

Breastfeeding is a normal and natural way to feed your baby. It provides your baby with all the nutrients he or she needs to grow into a healthy and thriving child and bonds mother and baby together in a loving relationship. Like doing anything new, it takes patience and guidance to get started but will begin to feel relaxed and natural in just a couple weeks. Allow our knowledgeable nurses to help you get started while you are in the hospital and ask for a Lactation Consultant for any additional concerns. We encourage you to keep the following pages close by to help answer any questions you may have as you care for your baby at home.

We are here for you after discharge! please come visit at the Honeysuckle Cafe **Mondays at 5pm** and **Wednesdays at 10am** to meet other breastfeeding moms and check your baby's weight as it will show you everything is going well. You may also call us on the warmline at 573-406-2122

- The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend exclusive breastfeeding for 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. The benefits of breastfeeding are “dose responsive”. The longer the baby is breastfed the more benefits to mom and baby.
- Talk with mothers who have breastfed. Ask them what breastfeeding has done for them and their babies. Attend Breastfeeding classes at Hannibal Regional Hospital and “Honeysuckle Café” the breastfeeding support group.
- Attend breastfeeding classes and use all the tips on how to get off to a good start. It is easy to go from breast to bottle but the reverse is very difficult. Many mothers find that after they and their baby get over the hump of the first few weeks of learning, they settle down into a comfortable and lasting breastfeeding relationship.
- Not being breastfed is associated with increased numbers of ear infections, lower respiratory tract infections, asthma and gastrointestinal infections in babies. For women, not breastfeeding is associated with higher rates of both breast and ovarian cancer, diabetes, metabolic syndrome, cardiovascular disease and rheumatoid arthritis.
- Don't be discouraged by well meaning friends or relatives who confess, “Breastfeeding didn't work” or “I didn't have enough milk.” In most of these cases it didn't work because they breastfed in an unsupportive environment, lacked information about how to get off to a good start or did not have early professional help.

REASONS FOR YOU TO BREASTFEED:

1. Breastfeeding is a special gift only you can give your baby.
2. Breastfeeding saves you money. There is nothing to buy and a healthier baby means fewer trips to the doctor and fewer missed days of work for Mom and Dad.
3. Breastfeeding helps you get your figure back faster. Weight loss can be easier when you breastfeed, and it helps your uterus return to normal size more quickly.
4. Going out is simple. Breastfed babies are easy to take along.
5. You'll get more sleep. Nighttime feedings are quick and easy.
6. Your breast milk is always ready to feed, nothing to mix, measure, heat or clean up.
7. Breastfeeding helps you feel close to your baby and feel confident about yourself as a mother.

8. Feeding time is time for you to put your feet up, relax and snuggle with your baby. The hormones released when breastfeeding have a natural relaxing effect on the mother.
9. Breastfeeding reduces your risk of breast and ovarian cancer, diabetes, metabolic syndrome, cardiovascular disease, and rheumatoid arthritis.
10. Spit up breast milk does not stain. Your baby's dirty diapers will have very little odor.

REASONS FOR YOUR BABY:

1. Breast milk is the perfect food for your baby. It is just what your baby needs in just the right amount.
2. Breast milk helps your baby grow strong and healthy.
3. Breast milk changes to meet your baby's growing needs. No formula can do that.
4. Breastfed babies have a reduced risk of Sudden Infant Death Syndrome (SIDS).
5. Breast milk is gentle to your baby's stomach and very easy to digest. Breastfed babies are much less likely to have gastrointestinal infections.
6. Colostrum - mothers first milk - helps build baby's immunity.
7. Your breast milk gives your baby protection against illness. Breastfed babies have fewer ear infections and respiratory infections.
8. Breastfed babies have fewer allergies.
9. Breastfed babies are less likely to develop diabetes.
10. Breastfed babies are less likely to be obese as teenagers and adults.

ONLY BREAST MILK

Feeding your baby only breast milk for the first 6 months (called exclusive breastfeeding) helps maintain the safety barrier that colostrum creates in the baby's gut and helps to ensure a full milk supply.

Breastfeeding offers many advantages to both mother and baby. Breast milk provides all the nutrients your baby needs and is easily digested. Human milk contains antibodies, white blood cells, and other factors that help protect your baby from illness. Breastfeeding is convenient, economical, and gives you special time and closeness with your baby. Feel confident in your ability to breastfeed and enjoy your baby.

GETTING STARTED

Your nurse will help you feed your baby in the first hour after birth. Early and frequent feedings will help establish a good milk supply soon after birth. Frequent and unrestricted feeding will help prevent painful engorgement, jaundice in your newborn, and encourage your uterus to contract and reduce bleeding. The first milk your baby receives is called colostrum. Colostrum is rich in nutrients and immunities.

Allow your first attempts at breastfeeding to be a learning experience, a get-acquainted effort for both you and baby.

You can feed your baby in any position that is comfortable. To breastfeed sitting up in bed or in a chair use plenty of pillows in your lap to support your arm. You should be relaxed, with none of your muscles straining. Hold the baby in your arms, on her side with her head in the crook of your elbow and your forearm supporting her back. Your hand should then be holding her bottom or upper thigh. Your baby needs to be turned so far over on her side that the baby's ear, shoulder and hip are in a straight line. Hold your baby up close to your breast so you are not leaning over to reach her, and the baby is not straining or having to turn her head to reach your breast. You may want to support your breast when you offer it to the baby. Keep your fingers parallel to the baby's lips. Think about compressing your breast like you would a large sandwich. Make sure your index finger is not in the baby's way. It works best if your fingers are not touching the dark area around your nipple. Tickle the baby's lower lip with your nipple and wait for the baby to open her mouth up WIDE. Aim your nipple up towards the baby's nose and bring your baby in very close so that her nose and chin are touching your breast.



You may be more comfortable laying back in bed or a recliner using pillows to support yourself and placing your baby on her belly on your chest with her cheek on your breast. Use your hands to support your baby's back and legs. Leave the baby skin to skin for 30 to 60 minutes and allow her to latch on her own.

Breastfeed your baby at least 8 to 12 times every 24 hours. Allow the baby to finish the first breast before switching to the other side. You will know when she has finished the first breast when she comes off the breast or falls asleep, usually after 10 to 20 minutes. Burp the baby and offer the other breast, which she may or may not take. To keep your milk supply even, alternate which side you start feeding from. To take your baby off your breast, insert your finger into the corner of the baby's mouth, between baby's gums, and break the suction. Never pull the baby's mouth off the nipple without breaking suction with your finger as it can cause sore nipples.

Alternating the position in which your baby nurses will help you avoid sore nipples and aid milk flow from all areas of your breast. Lying down is a good position for resting while your baby nurses.

If you've had a cesarean birth, you may prefer lying on your side. You will need pillows to support yourself and the baby. Lie on your side

with a pillow under your head, a pillow behind your back and a pillow between your knees. Have your baby lying on her side facing you with her mouth in line with your nipple. Place your lower arm around the baby with your forearm supporting her back and with her head in the crook of your elbow. Lean back into the pillows behind your back. Offer your breast to the baby with your thumb on top and fingers below the breast.

The football hold is another alternative position that is good after a cesarean birth and works well with twins. This position also requires pillows to bring the baby up to the level of the breast. You should be sitting up in bed, in a chair or on a couch. Place two pillows under the arm you will be holding the baby in and one in your lap. Position the baby with her body under your arm and her head resting in your hand. Bend her legs upward behind you, so her bottom is pressed against the

back of the chair or bed. This position is helpful for babies who are having trouble latching on because it gives the mother good visibility.

