# Henry Ford Health System

## Childbirth Education.....

## ....At the Heart of it....



Form #: HFHS-60-0907-1105

# HENRY FORD HEALTH SYSTEM
# CHILD BIRTH INSTRUCTION BOOKLET

**PLEASE BRING THIS BOOK WITH YOU TO ALL CLASSES**

Welcome! Preparing for labor and the birth of your child is an exciting part of pregnancy. Your classes will cover a variety of topics that will help to prepare you and your partner for having a baby.

While classes cannot guarantee the kind of birth experience you will have, they can help you get ready for the birth of your child. In order for you to get the most from your classes, you will need to be committed by attending all classes, concentrate during class and practice the techniques learned in class and at home until they become a conditioned response.

## CLASS OBJECTIVES

- ✓ Learn the process of labor
- ✓ Gain confidence in your own abilities and inner strength
- ✓ Decrease your anxiety
- ✓ Learn tools for the support person to 'coach with confidence'
- ✓ Work as a team with your partner
- ✓ Learn not to fear labor
- ✓ Control the pain of labor instead of it controlling you
- ✓ Get your body to respond in a desired way during labor
- ✓ Learn to trust the process of birth
- ✓ Embrace birth as a positive experience

## Additional Reading

Development Before Birth - Timothy Duck, Dodge
What to Expect When You're Expecting - Eisenberg, Murkoff, Hathaway
A Child is Born - Nilsson and Hamberger
Preparation for Childbirth - Six Practical Lessons for an Easier Childbirth - Bing

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# PREGNANCY SECTION

## PHYSICAL PREPARATIONS

### 1. Caring For Your Back

The changes that take place in your body during pregnancy may put extra strain on your back. Good posture during pregnancy is important. It will help with circulation and decrease the strain on your back. Now is the time to learn how to care for your back to help avoid back discomfort.

* When standing, be sure to stand with your shoulders back (not hunched over). Wearing flat or low heeled shoes will help keep extra pressure off your lower back.

* When seated, it is easier on the back to have your knees higher than your hips. You will also find a rocking chair relaxing.

* Always bend your knees when bending over.

* Carry packages or small children, close to your chest.

* Never twist your body when lifting an object, face the object squarely.

* When lifting heavy objects off the floor, bend at the knees, bring the object close to your body and then lift.

* Side lying in bed is best. Use pillows to support your body. A pillow between your legs while lying on your side will help to decrease back strain. You may also find that a pillow behind your lower back helps.

### 2. Getting up from a Lying Down Position

If you sit up suddenly after you have been lying on your back, you can strain your back or stomach muscles, especially later in pregnancy. The following method is a way of avoiding strain:

a) Roll over on one side and draw your knees toward your chest.
b) Push yourself up into a sitting position while swinging your legs over the edge of the bed. To avoid dizziness, remain sitting for about 1 minute before getting out of bed.

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## 3. Exercise in Pregnancy

Before starting, or continuing an exercise program, it is a good idea to talk to your doctor, nurse or midwife. For most women, exercising during pregnancy is safe. Experts agree that exercise during pregnancy is beneficial for most pregnant women.

In most cases, women who were exercising regularly before they got pregnant can continue. If you are just starting an exercise program, you might want to start with walking. The important thing is to listen to your body. If you feel pain, shortness of breath or dizziness during your exercise routine, STOP.

As the months go by, your growing baby and the changes in your body will slow your ability to exercise. You will need to make some changes in how long and how fast you exercise and the kind of exercise you do. For example, you will need to be careful of exercises that require balance, such as skating or biking. After the fourth month, you should stop doing exercises that require you to be flat on your back or have a high risk of injury from contact.

### Exercise Do's & Don'ts

- Gently stretch your body before you start exercising. Don't over stretch.
- Avoid bouncing during aerobics. Try to keep one foot on the floor at all times.
- Keep your back straight when on your hands and knees.
- Keep your heart rate below 140.
- Avoid lifting both legs at the same time.
- Don't do high intensity kicks or high leg kicks.
- Avoid exercise in extremely hot weather.
- Hot tubs should not be above 100 Degrees F.
- Drink plenty of fluids

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## SUGGESTED EXERCISES

| Exercise | Position | Routine | Purpose |
|---|---|---|---|
| **Tailor Sitting** | Sit on a firm surface. Bring your feet close to your body and cross your ankles. Do not put pressure on your knees. Keep back straight. | Sit in this position as often as possible for as long as you are comfortable - while watching TV, reading, etc. | To relax and rest the lower back. |
| **Leg Stretch** | Sitting with back and legs straight. Feet relaxed, ankles about hip distance or more apart. | Inhale, raise arms to shoulder height. Exhale, reach toward toes with arms out and back straight. Inhale, come back, and exhale as you repeat the stretch. | Stretch hamstring and lower back. |
| **Pelvic Rock or Tilt** | On hands and knees with back straight. Hands and knees same distance apart. | Tuck buttocks under, tilt pelvis by contracting stomach muscles and push your back up like a mad cat. **Don't hold your breath.** Hold for 3 seconds and relax. | Relieve lower back discomfort and tone abdominal muscles. |
| **Kegel** | Tailor sitting or in a chair. | Inhale and contract the muscles around the opening of the vagina. Exhale, relax the muscles. Repeat 10 times and do 8-10 times a day. | Improve muscle tone of the perineal muscles. Increase circulation, flexibility and postpartum recovery. |
| **Squatting** | **Standing:** Feet flat should be body width apart. Body straight with toes and knees pointed outward. Use a stable piece of furniture. | Breath while squatting slowly. Bend knees outward. Don't let your knees go past the end of your toes. Inhale and exhale in the squatting position to the count of 5 (work up to a 30 second hold). Exhale while returning to a standing position, or if sitting slide back into chair. | To stretch the pelvic floor, improve flexibility, prepare for pushing phase. |

**WARNING SIGNS TO STOP EXERCISE!**

DIZZINESS
CHEST PAIN
BLOOD OR FLUID FROM VAGINA
PRETERM LABOR
SHORTNESS OF BREATH
ABNORMAL PAIN

## RELAXATION

Relaxation is the foundation for the tools you will use during labor. Being able to relax during a routine day seems simple, but it is more difficult during labor. Learning to relax before and during labor can help you sleep better, increase your stamina, give you more energy and allow you to concentrate on the birth of your baby. It has also been shown that using relaxation and breathing techniques can lessen the pain and actually shorten the length of labor.

Training the body to relax takes time and practice. You will learn a variety of techniques throughout this class. Take the time to practice them. It can be an enjoyable experience especially if you practice with your partner.

### 1. Hits for Practicing Relaxation

The more you practice your relaxation techniques, the easier they will be when you are in labor!

#### Before you start

Turn down the lights
Empty your bladder
Wear comfortable clothes
Use a firm support surface
Decrease the noise level in the room:
Turn off T.V., radio etc.

#### Times and Places to practice

When you feel stressed out or upset
With your coach/or alone
Before you go to bed
In the bath or shower
At a red light
In a traffic jam
Before you get out of bed
While watching TV
While reading a book
During breaks at work
During Braxton Hicks Contractions

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## 2. Fundamental Techniques

There are six fundamental techniques which, when practiced will become a conditioned response to labor contractions. If you have a plan for how to deal with every contraction, labor will likely move more quickly and with less pain.

I. Find a comfortable position. Listen to what you body is telling you and be sure you are well supported.

II. Find a focal point. A focal point should be an object or image where you can direct your attention. It allows you to keep your mind on what you should be doing during the contraction.

III. Take a deep cleansing breath (or a signal breath). It serves as a signal to yourself and others that the contraction has begun. As you slowly breathe out, blow away all tension.

IV. Follow a breathing pattern suitable for your point in labor. Remember, breathe in through the nose and out through a relaxed mouth.

V. Listen for verbal cues from your partner or medical team. (Example: Relax your shoulders, slow your breathing).

VI. Finish contraction with a cleansing breath.

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## 3. Breathing Techniques

**a) Slow breathing**: Slow breathing is the first breathing pattern you can use during labor. It is possible to use this breathing pattern throughout labor. The slower and more relaxed you are breathing during labor, the more relaxed your body will be. This will help you have an easier time. When doing slow breathing, breathe in through your nose and out through your mouth. The key is to concentrate on the slow steady pattern.

Use the picture below and the following steps to help you learn the slow breathing technique:

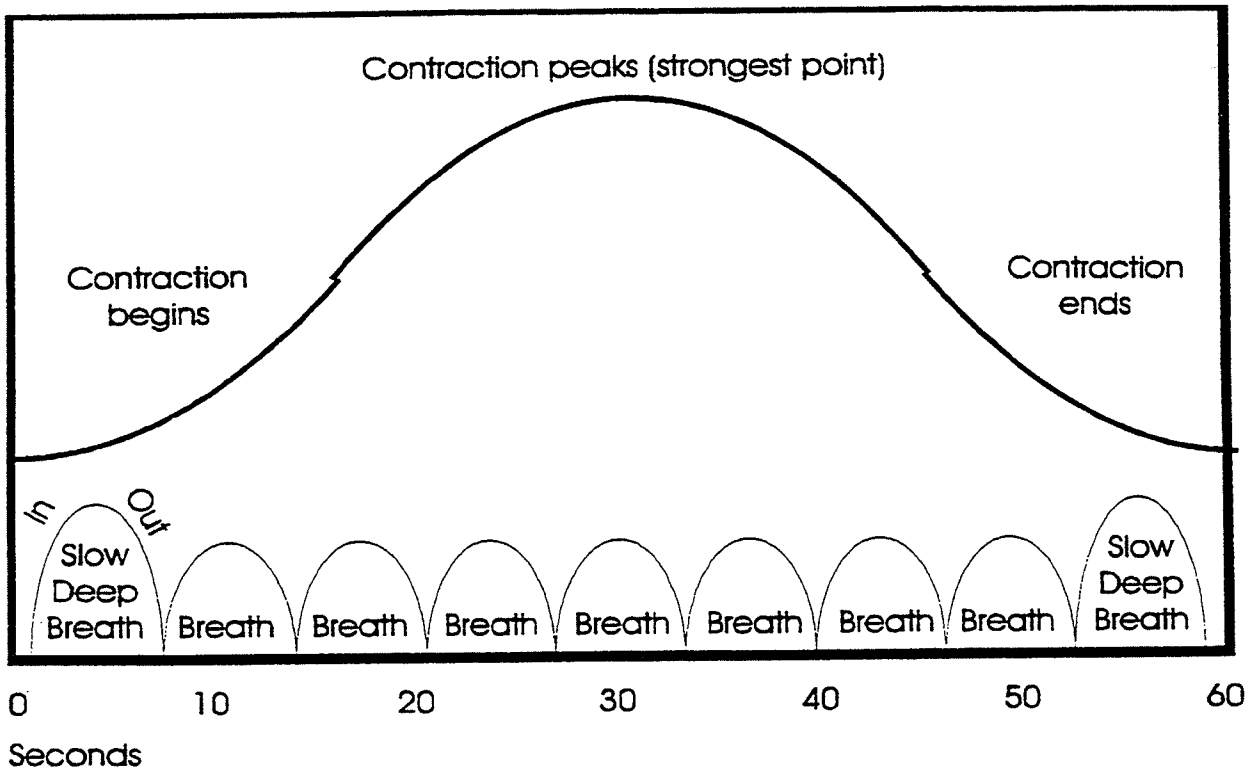
1. At the beginning of each contraction, take a slow, deep, breath and release

2. Keep your eyes open

3. Continue breathing in through your nose and out through your mouth in an even, rhythmic pattern. (You may count as follows: breathe in 2,3; breathe out 2,3).

4. Repeat the breathing pattern eight to ten times during each 60-second contraction

5. At the end of each contraction, take another deep, slow breath and release



**b) Slow & light breathing:** You may reach a point where you feel you need to breathe somewhat faster. Light breathing means that your breaths are shallower than in the slow breathing pattern. Combined slow and light breathing will help you control your breathing and stay relaxed over the peak of strong contractions.

