel. This procedure is simple and safe. The blood is then sent to a state-approved lab for testing.

If you refuse this required newborn testing, you must sign a special form stating that your hospital and baby's provider are not responsible if your baby develops problems from any of these disorders.

Your baby's provider will receive the test results in about two weeks. If your baby needs further testing, you will be notified. Make sure your baby's provider has your current address and phone number. If you are planning to go home in less than 12 hours after delivery, the test must be repeated within six days. For more information about newborn screening, visit the California Department of Public Health's California Newborn Screening Program website at www.cdph.ca.gov/nbs.

NEWBORN HEARING SCREENING

The State of California requires that your baby participate in the Newborn Hearing Screening Program. Hearing is important for your baby's development. Much of this development occurs in the first three years of life. Babies learn to speak by listening, and a child who is unable to hear may not develop typical speech and language.

Early detection and treatment of babies with hearing loss allows your baby to develop normally and develop good social relationships. The test is safe and painless. Most infants sleep through it. For more information, please call the California Newborn Hearing Screening Program's Information Line at 1-877-388-5301.

CONGENITAL HEART DISEASE SCREENING

About 8 of every 1,000 infants are born with a form of congenital heart disease (CHD), making it the most common birth defect. It is recommended that all newborns have a non-invasive screening called Pulse Oximetry, which helps identify low levels of oxygen in their blood. Pulse Oximetry is not painful and takes only a few minutes when a newborn is quiet, warm, and not moving. If you have questions or concerns about this screening, please speak with your baby's provider, visit www.cdc.gov or call 1-800-232-4636. Every baby will have a CHD screening before leaving the hospital.

JAUNDICE

Newborn jaundice is the yellow color seen in the baby's skin, inside the mouth and in the whites of the eyes, due to bilirubin build up in the blood. Everyone's blood contains bilirubin, even before birth. In utero, the mother's liver removes the bilirubin for her baby. Most babies develop jaundice within the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

Most infants have mild jaundice that is harmless, but in certain situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

If your baby looks jaundiced or yellow in the first few days after birth, their provider may use a skin test or blood test to check the baby's bilirubin level. A transcutaneous (skin) bilirubin blood level test is performed on all babies before they leave the hospital. Whether a blood test is needed after that depends on the baby's age, the amount of jaundice and whether the baby has other factors that make jaundice more likely or harder to see.

The best way for you to check your baby for jaundice is in good lighting, such as daylight. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms and legs. Jaundice may be harder to see in babies with darker skin color.

Call your baby’s provider if any of the following occurs:

- The white part of your newborn’s eyes become yellow.
- The yellow discoloration spreads below the waist toward the legs.
- The newborn is very sleepy and will not wake up for feedings eight to 12 times within 24 hours.

DIAPER CARE

Stools/Soiled Diapers

For the first 3 to 4 days of age, your newborn will have meconium stools. These are very thick, tar-like and green to black in color. After 4 days of age, many breastfed babies have a bowel movement after each nursing that is loose, yellowish or mustard-like in color. A breastfed baby rarely becomes constipated. It can be normal for a breastfed baby to go two to three days without a bowel movement. Formula-fed babies typically have more formed stools. Each baby’s stool can vary in color, frequency and character. Please inform your baby’s provider if you notice blood in the stool or if the stools become dry and hard. Do not use laxatives or suppositories without the permission of your baby’s provider.

Diaper Rash

If your baby shows signs of a diaper rash, wash the area well with clean, warm water at every diaper change. Pat dry. Lightly cover the entire rash with a diaper-rash ointment as advised by your baby’s provider, then diaper. Change diapers often to keep your baby clean and dry. Let your baby’s bottom air out without a diaper for a few minutes each day. If the rash does not go away after a few days, contact your baby’s provider.

Diapering

To diaper your baby:

1. Gently lift baby’s ankles with one hand while you slide the back of the diaper under your baby’s bottom. Bring the front of the diaper up between baby’s legs.
2. Align the top edge of the diaper with the belly button. If baby’s cord is still attached, fold the top flap of the diaper down and away from the cord.
3. Secure the diaper with the self-stick tabs diagonally over the top corners. If using cloth diaper wrap, use Velcro or snaps to secure.