FEEDING CUES

It is usually best to avoid set feeding times. Feed your baby when she is showing hunger or feeding cues. Your baby may show her hunger by moving her hands or fists to her mouth, moving her tongue in and out of her mouth, suckling on her lip, fingers, fist or rooting (turning their head) toward anything that touches her cheek. Watch for these early cues. If you wait too long your baby may cry too hard to be able to feed easily.

SPIT UP

It is normal for your baby to spit up a small amount of milk after feeding as long as she is gaining weight. If the spit-up is projectile (shoots across the room) call your doctor.

HOW TO KNOW IF BABY IS GETTING PLENTY

After your milk supply is more plentiful, 5 days after birth, your baby should have 6 to 8 wet cloth diapers or 5 to 6 wet disposables every 24 hours. After your baby is 5 days old, for the first 4 weeks of life, 3 to 4 or more bowel movements a day also indicates your baby is getting plenty of breast milk. After 6 weeks of age some babies have one large bowel movement only every few days. Once your baby is a week old, you may also notice your breasts feel softer after feeding which is normal. You are still making plenty of breastmilk. Other signs your baby is getting plenty is baby waking for feeding and being content after nursing.

A weight gain of 1/2oz to 1oz per day or 3-7oz per week and the right number of wet and dirty diapers assure you that your baby is getting plenty of breast milk. If you have any doubts, please call the breastfeeding warmline at 573-406-2122

When you breastfeed every time your baby shows signs of hunger he will:

- Help your baby to be settled and content
- Help prevent breastfeeding complications
- Help establish and maintain a good milk supply.
- Help baby get exactly the right amount to eat.



HOW FREQUENTLY SHOULD BABY NURSE

Follow your baby's feeding cues. Feed your baby 8 to 12 times every 24 hours. Some babies will cluster feed which means they group 3 or 4 feedings close together and then sleep for 4 or 5 hours. Often babies do this in the evening hours. Feed your baby whenever she is showing signs of interest in eating, such as moving her hand to her mouth, rooting, or making sucking movements. There is no need to wait a specific amount of time for your breasts "to fill up." Frequent, unlimited breastfeeding builds your milk supply and helps prevent engorgement.

FREQUENCY DAYS

Around 10 to 14 days, 4 to 6 weeks, 3 months and 6 months your baby may want to breastfeed more frequently for 2 to 3 days. This is your baby's way of getting more milk to meet her growing needs. Let your baby feed often and she will get all the milk she needs.

HOW TO INCREASE YOUR MILK SUPPLY

The more your baby nurses, the more milk you will have. The best way to increase milk supply is with frequent feeding. Nursing long enough to allow the baby to get the higher calorie hindmilk at the end of a feeding will help increase baby's weight.

In the first 3 to 4 weeks of breastfeeding while you and your baby are learning, and your milk supply is getting established, avoid using bottles. If you give a bottle to the baby, you will make less milk because your breasts will not be stimulated during the feeding to make milk. As your baby gets older, if you wish to feed your baby bottles while you are away, this will be possible as your milk supply will already be well established. When working to increase supply: nurse often, get plenty of rest, take naps when your baby sleeps, and avoid using a pacifier.

NUTRITION AND DIETING

There are no special diet rules a breastfeeding mother should follow. As is true for your whole family, you should eat a diet with plenty of fresh fruit and vegetables, whole grain breads and cereals, as well as calcium-rich and protein-rich foods. A breastfeeding mother does not need to

eat or drink any special food (such as milk) and there are no foods that must be avoided. Most mothers find they can eat anything they like in moderation without any effect on their babies. Occasionally, especially in a family with a history of food allergies, mothers discover that some food in their diets affect their nursing babies. Cow's milk and other dairy products, eggs, and citrus fruits are some of the more likely culprits. Many mothers find they are more thirsty while breastfeeding. You should drink to meet your thirst. Drinking more than that is not beneficial and will not increase your milk supply. Continue prenatal vitamins while nursing.

Extra pounds are added during pregnancy to store energy for producing milk, and breastfeeding can help make it easier to shed these extra pounds. If you want to lose weight it is important to go slowly. You should not go on a diet to intentionally lose weight for at least 2 months after your baby's birth. Most breastfeeding mothers will lose a pound or two a month while following a normal diet. Crash diets, fad diets and quick weight loss present problems for breastfeeding mothers and should be avoided.

EXERCISE

Exercise is invigorating, an excellent change of pace, and a great stress reliever. Moderate exercise is beneficial and appropriate for the breastfeeding mother. Begin gradually after you have had time to recover from childbirth. Walking with your baby in a stroller or baby carrier can be a great way to begin.

SORE NIPPLES

In the first week of breastfeeding, some soreness or pain is normal in the first minute, as the baby positions the nipple in his mouth and until the flow starts. If pain persists throughout the feeding that is not normal. It's a good idea to give even slightly sore nipples special attention to ease the discomfort and prevent complications. Sore nipples are most often caused by incorrect positioning of the baby at the breast. Check to be sure your baby is positioned correctly. Go back through the steps for positioning. Make sure your baby is opening her mouth wide, aim your nipple toward the baby's nose and pull baby in very close

to feed. Feed on the least sore side first. After a feeding express a little breast milk and coat the nipple with it. Then allow your nipples to air dry for 10 to 15 minutes. Try alternating the position in which you feed your baby. Use only water on your breasts when bathing. Avoid soaps, sprays, and other drying agents on the nipple. Creams on the nipple are not usually necessary, however, USP modified lanolin can be used if your nipples are extremely dry, and some women have found some relief from sore nipples by using a small amount of lanolin such as Lansinoh. While nipples are healing try wearing just a cotton T-shirt, without a bra, when at home. With sore nipples avoid disposable bra pads, they may be causing or increasing irritation.

Engorgement can make the baby nurse on the end of the nipple and cause sore nipples. If this is a problem, use warm compresses and express enough milk to make the area around the nipple (areola) soft before nursing.

Thrush can cause sore nipples and breast pain. If you suspect thrush, have your health care provider check and treat both you and your baby.

Possible symptoms of thrush in the mother:

- *Prolonged or sudden onset of sore nipples after the newborn period*
- *Nipples may be pink, flaky, itchy or red and burning*
- *Shooting pain in the breast during or after a feeding*

Possible symptoms in the baby:

- *Diaper rash*
- *White patches on the inside of the baby's mouth, cheeks or tongue*
- *Baby may not have any symptoms*

ENGORGEMENT

As your milk supply becomes more plentiful, 2 to 5 days after birth, your breasts may swell making it difficult for the baby to nurse. This swelling is mainly due to increased blood and fluid in the supporting tissue of the breast along with an increase in milk production. The swelling will normally disappear in a few days and is not a sign of decreased milk supply. In the meantime, nurse frequently. Painful engorgement after

birth can usually be avoided by nursing your baby frequently, every 1 to 3 hours, around the clock. If your baby is having trouble grasping the nipple, because your breast is firm, hand express some milk to soften the breast. If your breasts are painfully sore try soaking in a warm bath or expressing milk in the shower with warm water running on your breasts before the feeding. Massage your breasts prior to feeding the baby. Another way to apply warm moist heat to your breasts is by pouring a small amount of warm water into an open disposable diaper and then placing it on your breasts, with the plastic side out, for 10 to 20 minutes before feeding. Then hand express some milk to soften the breast.

SLEEPY BABY

Some babies are very sleepy in the first few days of life and need to be awakened to feed. It is difficult to wake babies from a sound sleep to breastfeed. Keep your baby close to you and when she stirs pick her up, change her and nurse your baby. As soon as your baby's swallowing slows down or she starts to doze, switch to the other breast. Unwrapping or undressing also helps wake up a sleepy baby. Keep her skin-to-skin while watching for feeding cues. Your baby may not cry to be fed but frequent feeding is important. Look for signs of feeding readiness, such as baby bringing her hands to her mouth, moving her tongue in and out of her mouth and restlessness while sleeping. When you see these signs pick up your baby and nurse her.