Use the picture below and the following steps to help you practice and learn the light breathing technique:

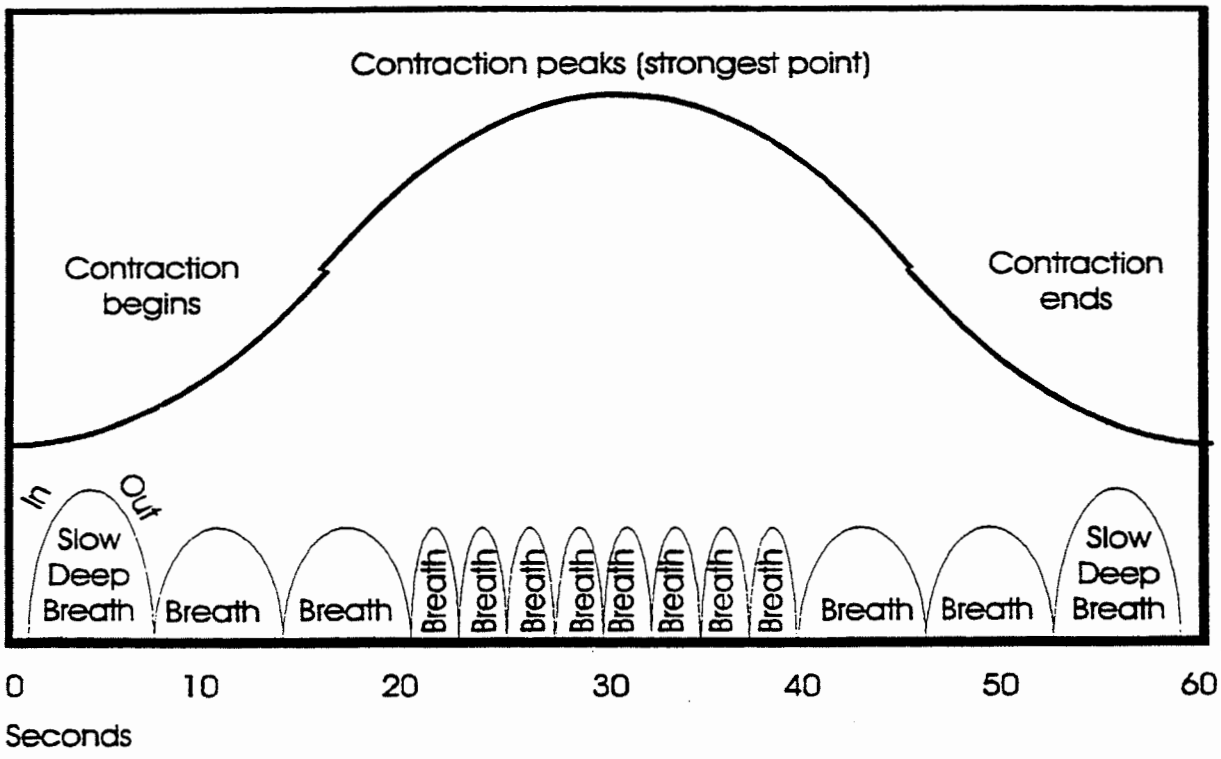
1. At the beginning of each contraction take a slow, deep breath and release

2. Keep your eyes open

3. Continue breathing in through your nose and out through your mouth in an even, rhythmic pattern (You may count as follows: breathe in 2,3; breathe out 2,3)

4. As the contraction gets stronger, change to light breathing (breathe in 2, out 2; breathe in 2 out 2; breathe in 2, out 2) continue the light breathing until the intensity of the contraction subsides and return to slow breathing.

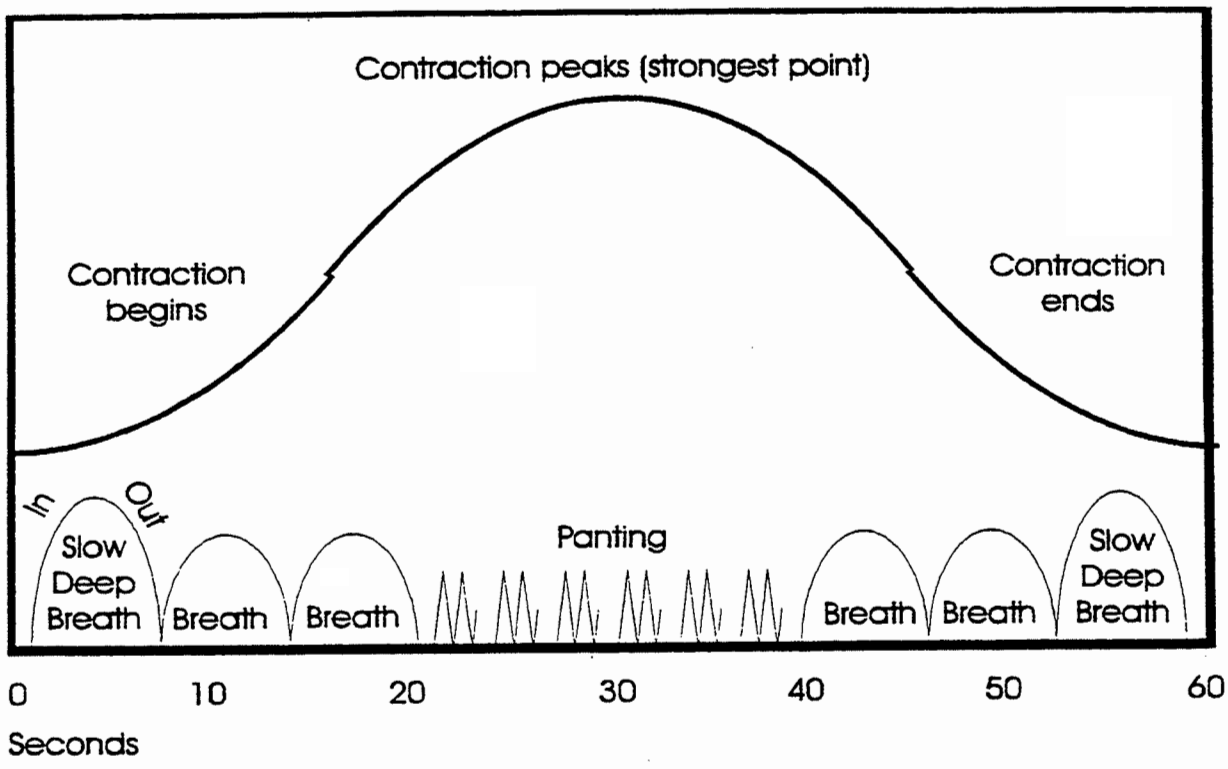
5. At the end of each contraction take another deep, slow breath and release.



**c) Breathing to prevent pushing:** As your cervix gets closer to 10 centimeters, you may begin to feel the urge to push or bear down. Pushing before the cervix is completely dilated may cause it to swell and slow your labor. Breathing and panting will help you to keep from pushing.

Use the picture below and the following steps to help you practice and learn this breathing technique:

1. At the beginning of each contraction take a slow, deep, breath and release
2. Keep your eyes open
3. Continue your earlier breathing pattern until you feel the urge to push. Begin breathing in and out through your mouth in a panting fashion. To avoid hyperventilating, say the words hee, who, hee who. The who should be a longer breath out.
4. At the end of each contraction take another deep, slow breath and release



**d) Breathing for pushing:** Once your cervix has dilated to 10 cm, you will be able to push. You should only push during contractions, unless your doctor or midwife tells you otherwise.

Use the picture below and the following steps to help you practice and learn pushing:

1. As the contraction begins and you begin to feel the urge to push, get into a comfortable position, pick a focal point and concentrate

2. **Keep your eyes open**

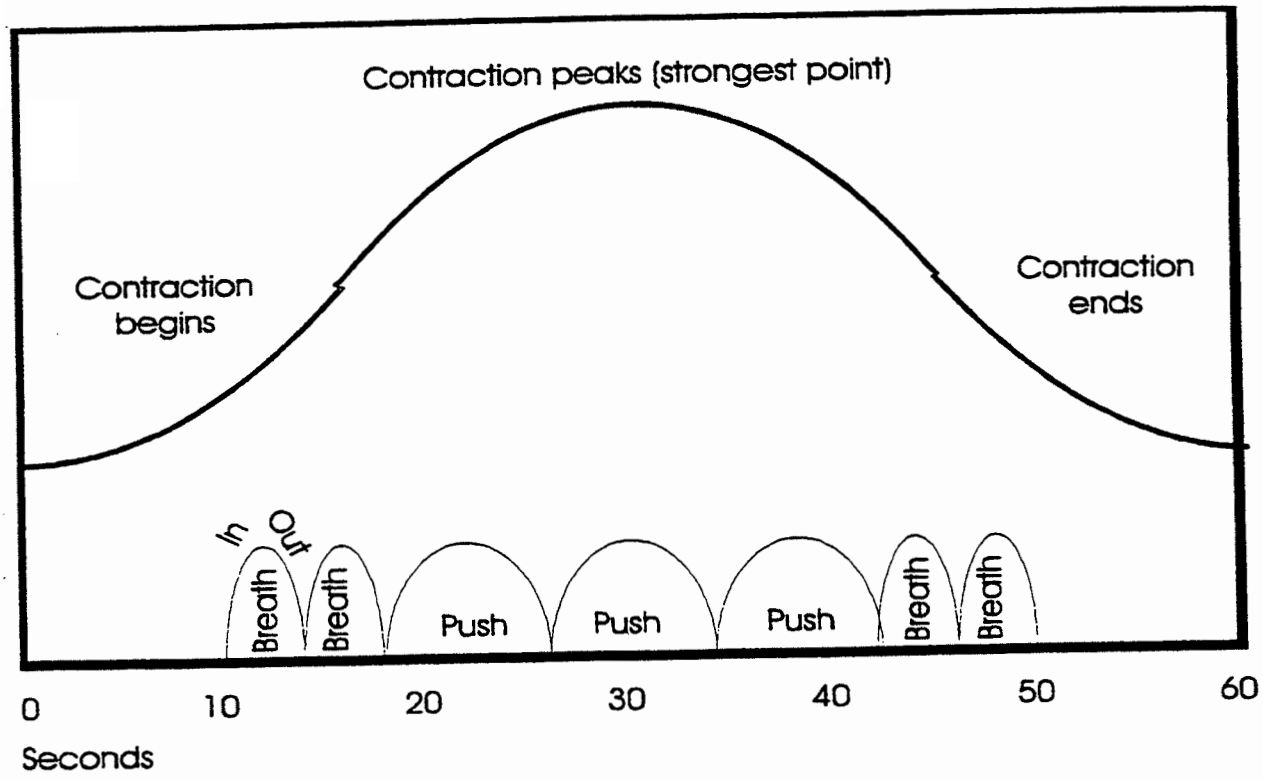
3. Take 2 cleansing breaths and release

4. Take a third breath, **but don't exhale**

5. Take hold of your knees, round your back and push long and strong. Push like you are forcing urine or stool (don't really push when practicing)

6. Exhale through pursed lips, take a deep breath and push again. Exhale, take a quick breath and push again. You should be able to get three pushes for each contraction.

7. At the end of each contraction take 2 cleansing breaths and release.



# BIRTH SECTION

## GETTING TO THE HOSPITAL

### When to Go to the Hospital

- ✓ When your water breaks
- ✓ Contractions are lasting 60 seconds and have been coming every 5 minutes for 2 hrs
- ✓ Not your first pregnancy and you know you are in active labor
- ✓ Bleeding like a menstrual period
- ✓ Baby is not moving like normal
- ✓ If you have special considerations in this pregnancy check with your doctor or midwife regarding when to come to the hospital

## ITEMS YOU MIGHT WANT TO BRING TO THE HOSPITAL

| | | |
|---|---|---|
| **Mouth Care Items** | Lip Balm<br>Toothbrush | Mouthwash<br>Lollipops |
| **Back Care & Massage Items** | Powder<br>Tennis ball or back roller | Lotion |
| **Other Items** | Extra Pillows<br>Hand fan<br>Reading materials, cards, needle work etc.<br>Change for pay phone and list of phone numbers<br>Radio or cassette player with favorite, relaxing music<br>Camera with extra film and batteries<br>Medical Record number, Insurance card and picture ID | Personal focal-point object<br>Footies or knee socks |
| **Items for Partner** | Bathing Suit (to assist in showers)<br>Medications or pain relievers for self | Toothbrush<br>Snacks |
| **Items for Mom - Post Partum** | Comfortable clothes to wear<br>Nightgown, robe and slippers | Underwear and bras<br>Personal Hygiene items |
| **Items for Baby** | Car Seat<br>Sweater and hat (if cold outside)<br>Baby's record book | Sleeper or outfit<br>T-shirt<br>Blankets |

# THE COACH'S GUIDE TO LABOR

The coach is the main support for the pregnant laboring woman. The coach may be either male or female, and should be someone the woman trusts and with whom she feels comfortable.

## 1. Before Labor Begins

a) Attend childbirth classes and learn relaxation, breathing and exercise techniques.

b) Assist and encourage mom to practice the techniques learned in class. Frequent practice of these techniques will help mom to become conditioned to the sound of your gentle and encouraging voice.

