



**caring for  
yourself  
& your  
newborn**



**Baby**  
news

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GET EVERYTHING IN THIS BOOK—AND MORE—ON YOUR PHONE, TOO!

**Babies come with questions, and now you have the answers!**



### **New Baby in Your Family?**

This book, along with the Baby News interactive web app, can answer all of your parenting questions!

The *Baby News* book and web app work together to make your job as a new parent easier! Throughout the book, you will find QR codes that will lead you to more information on a particular topic. The QR code here on this page will take you to the app, and others in the book will connect you to more great resources you can trust. Simply scan the provided QR codes to go and learn more!



Ready to visit the Baby News app?

**Scan this code** with your smartphone's QR code scanner now!

A bibliography is available in the Resources section on the Baby News app.

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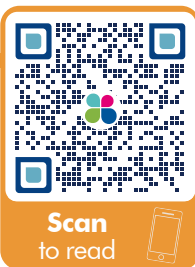
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## Congratulations!

You've waited a long time for this moment. Now that your baby is here and in your arms, you are likely feeling many things. And while it is true that there is a lot to learn, take it one moment at a time. Enjoy your baby. Care for yourself. Ask questions. Accept help. This is a long and rewarding journey, and perfection is not the goal. You can do this! And we're excited for you.

### Your Newborn's Appearance

Your baby has come a long way since that first ultrasound picture. We know you likely wondered what they would look like, and now that they're here, you may notice a few unexpected—but normal—things. As you explore your little one, don't forget that some parts of their appearance will change quickly. You'll be surprised by how different baby will soon look, even by the end of the first week!



#### Face and Eyes

The head, face, and eyelids may be puffy from pressure during birth. The puffiness goes away in a few days. The eyes may appear unfocused and cross-eyed at times.



#### Baby's Skin

The skin may look red, wrinkled, or scaly. The top layer of a newborn's skin peels off during the first week or two of life.

Some babies have milia. These little white bumps on the face are dead skin cells that go away.

Baby's hands and feet may appear bluish-tinged. This occurs as baby's body adjusts to the new blood circulation patterns that began when they were born. This resolves within 24–48 hours.



#### Baby's Body

Their legs may appear bowed (knees turned out). This is caused by the tight space of the uterus.

Female infants may have swollen labia and/or pink-tinged discharge. Male infants may have a swollen scrotum. Babies of both sexes may also have swollen breasts. These are normal responses to pregnancy hormones.



#### Baby's Head

The baby's head may look long and pointy (called molding) or too large for their small body. Molded heads will round out as the baby grows.

The head has two soft spots (fontanel)—one on the top and the other toward the back. They usually close by the eighteenth month.

## Protecting Your Baby

Did you know it takes 2–3 months for your baby's immune system to mature? In these vulnerable weeks, it's important to do what you can to protect them from illness.



Anyone holding or caring for the baby must properly wash their hands.

All caregivers need to have up-to-date vaccinations. This includes Tdap and the flu vaccine.



Breast milk can also boost baby's early immunity.



## Newborn Breathing

When babies are born, they do not have mature breathing patterns. You may notice long pauses between breaths or after sneezing, spurts of short quick breaths, or noisy sleeping. As long as baby appears calm and their lips, mouth, and tongue area remain pink, these patterns shouldn't be cause for worry. Getting to know your infant's normal breathing patterns is important. This will allow you to recognize changes and report any concerns to your healthcare provider.

## Gagging, Choking, and Congestion

Some babies are born with amniotic fluid and/or mucus in their lungs. In the first 24–48 hours, this may cause them to gag or choke. To help your baby, sit them upright while supporting their head and neck, and gently pat them on the back until they clear their throat. If baby continues gagging, you can use a bulb syringe to remove excess fluids from the mouth or nose.

When you are home with your baby, you may continue to notice occasional congestion. Baby's nasal passages are tiny and can get stuffed up easily! If you feel the congestion is causing them difficulty with breathing or breastfeeding, the bulb syringe can be used in these situations as well.

### Using a Bulb Syringe



- 1 Place your baby on their back with their head turned to one side.
- 2 Squeeze the air out of the bulb, then gently place the tip into the nostril or into the mouth toward the cheek.
- 3 Release the bulb. This will pull the mucus or fluid into the bulb.
- 4 Remove the bulb and squeeze the fluids into a tissue.
- 5 After using, wash it in warm, soapy water, squeezing the water into and out of the syringe.
- 6 Rinse with hot water and air dry.

# Getting to Know Your Baby

## Baby's States of Consciousness

Did you know that your baby is constantly communicating with you? Even a newborn gives small, subtle signs. Think of these signs as your baby's language. Babies go through 6 states of consciousness. Each state usually has some common, related behaviors. Learning to recognize these behaviors will help you know how and when to interact with your baby.



### The Quiet Alert State

Baby's open eyes look bright and are trying to focus on nearby movement and objects—like you! Though the baby is alert, their body is relaxed and may not be moving much. This is the perfect time for breast-feeding, bonding, and playing with your baby!

### The Active Alert State

Baby's eyes are open but less bright than in the quiet alert state. You will notice many different facial expressions and very active body movement. Though still alert, baby is not as relaxed and may get upset in response to new sounds and sights. If not picked up or responded to, the baby may enter the crying state. You may find that this is the point when you need to start preparing baby for rest.

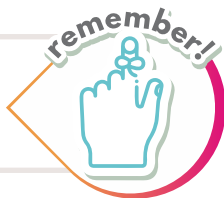


### The Crying State

Baby cries (or screams) and their breathing is irregular. The eyes can be open or tightly closed. The body is very active, and the skin's color may change. In this state, babies are highly sensitive to hunger, noise, and light, and overstimulation is common. Try holding or feeding your baby to comfort them. Dimming the lights, making shushing sounds, or taking them to a quiet place may also be helpful.

Though crying can be unsettling to hear, your baby's cry is nature's way of alerting your nurturing instincts. Your body has an incredible ability to know and respond to your baby's needs! Right now those are simple: safety, food, comfort, and most important, your love.

**Quickly meeting these needs is key to your baby's social and mental growth, so do not worry about "spoiling" them at this age.**



## The Drowsy State



Baby's eyes can be either open or closed. Often they are unfocused, staring at nothing. The facial muscles are relaxed. Body movement varies; you may notice small, slight motions or mild startles. Like the light sleep state, baby may be waking up or getting ready for deeper sleep. Consider waiting a few minutes before interacting, as movements or sounds may bring your baby to an alert state.

## The Light Sleep State

Baby's breathing is irregular. The eyes are closed, but there may be some rapid eye movement under the lids. The face muscles may twitch, and the mouth may make sucking or smiling movements. You might notice more body movements, and baby may make fussing or crying sounds. If you are comfortable with it, you can wait a moment to respond and see what your infant does naturally. They may progress to a more alert state or fall back into a deep sleep.



## The Deep Sleep State



Baby's breathing is normal. The eyes are closed with no movement behind the lids, the face is relaxed, and the body does not move except for occasional, random jerks. In this state, the baby is very hard to wake. Unless it's necessary, this is not the time to try to feed them. This is a time to let them rest (and absolutely hold them and snuggle if you'd like to).

### Interact when baby is:

- ✔ relaxed
- ✔ flexing arms or legs smoothly
- ✔ looking alert, with bright eyes
- ✔ turning toward sounds
- ✔ breathing normally
- ✔ smiling
- ✔ moving hands toward mouth
- ✔ feeding
- ✔ grasping or holding onto things

### Reduce stimulation when baby is:

- ✔ arching the body
- ✔ making jerky body movements
- ✔ yawning or falling asleep
- ✔ turning eyes or head away
- ✔ breathing irregularly
- ✔ frowning or crying
- ✔ sneezing or hiccuping
- ✔ spitting up or gagging
- ✔ turning pale or red

# Getting to Know Your Baby

## Bonding

Bonding is the process of falling in love with your baby. This can happen in minutes, or it may take days or weeks. There is no perfect timeline. At first, you may feel unsure about the challenges of parenthood. That feeling is normal. But as you get to know your little one, you should find that many of those concerns fade, and your love for your baby will continue to grow stronger. As the weeks go by, consider sharing experiences, joys, and coping tools with other parents. This can be a great way to give and receive support. You aren't alone in this journey!

Hold your baby frequently to increase closeness and help lessen fussiness. If you wear your baby in a sling or front carrier, learn about the dangers of suffocation. Make sure the infant's head is up above the fabric, their face is in view at all times, their chin is off of their chest, and their nose and mouth are clear of any obstructions.



Smile, stick out your tongue, and be silly. Babies like looking at faces, especially the eyes.

Hold your baby often and try skin-to-skin. Your partner can do this as well.

Try to tend to your baby's needs at the first cue, before they get upset. This will get easier with time.

Talk, sing, and read to your baby. Babies love to listen to their parents' voices.

Let baby touch you and feel your face. This is how they start to explore their new world.



## Nervous to hold your newborn?

Many parents are! Don't worry, holding your baby will quickly become second nature. And though you will find that your baby is stronger than you think, they do need some extra considerations. Whatever holding position you are using, always ensure that the baby's head, neck, spine, and bottom are well supported.



## Why Babies Cry

Crying is a way your baby communicates with you. Your challenge is to figure out the message they're trying to send. In the coming weeks, you will learn your baby's various cries and become a pro at meeting their needs quickly. Remember, responding to their cries does not equal spoiling! When your baby cries, stay calm and relaxed. Then, check your baby's physical needs and their environment.

If your baby is upset,

Is baby's  
**diaper soiled?**



Stool against their skin can be irritating, causing pain and/or burning.

ask these questions:

Is baby  
**hungry?**



Babies need to eat often, about 8–12 times in a 24-hour period.

Is baby  
**too hot or too cold?**



If your baby is too warm, remove a layer of clothing. Add a layer if they are cold to the touch.

Does baby  
**need human touch?**



Hold and play with your baby. They want to bond with you.

why is  
**Baby**  
crying?



Is baby  
**sleepy?**



Make sure your baby is given plenty of opportunities to sleep.

Is baby  
**bored?**



Give your baby something different to look at, move them to a new space, or go for a stroll.

## Remember, All Babies Cry

In fact, your newborn may cry 1–3 hours of each 24-hour period. Crying usually increases at about 2 weeks, peaks around 6–8 weeks, and lessens at about 3–5 months of age. Most babies have at least one fussy episode at about the same time each day, often in the late afternoon or early evening.

Scan this code to learn how crying is a normal part of infant development.



# Getting to Know Your Baby

## How to Soothe a Crying Baby

There is no magic trick to prevent every crying episode. Your baby's needs will frequently change, and you may find that what works today may not work as well tomorrow. You may also find that your baby responds better to some methods than to others. This is all okay! If something isn't working, feel free to try something else.

### Skin-to-skin



Cuddle your baby against your chest.

### Background noise



Run a fan, vacuum, or white noise machine.

### Go for a ride



Take a car ride, or go for a walk.

### Swaddle



Swaddle your baby.

### Quiet time



Give baby some quiet time without stimulation.

### Ask for help



Let someone else care for baby for a while.

## The Fussy Baby Hold

- 1 Bring baby's back to your body, then put your arm over their shoulder and tummy.
- 2 Grab a leg and turn baby over so their chest is against your arm.
- 3 Now pat baby's back. This hold puts gentle pressure on the tummy.



**remember!**



If you feel yourself becoming stressed or angry in these moments, place your baby safely in the crib on their back and go to another room. **This is a healthy choice for you and for them—but remember to check on your baby every few minutes.**

## Swaddling

You may have noticed the providers at the hospital snugly wrapping your baby up in a blanket. This is called swaddling, and it can be an excellent way to soothe a newborn. The security of the blanket provides warmth and mimics the comfort of the womb.

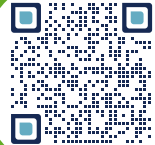


### Tips for Safe Swaddling

- The baby needs room for hip and knee movement. They should be able to move their hips and bend their legs easily.
- You should be able to fit your hand between the blanket and the baby's chest.
- A baby can be swaddled with their arms by their sides or with their hand(s) up by their face.
- When you lay a swaddled baby down, always place them on their back.
- A loose swaddle increases suffocation risk. Many caregivers choose to use provider-approved swaddles and sleep sacks that have Velcro or zippers.
- Pay attention to signs that baby is too warm, such as sweating, flushed cheeks, heat rash, or rapid breathing patterns. If you notice these, remove some layers.
- Stop swaddling when baby shows signs of being able to roll over. This is often around 3–4 months, but may occur earlier.

If you find that your baby loves being swaddled, that's great. When done safely, it can be a really helpful tool. Just make sure baby spends plenty of time unswaddled as well. Having freedom to move gives them a healthy way to explore you, their family, and their environment.