FLAT NIPPLES

Women who have flat or inverted nipples can breastfeed successfully. Some babies nurse on inverted or flat nipples with no problems at all. Even if the baby has difficulty at first, usually after a few weeks of working with the baby she will feed with ease. Breastfeed early and often after birth to avoid engorgement and give the baby practice at breastfeeding while your breasts are still soft. Encourage the baby to open her mouth up wide and latch on as far behind the nipple as possible. Support your breast with your thumb on top and fingers below the breast. Pull back slightly on your breast tissue toward your chest, to help the nipple protrude more. Avoid "stuffing" the nipple into the baby's mouth, since this may



Breastfeeding is much easier than any description of the process. Give yourself and your baby a couple of weeks to learn the ropes. Relax and enjoy your baby!

make the nipple sink back farther and be harder for the baby to latch on to. Expressing milk with a pump for a few minutes prior to feeding will help draw the nipple out and soften the areola, making it easier for the baby to latch on. A few drops of milk on your nipple may encourage the baby to latch on and suck. Give the baby plenty of skin-to-skin time and try using a laid back position. You may be more comfortable laying back in bed or a recliner using pillows to support yourself and placing your baby on her belly on your chest with her cheek on your breast. Use your hands to support your baby's back and legs. Leave the baby skin to skin for 30 to 60 minutes and allow her to latch on her own.

SORE BREASTS

If your breast becomes sore after the first week it may be you have a plugged duct or infection. If you notice a tender spot, redness or painful lump, it may be a plugged milk duct. To relieve, breastfeed frequently on the affected side first. Use warm moist compresses or a heating pad on the affected area frequently throughout the day. Soak the area in a warm bath or warm shower. Loosen tight clothing, especially your bra, or discontinue wearing your bra for a few days. Try massaging the area while the baby nurses. Use gentle, even massage from the chest over the lump toward the nipple. Try pumping after the baby nurses on the affected side. Keep the breast as empty as you can. Some of the causes

of plugged ducts include: not nursing frequently enough, pressure on the duct from a bra that is too tight, breastfeeding in only one position, skipping or delaying feeding due to holidays, travel, illness, vacation or company.

MASTITIS

Mastitis, a breast infection, has the same symptoms as a plugged duct plus a fever and "flu" like feeling. Mastitis may result from a plugged duct. Treat the same as a plugged duct. **Continue breastfeeding** and take acetaminophen (Tylenol) or ibuprofen (Motrin or Advil) for the discomfort and fever. Call your doctor. Antibiotics may be needed.

BREAST PUMPS

Many types of breast pumps are available for all mothers whether they plan on returning to work or staying home. You can collect breast milk in a variety of ways. You may use hand expression, a hand held pump, a battery operated pump or an electric pump. Not all pumps are made the same. Renting or buying an electric pump is a good option for a mother with a hospitalized premature baby or for a mother returning to work full time. To check the quality of a pump before purchasing, please call the Lactation Consultant at the hospital. Most insurance companies will cover the cost or partial cost of a pump. You can use the following resources to check what your insurance will cover.

- Aeroflow Breastpumps **1-844-867-9890**
- Byram Healthcare:
breastpumps.byramhealthcare.com
- **www.edgepark.com/home-wellness/breast-pumps-and-supplies**

Locally double electric breast pumps are available at:

- Hannibal Medical Supply..... **573-231-0556**
- Denman's Medical Supply **217-224-9164**

HAND EXPRESSION

Hand expression is a technique that may help you with breastfeeding. In the first couple of days, expressing colostrum to the end of your nipple will help baby latch. If you are having difficulty latching your baby on to your breast, hand express small amounts of colostrum onto a plastic spoon and give it to your baby. Hand expression is also helpful if your breasts

become engorged. Expressing will soften your breasts and make it easier for your baby to latch. Removing milk frequently with hand expression in the first few days will also help get a big supply of milk established. Gently massage your breast or apply a warm compress before expressing. To express milk, place your fingers, with your thumb and index finger on the other side of the nipple. With your fingers, press your breast back toward your chest wall and then rhythmically compress your breast. The steps are compress, express, and relax. Ask your nurse to assist you and ask to watch the hand expression DVD while in the hospital. Go to <http://newborns.stanford.edu/breastfeeding/> for more information about hand expression.

STORING AND HANDLING BREAST MILK

- Wash your hands before pumping or expressing milk.
- Use a breast pump and collection containers that have been washed in a dishwasher or in hot, soapy water and then rinsed well.
- A small cooler can be used to keep milk cool at work if a refrigerator is not available. A small cooler is also easy to use for transporting milk.
- Store breast milk in a clean container. Mark the date and amount on each container. Be sure to leave space at the top so the milk can expand as it freezes.
- Freeze your milk in 2 to 4 ounce portions. Smaller amounts thaw easier and you will waste less if your baby doesn't take it all. More can be thawed quickly if needed.
- Breast milk normally has a thin watery appearance. It may have a green or blue cast. The color and consistency of your milk may vary depending on your diet. This is normal.

THAWING AND WARMING BREASTMILK

- To defrost frozen milk place the milk in the refrigerator overnight. It takes about 12 hours to thaw a bottle in the refrigerator.
- Or hold the frozen bottle under warm running water or place the bottle in a pan of warm water. **DO NOT** use boiling water or place in a pan on the stove, overheating can destroy some of the milk's good nutrients. **When warming**

or thawing milk use the least amount of heat possible.

- Do not use a microwave to thaw breastmilk.
- Breast milk should never be refrozen.
- When stored, breast milk separates, with the cream raising to the top. Gently shake the bottle to redistribute the cream.

GUIDELINES FOR REFRIGERATING AND FREEZING BREASTMILK

If you carefully washed your hands before hand expressing or pumping, your freshly expressed breast milk will be safe at room temperature for a few hours. Refrigeration is recommended within 4 to 6 hours of pumping milk.

Do not store previously frozen milk at room temperature.

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|-------------|--|
| 2 hours | Cool fresh milk for 2 hours in refrigerator before adding it to milk already frozen. This helps prevent thawing of the previously frozen milk. |
| 24 hours | Thawed (previously frozen) breast milk is safe if refrigerated. |
| 5 days | Fresh breast milk will keep in the refrigerator. |
| 3-6 months | Frozen breast milk will keep in the freezer compartment of a refrigerator/freezer with 2 separate doors. Store in back of freezer, preferably not on the door. |
| 6-12 months | Frozen breast milk will keep in a deep freezer that stays at 0 degrees or below. |

HOW MUCH MILK WILL YOUR BABY TAKE AT A FEEDING?

How much breast milk you will need to leave for each feeding will vary and depend on the individual infant. Store your breast milk in 2 to 4 ounce portions. The following is average intakes for various ages.