## 2. Once Labor Begins

### Early in Labor

a) Remain calm. "Relaxation spreads relaxation." If you feel nervous, take a cleansing breath and find your focus. Remind yourself, pregnancy is beautiful. Childbirth is a normal healthy event. I can do so much to make this a healthy, joyful event. My support will make my partner's labor so much easier.

b) Remind mom to take a cleansing breath before and after each contraction.

c) Check her breathing. Encourage her to breathe slowly and evenly. You may need to breathe with her, but don't breathe on her.

d) Watch for signs that the current labor techniques are no longer effective (she may be unable to breathe slowly or lose her focus easily). Suggest that it is time to move on to another breathing pattern, try a new position, empty her bladder or refocus.

e) Encourage and assist mom to walk around as long as she is comfortable doing so.

f) Offer frequent words of encouragement such as "You are doing great." Let her know how proud you are of her accomplishments, her strength and her ability to give birth. Whisper "sweet nothings" and "I love you's". Keep your voice quiet and your tone reassuring.

g) Use comfort measures such as back rubs, light fingertip massage, warm soaks, moist washcloths, ice chips, lollipops, lip balm, holding her hand or playing relaxing music as needed. Use the tools which work best for her.

h) Anticipate her need for comfort measures; suggest something before she has to ask.

i) Help her up to the bathroom or onto the bedpan at least once every two hours while in active labor. Start as soon as a contraction is over to give as much time as possible.

j) Remind and assist her to change positions every 40-60 minutes. Do this between contractions.

k) If mom is sleeping between contractions, watch the monitor and awaken her when a new contraction is starting. This will prevent her from being startled by the peak of the contraction.

l) Pace the contractions: "This contraction is half over" or count off the seconds in 10's. Tell her when the contraction is ending.

m) Remind her that stronger contractions do more work. "Stronger is better".

n) Watch for tension in her face, neck, shoulders, arms and legs. Help her use relaxation techniques to release the tensions.

o) Stay positive.

p) When you are able, eat and drink and rest to keep up your energy.

q) Remain physically close - Touch her, caress her, stroke her, let her know you are there for her. (Hint: Some women, especially late in labor may prefer that you do not touch her)

r) Share her experience with her. Get in bed together, walk with her, help her bathe or shower.

s) Help her to feel secure and protected. Shield her from outside disturbances or concerns. Let her know it's okay to do her own thing.

t) Be her advocate. Express her concerns and/or questions to the medical team members. (Questions such as: Who? What? When? Where? Why? Any other options? What if we don't do anything? What are the side effects?)

u) If she loses control, remain calm and redirect her. Use eye to eye contact and short simple commands. Between contractions ask, "What were you thinking during that last contraction?" This may give you more ides of how to help during the next one.

v) Remind yourself that fathers and/or loved ones are the finest tranquilizers and the most effective pain relievers for their laboring partners.

w) Enjoy the miracle that is happening before you!

**Later Stages of Labor (Transition)**

a) This is often the most demanding time for both mom and coach. It may be as short as a few minutes or as long as several hours. This stage starts at about 7cm. dilation and lasts until the baby comes through the cervix.

b) The peak intensity of contractions last longer and rest time between contractions is shorter. Mom may be struggling with a variety of feelings such as panic or deep concentration. She will need your direction with every contraction.

c) If she has low back pain, apply steady pressure to the area. A massage or rolling tennis balls over the area may help. Encourage the pelvic rock between contractions.

d) If she can't breathe and has an urge to push, call for assistance. Instruct her to do the breathing to prevent pushing (hee,who,hee,who).

**Second Stage (Pushing)**

a) The second stage can bring mixed feelings of surprise, joy and fear. She will need reassurance that the stretching and pressure sensations are normal and that pushing will usually bring relief. She will need clear simple commands to get organized to push.

b) When she gets the medical "OK" to push, encourage her to take three deep breaths and hold the third. Help her lift her head and shoulders. Be sure to support her neck. Keep her informed of what is happening. Be generous with praise and encouragement.

## 3. Coach's Checklist for Hospital

_____ Gas in car

_____ Protection for seat of car

_____ Make arrangements for other children and/or pets

_____ Suitcase

_____ Map to hospital and alternative route

_____ Leave jewelry/valuables at home

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## PAIN RELIEF IN LABOR

Every woman's labor is different. There are many things that affect what you feel and how you cope. These include personal pain tolerance, the position and size of the baby, previous life and birth experiences, the strength of the contractions, length of the labor, how tired you are, fear anxiety, complications and movement restrictions.

The goal of pain relief is to make you feel as relaxed as possible without causing harmful side effects to you or your baby. It is recommended that you use the pain relief measure that works best at the time and has the least amount of side effects. Keep in mind that what works best at one time may not be the best at another time in your labor.

The three most common pain relief options are:

**Relaxation Techniques**
**Pain Medications**
**Epidural**

You and your doctor or midwife will decide what is best for you based on your preference, the progress of your labor and the condition of you and your baby. It is recommended that you begin with relaxation techniques taught in class. Many women go through labor using only relaxation techniques. Other women need more help for the pain. The idea is to balance the effectiveness of the pain relief with the risk to yourself and the baby.

| | | |
|---|---|---|
| **Lower** | **← RISK →** | **Higher** |
| ***Relaxation*** | ***Pain Medication*** | ***Epidural*** |
| **Lower** | **← EFFECTIVENESS →** | **Higher** |

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## 1. Relaxation Techniques

Studies have shown that the more relaxed you are during labor, the faster the labor is and the less pain you will feel. Relaxation techniques including having a positive attitude, visualization, structured breathing, a focal point, position changes, walking, showering, massage, being in a quiet and friendly room and having someone you trust around to support you. Using relaxation techniques helps your body to release its own pain relief hormones.

**a) Positive Attitude:** Having a positive attitude about labor is the very best thing you can do to help yourself. Many women are afraid of labor and the pain of the contractions. Fear creates tension and leads to more pain. If you have the attitude that labor and birth are normal and go along with the flow of the contractions, you may feel less pain and the labor may be faster. If you are frightened and fight against the contractions, they can hurt more and labor may take longer.

**b) Visualization:** Visualization is a way of using positive thoughts to help you through labor. With visualization, you create pictures of positive things in your mind. Think of the contractions as something good. The stronger they are the better. When you feel a contraction, picture in your mind the muscles of the uterus pushing the baby down. Remind yourself that contractions only last for one minute. Another way that visualization can help is to picture yourself in a favorite place like the beach. When the contraction comes, picture it like a wave washing over you. The wave comes, builds up and goes away, taking pain and tension with it.

**c) Structured Breathing:** Structured breathing is taught in this class and in yoga and some sports. The idea is that you teach your muscles to relax when you breathe in a certain way. If you practice this enough, you muscles will start to automatically relax when you do the breathing. If your muscles are relaxed during a contraction, you feel less pain.

**d) Focal Point:** Using a focal point helps you to concentrate. The idea is that you focus your concentration on something like a picture, spot on the wall, person or object. Focusing your concentration helps you to do your breathing so you will feel less pain.

**e) Position Changes:** Position changes and walking during labor help you to relax more, help the baby move down the birth canal and can be soothing. Many women find rocking to be relaxing during labor. The idea is to "listen" to your body and stay comfortable by changing positions throughout labor.

**f) Showering or Bathing:** Showering or bathing has been used to soothe aches and pains during labor. The warm water will help relax tense muscles. The shower water hitting your skin can sometimes confuse your pain sensors so you don't feel the pain of the contraction so strongly.

**g) Massage or Stroking:** Massage and/or stroking helps your muscles relax. It can also help your mind relax so you can concentrate on your breathing. Massage on your skin can sometimes confuse your pain sensors so you don't feel the pain of the contraction so strongly.

**h) A Quiet Friendly Room:** Being in a quiet, friendly room and having people around you who love and trust can make a difference in how you feel the pain of labor. When you are scared, you tense up and you feel the pain of labor. Feeling trust for people helps you to relax.

**i) Music:** Listening to music you like can help you feel more relaxed. Your mind can relax which will help you to relax your muscles.

**UNMEDICATED LABOR VS MEDICATED LABOR**
**By Brenda Lane, Delaware/Maryland/Metro, DC Coordinator**

1. While an epidural can provide excellent pain relief, there are some possible drawbacks such as:
   - slowing labor
   - reducing Mom's mobility
   - increasing need for Pitocin and forceps
   - increasing risk of back pain after birth

2. Demerol or other analgesics can help relax you, but they can also:
   - slow labor
   - make you feel nauseous
   - reduce your participation in labor

3. You have eliminated most, if not all medications during your pregnancy. Think of your labor as ***just one more day*** of protecting your baby in this way.

4. Share your preferences to avoid medication with your health care providers and labor support people as soon as the opportunity arises. Then **stick with your plan,** even if someone tries to discourage you

5. Remember to use all comfort methods discussed in class, such as breathing techniques, relaxation, massage, position changes, visual imagery, shower or bath, music……**Use whatever works for you!**

6. Fill your head with positive, self-empowering states, such as:
   - **I am as strong person**
   - **I can do this**
   - **This is a good contraction and it's opening my cervix**
   - **I will see my baby soon**

## 2. Pain Medication

There are several different kinds of pain medication available during labor. Those that decrease the pain of labor are called narcotics such as Demerol, Morphine, Nubian and Stadol. Each person responds differently to narcotics, but usually will make you relaxed and sleepy. The decrease the pain of the contractions, but they do not stop the pain. You will need to continue breathing with the contractions.

The medication must be given at the correct time during your labor. If given too soon, it can stop labor. If given too late or too close to delivery, the baby will still have the effects of the medication when it is born. When given at the right time, pain medication can help you to relax so your labor can progress. The effect of the narcotics usually lasts 1-4 hours.

## 3. Epidural Block

An epidural block decreases the pain from contractions while you stay awake. It is a type of anesthetic that numbs the nerve endings of the lower half of the body, especially those that affect the uterus. The goal of the epidural is to relieve the pain of the contractions but not to remove all sensation. You may still feel some pressure with each contraction. An epidural can be safe for both Mom and baby.

**a) How an epidural is given**: An epidural is given in the lower back in a small space between your spine and your skin (the epidural space). A tiny needle is used to numb the area. Another needle will be put into the numb area and in the epidural space. A small, flexible, plastic catheter is threaded through the needle and the needle is removed. The catheter is taped to your back and will stay in place until after your baby is born. The end of the catheter is attached to a pump so that continuous flow of anesthetic can be given.

**b) Monitoring during the epidural:** You and your baby will be monitored while you have the epidural. A blood pressure cuff on your arm and your blood pressure will be checked every 5-15 minutes. You will be given oxygen to breathe and a clip will be placed over one finger to monitor the oxygen levels in your blood. A fetal monitor will be placed on your belly or directly on to the baby to see how the baby responds to the epidural. Once the epidural is in place, you will have to stay in bed for the rest of labor and delivery. Some women also have a catheter placed in their bladder to drain the urine while the epidural is in place.

**c) How you feel during an epidural:** You will be awake while the epidural is working. It will take about 10-20 minutes after the injection for the epidural to begin working. The epidural will relieve pain, but not take away all sensation. You will still feel some pressure sensations with contractions, and may feel vaginal exams. As labor progresses and the contractions get stronger, you may feel more pain. The epidural will then be adjusted based on the level of pain you are feeling.

**d) Effects:** Every woman responds differently to the epidural. For some women, contractions slow down, while others find it helps them to relax enough for labor to progress faster. Others find it hard to push due to being numb. If you cannot push properly, the baby may need to be guided through the birth canal with forceps or a vacuum instrument. If you labor slows with the epidural, a medication called pitocin can be given to increase the contractions.

**e) Risks:** Although not common, side effects can occur. The following are uncommon side effects of an epidural:

- Decreased blood pressure- the epidural can lower the blood pressure too much which can lead to problems with the baby's heart rate.
- Fever - the longer the catheter is in place, the more likely you will develop a fever which may lead to a medical work-up of the newborn.
- Headache - may develop if there is a puncture in the covering of the spine during the insertion of the catheter. The headache lasts only a few days. Treatment for the headache includes laying flat, drinking fluids, and taking pain pills. If it continues, further treatment may be needed.
- Difficulty breathing - the epidural may temporarily affect your chest muscles. If this happens, you will get oxygen and your breathing will be assisted.
- Non-complete block - sometimes the epidural will only decrease the pain on one side. If this happens, the catheter in your back will need adjustment or need to be replaced.
- Difficulty urinating - it may make urination difficult or impossible thus requiring a Foley catheter before and/or after birth.
- Delayed nursing - it may decrease the baby's initial interest in breast feeding.
- Effects on birth - it may increase the chance for a delivery with forceps, vacuum instrument or cesarean birth.
- Other very rare complications of an epidural are seizures or heart irregularities. Special precautions are taken to prevent this.