**Scan this code** to learn more about safe swaddling!



## Excessive Crying

Healthy babies may fuss and cry inconsolably for no apparent reason. This is not your fault, nor is it your baby's. Take a deep breath. It is more important to stay calm than to quiet the baby. Remind yourself that the crying will not hurt your baby. Then, recall your simple plan of action:

- ✓ Assess and meet your baby's physical needs.
- ✓ Try soothing techniques to calm your baby.

## Getting to Know Your Baby

### Shaken Baby Syndrome

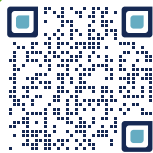
Abusive head trauma (AHT) happens when a baby is violently shaken, thrown, or hit in the head with or against a blunt object. It is the leading cause of physical child abuse deaths in children under 5 in the United States. Abusive head trauma includes the diagnosis of shaken baby syndrome (SBS). Most often, this trauma happens when a parent or caregiver becomes upset or angry with a crying baby.

**It is 100% preventable!**

One out of every 4 babies who suffer AHT dies. Infants who survive this trauma often have lifelong complications, including vision and hearing loss, developmental delays, and physical disabilities. Never shake your baby. One shake is enough to cause severe brain damage.

### How You Can Prevent Shaken Baby Syndrome

- If you ever feel you may harm your baby, put them down in a safe place and walk away to calm yourself.
- Never shake, throw, or hit a baby. Learn what to do if your baby will not stop crying.
- Support baby's head as you hold or play with them.
- Do not hold your baby during an argument or fight.
- Do not leave your baby with anyone who is angry or under the influence of drugs or alcohol.
- Teach the dangers of shaking to everyone who spends time with your baby, including siblings.



**Scan this code**  
to learn more at  
[www.dontshake.org](http://www.dontshake.org)

If you think your baby is suffering from shaken baby syndrome, **call 911 or take your baby to the nearest emergency department right away.** To best treat any brain damage, the care team needs to know that the baby may have been shaken.



## Methods for Calming Yourself

- Go outside for some fresh air.
- Take several deep breaths. Inhale through your nose and slowly exhale through your mouth. Imagine stress leaving your body.
- Close your eyes and slowly count to 10.
- Wash your face or take a shower.
- Listen to music that makes you happy.
- If you cannot calm down enough to safely care for your baby, call a friend or family member and ask for help.



**healthy  
baby tip**

### Exercise or Stretch with Baby

It's a great way to manage stress and keep calm, plus it's entertaining for baby!

does your **baby's caregiver** pass the **test?**

Do they have a safe and clean environment for your baby?

Do they have experience taking care of babies, and have the skills to keep your baby safe?

Do they interact well with your baby, and know what to do if your baby cries?



Taking care of a crying baby can quickly become frustrating. Before leaving your baby with anyone, make sure the person passes the caregiver test.

Do they know the dangers of shaken baby syndrome?

If a caregiver does not have the right experience and skills, a single moment of frustration can place your baby in danger.

**No one plans to hurt a baby. It just happens.  
Take a break. Stay calm. Never shake.**

## Caring for Your Baby

We know that the needs of a newborn baby can seem overwhelming. It's actually pretty incredible that one tiny life can need so much. But, we also know that responding to these needs will quickly become second nature to you, and that you're going to surprise yourself with how good you are at caring for your infant.



Scan  
to read



### Changing Diapers

Your baby may go through as many as 300 diapers in their first month of life! That means a lot of diaper changes. If this is a new skill for you, you will learn quickly. If your baby seems fussy or irritable during diapering, don't worry—this is often because they are cold, hungry, or tired. You can safely finish diapering and then move on to meeting their other needs.



### Safety Tips

- Avoid using baby powder or talcum powder.
- Prepare a diapering area with everything you need ahead of time.
- Always keep one hand on your baby and have your supplies within reach.
- Never leave your baby alone when changing their diaper. An infant can roll off a bed or table in seconds.
- Wash your hands well with soap and water before and after diaper changes.
- Dispose of diapers away from pets' and other children's reach.

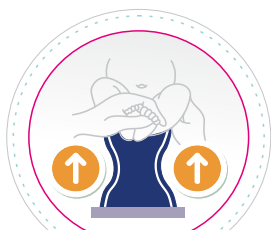
### Diaper Rash

If your infant shows signs of a diaper rash, don't panic. This is usually not serious, and you can take care of it well at home. You will want to change your baby's diaper often. **If it is soiled, change it!** Wash the area well with clean, warm water at every diaper change and pat dry. If you see redness and irritation, lightly cover the entire rash with a diaper-rash ointment as advised by your baby's healthcare provider, then diaper. It is helpful to let 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 (or gets worse), contact your baby's provider.

## Removing the Soiled Diaper

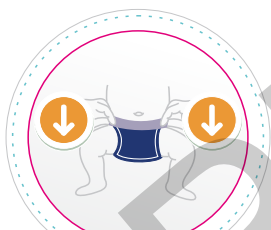
- 1 Place the baby on a safe surface where all your supplies are within reach.
- 2 Open the old diaper, using the front of it (wiping front to back) to clean off any stool, and dispose of it.
- 3 Using a clean, warm washcloth or alcohol-free baby wipe, clean the genitals and bottom, wiping front to back.
- 4 Make sure to clean between skin folds.

## Putting on the New Diaper



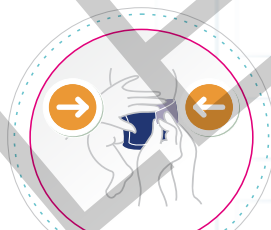
### 1: Line Up

Lift your baby's ankles with one hand and place a clean diaper under baby's bottom with your other hand.



### 2: Fold Down

Pull the clean diaper through the legs. If the umbilical cord is still attached, fold the diaper underneath it to avoid irritation.



### 3: Secure Tabs

Secure the diaper with self-adhesive tabs or snaps, if using a cloth diaper.

**Remember, when changing a boy, point his penis downward.**

## What is in the diaper?

### Wet Diapers

In the first 3 days, you may notice an orange-pink, powdery substance in baby's wet diapers. Called "brick dust," this is caused by uric acid crystals in baby's urine. Don't worry, it is not blood! As baby eats more, this should disappear, and their urine should be clear yellow.

### Dirty Diapers



A newborn's first stools are thick, black, and sticky. This is meconium.



Within 2–3 days, stools transition to a greenish-black or brown color.



By the end of the first week, a breast-fed baby's stools should be runny, seedy, and a mustard-yellow color.

Though you may start to notice some patterns, it is also very normal for the frequency, consistency, and color of your baby's diapers to change over time. Baby's wet and dirty diapers are a really good tool for assessing how they are doing (see page 35).

# Caring for Your Baby

## Circumcision

Circumcision (removal of the foreskin) is an optional procedure. If you choose circumcision for your baby boy, you will be expected to sign a surgical consent. The American Academy of Pediatrics (AAP) recommends that parents speak with their baby's medical provider to learn the pros and cons of the procedure and consider medical, religious, cultural, and ethnic traditions before making their decision.

### What to Expect

- Once your baby has been circumcised, the penis will look red and swollen.
- You should expect baby to pee within 12 hours of the procedure.
- You may notice a yellowish discharge or scab that forms on the head of the penis. It is normal. Do not try to take it off.
- The area should heal within 7–10 days.

### Circumcision Care at Home

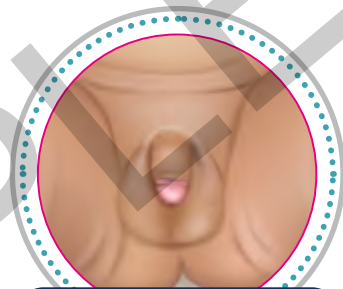
Circumcision care at home depends on the type of circumcision performed. If your provider uses the Gomco or Mogen technique, they may recommend that you apply petroleum jelly and a piece of gauze to the glans (head of the penis) during each diaper change until the site has healed. This will prevent it from sticking to the diaper.

The Plastibell technique leaves a plastic ring on the tip of the penis. A dark brown area around the plastic ring during healing is normal. During diaper changes, no petroleum jelly or gauze is needed. You can expect the plastic ring to fall off on its own within 8 days.

Regardless of circumcision technique, continue to **change diapers often and keep the area clean**. If you bathe your baby, avoid soap on the genital area until the area has healed. Just rinse the penis with plain, clean, warm water.



Uncircumcised Penis



Circumcised Penis



When caring for nails, you can use a baby emery board to gently smooth the corners. Blunt-end scissors can also be used if you're comfortable with them.



## Umbilical Cord Care

The umbilical cord should shrivel and fall off by the time your baby is 3 weeks old. Never try to pull it off on your own. Until that time, keep the umbilical area clean and dry to prevent infection and help it heal. When you bathe your baby, follow your care provider's instructions. A drop or two of occasional bleeding from irritation to the belly button is normal.



call  
**baby's**  
healthcare  
provider

If  
You  
Notice

### At the circumcision area

- any odd swelling
- bleeding
- foul-smelling discharge
- the Plastibell ring slips onto the shaft of the penis

### At the umbilical area

- active bleeding (more than a drop or two of bright red blood)
- redness, tenderness, or swelling
- foul-smelling discharge from the cord

**Or, if your baby has a fever**

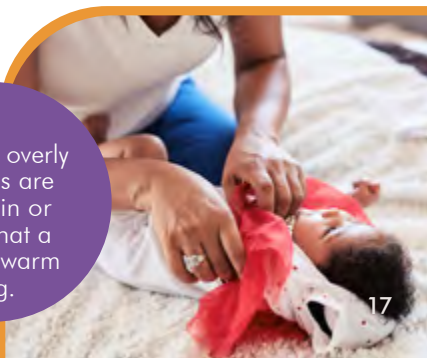
## Nail Care

Your baby may have been born with some sharp nails! These grow quickly, and because babies have such little control over their bodies, it's easy for them to scratch themselves. You need to shape or trim the nails to prevent scratching. Just be aware that a newborn's skin is attached underneath the fingernail, so you must be careful.

You may find it easiest to do nail care when baby is napping, or after a bath when they're calm and relaxed.

## Dressing Baby

You will dress and undress your baby several times a day. In the early weeks, you will likely spend most of your time at home, and you will want to focus on safety, comfort, and making changing easy for you both. As you consider what baby needs, the best rule of thumb is to dress your baby just as you would dress yourself, plus one more layer.



**healthy  
baby tip**

## Temperature Matters

If baby's neck is damp, the skin is overly warm to the touch, or the cheeks are rosy, remove a layer. Mottled skin or blotchy spots of color are signs that a baby is cold. Take the baby to a warm place and add a layer of clothing.

# Caring for Your Baby

## Bath Time

Though many parents choose to include a bath as part of a bedtime routine, this is not necessary. A bath every 2–3 days, with spot cleaning in between, is plenty during the first year. Some providers prefer that you avoid a tub bath until the umbilical cord stump falls off, so check in with them as you develop your routines.

Set your water heater **below 120°F** to prevent burns.

### Never leave your baby unattended.

Gather all of your supplies beforehand and have them within reach:



Bathwater should be about 100°F



Plastic bathtub and plastic cup



Mild soap and baby shampoo



Hairbrush and/or accessories



Soft washcloth and towel



Clean diaper and clothes

## Sponge Bathing

When you are home, you may feel most comfortable with baby's first few baths being sponge baths. These are quick and easy and require few supplies. Lay your baby on a towel somewhere comfortable and safe. Using a clean washcloth and warm water, wash baby's eyes, face, body, and then diaper area. If you want to add a mild soap to the process, you can do so after you wash their eyes and face.

## Cleaning a Baby Girl



Girls may have a white, cheesy film covering the inner folds of the labia.

It is unnecessary to remove all of this when cleaning. A white or pink mucus-like vaginal discharge is also normal in the first weeks. To clean, spread the labia gently and wipe front to back. Use a clean area of the washcloth with each wipe. Be sure to rinse the area well.

## Cleaning a Baby Boy



### Uncircumcised Penis

Natural separation of the foreskin and the glans happens for most boys between 3 and 5 years. If your baby is not circumcised, do not force the foreskin back. Just clean what you can see with soap and warm water.

### Circumcised Penis

Clean the genital area with only plain, clear water until the circumcision heals. Treat the penis as you would during diapering (see page 16).

## Tub Bathing

When your provider tells you it is okay, it's time to move to a tub bath. These can be done in a sink or a baby bathtub, with just a few inches of water.