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|--------------------|------------------------|
| 1 week to 2 months | 2 to 3 oz. per feeding |
| 2 to 4 months | 3 to 4 oz. per feeding |
| 4 to 6 months | 3 to 5 oz. per feeding |

MEDICATIONS WHILE BREASTFEEDING

If any doctor is prescribing medication for you, be sure that he or she is aware that you are breastfeeding. Be sure to check with your doctor before taking any medication while you are breastfeeding. Usually the amount of the drug found in mother's milk is so small that it won't affect the baby at all, but there are some drugs that would not be safe for your baby, and may affect your milk supply. Prescription medicines, over-the-counter drugs and illegal drugs all go through the milk in varying quantities. Usually if a particular drug poses a risk for the baby it is possible for your doctor to substitute another drug with less risk or no risk. Alcohol, caffeine, and tobacco are drugs. They do pass into mother's milk and affect the baby the same way they affect you. Caffeine in large amounts may affect the baby and make her sleep less and be irritable. Moderation is the key. If you smoke, smoke after breastfeeding and away from the baby so they do not inhale second-hand smoke. Breastfeeding women who smoke are more likely to have babies who cry a lot and develop "colic" however breastfeeding does reduce the risk of SIDS and respiratory illnesses in breastfed babies with smoking mothers. Alcohol passes quickly into breastmilk. Alcohol is harmful in regular or large doses. An occasional drink is probably okay, but no more.

VITAMIN D

Breast milk contains all the nutrients a healthy, full-term baby needs during about the first six months of life. The American Academy of Pediatrics (AAP) recommends supplementation of vitamin D for all breastfed infants in the US. Most people get their Vitamin D from sun exposure. Infants under 6 months of age should not be exposed to direct sunlight. After age 6 months infants should be protected from sun exposure with sunscreen. While sunscreen should be used it does prevent production of vitamin D. For this reason the American Academy of Pediatrics recommends beginning oral Vitamin D Drops (400 IU) daily when discharged from the hospital. Vitamin D drops can be purchased alone. Your healthy term breastfed baby will not need any other vitamins or minerals unless your pediatrician tells you.



Breastfeeding support is available to you and your baby after you leave the hospital.

Honeysuckle Café

We offer a breastfeeding support group called “Honeysuckle Café” for all moms in the area. The group meets **Mondays at 5 pm and Wednesdays at 10 am** in the room just outside the doors of the Women’s Care Unit. The group welcomes new mothers, babies, toddlers and siblings to join us. Come network with other breastfeeding moms to discuss baby and feeding topics. A Lactation Consultant will be available for questions as well as hospital scales for baby weight checks. Snacks and beverages are provided. There is no need to register in advance.

Breastfeeding Warmline

The Chris Coons Women’s Care Center operates a breastfeeding warmline 24/7 to answer your breastfeeding questions after you leave the hospital. Please leave a message if the phone is not answered immediately and your call will be returned.

The number is 573-406-2122.



Check us out on Facebook - Honeysuckle Café Breastfeeding Group.



Being a good parent means much more than just knowing how to feed, diaper and bathe your baby. How you treat your baby from the time he is born can affect him the rest of his life. Parenting is not easy, but it can be fun and rewarding. The more you know, the easier it will be and the more you will enjoy your child.



BABIES ARE BABIES

All babies sneeze, yawn, hiccup, pass gas and cry. Sneezing is the only way in which a baby can clean his nose of mucus or lint. Crying is his way of saying, "I'm hungry," "I'm wet," "I want to be moved," "I'm uncomfortable," "I'm too hot," "I'm too cold," "I'm lonely." The only way your baby can talk to you is by crying. This is how he tells you he needs something.

Infants cannot be spoiled, you are not spoiling him when you pick him up and hold him when he cries, you are showing him that you love him and will take care of him. Your newborn is not manipulating you when he cries, he simply has no other way to tell you he needs something. You might have trouble figuring out exactly what he wants, but pick him up, cuddle him, and trust your instincts and feelings. Research shows that babies who are picked up often during their first months cry less at one year of age than do the

children who weren't picked up. So hold your baby, pick him up when he cries, feed him if he's hungry, change him if he is wet or messy. Keep him clean, dry, warm and fed.

BATHING YOUR BABY

Bath time with your baby can be a special time. Talk to her while you are giving the bath. Let her know how much you love her. She may not understand the words, but she does understand your smile, the tone of your voice, your touch and how you hold her. Your newborn doesn't need a full bath every day. A couple times a week during her first year may be enough. Bathing her more frequently may dry out her skin, particularly if soaps are used or moisture is allowed to evaporate from the skin. Patting her dry and applying a fragrance-free, hypoallergenic moisturizing lotion immediately after bathing can help prevent dry skin or worsening the skin condition called eczema. Give sponge baths until the baby's cord falls off.

THE SPONGE BATH

Sponge bathe your baby in a draft-free room on a surface covered with a blanket or towel. Gather everything you will need for the bath before you begin.

- wash cloths
- towels
- a mild soap made for babies
- clean clothes
- clean diapers

Don't undress her completely unless the room is very warm. Instead, use the wet wash cloth to bathe one part of her body at a time, then cover her so she won't get cold. If you want to wash the baby's hair, use a mild tear free shampoo. Have a basin of warm water ready. Check the temperature with your elbow. When bathing, start with baby's head and work your way down. You can wash your baby's hair before undressing her. Hold your baby like a football with her head over the basin of water or sink, and her body tucked under your arm. Moisten the hair, apply a tiny amount of shampoo, lather and rinse. Dry your baby's head with a clean towel. Wipe one eye with a corner of a clean wet washcloth (do not use soap), then wipe the other eye with a fresh corner. Clean from the inside corner to the

outside of the eye. Use only water. Now wash the ears, face and neck. Remove any lint caught in the folds of the neck. Clean only what you can see of the ears and nose. You may clean the outer folds of the ear with a Q-tip. **NEVER** put anything into the ear canal. Gently pat dry. Take off your baby's shirt and wash the chest, underarms, arms, and hands. Pat dry and cover with a dry towel or blanket. Remove your baby's diaper and wash your baby's legs and genitals. When you



wash your baby's genitals, make sure that all the folds and creases are clean. Turn your baby over tummy down and wash the back and buttocks. Pat dry.

For baby girls—Gently clean the folds of skin from front to back. Newborn girls may have a white vaginal discharge. This is normal and does not need to be removed. It will go away on its own in a few weeks. Newborn girls sometimes have a clear or slightly red tinged vaginal discharge in the first few days which is also normal.

THE TUB BATH

When your baby is ready for a tub bath, you can use a plastic baby bath tub or the kitchen sink - after you have cleaned it. If you use a sink, wrap a cloth around the faucet so that you don't bump your baby's head on it. Placing a towel in the bottom of the tub or sink will make it more comfortable and help keep her from slipping. Babies are very slippery when wet! Have your fingers under the baby's armpit, with your thumb

around her shoulder. Stay with your baby every second during the bath, keeping one hand on the baby at all times. Never leave her alone in the bath. Again, gather everything you need before you start. Put just a little warm water in the tub or sink, about one inch. Keep your water heater set at 120 degrees or lower, to avoid burns, and always test the water temperature before putting the baby in the bath. Begin by washing her head. Her scalp may be crusty for a while. This is called "cradle cap." It can be washed gently and brushed out with a baby brush. It is all right to gently scrub over the soft spot.

It is normal for your baby's skin to peel for the first few weeks after birth, especially if she was overdue.

BABY MASSAGE

Babies love to be touched and need to be touched. Warm some lotion in your hands and give her a massage. Put her on her tummy and begin at the back of her neck. Very gently rub down her back, arms and legs, and in between fingers and toes. Turn her over and massage down her chest, arms and legs. Not only does this feel good to her but it is also good exercise. Be sure to keep her warm.

CARE OF THE UMBILICAL CORD

The cord will dry up and drop off in 7-10 days. Leave the cord open to air as much as possible. Try to keep the diaper folded down beneath the cord. If you notice a red area around the cord on baby's abdomen, an odor, or any excessive bleeding, call baby's doctor. A small amount of oozing like when a scab comes off too soon is normal.

NAILS

Trim fingernails closely and squarely across the tip. Do not shape. It is easiest to trim your baby's nails when he is asleep. Use a good light to see.