**f) Deciding to have an epidural:** Making a decision is not easy. Read as much as possible, discuss your options with your doctor, nurse or midwife and keep an open mind. Every labor is different and not always what you expect. It is important to know the benefits and risks. If you are managing your pain well and your labor is progressing, then the risks may be greater than the benefits. If you are exhausted and you feel the pain is unbearable, and/or there are other complications, the benefits may be greater than the risks.

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## 4. ANESTHESIA FOR CESAREAN BIRTHS

Epidural, spinal or general anesthesia may be given for cesarean births. The decision of which to use depend on many factors including your condition, your baby's condition and your preference.

If an epidural is already in place, it may be continued for cesarean delivery. If you do not have an epidural, there is usually enough time to insert one before the surgery.

**a) Spinal Anesthesia:** This is given using a smaller needle in the same location as the epidural. The difference is that a smaller amount of anesthesia is used and it is put directly into the sac of the spinal fluid. Numbness occurs quickly. Occasionally a headache may occur following a spinal, but this can be treated.

**b) General Anesthesia:** General anesthesia causes you to lose consciousness. It is used when a block is not possible or not the best choice for the mom or baby. It can be started quickly and is commonly used when an urgent cesarean birth is needed. In these cases, general anesthesia is safe for the baby.

Food or fluids in the mom's stomach cause one of the more common complications of general anesthesia. Labor usually causes undigested foods and acids to stay in the stomach. During unconsciousness, these could come back into the mouth and lungs. You will be given an antacid to neutralize the stomach acid before the cesarean birth.

If you need to have a general anesthetic for birth, your partner will not be allowed to be in the delivery room. Your partner will be asked to wait for you in the recovery room where you and the baby will be taken after the delivery.

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Notes:

## CESAREAN BIRTH

A cesarean birth is when the baby is born through an incision made in the mother's abdominal and uterine wall.

### 1. Prior to Surgery

You will be given an IV to allow the caregivers to give you medication and to prevent dehydration. Blood will be drawn to check your iron and your blood type. Your nurse will shave your abdomen and upper pelvic area, and a catheter will be inserted to empty your bladder. The anesthesiologist will come to discuss the anesthetic procedure with you and answer any questions. The surgery will be explained to you and you will be asked to sign a consent form. Your nurse may also give you an antacid.

### 2. The Delivery Room

Your coach will be asked to wait in another room while you are taken into the operating room and the anesthetic is being administered. The usual anesthetic is a spinal. If you have an epidural for labor it is usually used for the cesarean also but a different type of medication is put in. With both, you will be awake and alert during the cesarean, but will feel no pain. You will have several monitors attached to you so the anesthesiologist can monitor your heart and blood pressure, and you will be given oxygen. Your abdomen will be scrubbed with an antiseptic solution to prevent infection. Once everything is ready to start, your coach may be allowed to join you in the delivery room. The incision and delivery of the baby will take about five to ten minutes. The entire surgery will take one-and-a-half hours. Your baby will be examined by a pediatrician right at birth, then will stay in the OR and recovery room with you if stable.

### 3. Recovery

You will spend one to two hours in the recovery room where your nurse will check your blood pressure, pulse, and massage your uterus regularly (this may be uncomfortable as the anesthetic wears off). Pain medication will be given as needed. If you have a spinal, it may take several hours before the feeling returns in your legs. If stable, baby will be brought to you soon after arriving in the recovery room, and you may breast feed then. The catheter will stay in your bladder for about 24 hours after surgery. It is best to take your pain medication regularly in the first 36 to 48 hours. This will make it easier to move around. Once you are allowed to sit up, it is a good idea to place a pillow over your abdomen for support and to ease discomfort when getting out of bed. It is important to breathe deeply and to cough - it will help prevent breathing problems. To help surgical gas pain go away, walk as much as possible. Although walking may be uncomfortable, it helps you recover more quickly.

You and your baby usually will be allowed to go home two to three days after the delivery. Remember that you will recover more slowing from a cesarean birth than a vaginal birth. Rest as much as possible. Ask friends and family to limit their visits.

# "VBAC": VAGINAL BIRTH AFTER A CESAREAN

Even though you may have had to deliver your baby by cesarean, it is possible that your next baby can be born by a vaginal birth.

Most women who have had a low transverse cesarean birth are candidates for a trial of labor. There is a 60-80% success rate for these women. However, there is no reliable way to predict who will be successful.

The largest risk for women who have a scared uterus is when rupture of the uterus occurs. This can occur in 0.2-1.5% of women with a low transverse scar and can lead to hysterectomy, infant death or neurological damage.

## 1. Advantages of Successful VBAC

- Fewer postpartum infection
- Fewer blood transfusions
- Shorter hospital stay
- Faster overall recovery

## 2. Risks of Failed Trial of Labor

- Increased infections for Mom & baby
- Uterine rupture (0.2-1.5% for low transverse scar)
- Increased risk of hysterectomy
- Operative injury increased over elective C/S

## 3. Elective Repeat C/S

a) Benefits:

- Scheduled day & time
- No labor
- Easier recovery then failed VBAC

b) Risks:

- Increased infection
- Operative injury

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Notes:

## EMERGENCY DELIVERY

**If the baby is coming and you cannot make it to the hospital:**

- Remain calm. The more relaxed you are the easier the delivery will be.
- Call for help (911) if a phone is available, or send someone for help.
- Lie down in a comfortable position on your back. If you are in a car, lie the full length of the seat.

**Your support person should:**

- Gently support the baby as it delivers.
- Dry the baby with a **clean** towel.
- Hold the baby against the mom's tummy to keep him/her warm.
- Clear the baby's airway by holding the head lower than the rest of the body and gently tapping or rubbing the back. Be sure to turn the baby's head to the side.
- **DO NOT** cut or pull the umbilical cord. Let it deliver naturally.
- Get the baby and mom to the hospital as soon as possible.
- Keep the baby and mom warm and together until help arrives.

## UNEXPECTED OUTCOMES

### 1. Dealing with Changes in the Birth Plan

- Take a deep breath.
- Remain calm.
- Listen carefully.
- Remember your goal is to have a healthy baby

### 2. Understand the Situation

Restate what was said and reflect on what you heard. For example, "I heard you say…." Clarify what you heard. For example, "I'm not sure I understood that….." If you are not speaking with your primary caregiver: How would my midwife/doctor handle this situation?

### 3. Learn the Risks and Benefits

Learn the benefit of the proposed change for yourself and your baby. For example: "What is the benefit of a fetal scalp electrode to me? To my baby?" Learn the general risks of the procedure or proposed change. For example: "What are the risks of my using Pitocin to increase contractions? And what is the chance of that risk happening to me? Or my baby?" Ask if there are any alternatives. For example: "Is there another way to monitor the baby safely other then continuous electronic fetal monitoring?"

## 4. Discuss the Options

Discuss the issues with your midwife or physician while your partner is in the room. Make sure to ask all your questions. Then consider discussing the situation alone with your partner before making a decision. Suggest a compromise if appropriate to the situation. For example" "I would like to try nipple stimulation and ambulation first before we start pitocin."

## 5. Dealing with an Emergency

In an emergency, you need to understand that there may not be time to explain everything in detail and answer all your questions. Trust that the healthcare team wants the best for you and your baby.

Everyone has an idea of how they hope labor and birth will go. However, many things that you don't have control over can effect your labor and birth. These include the position and size of the baby, how long your water has been broken, if there is meconium in the water, how the baby's heart rate is, if the cervix is dilating and many, many more. When a complication happens, your physician or midwife may need to do something that will be different from what you had hoped. For example, if there is meconium when the water breaks, you will need to have a fetal monitor on all the time until the baby is born and you will not be able to walk around or have a shower. Or a more serious emergency may occur, and you many need a forceps delivery or even a C-Section.

Remember that the most important outcomes of your labor and birth is to have a healthy baby and for you to be healthy afterwards.

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Notes:

# POST PARTUM CARE SECTION

## CHANGES IN YOUR BODY

### 1. Uterus

The uterus will slowly decrease in size. It will take about six weeks to reach the size it was before pregnancy. You may feel cramping for a few days after delivery as the uterus is contracting back to normal size. This is called "after pains". Lying on your stomach will help you to feel more comfortable.

### 2. Bleeding

The discharge after birth is like a menstrual period. It is normally heavy and red for two to three days. It will decrease in flow and the color will change to pinkish and eventually it will become colorless. This discharge may last from two to six weeks after you deliver your baby. It should **not** change from colorless or pink back to red. If the discharge becomes red, you are doing too much. Relax and slow down. If the discharge remains red after you slow down or it has a foul odor, **call your doctor or midwife.** Your first menstrual period will usually begin 4-6 weeks after birth.

### 3. Breasts

They will develop a feeling of fullness in preparation for breastfeeding. They may appear hard and painful (engorged). It may help to wear a supportive bra 24 hours a day. If you are breastfeeding, the engorgement will decrease as your baby starts to feed. If you are not breastfeeding, wear a tight bra and do not stimulate the breasts. Try applying ice packs and taking pain medication. Engorgement lasts about 24-48 hours.

### 4. Vagina and perineum

The area around your vagina may be swollen and you may have had stitches. The stitches will dissolve in 1-2 weeks and sometimes you will see a piece of stitch on your pad. During the first 12-24 hours, ice will be applied to keep the swelling down. Applying moist heat after the first 24 hours will help with healing. Rinse with warm water after you use the toilet and stand up before you flush. The best way to dry your perineum is with a blow dryer (you don't need to touch the stitches and the heat helps the healing). Doing Kegal exercises will also help healing. **Do not douche, use feminine sprays or tampons.** The cervix is still open from delivery and can easily be infected.

### 5. Hair

You may notice hair loss for up to three months after the birth of your baby. This is normal. You will **not** go bald. You can wash you hair as soon after the birth as you like, and as often as you like.

## 6. Sweating

You may have night sweats for about 4-6 weeks after delivery. Hormonal changes cause this.

## 7. Bathroom Habits

During the first six weeks after delivery, you may notice that you constantly have to urinate. Your body is getting rid of the extra fluids you needed during your pregnancy.

Many women are worried that the first bowel movement will be uncomfortable but usually there are no problems. Trying to relax, a soft diet and lots of fluids will help. Also, your doctor or midwife can prescribe a stool softener. Avoid constipation and straining to prevent hemorrhoids.

## 8. Weight Loss

When you weigh yourself after delivery, you will be disappointed to find that you have only lost a few pounds. This is normal, but by the end of the first week you will have lost 12-15 lbs. At 6 weeks postpartum, you should weigh almost what you did before you were pregnant (if you have been eating properly and no junk food!).

## 9. Postpartum Blues

The first seven to ten days after birth is a time of heightened emotion. New moms may experience feelings of emptiness, loneliness, anxiousness and crying. This is normal. Help yourself by resting as much as you can and getting help from friends and family. **If these feelings last for more than two weeks or are so severe that you can't care for yourself or your baby, call your doctor or midwife.** It may be that you are going through postpartum depression.

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Notes:

## CARING FOR YOUSELF

### 1. Rest

Your first 2 weeks at home, you should do **nothing** but care for yourself and the baby. You should try to sleep for 12 hours every 24 hours. Take advantage of all the friends and relatives who are more than willing to help. Sleep when the baby sleeps because more than likely you will be up for feedings two or three times during the night. Fatigue is one of the most common problems postpartum.

### 2. Activity

Once again, you should do **nothing** but care for yourself and the baby during the first 2 weeks. No cooking, cleaning, washing, or shopping. Limit stair climbing.

If you had a vaginal delivery, **do not** lift anything heavier than 12 pounds (i.e. a diaper pail or grocery bag). If you had a c-section, **do not** lift anything heavier than your baby.

After the first 2 weeks, you can gradually return to household duties and may be able to develop a routine around the baby's schedule. Set realistic goals for each day. Allow rest periods and time for yourself, whether or not the housework is done. A relaxed wife and mother is more important than a spotless house. You won't be able to deal with a cranky, fussy baby if you are tired.

### 3. Bathing

You may take a daily bath or shower once you are home. Do not put any oils or bubble bath or scented crystals into the bath water. Just use normal soap and water to clean.