- Make sure the room is warm and free of cool drafts.
- Fill a baby bathtub or shallow sink with 2–3 inches of warm water.
- Test the water with your elbow. It should feel warm—not hot.
- Wash baby's face and eyes with a clean, damp washcloth before undressing.
- Undress baby.
- Use one hand to support the neck and the other to guide the body, and gently place the infant into the tub, allowing them time to get used to the water.
- Talk to your baby to promote feelings of trust.
- Use the plastic cup to rinse baby with the warm water. Then wrap baby in a clean, dry towel to keep warm.



**Step 1**

Using a mild soap, clean the neck, arms, hands, chest, and tummy.



**Step 2**

Now, clean the legs and feet. Make sure to clean inside all the folds and creases.



**Step 3**

Support baby's chest on your arm as you wash the back and bottom.



**Step 4**

Clean the genital area last.



**Scan this code**  
to learn more.

### Want to Try Swaddle Bathing?

Simply wrap your baby in a light blanket or towel before placing them in the tub. Then, uncover and wash one part of their body at a time, tucking it back into the blanket before moving on.

## Caring for Your Baby

### Safe Sleep

Every year in the United States approximately 3,500 babies die from sudden unexpected infant death (SUID). A SUID occurs when an infant less than 1 year of age dies suddenly and unexpectedly (from known or unknown causes). SUID includes sudden infant death syndrome (SIDS) and other sleep-related infant deaths.

Breathing and heart rate monitors have not been shown to reduce a baby's SIDS risk.

#### Here are things you can do:

- Do not allow anyone to smoke or to vape (use e-cigarettes or similar devices) around baby.
- Do not drink alcohol or use drugs.
- Breastfeed your baby. Health benefits increase for both of you the longer you breastfeed.



### Pacifiers

Consider using a pacifier at sleep time. The use of pacifiers has been shown to reduce SIDS rates by as much as 50%–90%. **Before introducing a pacifier, confirm breastfeeding is going well.** Your milk supply should be plentiful, and baby should be latching well and gaining weight. Never force your baby to take a pacifier. Do not put it back in their mouth if it falls out during sleep.

## the ABC's of safe sleep\*

- A** Baby should always sleep **alone**
- B** Baby should sleep on their **back**
- C** Baby should sleep in a **crib**

\*Developed by the AAP to help parents quickly recall safe sleep recommendations.

Your baby's environment and sleep surface matter.

Utilize these safe sleep recommendations each time you lay your baby down for sleep.

Avoid overheating. Keep baby's head uncovered and the room temperature comfortable for a lightly clothed adult. Baby should not feel hot or sweaty to the touch.

Make sure baby is not sleeping near any cords or curtains they could reach and pull into their sleep space.

Until 1 year of age, place your baby on their back for every sleep—naps and at night.

## Rooming-in

Rooming-in, which is the practice of keeping parents and their babies in the same room, has a variety of benefits for both parents and child. Because the practice is so beneficial, most hospitals will have you room-in with your baby.

When you are home, the AAP recommends that you continue to room-in at night, ideally for at least the first 6 months. Remember, this means that baby's sleep area is in the same room as the caregiver, close to their bed, but on a separate, safe sleep surface. It does **not** mean sharing a bed. Research shows that this sleep set-up can reduce the risk of SIDS by as much as 50%.

### The benefits of having your baby room-in with you include:

- ✔ building parental confidence
- ✔ reducing the risk of SIDS
- ✔ supporting the feeding relationship
- ✔ helping you learn baby's cues

Dress your baby in safe sleep clothing like a lightweight sleeper or onesie. If baby needs a cover, add a layer of clothing or use an infant sleep sack. **Loose blankets, weighted sleepers, and swaddles are not safe for sleep.**



Choose a crib, bassinet, or play yard that meets the standards of the Consumer Product Safety Commission.

Remove all pillows, loose sheets, blankets, bumper pads, and toys.

Use a firm, flat, non-inclined sleep surface, which may be covered with a fitted sheet.



Scan this code to learn more or visit [safetosleep.nichd.nih.gov](https://safetosleep.nichd.nih.gov)



# Caring for Your Baby

## Sleeping Patterns

Getting used to a newborn's sleep schedule can be tough. Though your newborn will sleep as much as 14–18 hours a day, that sleep is often not continuous, and you will find yourself up and feeding your baby around the clock. Be patient through these early weeks. Use help if it is available to you, and get your own rest. As your baby grows, their day/night confusion will straighten out, and patterns of daytime activity and nighttime rest will start to form.



### During the Daytime

- You want to try to make daytime “exciting.”
- Keep the house bright, even when the baby is sleeping.
- Watch for cues your baby is ready to feed. Don't let them sleep through feeding times.
- Make eye contact and talk to baby during feeding and wake time.
- Spend time playing, talking, and singing with baby.
- Let your baby hear normal household sounds.



### During the Nighttime

- Now, you want to do the opposite. Consider ways to make nighttime “boring.”
- Dim the lights, speak softly, and limit distractions during nighttime feedings.
- Start a bedtime routine (such as a warm bath, a story, white noise, or a lullaby) to indicate it's time to rest.
- Lay baby down when they become drowsy.
- Keep the room quiet so the baby will return to sleep.

**If your baby does not seem to follow a specific sleeping pattern, do not worry. Each baby has different sleep needs, and you will spend lots of time in these early months discovering what your baby's are.**

**If you have any concerns, talk with your baby's healthcare provider.**



## Tummy Time

Tummy time helps develop the muscles that lift the head and shoulders. It can also reduce the risk of flat spots on the back of baby's head. Start by placing your awake baby on their tummy for a few minutes, several times a day. Aim to reach 15–30 minutes of tummy time each day by 7 weeks of age. Never leave baby unsupervised for tummy time.

## Skin-to-Skin Contact

Skin-to-skin (also called kangaroo care) is when an infant is placed belly-down directly on the parent's bare chest. The infant is wearing only a diaper and their body is usually covered with a warm blanket. This practice has many benefits, and ideally, it is begun immediately after birth.



### Benefits of Skin-to-Skin

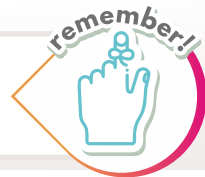
- ✓ longer and more successful breastfeeding relationship
- ✓ higher maternal satisfaction and lower maternal anxiety
- ✓ less infant crying
- ✓ regulation of baby's temperature, heart rate, breathing, and blood sugar
- ✓ better latch and breastfeeding patterns that support milk production
- ✓ better bonding

### Think Safety

Before sitting down for skin-to-skin, parents or other caregivers can do a few things to make the experience relaxing and safe.

- Use the restroom and wash your hands before beginning. Skip scented body wash or perfume, due to baby's sensitive skin and nose.
- Sit upright or semi-reclined with your back and arms supported.
- Lay baby high on your chest, with their skin on yours and their legs flexed in the "frog" position. Make sure baby's neck is straight and their nose and mouth are not blocked.
- Cover baby's body with a blanket for warmth.

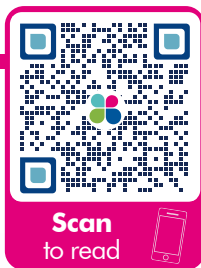
**You should be alert and attentive to your baby at all times. If you become sleepy, return your baby to a safe space or to another caregiver.**



### Sudden Unexpected Postnatal Collapse

Though extremely rare, sudden unexpected postnatal collapse (SUPC) is something to be aware of. SUPC is most common in the first few days of life. It happens when a seemingly healthy infant collapses, becomes pale or blue, stops breathing, and/or becomes unstable or unresponsive.

SUPC may occur during skin-to-skin time when it is not done safely. Remember the safe positioning and environment considerations for you and the baby, minimize distractions, ensure that baby is breathing easily, and stay alert.



## Did you know that breast milk provides far more than nutrition for your baby?

A baby who receives breast milk gets an amazing mix of nutrients, antibodies, and disease-fighting protection. This feeding relationship also promotes bonding and contributes to your baby's emotional development. Breast milk really is the perfect food.

The American Academy of Pediatrics (AAP) endorses exclusive breastfeeding for the first 6 months of a baby's life. The AAP also supports continued breastfeeding along with complementary foods through the first 2 years and beyond, if it is mutually enjoyed by you and your baby.

## What does “exclusive” mean?

“Exclusive breastfeeding” means that your baby only gets breast milk through the first 6 months of their life (no formula, no additional foods, no water). If you need to hand express or pump in these months, that is okay! Breastfeeding, using your own pumped milk, and/or using human donor milk are all considered exclusive breastfeeding practices.

## Do I need to supplement with formula?

Breast milk is a “living” food. Your body is constantly changing it to meet your baby's needs, and it's the best form of nutrition for growth and development. Unless it's medically indicated or human milk is not available, your baby does not need formula. Choosing to replace breast milk with formula does come with risks, including a loss of nutritional and protective components (which contribute to brain development and a stronger immune system), reduced healthy bacteria in the gut (called the microbiome), and decreased protection against illness in the GI tract. The unnecessary use of infant formula can also lead to breast engorgement and its associated complications, and decrease your milk supply.





## Practice Makes Perfect

Although breastfeeding is a natural process, it's still a skill that requires a lot of learning. This is the first time you two have done this together! Be prepared to practice, have patience, and be gracious with yourself and your baby. A breastfeeding class and/or a lactation professional can help you learn the basics, note any areas of concern, and avoid many common problems.

## Making Milk

When your baby is born, you may find yourself worrying that there is no milk coming out, or that baby is not getting enough to eat. Take a deep breath. The lactation process takes time. There is an incredible amount of activity going on in your body (which actually started during your pregnancy), and we want you to trust that system and yourself.

Right now, the best thing you can do is breastfeed your baby as soon as

*newborns eat a lot!*  
you can expect baby to eat

**8-12 times**  **in 24 hours**

possible after birth, and then continue to do so every 2–3 hours (that's 8–12 times in 24 hours), or more often if your baby is showing hunger cues. This is called on-demand or baby-led feeding, and it is essential to building an adequate milk supply. Your first skin-to-skin session is the perfect time to initiate breastfeeding.

## Colostrum, Baby's First Meal

Colostrum, a thick, yellow fluid, is the first milk the body makes. Production of colostrum begins in pregnancy. Though the total amount of colostrum produced is small, it is the right amount for your baby's tiny stomach, and each drop is packed with nutrients and antibodies.

Provides perfect balance of nutrients for baby's developing body

The perfect amount for baby's small stomach

Fights off infections and destroys bacteria and viruses



Helps baby pass first stool (meconium)

Reduces risk of jaundice

Seals and protects baby's intestines from diseases and infections

**Making milk is a supply-and-demand system—the more milk your body is “asked for,” the more milk it will make.** As you continue to breastfeed, your colostrum will change to transitional milk, and ultimately to mature milk. The whole process takes about 10–14 days.

# Breastfeeding

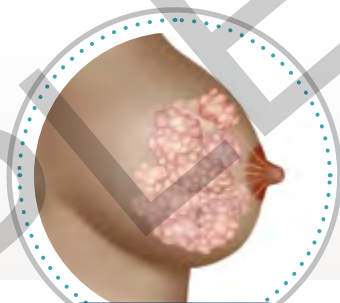
## Engorgement

As your milk supply starts to transition and the volume of milk produced increases, you will likely note something called engorgement. This is a normal process. It occurs after birth when the breast tissue is overfilled with milk, extra body fluids, and increased blood flow. It can cause your breasts to feel warm, full, and tender, and to grow larger. This may be uncomfortable, or even painful. Engorgement usually lasts 1–2 days.

In later weeks and months, if your baby is not breastfeeding well or often, your breasts may again become engorged. Do not ignore it. Unresolved engorgement can reduce your future milk supply and increase the risk of breast complications.



**Normal**



**Engorged**

## Preventing Engorgement

- Breastfeed baby on demand. Hand express as needed for relief and before infant latch.
- If baby is not eating well at the breast, continue to express milk every 2–3 hours to prevent overfullness and maintain your milk supply.
- Alternate breasts. Allow baby to empty one breast before switching them.
- Check baby's latch (see page 30).
- Vary breastfeeding positions.
- Avoid pacifiers, bottles, and unnecessary supplementation.

## Treatment

- To help with latch-on, massage around the base of the nipple with your fingertips for 1–2 minutes to move fluid away from the nipple and areola.
- Before latch-on, hand express enough milk to soften the nipple and areola (see page 39).
- If desired, gently massage hardened areas in a circular motion with the pads of your fingers during expression to help the milk flow.
- Apply a cold compress for up to 20 minutes at a time after feedings.