CIRCUMCISION

At birth, most boys have skin that completely covers, or almost covers, the end of the penis. Circumcision removes some of this foreskin so that the tip of the penis and the opening of the urethra, through which the baby urinates, are exposed to air. Circumcisions are done the day after your baby is born or the day you are discharged. It is a good idea to decide before the baby's birth whether or not you want the baby circumcised.

Circumcision has been practiced as a religious rite for thousands of years. In the United States, most boys are circumcised for religious or social reasons. A recent analysis by the American Academy of Pediatrics concluded that the medical benefits of circumcision outweigh the risks. Studies have shown that circumcised infants have a slightly lower risk of urinary tract infections, although these are not common in boys and occur less often in circumcised boys mostly in the first year of life. Neonatal circumcision also provides some protection from penile cancer, a very rare condition. Some research also suggests a reduced likelihood of developing sexually transmitted diseases and HIV infections in circumcised men, and possibly a reduced risk for cervical cancer in female partners of circumcised men.

Circumcision is a surgical procedure and like any type of surgery there is always the possibility of complications. Complications are rare and the majority are minor, such as bleeding and swelling.

Babies who are born prematurely or are ill at birth are not circumcised immediately. This procedure is only done on well, healthy newborns. The decision of whether or not to circumcise a baby boy is one that should be made by parents in consultation with their baby's doctor.

For circumcised baby boys — After your son has been circumcised, the tip of his penis will look raw or have a yellowish coating. It may stay red and have a small amount of yellow discharge until it heals. Your baby's penis should heal in about seven to ten days.

If your baby was circumcised with a plastibell, there will be a small plastic "ring" between the foreskin and the penis. This plastic comes off on its own in 7-14 days. Do not try to remove it because that could cause bleeding. Do not apply any dressing or ointment to the baby's penis when the plastic "bell" or "ring" is used. If the circumcision is done on the day you go home, watch for bleeding over the next 24 hours. A very small amount of bleeding is normal, but there should be no active bleeding, where you can see a small stream of blood. If there is a lot of bleeding, apply pressure to the spot and call your baby's doctor.

If your baby was circumcised with a gomco clamp, there will be a raw edge left after the foreskin has been removed. This should be covered with Vaseline during diaper changes for the next 5-7 days to keep the diaper from sticking to the end of the penis. After that, apply Vaseline once a day to help prevent foreskin adhesions. This type of circumcision can ooze a little, but you should not see active bleeding. Care of the circumcision site will be discussed with you before you leave the hospital. Call the doctor if your son cannot urinate for more than 8 hours after the circumcision has been done. If the penis begins to bleed and will not stop, apply pressure and call your baby's doctor. If the penis becomes reddened, swollen, or has pus three or more days after the circumcision, your baby might have an infection. Call your baby's physician.

If your baby has not been circumcised:

Sometime during the first several years of your son's life, his foreskin, which covers the head of the penis, will separate from the glans. Some foreskins separate soon after birth or even before birth, but this is rare. When it happens is different for every child. It may take a few weeks, months, or years. After the foreskin separates from the glans, it can be pulled back away from the glans toward the abdomen. This is called foreskin retraction. Most boys will be able to retract their foreskins by the time they are 5 years old. As a boy becomes more aware of his body, he will most likely discover how to retract his own foreskin. But foreskin retraction

should never be forced. Until separation occurs, do not try to pull the foreskin back - especially an infant's. Forcing the foreskin to retract before it is ready may severely harm the penis and cause pain, bleeding, and tears in the skin. When the foreskin separates from the glans, skin cells are shed. These skin cells may look like whitish lumps, resembling pearls, under the foreskin. These are called smegma. Smegma is normal and nothing to worry about. Your son's intact or uncircumcised penis requires no special care and is easy to keep clean. When your son is an infant, bathe or sponge him regularly and wash all body parts, including the genitals. Simply wash the penis with soap and warm water. Remember: do not try to forcibly retract the foreskin. If your son's foreskin is separated and retractable before he reaches puberty, an occasional retraction with cleansing beneath will do. Once your son starts puberty, at about 12-13, he should retract the foreskin and clean beneath it on a regular basis. It should become a part of your son's total body hygiene, just like shampooing his hair and brushing his teeth. Teach your son to clean his foreskin in the following way:

- Gently pull the foreskin back away from the glans.
- Rinse the glans and inside of the foreskin with soap and warm water.
- Pull the foreskin back over the head of the penis.

While your son is still a baby, you should make sure the hole in the foreskin is large enough to allow a normal stream when he urinates. Talk to your pediatrician if any of the following occurs:

- The stream of urine is never heavier than a trickle.
- Your baby seems to have some discomfort while urinating.
- The foreskin becomes considerably red or swollen.

DIAPERING

Babies usually have their first bowel movement within 24 hours of birth. The first bowel movements consist of meconium -- a greenish, black, sticky substance that is in your baby's intestines before birth. As your baby gets rid of the meconium, their stools change. Breast fed babies' stools are mustard yellow, semi-liquid, seedy and very frequent. The runny look of a breast fed baby's stool often worries parents who think their baby has diarrhea. But diarrhea looks different, it often contains mucus and usually has a bad odor, that is quite different than the sweet smelling stools that breast fed babies often have.

Many babies strain, grunt, draw legs up to chest, and become red in the face when having a bowel movement. This is normal and not due to constipation. Constipation is when the stool is very hard and firm. Never give a laxative or enema to your baby until you have talked to your baby's doctor. It may be normal for your baby not to have a bowel movement every day or every other day as they get older

Newborns usually urinate 12 or more times in a twenty-four hour period. By the time your baby is 5 days old, you should expect at least 6 to 8 wet diapers a day. Super absorbent disposable diapers can sometimes make it difficult to tell if your baby has urinated. If the diaper is wet, even though it does not feel wet, it will be heavier than a dry diaper. Wet diapers and bowel movements are an important sign that your baby is getting enough to eat.

Disposable diapers are convenient because you throw them away when they get dirty, but they cost more than cloth diapers. If you decide to use disposables, you'll need 4 to 6 dozen per week. If you use cloth diapers, you only have to buy them once, but they have to be washed often so you will have a clean supply. Some people like to use cloth diapers at home and disposable when they go out.

Change your baby's diapers whenever they are wet or dirty. Don't let him stay in wet or dirty diapers because they will irritate his skin and

cause diaper rash. Every time you change your baby's diapers, wipe his bottom with a warm wet cloth or disposable baby wipe. Some baby wipes may be irritating. It is important to clean him each time, especially if he has a dirty diaper. Always wipe from front to back. It is not necessary to use baby powder or lotion when changing your baby. If you are using powder, put it on your hand first and then rub it on his bottom. Don't shake the powder onto his skin because it isn't good for him to breathe the powder into his lungs.

DIAPER RASH

The best way to prevent diaper rash is to keep the diaper area clean and to change the diaper frequently. Some babies get diaper rash even when you are very careful. If your baby has a diaper rash, use plain water and a clean, soft cloth to clean your baby's bottom with every diaper change. Exposing the baby's bottom to air for brief periods each day helps prevent and heal diaper rash. Try using an ointment such as A&D or one with zinc oxide, such as Desitin with each diaper change after you clean your baby's bottom. You may try using cloth diapers without the diaper wrap to allow for better air circulation to aid healing. If the diaper rash does not improve, or gets worse, call your baby's doctor. It could be yeast, a raised red diaper rash that ointments do not help and that needs treatment. With yeast, there can also be white patches, known as thrush, in the mouth, especially on the tongue. Thrush will not wipe off with gentle cleansing. Your infant will need to see the doctor for these conditions.