### 4. Nutrition

Correct nutrition is just as important after you have given birth as it was during your pregnancy. Your body has just completed one of the most physically draining jobs it will ever have to do, and needs time and help to return to normal. One of the best ways is to give your body the correct fuel. This means eating a proper diet that includes the recommended amounts of calories, protein and vitamins. Don't diet to lose weight in the first six weeks after birth. Eating healthy and getting regular exercise should have you back in shape in a few months.

### 5. Sexual Intercourse

It is recommended that you do not have sex until after you have started birth control, however this does not mean that you cannot be intimate

Many women find their interest in sexual activity decreases after the baby is born. Some women are interested in sex in 3 weeks and some are not ready for 10 weeks. This decreased interest may be due to fatigue, the fear of pain or the fear of pregnancy. Time

and talking are the best ways to settle this problem. If you are not ready for intercourse, talk to your partner. Allow time to just be together. Accept offers from family and friends to help with housework and baby care so that you can get some rest.

When you resume intercourse, you may experience a few difficulties. These may include a low sex drive due to hormones and fatigue, or a dry vagina. Use K-Y Jelly for lubrication if necessary. **Do not use Vaseline.** These problems are usually temporary.

## 6. Birth Control

We advise that you do not become pregnant for at least one year. This will allow your body time to return to normal before you stress it with another pregnancy.

Your first menstrual period should begin between four to eight weeks after the birth of your baby. You will ovulate before you see this first period and therefore can become pregnant before your first period.

If you are uncertain about the method of birth control you would like to use when you leave the hospital, plan to use condoms and foam until you six week appointment. Breastfeeding is not a reliable method for birth control since we do not know how to predict when you will ovulate when you are breastfeeding.

## 7. Follow-up Care

You will need to make an appointment with your doctor or midwife for your 6-week postpartum check-up. If you have a C-section, your doctor will usually want to see you in 2 weeks. At your 6-week appointment, a pelvic exam will be done to make sure everything has returned to normal. You may also need a Pap smear done.

## 8. Returning to Work

During the pregnancy is the time to begin planning for your return to work. It's a good idea to review your workplace's policy about maternity leave. Are there forms you have to complete before leaving? How much leave is allowed? What forms do you need to have completed before you return to work? Most women are given a medical release to return to work after their 6-week postpartum appointment.

The big issue is who is going to take care of your baby while you are at work? Unless you have a family member or friend who has promised to care for your baby, it may take time to find an appropriate baby care giver. So start looking before the baby arrives.

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Notes:

## PROBLEM SIGNS

### 1. Fever

An increase in your temperature is a sign of infection or inflammation. This could be in your breast, uterus, bladder or stitches. It could also be a general viral infection such as a cold or flu. You may notice a slight rise in your temperature when your milk comes in or if your breasts become engorged. This is normal, as long your temperature does not go too high. If you have a temperature over 100.4 call your doctor or midwife.

### 2. Urinary Problems

After giving birth, a woman has a high chance of developing an infection in her bladder or urinary tract. Signs of this would be frequency, burning, or smelly urination, low pelvic pain on urination, and low backache.

### 3. Perineal Pain and Swelling

Perineal discomfort or swelling is common following delivery, but it should gradually become less over the first few days and will feel like a bruise when you touch it. If it is more painful than that after five days, or if the area around the stitches is red and swollen, this may be a sign of infection and you should call your doctor or midwife.

### 4. Increased Vaginal Bleeding

If at any time you pass blood clots larger than a plum, your bleeding becomes bright red again, or you notice an unpleasant odor, this is abnormal. It is a sign that your uterus is not contracting properly due to an infection or because a piece of the membranes or placenta was left behind. Sometimes increased bleeding may be due to fatigue or because you are doing too much. If the bleeding does not seem to slow down with rest, call your doctor or midwife.

### 5. Unpleasant Vaginal Odor

Your vaginal discharge has its own odor, but it should not be unpleasant. If it is, this could be a sign of uterine, cervical or vaginal infection. Deodorant sprays or powder will only make the problem worse and should not be used. If you notice a bad odor, call your doctor or midwife.

### 6. Breast Infection

An infection in the breast tissue is called mastitis. Signs of mastitis include fever, pain in your breast that becomes worse as the baby nurses, redness and possible lumps in the breast. You should be seen in the office or an emergency room if you have mastitis.

## 7. Pain and Tenderness in the Legs

Blood clots in the veins in your legs after delivery are common, but abnormal. Signs of this will be fever, leg pain, hot, red area on your leg and pain in your calf when you stretch your legs. Immediate treatment is necessary.

## 8. Hemorrhoids

These are varicose veins in your rectum. They feel like tender, swollen lumps that may itch or hurt. Hemorrhoids during pregnancy are caused by three things: hormonal changes relaxing the walls of blood vessels, pressure from the extra weight you have to carry, and the strain of pushing during the birth. After the birth, hemorrhoids should shrink. To relieve some of the discomfort, you may apply a medicated pad, such as Tucks pads, use a sitz bath or try some over the counter items.

Hemorrhoids usually disappear within the first few weeks. Constipation and straining to have a bowel movement can make hemorrhoids worse. Avoid constipation by drinking 2 to 5 glasses of liquid per day, eating fruit, drinking fruit juices (especially prune juice), eating foods with whole grain, eating foods high in fiber and developing regular bowel habits.

## 9. Postpartum Depression

It is not normal for "the blues" to continue from more than a few days. The following are possible signs of postpartum depression, which can be very serious. Call your doctor or midwife if you have the following:

- Nervousness
- Over concern for the baby
- Panic
- Anxiety
- Fatigue
- Sluggishness
- Sadness
- Exhaustion
- Hopelessness
- Sleep disturbances
- Appetite changes
- Confusion
- Poor concentration
- Uncontrollable crying
- Memory loss
- Irritability

## WHEN TO CALL THE DOCTOR OR MIDWIFE

- Severe headache
- Blurred vision
- Signs of depression
- Pain or swelling in legs
- Heavy vaginal bleeding or odor
- Burning or pain when going to the bathroom
- Dizziness
- Severe headache
- Blurred vision
- Signs of depression
- Pain or swelling in legs
- Heavy vaginal bleeding or odor
- Burning or pain when going to the bathroom
- Dizziness
- Fever above 100.4 F
- Pain and redness on breast
- Severe perineal pain

Notes:

# NEWBORN CARE SECTION

## DAILY CARE

### 1. Umbilical Cord Care

It is important to keep the umbilical cord clean and dry. Use a cotton ball or Q-tip dipped in rubbing alcohol on the cord every time you change the baby's diaper. This will help speed drying. (take care that alcohol does not run down into the genital area) The cord usually falls off within 7-21 days. Be sure to keep the diaper folded below the cord, until it falls off. Continue to use the alcohol until the cord area has completely healed. This usually takes 3-5 days. If the cord area turns red, starts draining or has a foul odor, call the baby's healthcare provider.

### 2. Bathing your Baby

Bathe your baby in a room that is warm and in an area that has enough space to lay out all the things needed for a bath. Until the umbilical cord falls off and is completely healed, give your baby a sponge bath. Never leave your baby alone in the bathtub or sink.

### 3. Dressing your Baby

Your baby will be comfortable in clothing similar in weight to what you are wearing. Typically, your baby should be wearing one more layer than you. If you are wearing a T-shirt and shorts, the baby should be wearing an undershirt, T-shirt and shorts. Do not use the baby's hands or feet to check for warmth because it is normal for them to feel cool. Instead, use the back of the baby's neck. It is important to cover your baby's head, unless it is really warm outside. The baby can chill quickly if the head is not covered. Your baby's head is the largest part of the body and most of the heat is lost from here. Remember, if you're hot, your baby is hot.

### 4. Sleep Patterns

Most infants wake up for feedings every 2-3 hours until 6-8 weeks of age. On occasion, a baby will sleep through the night much sooner, but that is not common. Each baby tends to establish its own pattern of sleep. Some drop off to sleep after feeding, while other take only brief naps. Your baby's sleep habits are not like that of an older child and usually nothing you can do will change that pattern. Feeding with solid foods such as cereal does not alter this pattern. You should plan your "rest periods" to match your baby's.

### 5. Teething

Most babies begin teething at six to seven months, but a few may begin teething at two to four months. Most babies are not troubled by this process, but some eat poorly, become irritable and fussy, and have problems with sleep. Teething toys may be helpful. Consult your baby's healthcare provider if teething troubles your baby.

## 6. Bowel Function

Stool color and consistency can vary from day to day. Formula fed babies generally have stools that are yellowish-tan. Breastfed babies have more liquid, runny, mustard color stools that are seedy in consistency. The number of stools can vary from 6-8 each day to one every other day.

Constipation in newborns is present when stools are small, form and pebble like. How often the baby has a stool has nothing to do with constipation as in adults. Babies often grunt, strain and turn red in the face during normal bowel movements. This is also normal and is usually not an indication of constipation.

Diarrhea is characterized by stools that are frequent, and associated with excessive water. Call your baby's healthcare provider if diarrhea persists more than one day or is associated with bleeding.

## 7. Fingernails

Newborn fingernails and toenails are very soft and thin. Extreme care should be taken when cutting them because they can bleed easily if cut too close to the finger. When the nails have grown a little, you may cut them with manicure scissors (with rounded tips) or file while the infant is sleeping or very relaxed. Clothes with mitts on them are available to prevent the baby from scratching him or herself.

## 8. Weight Loss and Gain

The average newborn weighs approximately 7½ pounds at birth. Infants typically lose weight (5 to 10% of their birth weight) in the first few days of life. Most regain their birth weight by 10 days, double it by the fourth month, and triple it by one year.

## 9. Visitors

You should limit the number of persons, especially children, who handle your newborn baby during the first few weeks at home. Large crowds should always be avoided initially to allow the baby to build-up resistance to infection. Do not allow anyone with a cold or other contagious disease close to your new baby. It is also very important that everyone coming into contact with the baby wash his or her hands.

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Notes:

## NEWBORN CHARACTERISTICS

### 1. Skin

Peeling or cracking skin around the wrists or ankles is common, especially in babies who have gone past their due date. As new skin cells grow, this condition will clear up without treatment. Newborns often have a lot of downy fuzz on their backs, arms and ears. This will soon rub off and disappear. Newborns also have a white, waxy coating that protects their skin. This is usually removed during the baby's first bath. It will be absorbed through the baby's skin within 24 hours after birth, if not removed during the first bath.

### 2. Stork Bites

Many new babies have red areas around their foreheads, eyelids, and noses or on the backs of their necks. They are called "stork bites." They will be more visible when the baby cries and disappear by itself during the first year.

### 3. Milia

These look like "white heads" or pimples. They usually appear on the nose or chin. They usually disappear by themselves in the first weeks of life. **Do not squeeze or put cream or lotion on them.**

### 4. Rashes

Newborns often have rashes (reddened areas with a inhead sized yellow or white raised center) that usually come and go during the first 10 days of life. These are normal and will soon disappear without treatment.

A raised pimple-like rash around the cord or genital area may occur. Usually this rash will clear up with normal bathing, sunbathing, or exposure to air. If the rash does not go away or increases, see your healthcare provider. A more severe blister-like rash that ruptures, leaves a scab, and continues to spread should be checked by your healthcare provider.

Skin rashes can also result from overdressing or harsh laundry soaps. As the baby becomes warm and sweats, skin irritation develops in skin folds. Keep the areas clean and dry, and avoid overdressing. You can also try a milder laundry soap, dissolve the soap before adding clothes and rinse twice. It is not recommended to put lotions or creams on a newborn's skin.

### 5. Acrocyanosis

Your baby's hands and feet may look blue for the first few days. This is normal. If you notice other parts of the baby turning blue, **call your baby's healthcare provider immediately.**

## 6. Sneezing

Babies clear their noses by sneezing. A stuffy nose, which is most noticeable when the baby is nursing, is common during the first days of life. It is caused by the swelling of the mucus membranes in response to the hormones from the mother. Breathing may be noisy and irregular at first. Soon you will get accustomed to your baby's habits.

## 7. Eyes

Your newborn may have swelling around the eyes. This will disappear a few days after birth. Some babies also have a red area in the white part of the eye. This is a small hemorrhage from the pressure during birth. No treatment is necessary, as it will disappear within several weeks.

A newborn can only see well for 8 to 12 inches. When an object is moved beyond this range, your baby's eyes wander and may appear crossed. As the eye muscles mature, your baby will be able to focus both eyes on the same object at the same time.

## 8. Head

Your infant will have a very large head in relation to the rest of the body. At birth, your infant's head takes on a melon-shaped appearance to help it fit through the birth canal. It will return to its normal shape a few days after birth.