Every 24 hours	
Day 1	1 wet diaper
Day 2	2 wet diapers
Day 3	3 wet diapers
Day 4	4 wet diapers
Day 5	5 wet diapewrs
Day 6	6 wet diapers
Day 7 and after	6 to 8 wet diapers

The American Academy of Pediatrics does not recommend the use of baby powders because they are connected to the increased risk of SIDS.

Urination/Wet Diapers

The number of wet and soiled diapers will vary greatly among babies. Starting at 7 days of age, both breastfed and formula-fed babies should have at least six to eight wet diapers per day.

Uric acid crystals are common in the first week of life. The uric acid crystals typically leave a brick-colored or salmon-colored spot where the urine soaked into your baby’s diaper.

TEMPERATURE TAKING

If you think your baby is sick, apply a thermometer under your child's armpit. This is known as the axillary method. Hold your infant's arm gently against his or her body, according to the time recommended on the thermometer instructions. The normal range for an axillary temperature is 97.7°-99.5°F. An electronic axillary digital thermometer is recommended because it is easy to read and has proven accuracy. Call your baby's provider if your baby has a fever. This can be dangerous and treatment may be needed.

BULB SUCTIONING

If your baby has a lot of mucus in the mouth or nostrils, follow these steps using the bulb syringe:

1. Away from your baby's face, squeeze the air out of the bulb syringe.
2. Gently insert the tip of the bulb syringe into one side of the baby's mouth (pocket of cheek) or in one of baby's nostrils.
3. Release the pressure and remove any mucus.
4. Remove the syringe from the baby's mouth or nostril and empty the mucus by squeezing the bulb onto a clean cloth.
5. Repeat on the other side of your baby's mouth or nostril if needed.

To clean the bulb syringe, flush it out with warm, soapy water and rinse it well with plain warm water after each use.

Do not:

- Wash the syringe in the dishwasher.
- Use your baby's bulb syringe with other children.



Bath & Skin Care

Bath time can be a very special time to bond with your baby. A bath every two to three days with spot cleaning in between is plenty for your new baby. Although the first few baths may be a little scary for both of you, bath time will become a special time you enjoy.

Bathe your baby in a warm room free of cool drafts. Make sure the area is safe and that all the supplies you need are within reach. You will need warm water, mild soap, baby shampoo, a washcloth and two soft towels.

Tub or Sponge?

Sponge bathe baby until the cord falls off and the circumcision heals. Please check with your baby's provider for guidelines regarding tub bathing.

BATH SAFETY

- Set your water heater below 120°F (48.9°C).
- A baby's bath water should be 100°F (37.8°C).
- Never leave baby while you answer the phone or retrieve an item.
- Always keep one hand on your baby to prevent a fall.
- Never place a cotton swab or any sharp or pointed object in your baby's ear, eyes, or nose.

SPONGE BATH

- Fill a small basin with warm water. Test the water temperature with your elbow or the inside of your wrist. The water should feel comfortably warm. Lay your baby on a soft blanket or towel, keeping the infant covered for warmth.
- Clean the baby's eyes. Dip a corner of a clean washcloth in warm water and squeeze out the excess. Wipe the eyes from the inside away from the nose. Use a clean corner of the washcloth for the other eye.
- With a clean, damp washcloth, wipe your baby's face one side at a time. Then clean the outer part of the ear, behind the ear and neck area.
- At any one time, uncover only a small area of your baby's body, so the infant stays warm. Use a mild soap and clear water rinse. Wash first your baby's chest, arms and hands.
- Then wash your baby's legs, thighs and feet. Remember to clean under your baby's arms, in the crease of the elbow, behind the knees, and between fingers and toes.
- Remove the diaper and clean the bottom and genital area well, front to back. Clean in all the folds. Once you are finished, wrap your baby in a clean, dry towel for warmth.