EYE CARE

Your baby's eyelids may be puffy. He may have blood spots in the white areas of one or both eyes. These are often caused by the pressure on your baby's face during delivery. Eye medicines that your baby needs after birth to prevent infections may cause your baby's eyes to look red. The swelling and redness in your baby's eyes is usually gone in three days. It may take up to three weeks before blood spots in your baby's eyes are gone. If redness, swelling, or drainage persists longer than 2-3 days, call your baby's doctor. The iris is the colored part of the

eye. Most light-skinned babies are born with blue-gray eyes. The eye color of a light-skinned baby may change during the first year. Dark-skinned babies usually have brown eyes that do not change color. If your baby will not open his eyes for you, the lights in the room may be too bright. Try dimming the lights and nursing the baby to encourage your baby to open his eyes.

It is common for your baby to cry without making tears. A newborn baby's eyes usually make just enough tears to keep his eyes wet. By 7-8 months old, your baby's eyes will develop so they can make more tears. Tears drain into small ducts (holes) at the inside corners of each eye. These ducts are called lacrimal tear ducts. A blocked tear duct is common in newborns. A possible sign of a blocked tear duct is a yellow sticky discharge in one or both of your baby's eyes. To massage the tear ducts, first wash your hands, then start at the inner corner of the eye and gently massage downward, along the side of the nose.

FRIENDS AND VISITORS

Friends and relatives are interested in your baby and want to hold and hug him. Unfortunately, you may not know who has a cold, sore throat, or the flu. Try to tactfully keep at a minimum the number of visitors and children with your baby for the first 8 weeks. Everyone should wash their hands before handling the baby. Do not take your baby into crowds for the first 2-4 weeks. Examples include church, the shopping mall, grocery store, etc.

GOING OUTDOORS AND HOUSE TEMPERATURES

You and your baby should stay away from crowds and harsh weather for the first 2-4 weeks so that you get enough rest and avoid exposing your baby to infections.

Most mothers worry about the temperature of the house for the baby. Often the tendency is to keep the house too warm. Your baby will be comfortable dressed with the same amount of clothes that you are comfortable in. In the

summer, your baby can be in a house where there is either an air-conditioner or a fan, as long as neither blow directly on the baby. If your baby is too hot he may be fussy, turn a very pink color, and feel damp or sweaty. If his temperature is between 99 and 100, he probably is just overdressed and removing some of his clothing or a blanket may help. Avoid exposing your baby to the sun. Babies sunburn very easily. They can get overheated and dehydrated quickly. Ask your babies doctor about using sunscreen if your baby is under 6 months old. Use sunscreen to protect older children.

If your baby is too cold, his arms and legs will feel cool to touch. If arms and legs feel cool, add extra clothing or a blanket. When going outdoors, protect your baby's face from the sun and the wind. Be sure your baby is dressed for the weather.

HEARING TEST

Missouri state law requires a hearing test on all newborns before discharge from the hospital. Your nurse will bring a machine into your room to explain the procedure and test your child's hearing.

Why should my infant's hearing be screened?

- Hearing loss is one of the most common conditions present at birth. In Missouri, all babies are screened for possible hearing loss.
- Babies cannot tell us if they cannot hear. Screening is the only way to know if a baby has a hearing loss.
- It is important to diagnose hearing problems early. The first two years of a baby's life are the most important for learning speech and language. If your baby has a hearing loss, many important learning experiences will be missed.

How is the screening done?

- A newborn's hearing can be screened on special equipment using one of two quick methods:
- OAE: Otoacoustic Emissions is done by placing tiny microphones in your baby's outer ear canal and recording the middle ear response to clicks or tone bursts.

- ABR: Brainstem Auditory Evoked Response is done by placing electrodes on your baby's scalp and measuring brain waves generated in response to clicks.

Why do some babies need another hearing screening?

- Some babies may need another screening because:
- Fluid is in the ear
- the baby was moving a lot
- the testing room was noisy
- the baby has a hearing loss

If your baby does not pass the hearing screening, make sure his or her hearing is screened again or tested by an audiologist as soon as possible. Your nurse will give you information about when to return for a repeat hearing screening.

Most babies who need another screening have normal hearing. Some will have hearing loss.

Can a newborn baby pass the hearing screening and still have hearing loss?

- Yes, some babies hear well enough to pass the first test, but lose their hearing later because of some illness, injuries, medicines or a family history of hearing loss.

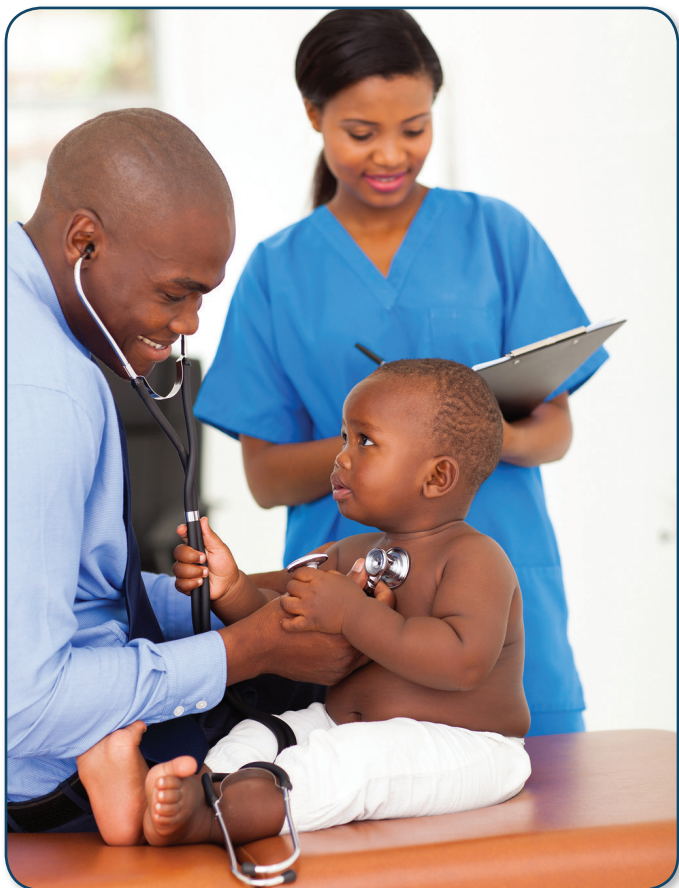
IMMUNIZATIONS & WELL BABY VISITS

Routine well baby visits and immunizations are very important to your child's health. Your child will need a physical exam in the first few days after birth, two weeks and then at two, four, six, nine, twelve, fifteen and eighteen months of age, then annual checkups and sports physicals. Your child will receive immunizations at most of these visits. Your insurance company is obligated by law to cover the charges for the immunizations your child needs up to 1 ½ years of age. More insurance companies are also covering the cost of the well baby visit. Check with your insurance company concerning well baby coverage. Medicaid covers the cost of both well baby visits and immunizations at the doctor's office. Studies have now shown that vaccines do not cause autism, a concern for many parents.

Immunization is very important to your child. Vaccines protect against serious illness and disease. Immunizations are given in a series first and require boosters later. Make sure your child gets every dose. Your child will not be protected against the disease unless the full series of shots are given. Immunization begins between birth and 2 months of age.

Missouri law requires children in day care and in school to be properly immunized. Written evidence is required for day care and school attendance. Records of immunization may later be required for military service, college admission or employment. Keep an up-to-date immunization record at home. Record immunizations by month, day and year. Your doctors office or public health department will provide you with a Health and Immunization Record booklet.