Your baby will have soft spots (fontanelles) on the top of the head where bones are still growing together. A thick membrane covers these spots to protect the head and brain. You may gently touch these spots. Soft spots close completely by 2 years of age.

## 9. Crying

Right from the beginning, you should realize that babies cry and have fussy periods. Crying is their way of communicating (and relieving tension or boredom). Babies may cry for food, when uncomfortable, bored or in pain, or if they just want to be held close. Your baby may cry for several hours at the same time every day for no apparent reason. Sometimes babies cry from too much stimulation. If you suspect this is the case, take your baby to a quiet, darkened room so he or she can calm him or her self.

At times you will be able to comfort your baby very easily, and at other times nothing will work. Stay calm! Otherwise the baby will pick up on your discomfort. You may need to hand the baby to a different pair of arms and walk away for a few minutes. **Never shake a baby.** If the cries continue for long periods of time, call your healthcare provider.

## 10. Hormones

The effects of hormones may cause your newborn to have some swelling in the breasts or scrotum or a little bloody fluid/mucus coming from the vagina. These will go away and do not require treatment of any kind. Leftover hormones from Mother may cause both boys and girls to have swollen nipples. This swelling will go away a few days after birth.

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Notes:

# CIRCUMCISION

Getting ready for the birth of your baby involves many decisions. One decision you need to make if your baby is a boy is about circumcision. Circumcision is the cutting away of the foreskin, the skin that covers the head of the penis. Many parents have strong feelings either for or against circumcision. These feelings may be related to family custom or religion. America is one of the few industrialized countries to routinely circumcise infants for non-religious reasons. If you are not sure about your decision, ask your doctor, nurse or midwife.

## 1. Reasons Not to Circumcise

- The procedure seems upsetting and painful for the baby
- The baby is restrained during the procedure and objects to the restraint
- Many babies are fussy for a while after the circumcision
- There are possible complications of the procedure
- Usually there is no medical reason to circumcise

## 2. Reasons to Circumcise

- The circumcised penis is easier to clean
- There is less irritation or infection
- Boys who are not circumcised and do not do proper cleaning of the penis may develop a problem which required circumcision later in life when it is far more painful
- There are some reports which show that uncircumcised babies have a higher risk of urinary tract infections
- There are some reports which show a lower risk of HIV infection from a female partner if the man has been circumcised

## 3. Preparing for Circumcision

If you decide to have your son circumcised, you will need to sign a consent form giving permission. Circumcision is a short surgical procedure and is done by hospital staff before you leave the hospital after delivery. The doctor will examine your son and decide if he is ready. The baby will be taken to a special procedure room. When the baby is brought back to you, he may be fussy. Cuddling and holding him should make him feel better. Sometimes tylenol can be ordered.

## 4. Complications (less than 1%)

- Bleeding, usually easily controlled with pressure
- Local infection
- Cutting off too little or too much skin

## 6. Circumcision Care

After circumcision, a piece of gauze with petroleum jelly will be put on the end of the baby's penis. For the first few days after, continue to place a piece of gauze coated with petroleum jelly on top of the baby's penis. The petroleum jelly prevents the penis from sticking to the diaper. This should be done each time the diaper is changed until the penis is healed. If you run out of gauze put petroleum jelly right on the baby's penis. The penis usually heals within five days.

- Watch for excessive bleeding
- A whitish, yellow covering will appear for 2 to 3 days. This is normal healing tissue. Do not try and remove it.
- Clean the penis with a damp cloth without soap and pat dry
- Keep the baby off his stomach until the circumcision heals

## 7. Delayed Circumcision After Hospital Discharge

Circumcision is not done if the baby's condition is not stable. If, for example, the baby is very jaundiced and is being treated with phototherapy, circumcision may be postponed until the problem is resolved. If circumcision is delayed, it may be done at 3-4 months of age by a urologist. Talk to your baby's healthcare provider to make these arrangements.

## 8. Care of the Uncircumcised Penis

Make sure you clean all the folds and wrinkles of the genitals after each diaper change. The uncircumcised penis requires no extra cleaning. Just wash, rinse, and dry it along with the rest of the baby's bottom. Wash away any whitish secretion (smegma) appearing on the outside of the penis, but don't try to wash or clean under the foreskin (skin over the top of the penis). Do not pull back the foreskin over the glans (cone shaped tip) of the penis. Separation of the foreskin from the glans usually takes a couple of years. Your baby's healthcare provider will talk to you about this.

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Notes:

## COMMON PROBLEMS

### 1. Cradle Cap

This is a scaly, greasy-looking crust that forms on the head. If is caused by heavy secretion of oil from the glands in the scalp and can be prevented by shampooing the baby's head daily. If cradle cap does occur, brush the head with a soft baby brush and apply oil. Let the oil soak into the crust and soften it. Don't put oil on the head after the shampoo.

### 2. Colic

An infant with loud, screaming, inconsolable cries that continue for most of the day, may have colic. The first time the baby acts like this, they should be seen by a healthcare provider to ensure there is no other serious problem.

Colic may be caused by abdominal gas, although the exact cause is uncertain. A baby with colic may get restless after feedings. There is no set pattern or time limit to the crying. Colic usually goes away when the baby is about 3 months old. Try to lay your baby stomach-down across your knees and gently massage the back to help relieve pain and crying. Eliminate possibly irritating foods from your diet (i.e. milk products, caffeine, cabbage, onions) if nursing. You may need to get away from the constant crying by going out for a night.

### 3. Cold

A cold is characterized by sneezing, a runny or stuffy nose, and coughing. If your baby has a cold, nursing or bottle-feeding may be difficult for the baby. To make breathing easier, add more moisture to the baby's room with a cool mist humidifier and remove excess mucus from the nose with a soft, rubber syringe. If fever is also present, consult your healthcare provider about how to treat it.

Never give your baby aspirin to bring the fever down. Aspirin may cause serious problems in children. If your infant develops a deep, wheezing or constant cough; rash; and/or a fever that lasts more than a few hours or returns after 3 days, consult your healthcare provider.

### 4. Thrush

Thrush is a fungal infection that causes white patches to form inside the mouth. These patches will bleed if rubbed. Contact your healthcare provider if you notice these symptoms.

## 5. Jaundice

Your newborn baby's liver works slowly at first. This causes bilirubin to build up faster than the liver can get rid of it. Bilirubin is a breakdown product of the red blood cells made by the body and removed by the liver. This build up may cause the baby's skin or whites of the eyes to become yellow, also known as jaundice. Most jaundice is normal. It appears on the 2nd or 3rd day of life, peaks at 2-5 days and gradually disappears.

Some jaundice requires more monitoring:

- jaundice beginning within the first 24 hours after birth
- jaundice which is more severe
- jaundice that occurs with other conditions

To treat jaundice, your baby is placed under a special light or special "bili" blanket to help bilirubin go away faster. If the jaundice gets worse or your baby is not feeding well when you go home, call you baby's healthcare provider.

## WHEN TO CALL YOUR HEALTHCARE PROVIDER

- ✓ A foul odor or drainage from the umbilical cord or if the skin surrounding the cord is red or swollen
- ✓ Skin color is yellow, bluish or pale
- ✓ Rectal temperature is less than 97 Degrees F or more the ~~101~~ 100 Degrees F
- ✓ Irritability
- ✓ Excessive drowsiness
- ✓ Loss of appetite
- ✓ Diarrhea
- ✓ Vomiting
- ✓ Restlessness in a baby who usually sleeps well
- ✓ Convulsions or seizures
- ✓ Stiffness or inability to move a part of the body
- ✓ Rapid or grunting respirations

Notes:

## IMMUNIZATIONS

Now that you are home with your baby, you are probably making many phone calls to grandparents, neighbors, in-laws and more. Be sure to include calling the doctor to schedule the baby's first appointment.

When babies are born, they cannot easily fight off disease. Your baby needs protection against serious and life threatening diseases. By scheduling a visit to your baby's healthcare provider, he or she can recommend when immunizations (baby shots) are to start. These baby shots help your baby's body build antibodies to protect against specific diseases. Your baby receives each shot at a specific age, and there may be times when your baby gets more than one shot at a time. This is safe and done often. At your baby's first office or clinic visit, the healthcare provider can give you a recommended immunization schedule.

- DPT: diphtheria, pertussis, tetanus
- HIB: hemophilus influenza type B
- OPV or IPV: oral polio vaccine or injectable polio vaccine
- MMR: measles, mumps, rubella
- Varicella (chickenpox)
- Hep B: hepatitis B

| Sample Check up schedule | |
|---|---|
| Within the first month of age | Feeding and growth check<br>Questions about your infant's care<br>Hepatitis B immunization if needed |
| 2 Months | Growth and development check<br>Immunizations as needed |
| 4 Months | Growth and development check<br>Immunizations as needed |
| 6 Months | Growth and development check<br>Immunizations as needed |
| 8 to 10 Months | Growth and development check<br>Lab screening for: low blood iron (anemia) if necessary<br>and lead (if necessary) |
| 12 months | Immunizations as needed |
| 15 to 18 months | Growth and development check<br>Update immunizations if needed |
| 2 years old | Growth and development check<br>Update immunizations if needed |

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# SAFETY

## 1. Home Safety

- Babies put everything they can reach into their mouths. Put medicines, cleanser and plants up high or in locked cupboards. You can purchase child safety locks for cupboards at any hardware store.
- Electric outlets must be covered with safety plugs.
- Your home must have at least one smoke detector and one multi-purpose fire extinguisher on each floor.
- Smoking is harmful to your baby. Ask those who smoke to do so outside.
- It is recommended that you have at least one carbon monoxide detector in or near the baby's bedroom.
- The crib bars must be no more than 2 and 3/8 inches apart. You should not be able to put a pop can between the bars.
- Be sure that there is no lead paint on the crib or anywhere else around the baby.

## 2. Infant Safety

- Never shake your baby. A newborn's brain can be damaged by rough shaking, swinging or jiggling.
- Never leave your baby alone near water or on a raised surface like a changing table or bed. Sometimes, newborns can turn over or flip around.
- Never hold a baby while holding a hot drink.
- Make sure clothing and bedding do not have any loose strings or ribbons. These can become wrapped around the fingers, toes or neck.

## 3. Car Safety

- You must have an approved car seat in your car when you take the baby home. Here are some things to remember about car seats:
- Always put your baby in a car seat when riding in a car.
- Make sure you install the car seat correctly according to the manufacturer's instructions. If you are unsure of how to install it, check with a local car dealership (many will install it for free) or the local police.
- The safest place for your baby is in the middle of the back seat. Never put your baby in the front seat if your car has an air bag.
- Padding can be used for very small infants, but never put any padding between the car seat straps and your baby.
- Infant car seats are deigned so that your baby faces backward.
- Keep your baby out of direct sunlight.
- Never leave your baby in a car alone - even for a minute.

## 4. Sleep Safety and SIDS

Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant under one year of age that happens when the baby is sleeping or napping. The best way to lower the chance of SIDS is to place healthy infants on their backs to sleep. This is because recent studies have shown an increase in SIDS in infants who are positioned on their stomach to sleep.

Additional tips to reduce the risk of SIDS:

- Place your baby on a firm mattress, in a safety-approved crib. No pillow top or water mattresses or soft surfaces.
- Pillows, comforters or sheepskins and stuffed toys should be kept out of the crib as they can cover your infant's head and airway.
- Keep your baby's head and face uncovered during sleep. Use sleep clothing with no other covering over the baby. If you do use a blanket, be sure the infant's feet are at the bottom of the crib, the blanket is no higher than the baby's chest, and the blanket is tucked around the mattress.
- Do not smoke before or after the birth of your baby. Do not let others smoke around the baby.
- Don't let your baby become overheated during sleep. Keep the temperature of the baby's room so it feels comfortable for an adult. Dress your baby in as much or as little clothing as you would wear.
- Devices designed to maintain sleep position or to reduce the risk of re-breathing are not recommended since many have not been tested sufficiently for safety.
- This "back sleeping" recommendation is for healthy infants. Some infants with certain medical conditions or malformations may need to be placed on their stomachs to sleep.
- Babies should be allowed supervised "tummy time" during awake periods to promote shoulder and muscle development and avoid flat spots on the back of the head.
- Bed sharing or co-sleeping with your infant may be dangerous. Parents whom bedshare with their infants should not smoke or use drugs or alcohol. Some parents have rolled over onto the baby and smothered it. As an alternative, parents might consider placing the crib near the bed to promote ease of breastfeeding and contact.
- Share all of these important tips with babysitters, grandparents and other caregivers.