## Breast Milk Benefits for Baby

- Helps the brain develop
- Strengthens the immune system, reducing the risk of disease and infection
- Lowers risk of asthma
- Lowers risk of SIDS
- Lowers risk of diabetes and obesity



## Enhances bonding

## Breastfeeding Benefits for You

- Helps the uterus contract, reduce bleeding, and return to normal size
- Lowers risk of osteoporosis
- Lowers risk of breast and ovarian cancers
- Lowers risk of developing type 2 diabetes and high blood pressure

## Is your baby ready to eat?

Even brand-new babies have ways of telling us they're hungry. These are called feeding cues. The more time you spend with your baby, the quicker you will learn what their cues are and how to respond. Rooming-in and skin-to-skin time are an important part of learning these cues.

## Understanding Hunger Cues

Becoming active and alert



Rooting (turning head to look for breast)



Hand-to-mouth movements



Tongue out or lips smacking



Squirming and moving around



Sucking on fingers or hands



**Crying is a late hunger cue—do not wait for this. Feed your baby at the first sign of hunger. If the baby is crying, spend some time calming them before attempting to latch.**

# Breastfeeding

## Breastfeeding Holds

You will spend many hours feeding and soothing your baby at the breast. Baby's latch and intake in these hours is important, but so is your comfort! When you feel like baby's latch isn't working, or when your own body is uncomfortable, try holding your baby in a new position.



### Cradle Hold

Sit straight in a comfortable chair. Place one pillow on your lap and one more under your arm. Support the baby's head in the bend of your elbow, and wrap your arm around to support baby's bottom. Turn baby to face you, tummy-to-tummy. If needed, support your breast with your free hand. The baby's chin should touch your breast and the tip of the baby's nose should be tilted slightly away from your breast. This hold often works best in later weeks once the latch is well established.

Feel free to try different holds. Changing positions can boost your milk production and lower the risk of clogged ducts, because it helps empty all areas of the breast. It can also help manage nipple soreness.

When breastfeeding, do not bring your breast to the baby. This places a lot of tension on your back and your shoulders. You want to bring the baby to your breast. You can use pillows to help support the baby and keep them up at the level of your nipple.



### Cross-cradle Hold

This hold is really useful in the early weeks when you are learning to breastfeed. It offers a lot of control as you use both hands to move your breast and the baby's head. Place a pillow in your lap under your baby. Use one arm and hand to support baby's body, neck, and head. Bring the baby across your body to the opposite breast, which you can support with your free hand. Your baby should be lying on one side, facing your chest and level with your nipple. Your forearm supports the baby's back and bottom.

## Football Hold

Place a pillow on your side. Support baby's head and neck with your hand while you tuck the legs and body under your arm, next to your side as if you were carrying a football. Use your forearm to support the baby's back while your hand supports the head at the level of the breast. Use your free hand to lift and place your breast to your baby's lips. If you had a cesarean, this hold keeps the baby from placing any pressure on your incision site.



Though it is okay to bring baby into your bed for nursing or cuddling while you're awake, put baby in the crib when you are ready to sleep.

**Be careful not to fall asleep while breastfeeding.**



## Laid-back Hold

This position can work seamlessly with skin-to-skin time. Relax into a comfortable, semi-reclined position with your head and shoulders supported. A bed or sofa with pillows works well.

Lay baby tummy-down on your body. Place baby's cheek near the bare breast and allow them to follow their instincts toward the nipple. If this takes a while or baby becomes frustrated, help them find and latch onto the breast, considering the angle of their mouth and the position of the nipple. As the baby relaxes on your body, gravity keeps them in place and helps achieve a deeper latch.



## Side-lying Hold

This position is a good way to relax while feeding. 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. The baby's nose should be opposite the nipple. Use your hand to lift and guide your breast so the baby can latch on.

# Breastfeeding

## Latching Baby onto the Breast

Breastfeeding comfort and milk transfer both depend on a proper latch. It may take you and baby some time to figure this out together, so be patient. This is a learned skill that will get easier the more you practice.

### Achieving a Good Latch

- With one hand, support the bottom of the 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. The breast tissue you are offering to baby should line up with baby's mouth; you will need to cup it in the shape of a U or a C.
- Tickle baby's upper lip with your nipple. Wait until the mouth opens wide and the tongue extends over the lower gums.
- When the mouth is open wide, quickly but gently apply pressure behind the shoulders to bring baby to the breast, chin-first, with the nipple pointing toward the roof of baby's mouth.
- Because baby's lower jaw does most of the work during feeding, you can expect to see the nipple and more of the lower portion of the areola in their mouth.



### Signs of a Good Latch

- ✓ Baby's mouth is open wide, covering the nipple and as much of the areola as possible.
- ✓ Baby's lips are turned out (flanged) around the breast.
- ✓ Baby's tongue is over their lower gums and the nipple is on top. Baby's chin is touching the breast.
- ✓ Baby can breathe through their nose.
- ✓ Baby sucks slowly and deeply with pauses (suck—swallow—breathe).
- ✓ You do not feel continuous, pinching pain (but tenderness in the first days is normal).



## The Let-down Reflex

The let-down reflex is your body's way of getting ready to feed your baby. Once your baby latches and begins suckling, a message travels to your brain that tells your breasts to let the milk flow. Let-down occurs multiple times in a breastfeeding session. You may feel it (a tingling sensation in the breasts), or you may not. Once your milk has come in, during let-down you may also notice leaking out of the breast that is not being fed on, gulping from your baby, or milk dripping out of baby's mouth. The first few times you breastfeed, the initial let-down may take a few minutes.

**Massaging your breasts before latching may speed the process.** As you become more skilled and relaxed, let-down will come more quickly, often taking only a few seconds.



## Removing Baby from the Breast

If you feel pinching or pain, remove baby from the breast and try latching again. This is important to maintaining healthy nipple and breast tissue. To remove baby, gently slide your finger between your nipple and baby's gums. This will break the suction, and they should release your breast without causing pain.

## Latch-on Pain

You may experience something commonly referred to as latch-on pain. Though it can be felt differently, it is often described as mild discomfort during the initial 15–30 seconds as baby begins suckling. It should not continue through the feeding or be felt when your baby is not on the breast.

**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 in new ways so baby can get a good latch. Do not begin using a nipple shield unless you have been assessed by a lactation consultant.**

# Breastfeeding

## Burping

Babies can swallow air during all types of feedings. The swallowed air can make the baby fussy. Burp your baby when changing breasts and at the end of each feeding. Here are a few methods:



**Over-the-shoulder**



**Sitting**



**Tummy-down**

## Feeding Patterns

In the early days and weeks, it will seem as if your newborn is feeding all the time. Breast milk is quickly digested, so a baby needs to breastfeed at least 8–12 times every 24 hours during the first few weeks (every 2–3 hours). The time between feedings is measured from the start of one feeding to the start of the next. We know this can be exhausting, but it is necessary! Frequent feedings are needed for the baby to gain weight, and to stimulate your body to produce plenty of milk.

There are no rules for how long a baby must nurse to feed well. Allow your baby to nurse without a time limit. Feedings will vary in duration, and they may feel nonstop if your baby is cluster feeding. Once your milk production increases, you should start to hear a swallow after every few sucks. You'll also notice the baby take short breaks to rest and then begin suckling again. You can expect the frequency or length of feedings to change as baby's stomach grows and they are able to take in more milk more efficiently. Most babies develop a pattern within 6–8 weeks.

**You can use a breastfeeding app or move a hair tie from wrist to wrist to help you recall which breast your baby nursed on last.**

Let your baby control when they are done feeding and whether they want the second breast. Many babies only nurse on one breast during a feed—that's okay! Just make sure you are always alternating the breast you offer first at each feeding. This pattern helps ensure that both breasts are consistently stimulated and emptied, and that baby receives both foremilk and hindmilk.



## Satiety (Fullness) Cues

Sometimes, it is hard to know whether baby is still actively eating or is done feeding. There are good signs that your baby is finished:

- stops sucking
- relaxes body and limbs
- falls off the nipple
- thrusts the tongue out
- becomes drowsy or falls asleep
- bites the nipple



## Waking a Sleepy Baby for Feeding

For the first few weeks or until a satisfactory weight gain pattern is established, infants who sleep for long periods may need to be awakened about every 3 hours to make sure they get enough to eat.

- Unswaddle baby if they are swaddled.
- Hold baby skin-to-skin.
- Gently stroke baby's head.
- Put baby in a sitting position, rub their back, and burp them.
- Change the diaper.
- Rub baby's thighs or tummy or tickle their feet.

## Keeping Baby Awake

You may also find that you have to work hard to keep them awake once they are on the breast. If your baby is having a hard time staying awake to receive a full feed, try some of the tips below.

- Gently compress and massage the breast to keep the milk flowing.
- Stroke the bottom of the baby's foot with your finger.
- Tickle baby under their chin.
- Switch breasts or change breastfeeding positions.

**If you cannot wake your baby or get them to stay awake at the breast, just try again in about 30 minutes.**

## Breastfeeding

# the 1st week



### Milk Supply

Expect colostrum in these hours, not milk. It is usually thick, sticky, and more yellow than mature milk. These first few drops are perfect for baby's small stomach.



### Maternal Breasts

To prevent sore and cracked nipples, a good latch is very important. Remember: practice and patience.

day 1



day 2



You may notice a gradual change from colostrum to transitional milk, and an increase in milk volume. The color may be a bit lighter, and it may be flowing more easily from the breasts.

You may notice breasts feeling fuller or warmer.

day 3-4



Your milk supply continues to increase. It is less concentrated and the color will continue to lighten as it transitions to mature milk.

Breasts may feel very firm and/or may leak. They may feel swollen or uncomfortable. Hand expression can be very helpful prior to latch-on.

day 5+



Some may have mature milk at this time. Some may still be transitioning. The color can vary depending on where you are in the process. The volume increases, and baby will be audibly swallowing or gulping.

Any engorgement should resolve within 24–48 hours. Any nipple soreness or pain should be improving. To encourage breast and nipple wellness and good milk transfer, continue to focus on a good latch.



## Feeding Patterns

You want to nurse as soon as possible after birth. Then expect to be feeding or trying to feed 8–12 times or more in 24 hours. Baby can be very sleepy from birth, so if you don't see feeding cues, keep doing skin-to-skin and attempting to wake them if 2–3 hours have passed since a prior feed.

This is when baby “wakes up.” Nursing frequency should increase; this helps ensure adequate intake and encourages lactation. Baby may want to cluster feed, especially through the second night. Continue to put them to your breast when they show hunger cues.

Continue to nurse when baby shows hunger cues (at least 8–12 times every 24 hours). Cluster feeding can still be expected, especially as your milk supply continues to transition and increase.

Allow your baby to breastfeed when they first show hunger cues.

Baby will appear satisfied after eating and will start to gain weight. Cluster feeding continues to be normal and may continue off and on for weeks.



## Diapers

Look for at least 1 wet diaper and at least 1 meconium stool.

Call your baby's healthcare provider if you notice any blood in the diaper, a change in urine color, or painful urination.

You should see at least 2 wet diapers and at least 2 dirty diapers. You may continue to see meconium stools through day 2, but as milk transitions, stools will be less sticky and may become green and/or mustard-yellow.

There should be at least 3 wet diapers and at least 3 dirty diapers by day 3.

On day 4, expect at least 4 wet diapers and at least 3 dirty diapers. Stools may still be green-tinged or they could be mustard-yellow and seedy.

On day 5, you should see at least 5 wet diapers. By day 6, expect 6–8 wet diapers and 3 or more loose, mustard-yellow, seedy stools each day.

Breast milk is digested very quickly. Some babies stool every time you feed them (or more). This is a normal stooling pattern.

### Cluster Feeding

You may notice your baby wants to nurse very often within a short period of time (cluster feed). Though it is common in the evenings, they may do it at any point in the day. This is a normal feeding pattern, and it is not a reason to supplement with formula. Cluster feeding may decrease as your milk supply increases. Continue to breastfeed your newborn at their feeding cues and follow their lead. This can be an exhausting rhythm, so prioritize good rest, adequate hydration and food, asking for help, and communicating with your partner about what you need.

### Baby's Weight Gain

It is normal for a baby to lose a little weight in the first few days after birth. Once your milk volume increases, your baby should gain about 4–6 ounces per week (or 0.5–1 ounce per day). Your baby's weight will be tracked at the hospital, and it will be assessed again at your pediatrician appointments. By 2 weeks, the baby should be back to their birth weight. If you are concerned about your baby's weight, contact your baby's healthcare provider.

### Growth Spurts

Your baby will have growth spurts around 7–10 days, 3 weeks, 6 weeks, and 3 and 6 months of age. During these growth spurts, your baby may nurse more frequently for a few days to increase your milk supply. You may notice more cluster feeding. Remember, breastfeeding is a supply-and-demand system—the increased suckling will tell your body how much more milk to produce. After the growth spurt is over, your baby will settle back into a normal pattern.