Immunizations may be obtained free at your county health department. Call several weeks in advance to make an appointment. The immunizations are usually only given on



certain days of the month. Talk to your baby's doctor if you have any questions concerning immunization.

Help lessen your child's fear of shots. Hold your baby securely on your lap or against your chest. Relaxed muscles hurt less during an injection. Offer a brief massage to relax baby's leg or arm. Don't act anxious yourself. Fear of shots is contagious! Remain calm and relaxed so your baby picks up a relaxed message. After the shot is given, immediately distract your baby with a toy and cheerful words. Wave happily "bye-bye" to the nurse or doctor.

JAUNDICE IN NEWBORNS

Jaundice is a yellowing of the skin and whites of the eyes. It is also called hyperbilirubinemia. Physiological or "normal" jaundice is most common and usually appears on the second to third day of life in a baby born at full-term. It often disappears with a week. About 50% of full-term babies get physiological jaundice. In most babies, jaundice occurs because the liver and other organs are not fully mature. This is particularly true in low-birth-weight or premature babies. One function of the liver is to rid the blood of the yellowing substance called bilirubin. All during life, and especially just after birth, new red blood cells are being created, and old ones are being destroyed. As the old cells are broken down, a substance in the cells known as hemoglobin is changed into bilirubin and removed by the liver. Until a baby's liver begins to function fully, bilirubin tends to build up in the baby's bloodstream, causing the skin and the whites of the eyes to become yellow in appearance.

Jaundice is common for the following babies:

- Premature babies.
- Babies with bruising to their head or body during birth.
- Babies with liver or other health problems.
- Babies who are not getting enough liquids.
- Breastfeeding babies.

Physiologic jaundice is the usual or expected amount of jaundice frequently seen in infants. This is different from pathologic jaundice, which is caused by an illness or other medical problem. For example, if a baby and mother have different blood types, the mother may produce “antibodies” that destroy the newborn’s red blood cells. This condition, called “Blood Group Incompatibility,” can cause a sudden serious increase in bilirubin.

Early onset jaundice may be seen in the first week of life. In breast fed babies, jaundice is very often caused by a baby not getting enough breast milk. Because he is not drinking very much, his bowels are not moving, and the bilirubin cannot be removed from the body in the stools. The best way to treat this is by breastfeeding more frequently (at least 8-10 times per day). This will cause the bowels to move more often and remove the bilirubin from your baby’s body. Giving extra water will not help because the bilirubin needs to bind with the protein in breast milk to be excreted in the baby’s bowel movements. Frequent breastfeeding, throughout the day and night, may help prevent jaundice.

Late onset jaundice can be seen in the second and third weeks of life. Bilirubin levels remain higher than normal, but almost never reach a dangerous level. This is probably due to a substance in the breast milk that interferes with the removal of bilirubin. Usually no treatment is necessary for this type of jaundice. Occasionally, a mother may be asked to stop nursing for 1-2 days and use an alternative feeding method. It is important that a mother pump her breasts during this time so she can begin to breastfeed again as soon as the bilirubin level has fallen.

The level at which jaundice may be dangerous depends on many factors: your baby’s age, whether he was full-term or premature, and whether he has any other medical conditions. When the bilirubin level becomes too high, jaundice can be dangerous to your baby’s developing nervous system. This happens very rarely. A very small sample of your baby’s blood can be taken to measure the bilirubin level.

When a baby’s jaundice requires treatment, a technique called phototherapy is generally used. Phototherapy simply means treatment using light. Light - either sunlight or artificial light - speeds up the removal of bilirubin from the body. In phototherapy, the baby’s skin is exposed to special, high-intensity fluorescent light often call “bililights.” All the baby’s clothes are removed (except their diaper) and the eyes are covered to protect them. In some cases, a fiber optic phototherapy blanket may be used to provide treatment.

Phototherapy continues until the amount of bilirubin in the baby’s blood falls to, and remains, at a safe level. Bilirubin level is checked regularly by testing a small sample of blood, frequently taken from the baby’s heel.

Remember:

- Jaundice in newborn babies is very common
- In most instances, the condition is normal, harmless, and lasts for only a short time
- When treatment is necessary, the methods are safe and effective in virtually all cases.

You have the right to help plan your baby’s care. You can discuss treatment option with your baby’s doctor and nurse and they can answer questions about your infant’s condition. Together you can decide what care is best to treat your baby.

NEWBORN SCREEN

Newborn screening refers to screening performed on newborns shortly after birth to protect them from the dangerous effects of disorders that otherwise may not be detected for several days, months or even years.

Missouri law requires all babies born in the state to be screened for certain rare, but serious conditions. A sample of blood is collected from your baby’s heel shortly after birth and is then sent to the Missouri Department of Health and Senior Services State Public Health Laboratory. The blood is screened for 67 disorders. The results of your baby’s blood screen will be given to your baby’s health care provider.

The disorders your baby will be screened for are very rare. However, they are also very serious and can result in mental retardation and/or even death if not treated. The newborn screening helps to identify the babies needing diagnosis and treatment, such as a special diet or medication. Since symptoms are not generally noticeable at birth, the only way to find these disorders before permanent damage occurs is by newborn screening. Early treatment will help your baby grow up as healthy as possible.

The following disorders are included in the newborn screening:

- Amino Acid Disorders
- Biotinidase Deficiency
- Congenital Adrenal Hyperplasia (CAH)
- Congenital Hypothyroidism
- Cystic Fibrosis
- Fatty Acid Oxidation Disorders
- Galactosemia (classical)
- Sickle Cell Disease and other Hemoglobin Disorders
- Organic Disorders

NEWBORN SPOTS AND DOTS

Milia. These are tiny white spots or dots that are often seen on the nose and chin. They are caused by secretions plugging the oil glands on the face. Milia are normal and disappear within a few weeks with no treatment. Do not squeeze these spots!

Mongolian Spots. These are spots that look like bruises but are not. They are common in babies who are African-American, Asian, Mediterranean, or Native American. They are dark bluish spots that frequently are on the babies back or bottom and sometimes on the arms or legs. They usually fade during the preschool years.

Peeling. It is normal for your baby's skin to peel in the first few weeks after birth. This is due to the length of time the infant is in amniotic fluid during pregnancy. This peeling is completely normal and requires no treatment

Erythema Toxicum Neonatorium. A big word for normal newborn rash. This rash often appears in the first 2 days of life and requires no treatment.

The cause of the rash is unknown. The spots have a yellowish-white center surrounded by a red ring/ Some people describe them as looking like flea bites. The spots appear suddenly, usually over the trunk and diaper area and are gone in about a week.

PACIFIER FOR YOUR BABY?

In the first months, infants suck not just to satisfy hunger, but also as a way of calming themselves. You may notice your baby even sucks during sleep. Some babies are very good at bringing their hands to their mouths and sucking on fingers, wrists or even their whole hand. Some infants prefer hands and some prefer pacifiers. Some babies need to suck more than others and different babies meet their sucking needs differently.

When breastfeeding wait until your baby is successfully nursing and your milk supply is well established, usually 1 month.

If you want to give your baby a pacifier, select one in which the nipple does not separate from the mouth guard or handle. Make sure the mouth guard is at least 2 inches wide and has air holes for breathing. Never use a homemade pacifier.

If your baby takes a pacifier, wash it daily in mild soap, and rinse it well. If it drops onto the floor or an unclean surface, wash it before giving it back to the baby. Replace the pacifier if it shows signs of coming apart, such as stickiness or tiny cracks. NEVER attach a pacifier to a string tied around the baby's neck; this could lead to the baby strangling.