CLEANING A BABY GIRL

Girls may have a white, cheesy film that covers the inner folds of the labia. It is not necessary to remove all of this when cleansing. A white or pink mucus-like vaginal discharge is normal in the first weeks. Spread the labia gently and wash front to back. Use a clean area of the washcloth with each wipe. Be sure to rinse well.

TUB BATH

After the umbilical area is fully healed, your baby is ready for a tub bath. Fill a baby's tub or shallow sink with no more than 2-3 inches of warm water. Test the water with your elbow or the inside of your wrist to make sure it is comfortably warm.

Clean your baby's eyes and face with a clean, damp washcloth. Then gently place the infant into the tub so he or she can get used to the

water. Always hold your baby with one hand during the bath. Never leave your baby alone in the tub. During the bath, talk to your baby to promote feelings of trust.

Using a mild soap, clean the neck, arms, hands, chest, belly button, legs and feet. Support your baby's chest on your arms as you wash the back and bottom. Clean the genital area last. Rinse with clean, warm water and wrap baby in a clean, dry towel to keep the child warm while you shampoo the hair.

SHAMPOOING YOUR BABY'S HAIR

1. Always wash hair last to prevent your baby from getting cold. Hold your baby firmly in the football hold with his or her head over the sink, tub, or basin. Wet the hair with clean, warm water.
2. Apply a small amount of baby shampoo. Rub briskly, but gently, into a lather. Keep the shampoo out of baby's eyes. Rinse hair with clean, warm water. Towel dry and gently brush to help prevent cradle cap (a scaly condition of the scalp).

SKIN CARE

Baby's skin is delicate, so you need to take special care of it. These tips can help:

- Keep baby's skin clean and dry.
- Use a gentle soap for bathing.
- Bathe your baby three times a week for the first year. Bathing more often can dry the skin.
- Use unscented products designed for baby's sensitive skin.
- Avoid powders. They may increase the risks of SIDS.
- Keep your baby out of the sun and in the shade.
- Be sure to protect your baby's skin and eyes from the sun's rays year-round. A baby's skin burns easily. Research has shown that protecting your baby's skin into adolescence is key in reducing skin-cancer risks later in life.
- Dress your baby in light clothing that covers the body. Use a brimmed hat to shade the face and neck.

SUNSCREEN

The American Cancer Society does not advise using sunscreen on infants younger than 6 months. For babies 6 months and older, apply sunscreen to all areas of the body, but be careful around the eyes. Use a sunscreen made for children. If a rash develops, talk with your baby's provider.

FINGERNAIL CARE

A baby's fingernails grow quickly, and they can be sharp. Shape them to prevent scratching. A newborn's skin grows up under the fingernail, so you must be careful. Wait until your baby is napping and sit with their back against your chest. Use a clean baby emery board to smooth baby's fingernails and toenails.

Dressing Baby

You dress and undress your baby with every bath and diaper change. Outfits that snap or zip down the front and offer easy access to the diaper area make changing quicker. Since your baby may outgrow newborn outfits within just a few weeks, buy only as many as you think you will need. You may need to change your baby's clothes two to three times a day in the early weeks. Choose fabrics that will be soft against your baby's skin. Wash all of baby's clothing, blankets and bed linens before the first time you use them to prevent irritation to tender skin.

Dress your baby as you would dress yourself. Consider your climate and the season. When the weather is warm, do not overdress your baby and do not be afraid to go outside. A short walk is healthy for both of you, but avoid direct sunlight.

HOT WEATHER

When going outside in hot weather, dress baby in lightweight long pants, a long-sleeved shirt and a brimmed hat to prevent sunburns. Check often to make sure your baby is not too hot. Your baby may be too hot if the neck is damp from sweat, the skin is overly warm to the touch or the cheeks are rosy but the baby does not have a fever. Babies cannot cool their bodies as well as adults can, so remove a layer of clothing if you think your baby is too warm.

COLD WEATHER

In cold weather, dress baby in layers. If your baby gets too warm, remove a layer. Babies lose heat through their heads. Make sure your baby wears a cap outside. Cover your baby's feet with socks. Shoes are not needed until your baby walks. A sign that baby is cold is mottled skin or blotchy spots of color. Take the baby to a warm place and add a layer of clothing. At night, dress baby in warm, footed nightclothes.