### Vitamin D Supplementation

Vitamin D is vital to developing healthy bones. Getting too little vitamin D can lead to the development of a rare condition called rickets, which causes bones to soften and weaken. The AAP recommends vitamin D supplements for all exclusively or partially breastfed babies. Ask your baby's healthcare provider for guidance.

## First Week Check-in Questions

Yes

No

- |    |   |  |  |
|----|---|--|--|
| 1  | Do you feel that breastfeeding is going well?   |  |  |
| 2  | Is your baby alert and nursing at least 8 times in 24 hours?  |  |  |
| 3  | Does your baby seem satisfied and content after feedings?   |  |  |
| 4  | Has your milk supply increased (breasts feel firmer and warmer before feeding)?   |  |  |
| 5  | Are your breasts softer after feeding?  |  |  |
| 6  | Do you hear swallowing sounds when your baby drinks?  |  |  |
| 7  | Is baby's latch and suckling comfortable for you?   |  |  |
| 8  | Has any nipple soreness decreased or gone away?   |  |  |
| 9  | Is baby wetting 6–8 diapers and having at least 3 loose mustard-yellow stools every 24 hours?   |  |  |
| 10 | If baby's skin was yellow (jaundiced), is it getting less yellow?   |  |  |
| 11 | Was baby seen by their healthcare provider 2–3 days after hospital discharge? Do you have a follow-up appointment for another weight check? |  |  |

**Did you answer no to any question above? Contact a lactation consultant or healthcare provider for assistance.**



The AAP recommends avoiding bottles and pacifiers until breastfeeding is well established. Before introducing these, your milk supply should be plentiful, and baby should be latching well onto the breast and gaining weight appropriately.

## Breastfeeding

### Expressing Milk

Expressing is the process of removing milk from your breasts by hand or with a pump. Because lactation is a supply-and-demand system, the ability to express is important to maintaining your milk supply when you are not with your baby. Skipping feeding sessions can significantly impact your supply, slowing it down or potentially stopping milk production.

If you and your baby need to be separated after delivery, it is important to begin expressing milk within the first hour after birth (or as soon as you are able). This can be done via hand expression or an electric pump. Then, continue expressing every 2–3 hours (8–12 times in a 24-hour period), including through the nights.

Don't compare your output or the length of your pumping session to others. Our bodies and our babies are different. With experience, you will learn your individual flow pattern and what to expect. If you would like to add extra pumping sessions so you can begin to store extra milk, wait at least 4 weeks. By this time, breastfeeding should be going well, your milk supply should be regulated, and your baby should be meeting all weight gain goals.



### Preparing with Warmth and Massage

Did you know that expressing milk will be more effective if you take the time to prepare your breasts? Massage, warmth, and relaxation tools (like music) can all help stimulate milk flow. Try placing a warm compress over both breasts for about 5 minutes. Use the pads of your fingertips to gently massage around the entire breast.



When you express, the milk can be collected, stored, and fed to your baby at a later time. Some reasons you may need to express breast milk include:

- feeding a baby who is unable to latch or suck well
- feeding baby while you are at work or school
- relieving fullness or emptying your breasts
- boosting your milk supply

**Scan this code** for tips to ensure clean collection and storage of your breast milk.



## Hand Expression

Hand expression (also called manual expression) is a quick and easy technique that can be especially useful in the early days and weeks.

### Benefits Include

- collects precious drops of colostrum
- lets a sleepy baby taste a few drops of milk
- softens the nipple to help baby latch on
- stimulates specific areas of the breast

Repeat several times in a rhythmic motion like a baby nursing (press, compress, and release). You will soon see milk. With your free hand, hold a clean container below your breast to catch the milk as it flows. Rotate the placement of your thumb and fingers around the breast to empty all your milk ducts.



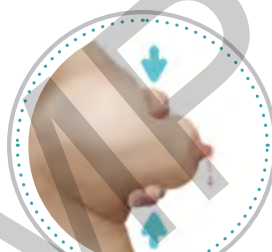
### Step 1

Place your thumb and fingers on your breast (in the shape of a C) about an inch behind the areola, with your nipple centered in between.



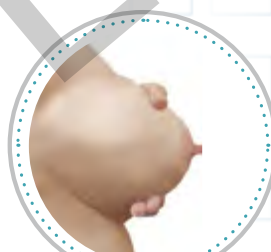
### Step 2

Press into your breast, toward the chest wall.



### Step 3

Then, gently compress the breast tissue by bringing your thumb and fingers toward each other.



### Step 4

Then, release. Be careful not to squeeze or pull the nipple.

## Pumping

Breast pumps can be used for initiating, building, and maintaining your milk supply. There are many different types of breast pumps; choosing the right one is a personal decision based on your finances or insurance and how often you expect to pump. A lactation consultant or your provider can explain the benefits of the various breast pumps and suggest one that will fit your needs.

Once your pump arrives, take some time to get to know it. How many phases does the pump have? Do you have breast shields (flanges) that fit your nipples? How do you change the level of suction? Understanding these things is important for best pump output, and we encourage you to meet with a lactation consultant to learn about all of it.

# Breastfeeding

## Storing Breast Milk

Whether you plan to use your expressed milk the same day or later, you must store it safely. These guidelines are for healthy full-term infants. Storage times and rules may vary for premature or sick babies.



Store freshly expressed milk in a clean container or disposable milk storage bag.



Store 2–4 ounces of milk per container to reduce waste.



Use a solid cap to create an airtight seal.



Label the milk with the date, and if your baby goes to daycare, their name.

## Storage Locations & Temperatures

### Breast Milk Storage Guide

Freshly Expressed or Pumped



4–8 hours  
(4 hours is best)

Refrigerator  
40°F (4°C)

4–8 days  
(4 days is best)

Freezer  
0°F (-18°C)

Up to 6 months  
(3 months is best)

Deep Freezer  
-4°F (-20°C)

Up to 12 months  
(6 months is best)

Thawed, Previously Frozen



1–2 hours

Up to 24 hours

Do not refreeze thawed breast milk.

Leftover from a Feeding



If baby doesn't finish a feeding, use the leftover milk within 2 hours or throw it out.



## Freshly Pumped or Expressed Milk

- You can store milk in an insulated bag with ice packs for up to 24 hours.
- Refrigerate or freeze milk as soon as possible.
- If you don't think you'll use the milk within 4 days, freeze it right away to protect its quality.
- You can combine expressed milk from different sessions. Cool the freshly expressed milk before adding it to refrigerated or previously frozen milk. Use the date of the first expressed milk to determine storage times for combined milk.



Place milk in the back of the fridge or freezer, where the temperature is the coldest.

**Does your defrosted milk smell sour or soapy, and baby is refusing it? This could be a high-lipase issue.**



## Thawing & Warming Milk



Place milk in the refrigerator overnight.



Place milk in a bowl of warm water.



Hold container under warm running water.

### Do not thaw or warm milk:

- ⊘ in the microwave
- ⊘ on the stove
- ⊘ with water over 104°F (40°C)

Rapid heating destroys nutrients and causes hot spots that can burn baby's mouth.

**Test the milk's temperature by placing a drop on your wrist. Milk should be room temperature or barely warm.**

# Breastfeeding

## Breast Health

As you and your baby develop your feeding relationship, remember to establish a routine of checking your breasts and nipples. Learning how to identify, prevent, and treat conditions that may occur during breastfeeding can help you avoid problems and resolve discomfort faster. **If you notice any issues arising, reach out to a lactation professional or your provider right away.**



## Milk Supply

There are times when you may not produce enough milk (low supply) or may produce too much milk (oversupply). These situations have nothing to do with breast size. When supply issues occur, lactation help is needed to ensure that baby is taking in milk well and gaining weight appropriately, and that your breasts do not develop any blockages or infections.

## Sore Nipples

Breastfeeding should not be painful, but your nipples may feel tender for the first few days. Nipple soreness throughout a feed and between feeds may be a sign that your baby is not latching correctly (see page 30). Nipple soreness usually peaks around day 3–4 and begins to resolve after any initial engorgement (around a week). It should fully resolve by 2 weeks.

## At-home Nipple Care

- Continue to equally express both breasts.
- Latch baby on the less-sore side first; once let-down occurs, move them over.
- After feeding, express a few drops of milk onto the nipple and areola and air-dry.
- Nipple creams and ointments may be applied sparingly per their instructions.
- If necessary, nipple shields should only be used with guidance from a lactation consultant.
- Change nursing pads when wet or soiled.

## Reasons to Seek Help

- cracks, blisters, or bleeding
- intense and continuous pain during feeding
- pain between feedings
- pain beyond the first few weeks

## Plugged Ducts and Mastitis

When there is inflammation in the breast, milk ducts can become plugged. Inflammation may be caused by: engorgement, skipped feedings or expression, improper latch, poorly fitting bras, stress, fatigue, or prior breast surgery. A plugged duct may feel hard and tender; you may feel a warm lump or knot in the breast.

If the lump does not go away or the condition worsens, you may develop mastitis. **Mastitis is an infection of the soft tissue in the breast, often associated with these signs:**

- flu-like symptoms
- fatigue
- fever (100.4°F or higher)
- headache
- swollen, hot breasts
- red streaks or lumps on breasts



**if you suspect mastitis. You will need to begin treatment right away. Keep feeding your baby, as mastitis will not affect your milk quality.**

## At-home Care

If possible, feed your baby at the breast until the inflammation resolves.

Feed baby at the first sign of hunger. To prevent overstimulation of the affected breast, offer the breast without the plug first.

You can hand express a small amount from the affected breast for comfort.

If pumping, follow your normal schedule. Do not “pump to empty” your breasts, as that can worsen the problem.

Avoid deep massage. After expressing, lightly sweep the breast tissue (like petting a cat) from the nipple toward the armpit and collarbone.

Apply cold compresses after feeding to relieve pain and swelling.

Rest more, eat a healthy diet, drink plenty of liquids, and wear well-fitted bras.

## Breastfeeding When You Are Sick

If you develop a cold, flu, or bacterial illness, continue to breastfeed. By the time you show symptoms, your baby has already been exposed. Your body will produce antibodies in your milk that will protect your baby from getting sick. If you cannot breastfeed for any reason, continue to regularly express your milk so it can be given to your baby during this short period. If you have a serious illness or are concerned about your baby, call your healthcare provider. Don't forget to tell them you're breastfeeding, as some medications can pass to the baby through your milk.

## Health & Safety

Maintaining the health and safety of your baby probably feels like a big responsibility; it may even feel a bit scary. That makes sense! Luckily, the hospital care team is working on this with you as soon as baby is born. And once you are home, there are a lot of really good tips, rules, and resources you can use to help you monitor your baby's health and ensure a safe environment for them.



Scan  
to read



### Jaundice

Jaundice occurs in up to 60% of newborns. It is a yellowing of the skin and/or the whites of the eyes. It is caused by the buildup of a waste product called bilirubin, from red blood cell breakdown. Jaundice is often seen 3–8 days after birth. It appears first in the face and arms, then moves down the body. Most cases of jaundice are mild and will resolve without treatment. **When you are home, call your baby's healthcare provider if your baby shows any signs of jaundice.**



**Testing bilirubin levels:** Before baby goes home, they will be tested for jaundice. A noninvasive scan (TcB scan) is done on baby's forehead to estimate the bilirubin level. If the TcB reading is high, a few drops of blood may be drawn from baby's heel (TsB test). The test results indicate whether jaundice is present and whether treatment is needed.

### Symptoms to Look For

- yellowish tint to the skin, whites of the eyes, or inside the mouth
- poor feeding
- sleepy and sluggish behavior or an appearance of sickness
- fussiness or high-pitched crying
- fever
- skin becoming more yellow after you have seen baby's healthcare provider

### Treatment

Feeding your baby more often is the best treatment. Frequent feedings increase baby's bowel movements, which helps the bilirubin leave the body.

For more severe jaundice, your baby's healthcare provider may order phototherapy. Phototherapy can be done by placing your baby under special lights, wrapping your baby in a fiberoptic blanket, or both.

## Newborn Screening

Newborn screening tests are simple ways to assess a baby for many different disorders and conditions that were not apparent prenatally or at birth. Most commonly, these tests are performed between 24 and 48 hours of life, before you are discharged to home.

Your baby may need retesting if you were discharged before 24 hours, or if you live in a state that requires a repeat test. Even though all states require newborn screening, each state screens for different disorders. If you have questions about the tests or results, talk to your baby's healthcare provider.



### Heart Screening

About 200 of every 100,000 children are born with a critical congenital heart disease (CCHD). These diseases prevent the heart from pumping blood effectively throughout the body, so they need prompt treatment.