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Notes:

# FEEDING YOUR BABY SECTION

## BREASTFEEDING

## 1. Introduction

Today more and more women are choosing to breastfeed their babies. It is a healthy choice. The American Academy of Pediatrics recommends only mother's milk for the first six (6) months and breastfeeding for one year or longer. Human milk is the perfect food for human babies. Breastfeeding can satisfy the sucking needs of the baby and help it to develop a sense of trust and security. Breastfeeding allows you to get to know the needs of your baby and it saves time, money and energy.

If you chose not to put your baby to breast, you can pump your milk and feed your baby breast milk with a bottle or you can bottle feed using one of the commercial formulas on the market.

**Benefits of breastfeeding**

- Breastfed babies have fewer allergies, ear infections & upper respiratory infections (colds and flu).
- Breastfed babies have less vomiting and diarrhea.
- Breast milk is the best food for your baby.
- Mothers who breastfeed have less risk of breast cancer at an early age.
- Mothers who breastfeed have less risk of ovarian cancer.
- Breast milk is economical.
- Breastfeeding your baby helps to shrink your uterus back to its normal size and lessens bleeding after delivery.
- Breastfeeding increases your caloric needs and helps you to lose weight.

Notes:

## 2. Answers to Common Questions

**a) Do breastfeeding mothers have to show their breasts in public?** No. A mother can turn her back to begin nursing around people. Use a blanket or shawl over the chest and shoulder to hide the breast. Many people think that the mother is cuddling her baby.

**b) Should I breast feed if I know I will only be able to do it for six weeks?** Yes. Breastfeeding can be beneficial to both mom and baby even if it is only for a short time.

**c) Can breasts be too small or too large to breastfeed?** No. Enough milk is present whether the mother has large or small breasts. The more frequently the mother nurses, the more milk is produced. Milk is made in the glands in the back of the breast and is then carried to the nipple by the milk ducts. Breast feeding tissue develops early during pregnancy in every woman.

**d) Does breast feeding cause mothers to lose their figures?** Breast size increases during pregnancy and while nursing. Breasts return to their normal size after weaning. Breasts may become less firm after pregnancy, but this is a result of pregnancy, not breastfeeding.

**e) Do breastfeeding mothers have to follow a special diet?** The only diet needed during breastfeeding is a well-balanced one. Caffeine should be limited to small amounts. Small traces are passed through the milk to the infant. **Avoid alcohol, drugs and smoking.**

**f) Why do my breasts leak when my baby cries or when I think about feeding my baby?** Leaking is caused by the let down reflex. This reflex usually occurs when your baby is sucking on your breast. Your baby does not have to be eating for this reflex to occur. Thinking about your baby, an infant's cry, a warm shower or sexual touch can cause milk to leak. Leaking is common for many women. You may want to have a clean cloth, breast pad or handkerchief in your bra to keep it from getting wet.

**g) Is breast milk white?** Yes and No. During the first few days after delivery, breast milk is orange-yellow in color. This is called colostrum. It is rich with nutrients and antibodies. This is exactly what your baby needs during the first few days of life. Your "true" milk is bluish to white and usually comes in one to five days after your baby is born.

**h) What role can the father play in breastfeeding?** Fathers can have a special bond with their baby. They can get involved in baby's care by changing diapers, bathing and dressing. When mother goes shopping, exercising or to an appointment, dad can feed the baby expressed milk (breast milk that has been put in a bottle) if needed. A dad can help with breastfeeding by giving support to mom at times when she is tired or discouraged. A dad can also help with housework and cooking so the mom can get enough rest and a well-balanced diet. Anything special the dad can do for the mom helps the on-going success of breastfeeding.

**i) Are breastfeeding parents more apt to be confined at home?** No. During the first months when babies need to be nursed often, usual activities can be done with the baby. Breastfed babies are easy to take along almost anywhere. When baby is hungry, mother can nurse and then resume her activity.

**j) Can breastfeeding be continued if the mother returns to work or school?** Yes. More and more women continue to breast feed and return to work or school.

## 3. The First 24 Hours

The first 24 hours are probably the most important hours of your breastfeeding experience. Give yourself and the baby permission to learn breastfeeding. Sucking is an instinct.....breast (or bottle) feeding needs to be learned. Breastfeeding should be an enjoyable experience. If you are not enjoying it, call for help early!

- Put the baby to the breast as soon after delivery as possible. The nurse will help you to get the baby latched on correctly.
- Feed your baby every time he/she seems hungry
- Do not limit feedings: allow the baby to nurse as long as he/she wants on each side so the baby will decide when the feeding is finished
- Give only the breast from the start so the baby will not learn to prefer the bottle
- Do not offer artificial milk (formula) or water
- The first milk is a thick yellow or clear liquid called 'colostrum'. It provides the best nutrition for your baby during the first days of life. It will help to protect and cleanse the intestine.
- Colostrum lasts about 3 days
- The baby will be more wakeful during the night than during the day
- The more the baby sucks, the more milk you will make
- Ask for breastfeeding supplies from the nurse

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**TIPS FOR GETTING OFF TO A GOOD START**

1. Aim for an un-medicated delivery, if possible. This tends to result in a baby who is more alert.
2. Breastfeed early (within the first hour) and frequently (every two hours).
3. Having your baby in your room will give you ready access to each other.
4. Insist that your baby latch on correctly. Learn good technique from the beginning. Ask for help if you are not sure. **" If it hurts, it is wrong"**
5. Limit your visitors. You need to pay attention to your needs and the needs of your baby. You may want to put a sign on the door saying: "We are sleeping so please don't ring the bell" or "Come back in 2 weeks"!
6. If your baby is sleepy and has not eaten for at least 3 hours, ask for help to wake the baby up.
7. Allow the baby to finish the feeding from the breast by him/her self before switching sides.
8. Avoid using soap on your breast because it can dry the nipple area.
9. Avoid the use of bottles, supplements or pacifiers in the first 3 weeks. They may cause the baby to learn to suck only on the end of the nipple....OUCH!
10. Sleep when you baby does. Minimize housework and entertaining.
11. Drink fluids when thirsty and at every feeding. Water and clear liquids are the best.
12. Wear a well fitting bra without underwire's

## 3. Signs of Hunger

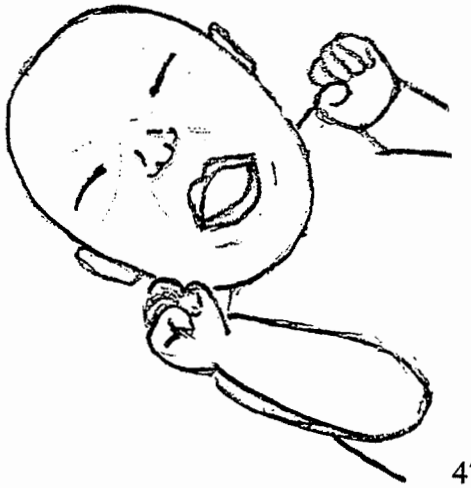
Keep your baby close to you so you can learn when your baby shows signs or gives you 'cues' that they are hungry.

**When your baby is hungry:**

- You may see increased movement Like stretching, rapid eye movement, and hand to mouth activity
- Babies have a 'rooting reflex' (they turn their head and open their mouth)
- When you see your baby rooting, Let them breastfeed!

**Crying is a late sign of hunger:**

- Some babies cry when they are hungry
- Most babies eat better if they are fed BEFORE they get to the point of crying
- Learn your baby's cues so the baby can eat when they are calm



## 5. When is the Baby Getting Enough?

Breastfed babies who are having 3-6 or more wet diapers and 2 or more stools a day in the first week of life are usually receiving enough milk. Many mothers worry about their baby's health and growth. You can be sure your baby is getting enough milk of the following things are true:

- After 4-5 days of life, you baby is having 2-3 yellow seedy bowel movements a day. If the baby is having more stools than feedings, call you baby's health care provider.
- After 4-5 days of life your baby has 6 or more wet diapers a day and is only drinking breast milk.
- Your baby is being nursed 8-12 times in a 24-hour period.
- Your baby appears satisfied for 1-2 hours at a time between feedings.

In the early weeks your baby's bowel movements will be soft, yellow and seedy after almost every feeding. Let your baby's health care provider know if the baby's stool is hard and dry. This may be a sign that your baby isn't getting enough milk. Your baby will weigh more than it did at birth in about 2 weeks.

**WHAT'S NORMAL FOR A BREASTFEEDING BABY AND MOTHER?**

| NORMAL | ABNORMAL |
|---|---|
| 8-12 Feedings in 24 hours. Feedings last 20 minutes to 1 hour. | Feed constantly, day and night. |
| Lots of wet diapers by Day 3. 6-8 cloth and 4-6 paper diapers. Diapers feel heavy. Two or more stools in 24 hours. | Minimal stooling and urine output. Dark, strong, smelling urine. |
| Baby has some alert periods. | Baby sleeps all the time. Lethargic. |
| Tender nipples in the first few days. | Painful, cracked or bleeding nipples. Pain after breastfeeding. |
| Breast tenderness due to fullness when the milk increases or "comes in" on days 2-7. | Severe engorgement.<br>Breast is vary hard or painful. |

Notes:

## 6. Positioning

Find a comfortable, relaxed position to nurse your baby. There are many ways to hold your baby and at different times, you may need to try different positions.

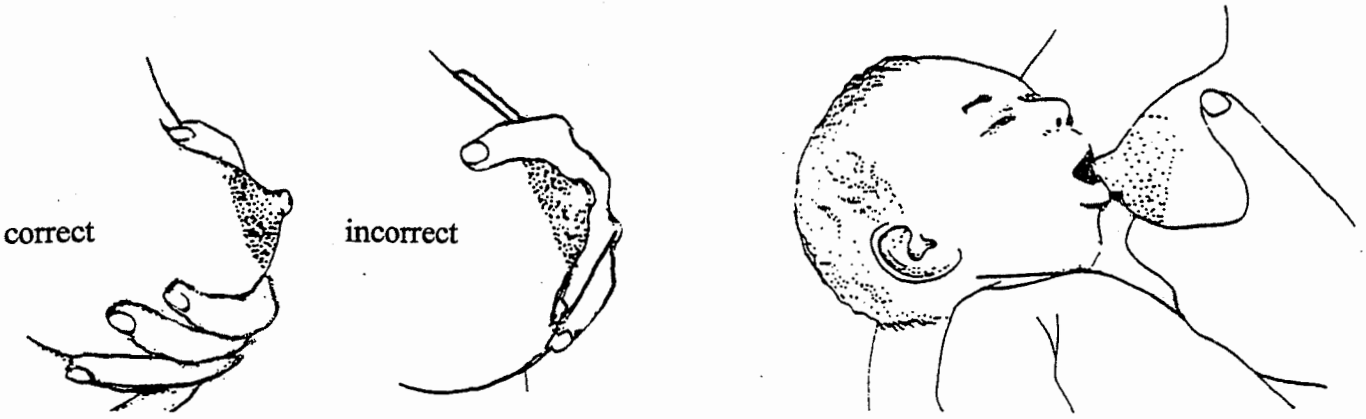
**a) Cradle Hold:** Hold your arm on the side of the breast being offered as if it were in a sling. Place your baby on its side on your arm with its head near your elbow and its buttocks supported by your hand. Your baby should be facing your breast.

**b) Football Hold:** Hold your baby under your arm like a football. His/her head rests in your hand or on a pillow; his/her feet are behind your back.

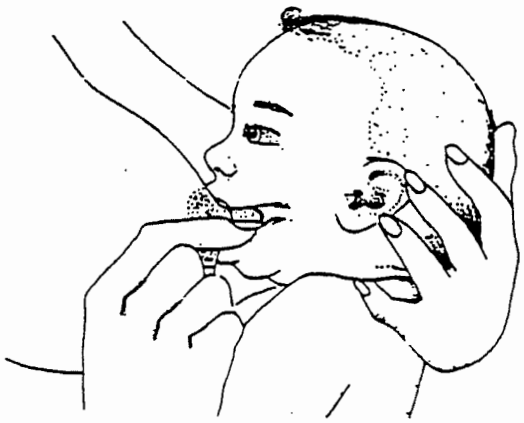
**c) Lying Down:** Lie on your side with one or two pillows behind your back and one or two under your head. Put your baby on his side so he is facing you. Be sure his mouth is at breast level.

## 7. Latching On

With your free hand, grasp your breast with your thumb above and your first two fingers below the nipple area (areola). When your baby's mouth is near your breast, touch its lower lip with your nipple. This will make your baby's mouth open. Wait until your baby's mouth is open very wide, and the tongue is out over the gums.