Sleeping Patterns

Your newborn will sleep 14-18 hours a day, but sleep is not constant. Infants often wake every 2-4 hours around the clock for feeding. Getting used to a newborn's sleeping schedule can be tough, but be patient. As your baby's inner time sense begins to work, patterns of daytime activity and nighttime rest will form. Some babies sleep better at night if more time is spent awake during the day. Here are some tips to help your baby learn to tell day from night.

During the day

- Keep the house bright, even when baby is sleeping.
- Wake baby for feedings about every 3 hours if baby does not wake on his or her own.
- Spend time playing, talking and singing with baby.
- Make eye contact and talk to baby during feeding.
- Let baby hear normal household noises during waking hours.

At night

- Start a bedtime routine (e.g., a warm bath, a story or a lullaby) to help baby relax.
- Keep the lights dim, speak in a soft voice and limit distractions for nighttime feedings.
- Soothe a crying baby by cuddling or rocking.
- Lay baby down when he or she has become drowsy.
- Keep the room quiet so the baby will return to sleep.

If your baby does not seem to follow a certain sleeping pattern, don't worry. Babies get all the sleep they need, and some babies sleep more than others. If you are worried about your baby's sleep, talk with your baby's provider.

Bonding

Bonding is the process of falling in love with your baby. Sometimes it happens in minutes, but it can take a few days, even weeks. At first, after your baby is born you may feel unsure about the challenges of parenthood. That feeling is normal. Over time your concern will go away as you cuddle your baby and provide care. Your love for your baby will grow stronger as you both become more relaxed with each other. It is a good idea to meet and talk with other new parents. You can offer support for one another and share your experiences and coping tools.

To foster the bonding process:

- Cradle baby chest to chest without the barrier of clothing. Gently stroke your baby with your fingers. This closeness is soothing for both of you.
- Hold baby frequently for closeness and to lessen fussiness and crying. If you carry your baby in a sling or front carrier, learn about the dangers of suffocation. It is important to ensure that the infant's head is up above the fabric so baby's face is visible, the chin is off the chest, and the nose and mouth are clear from any obstructions.
- Tend to baby's needs at the first cue, before your baby becomes upset and cries. Respond to your baby in a calm and relaxed manner.
- Make close eye-to-eye contact with baby. Babies love looking at faces, especially the eyes. Smile, stick out your tongue and make other faces.
- Talk, sing and read to baby. Babies love to listen to their parents' voices. They will make cooing sounds of their own to talk with you.
- Use your face or a toy for the baby to focus on and to follow.
- Let the baby touch you and feel your face.



SIBLING ADJUSTMENT

Bringing a new baby home from the hospital can bring up mixed feelings for older siblings. The older children may feel like the family's attention is all on the newborn and they may feel left out. Older siblings may act out or act like babies. For example, a sibling may ask for a bottle and wet or soil their underwear.

Let the older children know you love them very much and reassure them about their importance in the family. These tips can help, too:

- Talk positively about the siblings' new roles as big brothers or big sisters.
- Read books to your children on being older siblings. Make sure the books are age appropriate and allow kids to ask questions, voice concerns and share their feelings.
- Look at your older children's baby pictures together and talk about memories of when they were babies. Tell your children how excited you were when they were born and how everyone wanted to see and hold them.
- Explain that babies take a lot of time from grown-ups because they can't do anything for themselves yet. Tell your children that when they were babies, they did not know how to eat on their own, go to the bathroom or even dress themselves. Reinforce how much your children have learned and how they can teach the baby all these things.
- Have your children practice holding a doll, supporting the head. Teach them how to touch and hold a baby gently.