These diseases prevent the heart from pumping blood effectively throughout the body, so they need prompt treatment.



#### How It's Done

This test can take a few minutes. It is done with pulse oximetry, which uses tiny sensors placed on your baby's skin (hands and feet) to assess the baby's pulse and the amount of oxygen in their blood.



### Hearing Screening

Significant hearing loss can cause delayed development and speech issues in a growing baby. Your newborn will be tested for hearing issues by a licensed auditory professional.



#### How It's Done

This screening takes about 10 minutes and may be done via auditory brainstem response (ABSR) or otoacoustic emissions (OAE). The tests use tiny earphones and/or microphones to assess the movement of sounds and/or the brain's processing of sounds.



### Metabolic Screening

The metabolic screening is a way for your care team to assess your baby for many rare disorders. When these issues are identified early, there is a better chance of treating them before they have severe impacts on your child's health.



#### How It's Done

A few drops of blood are collected from your baby's heel and sent to a lab for testing. The results will be shared with you by your baby's healthcare provider. Some states require a second test 1–2 weeks later. Your provider will notify you if this is needed.



**healthy  
baby tip**

If you can, feed your baby right before their screenings. These screenings are easiest to complete when baby is still, warm, and/or sleeping.

### Taking Baby's Temperature

It can feel scary when your baby has a fever. Take a deep breath! Fever is often a sign that your baby's body is doing its job and fighting off illness. That's a good thing! You can help your baby by using the tools you have at home to assess them and know when to call their provider.

You may have seen that the hospital staff checked your baby with a digital axillary (armpit) thermometer. Taking an axillary temperature is a safe way to screen your baby for a fever, and if you're a nervous new parent, you'll appreciate how easy it is.

### Axillary Temperature

To check your baby's axillary temperature, first wash your hands and make sure the baby's armpit is dry. When the thermometer is ready, lift your baby's arm and place the silver tip in their armpit. Lower the baby's arm and bring it across their chest; you can hug your baby for their comfort. Remove the thermometer when it beeps and check the reading. Always use a digital thermometer designed for taking an axillary temperature.

Digital pacifier thermometers and fever strips are not recommended. Glass mercury thermometers are not safe for use—if they break, the mercury inside is toxic.



**healthy  
baby tip**



**for any axillary temperature of 99.4°F or higher.**

**Infants younger than 2 months old who have a fever need immediate medical attention, even if they appear well and show no other signs of being ill.**

### Immunizations

Immunization is a simple way to protect your child from dangerous and potentially deadly diseases. It begins at birth and continues throughout adolescence. Some vaccines require a series of shots to ensure your child's body builds lifelong immunity. Other vaccines, such as the flu vaccine, require a dose every year. As you complete the immunization process with your child, make sure you keep a current record in a safe place, as this is often required for schooling and child care facilities. Children who have had only some of their shots can still be fully immunized. It's never too late to start or resume a series of vaccinations. To learn all about vaccines, visit [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

# normal newborn axillary temperature

can range from **97.7°F–99.3°F**



## Other Thermometer Options

As you look at all the thermometers available, choosing the right one may feel overwhelming. The best choice depends on your child's age and health status. Before using anything other than an axillary thermometer, confirm with your child's provider which method they prefer.



**Rectal thermometers** measure the body's internal temperature. Although this method provides the most accurate reading for children up to 3 years old, it can be dangerous for your infant if not performed correctly.



**Temporal artery thermometers** measure by scanning the forehead. However, a baby's sweaty forehead, exposure to heat or cold, or how the scanner is held can throw off this thermometer's reading.



**Ear thermometers** use infrared sensors to measure the temperature in the ear canal. These aren't recommended for newborns because their tiny ear canal makes it difficult to get an accurate reading.

## Vaccine Reactions

Your baby may have a reaction after receiving vaccinations. Common reactions include mild fever, fussiness, and decreased appetite. Reactions that are more serious can occur, but these are very rare. Your healthcare provider will explain what to do if your baby has any reaction to a vaccination.

It's important to protect your baby's developing immune system. Siblings, adult caregivers, and anyone else who comes into contact with your baby should be up-to-date on their vaccinations, including the Tdap vaccine and the seasonal flu vaccine.

Scan this code for a current childhood immunization schedule.



## Health & Safety

### Car Seat Safety

Everyone riding in a motor vehicle must be properly restrained on every trip—and that includes your newborn. This starts with the trip home from the hospital.

All children should remain in the rear-facing position until they reach the highest weight or height allowed by their car safety seat. Most safety seats permit children to ride rear-facing for 2 years or more. If your growing child's feet touch the vehicle's seat back, there is no need for concern. They will naturally bend their legs. The back seat of your vehicle is also the safest place for all infants and children under 13 years of age.



Rear-facing is safest. Research shows children are 5 times safer in the rear-facing position because of the way the car safety seat supports the neck and back in the event of a vehicle crash.



### Look Before You Lock

**Never leave children or pets alone in a car! Temperature in a parked car can reach more than 100°F within minutes, and a child's body temperature can rise 3–5 times faster than an adult's.**

### Selecting a Car Safety Seat

The best car seat is the one that fits your child, fits your vehicle, and can be used correctly every time. When choosing a car seat, compare weight and height ranges, harness systems, and ease-of-use features. Check for a label saying the car seat meets federal safety standards. A used car seat is risky. The seat may be damaged or may be missing parts. It may not meet current safety standards, or it may have been recalled. Car seats can also expire.

Infants must ride rear-facing. Most infant car seats have a base that installs in the vehicle. When your baby outgrows the infant car seat, the next step is a convertible car seat. Convertible car seats can be rear-facing for infants and young toddlers, and then converted to forward-facing when the child meets the manufacturer's requirements.



## Installation Instructions

The most important thing to do is read and follow the instructions that came with the car seat and your vehicle owner's manual. We cannot possibly tell you everything you need to know about installing or using the car seat you have purchased. When you install the car safety seat, follow these rules:

- Use the LATCH system or the vehicle's seat belt. Never use both at the same time.
- Once installed, you should not be able to move the car seat more than 1 inch side-to-side.
- Secure the car seat in the back seat of the vehicle; if possible, use the center seat.
- Make sure the car seat is reclined to the proper angle, according to the car seat instructions.

## DOT Vehicle Safety Hotline

1-800-424-9393

[www.nhtsa.gov](http://www.nhtsa.gov)

Register your car seat and get answers to your questions!

Scan this code to find a child safety seat inspection station in your community.



## Securing baby in their car seat

Harness straps extend over the shoulders and hips and between the legs for the best fit. To protect your baby, adjust the harness to fit every time you buckle up.

Straps should be routed through the slot at or below baby's shoulder.

Chest clip should be at baby's armpit level.

Remove bulky jackets or layers before buckling baby in. If needed, a blanket can be placed on top of the secure harness.



Baby's head should be at least 1 inch below the top of the car seat.

No slack! You should not be able to pinch the harness strap between your fingers.

Do not use inserts, supports, or accessories unless they came with the car seat.

## Signs of Illness

Illness in an infant is a scary experience for parents. **Call your baby's healthcare provider if you have an uneasy feeling about your baby's well-being or if baby:**

- has swelling or drainage from the eyes, belly button, or circumcision
- seems unwilling or uninterested in eating, will not stay awake for feedings, or refuses 2 or more feedings
- vomits 2 full feedings in a 24-hour period
- has a yellow tint to the skin or eyes
- does not have a wet diaper in a 12-hour period
- does not have a bowel movement for more than 24 hours after 3 days of age
- has diarrhea that is mostly water, or stools that are almost white
- has white patches in the mouth that cannot be wiped away (thrush)
- has an axillary temperature of 99.4°F or higher (100.4°F or higher if taken rectally) or below 97°F
- has distressed, inconsolable, or high-pitched crying that does not respond to comfort measures



### Call 911 If Your Baby

- is breathing very fast or stops breathing
- has a dusky-bluish tint to the skin or around the mouth
- is lethargic and unusually difficult to arouse
- has a bulging or sunken soft spot (fontanel) on the top of the head
- has a life-threatening emergency



If your child is less than 3 months old and has a fever, call your provider before administering any fever medications.

## Postpartum Recovery

It's a lot, we know. Caring for a new baby is both beautiful and overwhelming. But we want to remind you that this is also a time to care for yourself. Your body has spent the last 9 months doing a lot of work, and it needs time to recover, heal, and adjust to your new rhythms.

The postpartum period lasts about 6 weeks. Many refer to this season as “the fourth trimester.” It begins with your baby’s birth and ends when your uterus has returned to its prepregnancy state. As you move through these weeks, we encourage you to ask for help. Get plenty of rest, eat balanced meals, and stay hydrated. **Don't forget that you matter, too.**



Scan  
to read



### Follow-up

During the first week at home, make an appointment with your healthcare provider for your follow-up visit. This is usually scheduled for 4–6 weeks after delivery.

### Uterus

Immediately after birth, the uterus begins its work of returning to its prepregnancy size. By “massaging” your uterus (from the outside), your care providers can check on the size, position, and firmness of the muscle. Within 6 weeks, the uterus will shrink to its normal size.

### Afterbirth Pains

During the first week, you may have afterbirth pains or cramps. These can be uncomfortable, but they're a good thing! These uterine contractions are compressing the blood vessels within the uterus and helping to prevent excessive bleeding. Cramping may be stronger or more noticeable during breastfeeding, or in those who have had a previous delivery, had multiples, or have a full bladder. The discomfort often goes away after the first week.

If your afterpains are particularly strong, try slow, deep breathing. You can also apply a warm compress to your abdomen. If these comfort measures don't work and you are still too uncomfortable, you can speak with your provider about pain relief medications.

call  
**your**  
healthcare  
provider

if your abdomen is tender to the touch, or if abdominal pain interrupts sleep or activity. These symptoms can indicate an infection.

### Vaginal Discharge

The bloody discharge from the vagina after childbirth is called lochia. It is present after vaginal birth and cesarean birth. As the weeks go by, you will notice changes in its color, consistency, and amount. You may also note a brief increase in lochia when getting out of bed, during breastfeeding, or after too much physical activity. The flow will decrease and its color will lighten, but you can expect it to continue for 3–6 weeks. In these weeks, use sanitary pads, not tampons.

#### Birth–3 Days (lochia rubra)

- bright to dark red
- heavy to moderate flow
- may pass small clots
- fleshy odor

#### 3–10 Days (lochia serosa)

- pink, red-brown
- flow decreases
- smaller, less frequent clots
- fleshy odor

#### 10–14+ Days (lochia alba)

- yellowish-white
- slight in amount
- no clots
- no strong odor



#### If You Have Any of These Symptoms

- soaking through a pad in 1 hour or less
- passing clots the size of an egg or larger
- discharge that is still bright red after day 4
- discharge that has a foul smell
- severe pain in your lower abdomen
- frequent urination and/or pain or a burning sensation with urination
- feeling like you can't empty your bladder
- a fever of 100.4°F or higher

### Bladder

In the first few days, try to empty your bladder every 3–4 hours. When your bladder is too full, it can press on the uterus, causing excessive bleeding and preventing it from contracting normally. It is not uncommon to notice increased urination or night sweats in your first week postpartum. This is your body getting rid of the fluids it stored during pregnancy and/or received in labor and birth.

You may notice you leak urine when you laugh, cough, or sneeze. Your pelvic floor muscles, which help control the bladder and bowels, need time to recover and heal too. Pelvic floor exercises (like Kegels) can help strengthen them.

## Bowel Function

It may be 2–3 days after birth before you have a bowel movement. Many things can slow your bowel function in these days, including your own anxiety about how it may feel. But when you feel the urge for a bowel movement, do not wait. Go to the bathroom right away. Relax, take some deep breaths, and put your feet up on a stool if you have one. You can also use a clean pad (hold it from the front) to support the perineum.

Pay attention to the things you can do to help reduce constipation and keep your stools soft and regular. Drink at least 8 glasses of liquid and eat 3–6 servings each of fresh fruits, vegetables, and whole grains each day. Increase fiber-rich foods in your diet. Walk and be as active as your body and your healing allow. You can also speak with your provider about stool softeners and take those as directed if needed.

## Hemorrhoids

Pregnancy and/or childbirth may cause or aggravate hemorrhoids. These are swollen veins of the rectum that can be inside or outside of the anus. Though they usually aren't serious, they can be extremely uncomfortable, causing itchiness, pain, or bleeding. Constipation or straining during bowel movements can make the problem worse.