Bring your infant onto your breast quickly. Center the baby's mouth so that it covers the areola and nipple. If your baby is latched on properly, you will not hear sucking noises. You will be able to hear the baby swallowing. Once your baby starts sucking, you may feel a tingling sensation in one or both of your breasts. This is called "let down".



A baby's suck is strong. When you wish to stop the feeding, break the suction by placing your little finger in your baby's mouth beside your nipple.

## 8. How Often to Feed Your Baby

Feed your baby on demand (approximately every 2-3 hours). If your baby sleeps for more than 3 hours during the day, wake the baby and attempt to feed him/her. If the baby is nursing well during the day, let him/her wake you for feeding at night. Remember, breastfed babies eat 8-12 times per 24 hours.

Nursing every 2-3 hours during the day and at least 1-2 times a night will help bring in your milk supply. Frequent feedings are typical in the beginning, so be sure to get your rest between feedings. Growth spurts do occur and your baby will demand more frequent feedings during these spurts. Increasing feedings will increase milk production in 2 or 3 days and the feedings will space out again. Remember, the more your baby nurses, the more milk you'll make.

## 9. Breastfeeding After a Cesarean Birth

You can breastfeed your baby even after you have had a cesarean section. Some women begin nursing in the recovery room. Some women prefer lying on their side to nurse so there is less pressure on the incision site. Another good position is the football hold. Your uterus will contract when you nurse causing cramping. If you are taking pain medication, take it just after feeding the baby so the level of medication in the breast milk will be decreased at the next feeding.

## 10. Leaving Your Baby

There may come a time when you will not be with your baby for a feeding. Don't worry, you can still give your baby breast milk by hand expressing or pumping your milk. You can store the milk and another person can feed the baby. The following information will help you to learn how to express your milk.

**a) Expressing Breast Milk by a Pump:** Hand operated, battery operated and electric pumps are available to buy or rent.

- Wash the breast pump with hot, soapy water before each use. **Do not wash the part with the motor in it.**

- Begin with breast massage. This is done before expressing milk because it helps to get the milk flowing and assists let-down. Massage can also increase the amount of milk that is expressed. To perform the massage, use the flat parts of your fingertips and work from the outside towards the nipple. Be sure to massage from all sides of the breast.

- Drink a glass of water or juice before you begin. This will help you to relax and help get the milk flowing.

- Find a place where you can relax and will not be interrupted.

- Follow the directions that came with your breast pump. If your nipple/breast hurts while pumping, it is not the right pump for you.

**b) Expressing Breast Milk by Hand**

- Wash your hands.

- Massage your breasts. This is done before expressing milk because it helps to get the milk flowing and assists letdown. Massage can also increase the amount of milk that is expressed. To perform the massage, use the flat parts of your fingertips and work from the outside toward the nipple. Be sure to massage from all sides of the breast.

- Drink a glass of water or juice before you begin. This will help you relax and help get the milk flowing.

- Find a place where you can relax and will not be interrupted.

- Hold a clean cup or baby bottle under your breast.

- Hold your breast at the edge of the areola (the dark part around the nipple), with your thumb and fingers underneath.

- Push your thumb and fingers back toward your body without sliding them away from the areola. Your breast should be compressed as you pull your thumb and fingers back. Squeeze the thumb and fingers together like you are pinching yourself, and move them slightly forward. Continue this back and forth motion while you alternate finger positions around the nipple. Repeat this until no more milk drips out.

- You can use hand expression to relieve discomfort during engorgement or you can express enough milk for an entire feeding.

**c) Storing Breast Milk:** Chill the milk immediately after expressing or pumping. Breast milk may be stored in the refrigerator for 5 days after you pump. If you are going to freeze it, use a plastic bottle or disposable milk storage bags. You can freeze breast milk for 4 months in the freezer of the refrigerator or for 6 months or longer in a separate deep freeze. Defrost the breast milk by running the container under warm water and gently swirling it. **Do not microwave the bottle.**

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## 11. BREAST FEEDING COMPLICATIONS

**a) Engorgement:** Your breast(s) may become swollen, firm and uncomfortable about the third day. This is completely normal and is "cured" by letting your baby empty your breasts. If your breasts are too firm and prevent your baby from latching on, you can express some of the milk by hand or with a breast pump to make your breast softer. Warm compresses before a feeding and cold compresses after a feeding may also help.

**b) Sore Nipples:** Your nipples may feel tender after nursing. This is normal and only temporary. To help your nipples, try leaving your nursing bra open for 15 minutes after your baby eats. This will allow them to air dry. The soreness is usually caused by your baby not being latched on properly. Be sure that the baby is taking in as much of the areola (the area around the nipple) as possible. Wash your nipples with water only. Soap can cause them to dry out. Rotate nursing positions so that the baby's top and bottom jaw does not press on the same area at each feeding. You may also express a few drops of milk and massage into the nipple and areola and let air dry. **If nipple soreness is severe or lasts longer than 2-3 days, call your doctor, nurse, lactation consultant or midwife.**

**c) Flat or inverted nipples:** A small number of women have nipples that are very flat against the breast or that are inverted (poking in toward the breast). This may make it hard for the baby to latch on. If your nipples are flat but poke out when rubbed, your baby will probably not have trouble. If your nipples do not stick out when rubbed, or they poke in, you will want to prepare your nipples for breastfeeding by using the Hoffman technique and a breast shell.

- **Hoffman technique** - Place your thumbs opposite each other on either side of the nipple and slowly slide your thumbs on your skin away from the nipple. Be sure you do this at different angles above and below and around the nipple. Do this before each feeding.
- **Breast Shell** - This is a special plastic cup worn under the bra that helps the nipple stick out. Talk to your doctor, nurse or midwife about where to buy these.

**d) Clogged milk duct:** Milk ducts can clog at any time. You will feel a tender, hard area in the breast. Missing 2-3 feedings without pumping, using only one feeding position, nursing on only one breast and wearing a tight bra can lead to clogged ducts. To help this condition, allow the baby to feed longer to empty the breast. Massage the clogged area while the baby is nursing. If the baby does not empty the breast, try hand expressing or pumping. You may also apply warm compresses for 10 minutes prior to feed the baby. **Do not stop nursing.**

**e) Mastitis:** This is an infection in the breast tissue. The signs include a sudden onset of flu-like symptoms: fever, chills, muscle aches, extremely tender and reddened area on the breast. Call your doctor or midwife immediately if you have these symptoms. Get plenty of rest, drink fluids, and apply warm compresses between feedings. It helps the breast to heal faster when it is empty. The baby cannot get the infection. This infection is easily treated with antibiotics. Continue nursing while you take the antibiotics.

**f) Thrush:** is a yeast infection in baby's mouth and on the mother's nipples. A sudden onset of nipple pain that lasts during the entire feeding and between feedings is often thrush. Mothers often describe this pain as "shooting, stabbing or burning." Babies with thrush usually have white patches in their mouths, are fussy at breast and often have a diaper rash. Both mother and baby need to be treated with anti-fungal medication even if only one of them has signs of thrush. Risk factors for getting thrush include: mom or baby has received antibiotics, mom is diabetic, baby has a diaper rash, or mom has had a recent vaginal yeast infection or mastitis.

## 12. Working and Breastfeeding

You can continue to breastfeed once you return to work. Flexibility and support from people around you are the most important ingredients for success. Talk to your boss during the pregnancy and find out the policies related to breastfeeding at your job. It might surprise you how supportive your boss will be.

How far you live from your work will determine how you will plan your options. There are three basic options for nursing while you work:

- Pump and save. Someone else can feed your expressed milk to the baby while you are away.
- Someone can bring your baby to your work so you can breastfeed during the lunch hour and during breaks.
- You can go home during lunchtime and breaks to nurse the baby at home.

Breastfeed the baby in bed early in the morning before getting ready for work. Try to feed for a long time. You can sleep while the baby nurses. Then breastfeed as soon as you return home from work. Breastfeed in the middle of the evening and at bedtime, then whenever the baby wakes up at night.

It is preferable that your baby gets only your milk. However, if you are unable to pump at work, you can use artificial milk (formula) while you are at work and breastfeed when you are at home.

## 13. Weaning

How long you breastfeed your baby is your decision. Some moms nurse for six weeks and others for 18 months or more. The American Academy of Pediatrics recommends breast milk only for the first 6 months, then breast milk and other foods for a year of more.

Weaning can be an easy process if you do it slowly. Select one feeding and replace it with other food such as formula, baby food and cows milk (depending on your child's age). Wait at least three days before replacing another feeding. If you have to wean suddenly, pump or hand express just enough from your breasts to keep you comfortable. Be patient, it may 2-3 weeks for your milk to dry up.

## HOW TO TEACH YOUR BABY TO TAKE A BOTTLE

- Wait at least 3-6 weeks before introducing a bottle. Your baby will have to learn how to suck on a bottle. Some learn right away, some need to practice a few times
- Offer the bottle when the baby first wakes up while he/she is still sleepy and calm
- Have someone else do the teaching. Babies can smell you and your milk when they are near you. In the beginning, leave the room while someone else is feeding.
- Start slowly by placing the nipple near the bottom lip and gently stroke the nipple on top of the tongue
- Usually the baby will draw out the nipple into his/her mouth and begin sucking
- If you are not successful the first time, try a few hours later.
- Don't force the baby to take a bottle. Do it with 'baby steps'!

Notes:

# FORMULA FEEDING

**1. Introduction**

Women have many reasons for deciding to feed to a baby with formula from a bottle. These reasons may include not being able to breastfeed or deciding to stop breastfeeding, medical reasons, not wanting to breastfeed at all, or choosing to offer an occasional supplemental bottle after the first three to four weeks.

Once you have chosen to bottle feed your baby, you will also need to choose a formula. You may wish to continue with the formula your baby was fed while in the hospital, or you may want to use another brand. Use iron-fortified formula unless the doctor tells you otherwise.

When traveling outside the U.S. and Canada, you will need to boil the water that you mix with the formula. Be sure to check with your health care provider for other information about traveling outside the United States with a baby.

**2. Making Formula**

Formulas come in three forms: powder, concentrated liquid, and ready-to-feed liquid. **a) Powder**

- Least expensive and easiest to store
- Only refrigerate once mixed
- Add one scoop (scooper in container) of formula to every two ounces of warm water and mix until the powder dissolve. **Well water needs to be boiled.**
- Cover opened can, and store in cool, dry place
- Use mixed formula within 48 hours

**b) Concentrated Liquid**

- Use equal amounts of water to formula. **Well water needs to be boiled.**
- Use opened cans within 48 hours

**c) Ready-to-Feed**

- Most expensive
- Use within 48 hours after opening
- Shake well before using
- Store opened cans in refrigerator

## 3. How Often to Feed

Feed your baby on demand (approximately every 3-4 hours). If your baby sleeps for more than 4 hours during the day, wake the baby and attempt to feed him/her. If the baby is feeding well during that day, let him/her wake you for feedings at night. **Don't wake the baby up at night to eat unless you are told to do so by the doctor.**

Frequent feedings are typical in the beginning, so be sure to get your rest in between feedings. Growth spurts do occur and your baby will demand more frequent feedings during these spurts. **Don't feed your baby more often than every 2 hours.**

# BOTTLE FEEDING GUIDELINES

- Check the formula label for the expiration date before using it. Use the formula before it expires.
- Serve formula at room temperature.
- Store unopened cans at room temperature.
- Wash the tops of the formula cans with hot soapy water and rinse well before opening.
- City water supplies are safe. You'll only need to boil your water if it comes from a well.
- Check the nipples regularly for dried formula and cracks or holes.
- Always hold your baby during feedings. Being held during feedings lets your baby feel safe and loved. Propping the bottle is dangerous, your baby may choke on the formula.
- Burp your baby after every few ounces. Babies who are bottle-fed swallow more air than babies who are breastfed.
- It is not necessary to sterilize bottles or nipples. Wash them in hot soapy water and rinse in hot water and allow them to air dry or you may chose to place them on the top rack of your dishwasher.
- Do **not** use the microwave to warm the formula. Microwaving can cause uneven heating and can burn your baby. Hold refrigerated formula under the hot tap water or in a pot of boiling water briefly until it reaches room temperature. Always test formula temperature by placing a few drops on the inside of your wrist before feeding it to your baby.
- **Never** add more water to make formula last longer or make it stronger by adding less water unless you are told to do so by your baby's doctor. This can be extremely dangerous to your baby.
- Do **not** give your baby formula that has been out of the refrigerator for more than four hours. The formula should be thrown out after one hour once your baby has started drinking from the bottle.
- **Do not add cereal to the baby's bottle unless instructed by the baby's doctor or the nutritionist.**