- Tell your children the baby will not take their place, and how there is enough love to go around.
- Have your children pick out or make a baby gift.
- Set aside special time for your older children. Each parent should spend one-on-one time with the older children every day. Even 10 minutes of uninterrupted one-on-one time can make a big impact. Let your children choose the activity and follow their lead.
- Listen carefully to how your children feel about the baby and the changes in your family. If they express negative feelings, acknowledge them. Help your children put their feelings into words. Never deny or discount your children's feelings.
- Even though this may be a hard time for older children, they may eventually learn that having a new brother or sister can be one of the greatest gifts.
- Enlarge baby pictures of older children and place the pictures in a prominent place.
- Talk about what a new baby is like to help your children know what to expect.
- Let the older siblings show off the new baby.
- Help the older children feel a part of activities that involve the new baby.
- Talk to your children about how easy it is to hurt the baby.
- Always supervise young children when they are around your infant.

Baby Behavior States

Your baby communicates with you in small, subtle ways. Think of these signs as your baby's language. Your baby goes through six states of consciousness. In most cases, a group of related actions occurs together in each state. These states let you know how and when to interact with your baby.

DEEP SLEEP STATE

Baby's breathing is normal. The eyes are closed with no movement behind the lids, and the face is relaxed. The body does not move except for random jerks, and the baby is hard to wake.

LIGHT SLEEP STATE

Baby's breathing is irregular. The eyes are closed with some rapid eye movement under the lids. The face muscles may twitch, and the mouth may make sucking or smiling movements. The body may move, and the baby may make fussing or crying sounds. At this time, the infant may progress to a more alert state or fall back into a deep sleep.

DROWSY STATE

Baby's eyes can be either open or closed. The face muscles are relaxed. Body movement varies from slight to mild startles. From this state, your baby will either wake up or return to sleep, so you may want to wait a few minutes before interacting. Movements or sounds may bring your baby to an alert state.

QUIET ALERT STATE

Baby's open eyes look bright and focus on nearby movement and objects — such as you! Your baby may not move his or her body much at all. This is the perfect time to bond and play with your baby.

ACTIVE ALERT STATE

Baby's eyes are open but less bright than in the quiet alert state. Your baby makes many different facial expressions and actively moves the body.





Baby may become upset in response to sounds and sights and may enter the crying state if not picked up and cared for.

CRYING STATE

Baby's breathing is irregular. Eyes are either open or tightly closed with a grimacing look on the face. The body is very active, and baby's skin color may change. Your baby is highly sensitive to hunger, noise and light. Overstimulation is common during the crying state. Calming your infant and creating a relaxing environment can be soothing to your baby at these times.

Right now your baby's needs are simple: safety, food, cleanliness, warmth and, most important, your love. You cannot "spoil" your baby at this age. Your baby's cry is nature's way of alerting your nurturing instincts. Responding to these signals is key to your infant's social and mental growth. Respond to your infant's needs quickly, and your baby will build trust in you and will feel secure.

Crying is your baby's way of telling you what he or she needs. Here are some common reasons babies cry:

- **Hunger:** In the early days and weeks of life, hunger is the most common reason why babies cry. New babies need to feed on demand at least eight to 12 times per 24 hour period.

- **Wet and soiled diapers:** Babies are uncomfortable in wet or soiled diapers, so change your baby's diaper often.
- **Overtired:** It's common for babies to get tired from being overstimulated throughout the day. Crying may be a way of releasing tension, especially in the late afternoon and evening hours. Babies tend to cry less when they have predictable daily routines (order of events, not timed schedules of events). Be consistent with routines, be patient and ask for help when needed. Typically, it takes about 14-21 days before new habits and routines are established by your baby and the family.

To soothe your crying baby:

- Feed baby when he or she shows hunger cues (licking lips, clenched hands, flexed arms and legs, rooting, sucking on fists and fingers).
- Check to see if baby needs to burp.
- Change baby's diaper if it's wet or soiled.
- Make sure baby is not too hot or cold.
- Call your baby's provider if you think your baby may be in pain or sick.
- Change uncomfortable clothing.

Keeping Baby Safe

PREVENTING SHAKEN BABY SYNDROME

Babies cry. It's one of the ways they communicate. Excessive crying is normal, and babies cry the most between 2 and 4 months old. Prolonged crying sessions lessen around the age of 5 months. If your baby cries, try these approaches to comfort the child:

- Check baby's diaper to see if it needs to be changed. As you're doing this, look for diaper rash and check to see if baby's clothing is too tight.
- Consider if baby needs to be fed or burped.
- Try rocking or gently rubbing the baby's back.
- Sing and gently dance with baby.
- Go for a walk together.
- Call the baby's provider if you think the child may be sick.