### Tips for comfort when you have hemorrhoids:

- Eat high-fiber foods to encourage soft stools.
- Drink at least 8 glasses of liquid a day to reduce constipation.
- Do not force bowel movements or strain.
- Alternate your positions (sitting, standing, lying down) to keep pressure off the rectum.
- Apply ice packs, medicated sprays, or witch hazel pads to the hemorrhoids.
- Soak in a sitz bath.
- Speak with your provider about suppositories, topical creams, or pain medications.

If you are noticing rectal bleeding with stooling or you think you need a laxative medication,



### Perineal Care

The perineum is the area between the vagina and the rectum. During pushing and delivery, the perineum may stretch, swell, bruise, or tear. If you had tearing or lacerations during the delivery process, you may have received some stitches as well, and you can expect the area to be swollen and tender. To promote healing and reduce discomfort, you can apply ice packs for the first 24–48 hours. Change your sanitary pads often and use antiseptic sprays, medicated pads, or analgesic creams according to your provider's instructions. To reduce the risk of infection, **avoid using tampons until after your 6-week checkup.**

### Episiotomy

Though less common than vaginal tearing or laceration, sometimes an episiotomy is performed during delivery. An episiotomy is a small incision, made by the delivering provider, between the vagina and the rectum during delivery. The stitches that are then used to repair the episiotomy will dissolve on their own. The early days can be uncomfortable, but the area should feel a little better each day.

Ice packs and sitz baths will ease the discomfort of your episiotomy. Portable sitz baths may be used 3 times a day for 10–20 minutes. At home, you may use your bathtub as a sitz bath. Clean it well before use and fill with only a few inches of clean, warm water—enough to cover the perineal area. To ease discomfort from sitting, you can roll 2 bath towels into long rolls and sit on them while you soak. Antiseptic spray, medicated pads, or analgesic cream may provide comfort.

### Cleaning the Perineum

After delivery, you will want to care for your perineum throughout the day. You can use a peri-bottle (a squeeze bottle) or a handheld showerhead for cleansing. A sitz bath may offer some pain relief and comfort as well. **Remember, if you have stitches, they will dissolve on their own.**

### Basic Perineal Care Tips

- Always begin perineal care by washing your hands.
- Clean the perineal area once a day with mild soap and water.
- Rinse the area with a peri-bottle of lukewarm water each time you urinate or have a bowel movement.
- Always wash and wipe from front to back.
- Pat dry from front to back with a moist towelette or toilet paper.
- Use sprays and creams as directed.
- Assess your lochia and change your pad each time you use the restroom.

If you notice a foul odor coming from your perineal area,





## Cesarean Birth

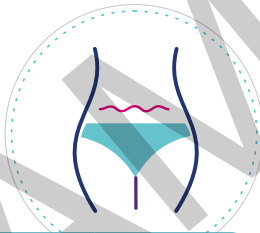
Cesarean delivery involves major abdominal surgery. You will need to be gentle to your body as you develop your new rhythms. At home, follow your healthcare provider's instructions for activity and pain management, and remember that a healthy recovery will take a little time.

Cesarean incisions are held closed with staples, stitches, Steri-Strips, or surgical glue. Initially, a dressing covers your incision; this dressing is usually removed by a care provider before you are discharged.

**To prevent infection, keep the incision clean and dry.** To clean, use a clean cloth, mild soap, and warm water; be sure not to scrub it, and use a clean towel to gently pat dry. Follow your provider's care instructions for removal of any strips or bandages.

Check your incision daily for signs of infection. You can have your partner help you assess it, or use a handheld mirror if you need to.

## Post cesarean self-care tips:



Fatigue and nausea during the first few days are normal.

For the first few weeks after your cesarean, limit your activities.

Do not overexert yourself. Stair-climbing and heavy lifting may strain your incision. Lift nothing heavier than your baby.

Place a pillow over your incision when you cough and move around in bed. When you get out of bed, roll to the edge, push up with your arms, and sit on the edge for a minute (to ensure you aren't dizzy) before standing up.

Give yourself time to heal. Your activity level affects muscle soreness.

**REST!** If pain increases, it means you are doing too much.

call  
**your**  
healthcare  
provider

### If You Notice

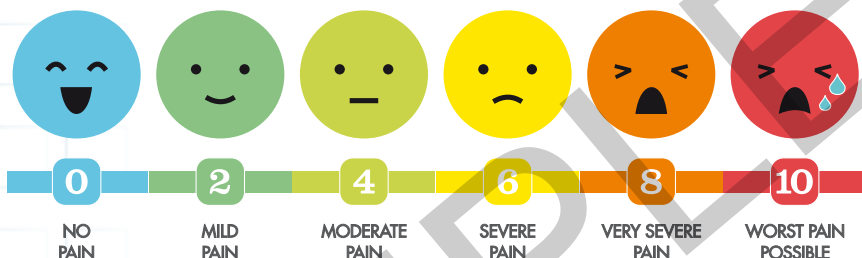
- an increase in redness at the incision
- any drainage or pus-like discharge
- an opening along the incision
- an increase in tenderness or pain at the incision
- the incision is warm to the touch
- painful urination or trouble passing stools
- a fever of 100.4°F or higher

# Postpartum

## Pain Management

Because each person's experience of pain and healing is different, your postpartum recovery will likely look different from someone else's. As you move through the healing process, you may need to try some new things or ask for help as you attempt to stay comfortable, rest, and care for your new baby.

Good pain management begins in the hospital. It's important to communicate with your care team about what you are feeling and what may help. Most hospitals utilize a pain rating scale; you will be asked to rate your pain and establish a pain goal, and your pain will be assessed before and after medication or intervention.



Before you are discharged, your care team should go over all your medications with you. Each medication has a specific use and instructions, so pay attention to this discussion and include a partner if you can. If you have questions, please ask!

### Medical Pain Relief

- ✓ analgesic creams
- ✓ medicated pads and sprays
- ✓ over-the-counter medications
- ✓ prescription medications

### Non-medical Comfort Measures

- ✓ sitz baths
- ✓ hot packs for cramping
- ✓ ice packs for perineal pain
- ✓ donut cushions
- ✓ deep breathing/relaxation techniques
- ✓ massage

## Gas Pain

Constipation and a buildup of gas in the intestines are common problems after birth, especially after a cesarean. You may feel bloating, pain in your abdomen, or pain in your upper body or shoulders. To keep your bowels moving, eat foods high in fiber, drink plenty of water, and walk. Your healthcare provider may also prescribe a medication for you.

### To minimize gas pains on your own:

- ➔ Sit or lie down and draw your knees up to your chest.
- ➔ Lie down on your left side.
- ➔ Walk around the room or outside.
- ➔ Avoid foods that cause gas.
- ➔ Drink more warm liquids.
- ➔ Avoid drinks that are very hot, very cold, or carbonated.



## Complications

Sometimes, one of the toughest parts of the recovery process is knowing whether your recovery is normal or whether you are experiencing symptoms of a complication. We encourage you to pay attention to your body's signals and trust your instincts. Many postpartum complications can be successfully treated when they are identified early.

### Postpartum Hemorrhage

Heavy bleeding after delivery is not normal and can be a sign of postpartum hemorrhage (PPH). It occurs most often within the first 24 hours, but can happen anytime during the 12 weeks following childbirth.

Some of the symptoms of PPH can look like other health conditions; this can make it difficult to identify. Pay attention to any bleeding that is outside the normal range (see page 52). Excessive blood loss requires immediate attention, and if not treated, it can rapidly become a life-threatening condition.



#### If You Have Any of These Symptoms

- vaginal bleeding that does not slow or stop
- bleeding that soaks through 1 pad per hour
- clots the size of an egg or larger
- chills, clammy skin, or pale skin
- dizziness or fainting
- nausea, vomiting, or a racing heart

**If you can't reach your provider, go to an emergency room or call 911.**

### Postpartum Preeclampsia

Postpartum preeclampsia is a serious condition that causes high blood pressure and high protein levels in the urine. It can happen to anyone who has just had a baby, not just those who had preeclampsia in pregnancy. Symptoms typically begin in the first 48 hours after delivery, but can occur at any time during the first 6 weeks postpartum.

#### Call Your Provider If You Have Any of These Symptoms

- headaches that won't go away, even after medication
- upper abdominal pain
- swelling in the hands or face
- nausea or vomiting
- sudden changes in vision (flashing lights, sensitivity, blurriness)

#### Go to an Emergency Room or Call 911 If You Have

- blood pressure at or over 160/110
- shortness of breath
- seizures



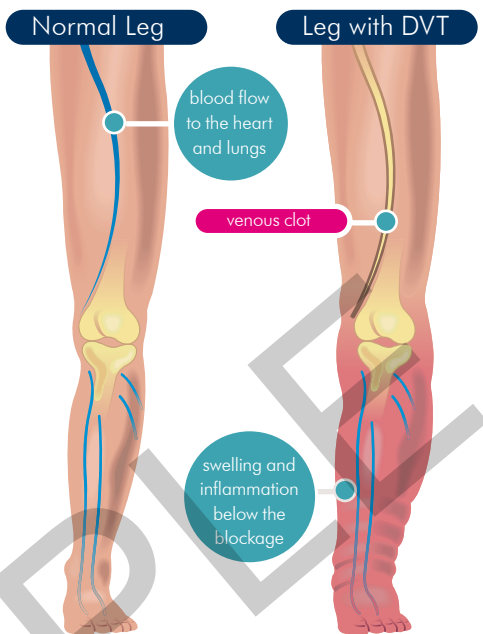
# Postpartum

## Blood Clots

Deep vein thrombosis (DVT) is a medical condition that occurs when a blood clot forms deep in a vein. This is most common in the lower leg, but it can also occur in the thigh, pelvis, or arms. When you are pregnant, you're at a higher risk for blood clots. That risk continues through the first 3 months after childbirth. DVT is not common, but when it does occur, it requires immediate medical attention. Rarely, a blood clot can break apart and a piece can travel to the lungs. This is called a pulmonary embolism (PE), and it can be life-threatening.

### To lower your risk of blood clots:

- ✓ Avoid crossing your legs, sitting, or lying down for long periods (except while sleeping).
- ✓ Walk around and move your arms every 2–3 hours during the day or when traveling.
- ✓ When sitting, exercise your legs (tighten and release your leg muscles, rotate your feet in circles at the ankle, and do heel-to-toe exercises—raise and lower your heels, keeping your toes on the floor).



### Common Blood Clot Symptoms

- ➔ swelling in the affected leg or arm
- ➔ pain or tenderness in the affected area
- ➔ skin that is warm to the touch, hard, red, or discolored

### If You Have Any of These Symptoms

- coughing up blood
- faster-than-normal heart rate or irregular heartbeat
- very low blood pressure, feeling light-headed, or fainting
- severe tenderness, redness, or swelling in either leg

call  
**your**  
healthcare  
provider

### Or Go to an Emergency Room If You Have

- chest pain, usually worsening when you take a deep breath or cough
- shortness of breath or trouble breathing
- facial drooping, slurred speech, or weakness in one arm (stroke symptoms)



## Night Sweats (Temperature)

In the first couple weeks after birth, it is not uncommon to awaken from sleep dripping with perspiration. These episodes are called night sweats, and they are a normal hormonal response after delivery. This is the body's way of getting rid of extra fluids after birth. Night sweats should cease by the end of the second week.

You may also find that you are warmer than usual in the days immediately following birth. Some even run a low-grade fever as their milk supply increases. This is a normal hormonal response as well.

## Baths and Showers

The timing of your first shower or bath may depend on the type of birth you have. After a vaginal birth, many shower the first day. Sitz baths and tub baths are usually okay as well and can be helpful comfort measures.

If you have a cesarean delivery, you will be free to shower when the incision's dressing has been removed and you can stand and walk without dizziness. Ask your provider when it will be okay for you to take a tub bath; they may recommend waiting a couple weeks to give the incision more time to heal.

## Sex and Intimacy

A new baby can significantly impact your relationship with your partner. The baby's needs and demands will take a lot of your time, challenging the ways you communicate and the time and energy you have for intimacy. Be open with your partner about the things you feel and need. Listen to them as well. Smaller things, like holding hands, a hug, or a kiss, can help nurture your relationship as you move toward resuming sex.

Most healthcare providers advise waiting to resume sexual activities until the vaginal discharge stops and the episiotomy or vaginal tear heals. This can take about 6 weeks. If you had an episiotomy or a vaginal tear, it is normal to feel some tenderness during intercourse for the first year. Postpartum hormones can also cause vaginal dryness; consider a water-soluble lubricant cream or gel if this occurs. If you are experiencing difficulty with sexual intercourse, be open about it with your partner, and consider speaking to your provider as well.

## Menstrual Cycle

Your menstrual cycle may return in about 6–8 weeks. Those who are breastfeeding may not have a period for 4–6 months or until their baby is completely weaned. You may notice that your first period after pregnancy is longer and more painful than usual. Your cycle may also be irregular for a few months as your body returns to normal.

**Please note that you may ovulate (release an egg from an ovary) before your menstrual cycle returns.**

That means you can get pregnant again. You can discuss your plans for future pregnancies with your provider at your follow-up appointment.

## Postpartum

### Activity and Exercise

Making time for yourself may feel like a challenge when you're a new parent. However, focusing on your health can significantly benefit your physical recovery, improve your fitness, and boost your mental well-being. The sooner you resume mild activity, the better you will feel. During the first week, take it easy. Then, once you feel well enough, start slow. If your body responds appropriately to the activity, you can spend the next weeks building back up to your normal activity and exercise patterns.

#### Ideas for Reintroducing Exercise

- Walking is a great starting point; it's easy to start or to stop if it is too much.
- If your lochia increases or is bright red, stop. You are doing too much.
- Aim for 20–30 minutes of total exercise daily.
- Don't forget about your pelvic floor, abdominal, and back muscles. Strengthening these again is the foundation for regaining your overall strength and stamina.
- Drink your water! Activity, making milk, and healing all require good hydration.

#### Breastfeeding Nutrition

When you consider your daily nutrition needs, remember that breastfeeding generates the need for you to consume additional calories (330–400 extra calories per day). You also need to remember that some things you eat or drink can pass into breast milk and affect your baby. If you notice your baby gets fussy after you eat a certain food, you may want to avoid that food for a few days.

**Alcohol:** Excessive alcohol consumption can inhibit your let-down reflex and decrease baby's milk intake. Consuming more than 1 alcoholic drink per day is not recommended. Wait 2 hours after you have a drink before breastfeeding.

**Smoking/Vaping:** When you smoke or vape, the baby can receive nicotine in your breast milk and inhale chemicals. Smoking can also increase the risk of SIDS.



#### Benefits of Exercise

- increased energy
- reduced stress
- reduced risk of postpartum depression
- better sleep
- improved mood

**Talk with your healthcare provider before beginning any exercise or weight-loss program.**

## Nutrition

Eating the right foods gives you energy, supports your physical well-being, and helps stabilize your mood. You should eat at least 3 well-balanced meals per day along with 1–2 healthy snacks. Choose foods that are rich in calcium, vitamin D, folic acid, and protein.

- ✔ Choose foods with healthy fats and no added sugars.
- ✔ Keep a bottle of water nearby so you can drink whenever you are thirsty.
- ✔ **Do not diet.** Give your body time to heal in the first few postpartum weeks.

**Scan this code** to start building healthy eating habits one goal at a time. Get tips, ideas, and personalized meal plans at [www.mylate.gov](http://www.mylate.gov)



## Weight Loss

Now that your baby is here, you may be thinking about losing the weight you gained during pregnancy. Right after birth, your body will naturally shed pounds (related to the weight of the baby, placenta, and amniotic fluid), and then you will probably notice additional weight loss over the next couple of weeks as your fluid levels return to normal.

As the months go by, have grace for your body. Be patient, give yourself some time, and remember that this process looks different for everyone. With the right balance of calories, nutrients, and exercise, you will continue losing pregnancy weight and see healthy changes in your body.

**Caffeine:** Limit your intake to 300 mg per day or less (about 2–3 cups of coffee).

**Medications:** Many medications pass into breast milk. Most are safe, but some may affect your milk supply. Please check with a lactation consultant or your provider before beginning any medication (prescription or over-the-counter), vitamin, or herb. Visit [www.infantrisk.com](http://www.infantrisk.com) for information on medications while breastfeeding.

**Drugs:** Illegal/illicit drug use (like cocaine or heroin) has harmful consequences to baby's development. The recreational drug marijuana can cause excessive sleepiness in your baby, leading to poor feeding patterns, decreased weight gain, and negative effects on overall development, and is not recommended.

If you need help quitting smoking or vaping, please scan this code for help at [www.smokefree.gov](http://www.smokefree.gov)



## Postpartum

### Baby Blues

A new baby is life-changing. New rhythms, around-the-clock newborn needs, and changing hormones can lead to a lot of ups and downs in the first couple of weeks, for you and for your partner. If you are noticing emotional responses and patterns that feel a little unfamiliar, that's normal! This is a very common time to experience "baby blues."



**50% to 80%** of mothers  
experience some form of **baby blues**

### Symptoms of baby blues

Difficulty making decisions

Feeling lonely, even around family

Mood swings, such as lashing out in anger at your baby, your partner, or others



Questioning your ability to handle the responsibility of a new baby

Sadness or crying spells

Increased anxiety

Trouble eating or sleeping

### Potential Causes

After birth, you have a variety of hormones rapidly adjusting to prepregnancy levels, and your body is working to heal itself. This bodily repair, plus the lack of sleep and the adjustment to the new demands on your time, combine to create a "perfect storm" for baby blues.

### Overcoming the Blues

The blues should last only a short time. The condition often begins 2–3 days after delivery, and it should go away within 2 weeks. If these feelings prevent you from caring for your baby or functioning normally—or if they last for more than 2 weeks—you may have postpartum depression. Contact your healthcare provider for follow-up.

As you work through the emotional response to birth and the postpartum period, these self-care tips can help you navigate this season.

## Rest and Sleep

You are likely going to hear at least one person tell you to “sleep when the baby sleeps.” This is good advice, but once you get home, you may find that getting good rest is harder than it sounds. It can be difficult to balance the needs of your new baby (and any other children) with your own needs for rest and sleep. As you spend time at home recovering and developing new rhythms, you may find that the best way to get rest is through short naps and cumulative moments of relaxation.

Perhaps the most important tip related to rest is to ask for help. When you let others step in and do some of the work of caring for your baby (and your home), you’ll find you have more time to better care for yourself.

### Consider these suggestions for encouraging moments of rest:

- ✓ Let friends and family care for any other children.
- ✓ Get help with grocery shopping and meal preparation.
- ✓ Say yes to meals from friends and family.
- ✓ Avoid caffeine or limit your intake.
- ✓ Utilize deep breathing or meditation exercises in the shorter moments of quiet.
- ✓ Be flexible with your typical home routines.
- ✓ Consider canceling or postponing home projects, extracurriculars, and other activities that require a stricter schedule.

## avoiding the baby blues

### Support



Ask for help. Let family and friends assist with meals or daily tasks.

Ask a friend or family member to watch the baby for awhile.

Talk about concerns with someone you trust at least weekly.

### Stress Management



Do something you enjoy—read a book or listen to music.

Take it easy. Chores and projects can wait.

Schedule time to go out, visit friends, or go on a date with your partner.

### Exercise & Nutrition



Make healthy eating a priority.

Go out in the sunlight and get at least 20 minutes of exercise daily.

### Sleep



Sleep whenever you can, even if it's short naps throughout the day.

Avoid making any major life changes right away.

## Postpartum Depression and Anxiety

About 1 out of every 7 women develops symptoms of postpartum depression (PPD) or postpartum anxiety (PPA). These conditions can come on quickly, in which case your symptoms will be severe and very noticeable. But, they can also occur slowly or be similar to the baby blues, making it harder to recognize that what you're feeling is not normal. PPD and PPA often occur together, but you can experience one without the other. Though symptoms often begin within the first month, they can occur any time within the 12 months following childbirth.

Postpartum depression and anxiety are very real, and they can make caring for yourself and your baby difficult. They are not your fault, there is no reason to feel ashamed, and they do not mean you aren't a good parent. There are risk factors, which include having a previous mental health condition and/or having depression or anxiety in pregnancy. These conditions can affect both women and men.

**Talk to your care provider right away if either you or your partner notices symptoms in yourself or each other.**

### Warning Signs for PPD

- strong feelings of sadness, panic, agitation, or worthlessness
- blaming yourself unnecessarily for things that go wrong
- loss of interest, joy, or pleasure in your usual activities or hobbies
- lack of energy or motivation
- trouble sleeping, or sleeping too much
- overeating or loss of appetite
- trouble focusing, remembering, or making decisions
- lack of interest in the baby, or intense worry or concern about the baby
- not wanting to be around family and friends

### Warning Signs for PPA

- constant worry
- thoughts of doom or feeling like something bad is going to happen
- intrusive thoughts
- racing thoughts
- difficulty sleeping or eating
- inability to sit still
- physical symptoms like dizziness, hot flashes, or nausea

10%–20% of those who are pregnant or postpartum are diagnosed with a mood or anxiety disorder.

Scan the code to learn more.



**if you have thoughts of hurting yourself, your baby, or others.**



## Family Matters

### For Spouses and Partners

Though your partner and your baby are getting most of the attention, you matter, too! You are an integral member of the family, and your baby needs you and your influence. Be patient with yourself, communicate your own needs, and trust your instincts. Each time you meet your baby's physical or emotional needs, you are building a bond of trust and love and positively impacting their healthy development.



Scan  
to read



### Things for Partners to Remember

Spend time 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. You will also enjoy this close contact.

Interact with your baby. Babies love to be talked to, and they are fascinated with faces. Talk, smile, and make funny faces. Soon the baby will respond, cooing and smiling.

Take care of yourself. It is important to get plenty of sleep, eat well, exercise, and communicate openly with your partner.

**10%** of all fathers suffer from **PPND**

### Paternal Perinatal Depression

Like your partner, it's normal for you to need a little time to settle into a new routine and adjust to parenthood. Your life has significantly changed, and these adjustments can impact your mental health and wellness. If you begin feeling anxious or depressed in the first year, you may be experiencing paternal perinatal depression (PPND). PPND affects up to 10% of fathers. Female partners and adoptive parents can experience mental health issues, too. Don't suffer in silence. **Paternal depression can affect how you feel about your new role and how you interact and bond with your children and your partner. Talk to your healthcare provider right away.**

## Family Matters

### Siblings

It is completely normal for siblings to experience and display a variety of emotions when a new baby comes home. You may see displays of joy, excitement, anger, loneliness, or sadness. To regain your attention, younger children may regress, returning to behaviors like wetting the bed, needing a nightlight, or picky eating. Older children often feel less important, especially as they begin to notice all the attention toward the new baby.



- Read books to your child about living with a new baby.
- Plan special times with your older children as the center of attention.
- Place baby photos of your other children in a prominent place.
- Talk about what a new baby is like to help your child know what to expect.
- Praise age-appropriate behaviors.
- Help your children put feelings into words so you can care for their needs.
- Let the older siblings show off the new baby.
- Give the older siblings “jobs” to help care for the new baby.
- Talk to your children about how easy it is to hurt the baby.



An adult should always supervise young children and pets when they are around your baby.

### Family Pets

Many parents have concerns about introducing a new baby to a family pet. The Humane Society gives commonsense advice:

- ✓ When you come home from the hospital, have someone else hold the baby so you can calmly give your pet a warm hello.
- ✓ Bring your pet with you as you sit with the baby, and reward good behavior.
- ✓ Make the time with your pet positive, and never force your pet to interact.
- ✓ Keep to routines and spend time with your pet every day. This will reduce your pet’s anxiety and help them adjust.

# Feeding Diary for the 1st week

Record the beginning time of each feeding, and circle L or R to indicate which breast the feed started on.

newborns eat a lot!  
you can expect baby to eat

8-12 times  in 24 hours

day	L	R	L	R	L	R	L	R	L	R	Wet Diapers Fill a dot for each wet diaper.	DAILY GOALS	Dirty Diapers Fill a dot for each stool.
1	L	R	L	R	L	R	L	R	L	R	1	1	1
2	L	R	L	R	L	R	L	R	L	R	2	2	2
3	L	R	L	R	L	R	L	R	L	R	3	3	3
4	L	R	L	R	L	R	L	R	L	R	4	4	4
5	L	R	L	R	L	R	L	R	L	R	5	5	5
6	L	R	L	R	L	R	L	R	L	R	6	6	6
7	L	R	L	R	L	R	L	R	L	R	6	6	6

See page 35 for more on what to expect in the first week.

**Your baby  
doesn't need you  
to be perfect.  
Your baby  
just needs you!**



Although some of the finest doctors, nurses, and hospitals contributed to this booklet, you will soon become the expert. Nature has provided you with excellent instincts. Using a combination of common sense, basic good-care practices, and lots of love, you can make wise choices for yourself and your baby.

Your healthcare providers can answer any questions you may have about the contents of this booklet. Your medical providers are there to serve and guide you. We offer our congratulations to you and your family!

*Baby News* contains general information about newborn and postpartum care and is not meant to be used for diagnosis, treatment, or as a substitute for medical care. If you have questions about your health or your baby's health, contact your healthcare provider or medical facility.