If your baby continues to cry after you've done all of the above, take a breath. This is normal and does not mean you're a bad parent.

Take note of your emotions while you care for your baby. If you become too overwhelmed, frustrated or stressed, take a break. Place your baby in a safe place, such as a crib, and go to another area in your home until you feel more in control of your emotions. You can use this time to call a loved one for support.

If you have trouble caring for your baby in a calm manner, let your provider know. For more information about normal baby crying, visit the National Center on Shaken Baby Syndrome www.purplecrying.info. If you need additional help or suggestions, call Child Help at 1-800-4A-CHILD (1-800-422-4453).

Remember to never shake a baby! It can cause serious injuries and even death.

- Hold your undressed baby next to your bare chest. Babies stay warm and are calmed by your heartbeat when held skin to skin, with a light blanket over the two of you. Make sure the nose is not covered and the skin stays pink. If you are sleepy or asleep, your baby will be safer when placed in the bassinet, on his or her back for sleep.
- Swaddle baby in a blanket snugly. Most babies will stay calmer longer and sleep better if arms are swaddled straight down.
- Hold baby in your arms so baby is on their side. Babies should always be placed on his or her backs for sleep or when left unsupervised.
- Offer baby something to suck on (your breast or a clean finger). Sucking causes feel-good hormones to be released in babies' brains. Avoid pacifiers in the first three weeks of life.
- Rock and sway baby, and pat his or her back while holding baby close. Babies miss the constant movement they experienced in the uterus.
- Say "Shhhhh," talk and sing to your baby or play soft music. Babies are used to the noises of their mother's heartbeat, pulsing vessels and intestines.

As you get to know each other better, you will be able to understand why your baby is crying.



BRONCHIOLITIS PREVENTION

With winter comes the cold and flu season. For adults and many children, a mild cold may be caused by a respiratory virus or bacterial infection. Newborns, especially babies with breathing or heart problems, as well as premature babies, are at high risk for getting a serious illness.

Respiratory infections spread very easily through physical contact and by sneezing and coughing. Bacteria and viruses can live for hours on countertops, tissues and other surfaces. An exposure to illness can occur in crowded areas, such as a child care center, store and place of worship. To help keep your baby healthy:

- Wash your hands with warm water and soap, and make sure loved ones do the same before touching baby.
- Avoid crowded places. If you must take baby shopping, do so when the crowds are small.
- Ask people who have a cold to visit when they have recovered.
- Do not allow anyone to smoke in the house. Passive smoke can increase the chance of viral or bacterial infection.

PRODUCT SAFETY

Your baby's safety is the No. 1 consideration when choosing a product. Research before you purchase. For product safety information, visit www.safekids.org and www.cpsc.gov or call 1-800-638-2772.

CAR SEAT SAFETY

As of 2017, California law states each child shall be properly restrained in a child safety seat, booster seat or other restraint system in the back seat until the child is 8 years old. Also, children under the age of 2 should be secured in rear-facing child passenger restraint seat, which meet federal standards. An exemption is included for children who weigh 40 pounds or more, or are 40 inches tall or more. Never hold a child in your lap while in a moving automobile. This is dangerous and a violation of California law, and may result in a citation.

Enloe Health caregivers are not trained or certified to install car seats and cannot place your baby in a car seat when you leave the hospital. However, the resources below can help answer your questions.



*Learn about our
Infant Car Seat &
Pet Safety Class*

CAR HEAT SAFETY

Cars heat up quickly and get hotter than you think. Never leave your baby in the car alone, even for a minute. Children's body temperatures heat up three to five times faster than adults'.

To prevent accidentally leaving your baby in the car, place your purse, cellphone, your left shoe or something else you need in the back seat where the baby is. You can also set an alarm on your phone to remind you when your child should be dropped off. Consider planning with your child care provider, so the provider calls you if your baby is even a few minutes late.



"KIDS IN SAFE SEATS" RESOURCES

Butte County Public Health.....	530-552-4000
California Highway Patrol - Chico	530-332-2800
California Highway Patrol - Oroville.....	530-538-2700
Northern Valley Indian Health	530-781-1440
Feather River Tribal Health - Oroville.....	530-534-5394

To obtain low-cost car seats and booster seats, call Butte County Public Health at 530-552-4000 or visit www.buttecounty.net/publichealth.



PET SAFETY

Introducing a new baby to a family pet concerns many parents. The Humane Society offers this advice:

- When you come home, let someone hold the baby so you can calmly give your pet a warm hello.
- Bring your pet with you as you sit down with the baby, and reward good behavior.
- Try to make the time positive and never force your pet to interact.
- Keep routines and spend time with your pet every day. Those steps will reduce your pet's anxiety and help your pet adjust.
- Pets should always be supervised by an adult when around baby. Pets can hurt a baby when they are jealous, curious or excited, so always use caution.

WHEN TO CALL YOUR BABY'S PROVIDER

Never hesitate to call your baby's provider if you have any questions or concerns.

Call right away if you see these signs:

- Unusually irritable or overly sleepy
- Stools with blood or mucus present
- Excessive or forceful vomiting
- Swelling, bleeding or foul-smelling drainage from the circumcision site

- Diaper area with a red rash that does not heal or has white patches on the skin
- Missed feedings or refusal to feed
- White patches inside the mouth that won't wipe off
- An umbilical cord that has foul-smelling drainage, is swollen or is bleeding
- Skin that is yellow, blotchy, moist and hot or has a red blister-like rash
- An axillary temperature (taken under the arm) less than 97.5°F or higher than 99.5°F
- Swelling or drainage from eyes
- A yellow skin-tint when looked at in sunlight
- Fewer than six wet diapers in a 24-hour period after five to seven days of age
- Fast breathing
- Bulging or sunken soft spot (fontanel) on top of the head

Call 911 right away if your baby:

- Has difficulty breathing, is wheezing or grunting
- Dusky-bluish skin color

This publication does not substitute professional medical advice from your obstetric provider or baby's provider. If you have a medical question, please consult your obstetric provider or baby's provider.

SAFE SLEEP FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths



Place babies on their backs to sleep for naps and at night.



Stay smoke- and vape-free during pregnancy, and keep baby's surroundings smoke- and vape-free.



Feeding babies human milk by direct breastfeeding, if possible, or by pumping from the breast, reduces the risk of SIDS. Feeding only human milk, with no formula or other things added, for the first 6 months provides the greatest protection from SIDS.

Use a sleep surface for baby that is *firm* (returns to original shape quickly if pressed on), *flat* (like a table, not a hammock), *level* (not at an angle or incline), and covered only with a fitted sheet.



Stay drug- and alcohol-free during pregnancy, and make sure anyone caring for baby is drug- and alcohol-free.



Avoid products and devices that go against safe sleep guidance, especially those that claim to "prevent" SIDS and sleep-related deaths.



Feed your baby human milk, like by breastfeeding.



Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.



Avoid heart, breathing, motion, and other monitors to reduce the risk of SIDS.



Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.



Get regular medical care throughout pregnancy.



Avoid swaddling once baby starts to roll over (usually around 3 months of age), and keep in mind that swaddling does not reduce SIDS risk.



Keep things out of baby's sleep area—no objects, toys, or other items.



Follow health care provider advice on vaccines, checkups, and other health issues for baby.



Give babies plenty of "tummy time" when they are awake, and when someone is watching them.



Offer baby a pacifier for naps and at night once they are breastfeeding well.



For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947

Email: SafetoSleep@mail.nih.gov

Website: <https://safetosleep.nichd.nih.gov>

Telecommunications Relay Service: 7-1-1



Your Baby Night Owl

- Newborns sleep soundly between feedings for most of their first 24 hours as they recover from the delivery. (There are always exceptions.)
- During the second and third nights, most babies will wake up and cry more often. They may seem to be hungry constantly and/or appear gassy. Babies are hardwired to do this as it is their job to bring the milk in. This normal behavior is displayed by both breastfed and formula-fed babies.
- Newborns cry more during the night to assure they will receive adequate nutrition when their moms are sleepy. The milk-producing hormones are higher at night so nighttime feedings are important. We encourage you to take advantage of family nap time.
- When your newborn displays hunger cues, latch him or her onto the breast even if baby just fed.
- If your newborn has just fed and is showing no hunger cues yet still seems unhappy, try the soothing techniques listed on page 36.

Adapted from the UCSD Medical Center "Your Baby Night Owl"

Make the Most of the First 5 Days

The first five days with your newborn are an important time for bonding. Placing your baby skin to skin frequently will regulate your baby's temperature, stabilize your baby's heart rate and can increase your milk supply.

There are three steps to help keep breastfeeding sweet and simple:

Attachment—Allow your baby to have uninterrupted contact at the breast. It may take a little time for your baby to learn how to latch effectively. This is normal.

Breast milk production—Use breast compressions and massage during feeds. Use hand expression five times a day for the first five days, to increase your milk supply.

Calories—Your baby's stomach is very small in the first five days. In most cases, if you focus on A and B, your breast milk will be all your baby needs.

Sometimes our babies need a little extra time to learn to latch. Here's how we can help them.

Each breastfeeding experience is unique and special. If your baby needs a little more help with breastfeeding, it's OK; just reverse the ABC's.

Calories – Hand-express and feed your baby your colostrum with a spoon at each feed. This will ensure baby's nutritional needs are met.

Breast milk production – Focus on breast compressions with feeds and hand expression to stimulate the breasts and increase your milk supply.

Attachment – Focus on skin to skin; with time, your routine and increased milk supply, your baby will soon learn to feed at the breast.

What is normal newborn behavior? What do you do if your baby is fussy? Here are some tips:

Newborns are sometimes very sleepy in the first few days or weeks. It is important that your baby feeds on demand, at least eight times in 24 hours.

Your baby may want to feed every hour. This is called "cluster feeding," and is normal. Feed your baby when he or she is hungry.

Crying is the last sign of hunger. Here are a few hunger cues to look for when your baby is ready to be fed: smacking or licking lips, opening and closing mouth, sucking on lips, tongue, hands or clothing.

If your baby has been fed and changed and is still fussy, use the five S's to help calm your baby:

- **S**waddle your baby.
- **S**ide or stomach position on your chest.
- **S**hush your baby to sleep.
- **S**way slightly back and forth.
- **S**uckle frequently at the breast.

Breastfeeding Log

FIRST WEEK OF LIFE

Feeding Goal: Your baby needs to eat 8-12 times every 24 hours for the first 6-8 weeks.

Instructions: 1. Circle the hour when your baby nurses and circle L or R for side baby nursed on.

2. Check the boxes for wet and soiled diapers, averages are shadowed. Add more boxes as needed.

3. Please ask your nurse any questions or concerns you may have. After discharge feel free to call our lactation consultant at 530-332-3970.

DAY OF BIRTH (Date):		/ Time:		☐ a.m.		☐ p.m.		Hand expression: ✓																	
12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Wet diapers: ✓																									
Black or green, thick, soiled diapers: ✓																									

DAY #1		Hand expression: ✓																							
12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Wet diapers: ✓																									
Black or green, thick, soiled diapers: ✓																									

DAY #2		Hand expression: ✓																							
12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Wet diapers: ✓																									
Black or green, thick, soiled diapers: ✓																									

DAY #3		Hand expression: ✓																							
12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Wet diapers: ✓																									
Black or green, thick, soiled diapers: ✓																									

DAY #4		Hand expression: ✓																							
12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Wet diapers: ✓																									
Yellow, loose, soiled diapers: ✓																									

DAY #5		Hand expression: ✓																							
12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Wet diapers: ✓																									
Yellow, loose, soiled diapers: ✓																									

DAY #6		Hand expression: ✓																							
12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Wet diapers: ✓																									
Yellow, loose, soiled diapers: ✓																									