REDUCE THE RISK OF SIDS & SUFFOCATION

About 3,500 babies die each year in the U.S. during sleep because of unsafe sleep environments. Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). The following can help you keep your sleeping baby safe:

- Place your **baby to sleep on his back** for every sleep up to 1 year of age during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that

position. If your baby falls asleep in a car seat, stroller, or swing, he should be moved to a firm sleep surface as soon as possible.

- The crib or bassinet should meet current safety standards. Check to make sure the product has not been recalled. Do not use if it is broken, has missing parts, or has drop-side rails.
- Cover the mattress with a **tight-fitting sheet**.
- Do not put blankets or pillows between the mattress and fitted sheet.
- Never put your baby to sleep on a water bed, a cushion, pillow, or a sheepskin.
- Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation or strangulation out of the crib. **This means NO pillows, quilts, comforters, bumper pads, and stuffed toys** until after the child is 1 year old.
- Place your **baby to sleep in the same room where you sleep but not the same bed for at least 6 months**, but preferably 1 year of age. **Room-sharing decreases the risk of SIDS by as much as 50%**.
- Breastfeed as much and for as long as you can. This helps reduce the risk of SIDS.
- **Keep your baby away from smokers and places where people smoke.** This helps reduce the risk of SIDS. If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free.
- **Do not let your baby get too hot.** This helps reduce the risk of SIDS. Keep the room where your baby sleeps at a comfortable temperature. Dress your baby in no more than one extra layer than you would wear. If you are worried that your baby is cold, use a wearable blanket, such as a sleeping sack, or warm sleeper that is the right size for your baby. These are made to cover the body and not the head.
- Offer a pacifier at nap time and bedtime. This helps reduce the risk of SIDS. When breastfeeding, wait until breastfeeding is going well before offering

a pacifier. This is usually 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like. If your baby doesn't want a pacifier, it is ok, some babies do not like to use pacifiers. If the pacifier falls out after your baby falls asleep, you don't have to put it back in. Do not use pacifiers that attach to infant clothing or objects such as stuffed toys. They may be a suffocation risk.

- Schedule and go to all well-child visits.
- Do not use products that claim to reduce the risk of SIDS, such as wedges, alarms or positioners. They have not been shown to reduce SIDS and may be a suffocation risk.

SIGNS OF ILLNESS

If you think your baby is sick, call your baby's doctor. Don't wait to see if he gets better. The following things may mean your baby is sick and you should call your doctor:

- A fever of 100.4 or higher if your baby is under 2 months old.
- Vomiting - not just "spitting up." Vomiting with force is a sign he may be sick.
- Being listless or very drowsy.
- Refusing to eat several times in a row.
- Rashes - Many babies get a "newborn rash" that is normal. But if the rash is all over his body and looks red, irritated or has pus, call your doctor. Call if a diaper rash does not clear with simple cleanliness or ointments such as A&D or Desitin.
- Diarrhea - watery stools that are more frequent than usual and lasting more than one day.
- If the baby is having trouble breathing, sounds congested or is coughing.
- Injuries - If your baby gets injured on his head or body, or if he swallows anything besides milk, water or vitamins prescribed by your doctor, you should take him to the doctor right away.
- Unusual crying, restlessness or convulsions or twitching.
- Simply a feeling that all is not well.

TAKING YOUR BABY’S TEMPERATURE

There are several different types of thermometers on the market today. For infants and children the digital thermometer is the best choice. A battery operated digital thermometer works well, is inexpensive and takes the guessing out of reading the thermometer. There are several ways to take your child’s temperature. Children need to be about 4 or 5 years old before they can keep the thermometer under their tongue in their mouths (orally). Taking a temperature in your child’s bottom (rectally) works best for babies. Taking a rectal or oral temperature is more accurate than taking it under your child’s arm (auxiliary). Tympanic (ear) thermometers are not as accurate in babies and are more expensive.

Rectal temperature. Normal 98 F to 100.4 F. To take a rectal temperature be sure and use a rectal, not an oral thermometer. Lubricate the bulb end with petroleum jelly. Lay the baby bare-bottomed tummy down on your lap or changing table. Gently spread the buttocks with one hand. With the other hand, gently insert the lubricated end of the thermometer slightly less than 1 inch. Hold the thermometer carefully in place for one to three minutes.

SLEEPING

Some babies sleep only ten hours per day, whereas others sleep as much as twenty-one hours. Compared to older people, newborns have short sleep periods, lasting from thirty minutes to three hours. Your baby will sleep as much as he needs to.

Most newborns are very sleepy for the first twenty-four to forty-eight hours after birth. About the time you go home from the hospital your baby will come out of that sleepy period and may want to eat more frequently. Newborns awaken at night for many reasons. The most common is hunger. Newborns need round-the-clock feeding. When your baby is older, she will begin to sleep in longer stretches. Some babies will start sleeping through the night when they are 6 weeks old, others not until they are 4 months or older. Even after that, all babies have periods when they awaken in the night and need their parents. If you are not getting enough

sleep, remember to take a nap whenever your baby does. If you are well rested, you will be happier and will be able to take good care of your baby.

Many babies fall asleep nursing and can be gently laid down. Others have more trouble falling asleep and need to be rocked or cuddled a little longer. A comfortable rocking chair can be a great help to you and her! If you can be relaxed and easy with your baby, chances are she will be less irritable and fussy. Never give your baby any medicine to make her sleep.

SMOKING

Create a smoke-free zone around your baby. No one should smoke around your baby. Babies and young children exposed to smoke have more colds and other upper respiratory tract infections, as well as an increased risk of SIDS.

SWADDLING

Swaddling has many benefits and has grown in popularity among US parents. When swaddling tuck the baby’s arms down at his or her sides and swaddle the upper half of the baby’s body snugly. Avoid swaddling the legs together firmly. The legs should be able to bend up and out. Make sure the blanket is loose around the baby’s hips and legs.

Swaddling the legs together and extended is associated with an increased risk of hip dislocation. Swaddling can be an effective technique to help calm infants and promote sleep but should be stopped by the time the baby is 2 months old because you do not want the child to roll over while swaddled. When swaddling the top of the blanket should be below the level of the shoulders. Swaddling can increase the chance your baby will overheat, so avoid letting your baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing.

TUMMY TIME

Tummy time is for babies who are awake and being watched. Your baby needs tummy time to develop strong muscles.

Beginning on their first day home from the hospital, play and interact with the baby while he is awake and on the tummy 2 to 3 times each day for a short period of time. Tummy time prepares the babies for the time when they will be able to slide on their bellies and crawl. As babies grow older and stronger they will need more time on their tummies to build their own strength.

There are lots of way to play with the baby while he is on his tummy. Place toys in a circle around the baby. Reaching to different points in the circle will allow him to develop the appropriate muscles to roll over, scoot on his belly and crawl. Remember... Back to Sleep and Tummy to Play! Remember your baby's world is only as safe as you make it. As your baby grows and begins to move around, special care is needed to keep her from getting hurt. While she is an infant, you need to make sure that she is in a safe place whenever you lay her down. This means never put her any place where she can roll off, or where she can touch anything that is hot or sharp. Keep her safe from small children and pets that could harm or bother her.

Be sure to keep these important phone numbers near your phone:

- Your baby's doctor's office
- The ambulance number
- The fire department
- Poison control number: **1-800-222-1222**

CAR SAFETY FOR YOUR BABY

GENERAL CHILD PASSENGER SAFETY

- Check to ensure the car seat is not on the recall list and be sure it is not expired. Call the Auto Safety Hotline 1-800-424-9393, for a list of recalled seats that need repair. If your car seat is on the list, follow the recall instructions for repair to make sure the seat is safe. If it has been repaired following a recall, it is okay to use. Most car seats expire 6 years from the manufacture date unless otherwise stated in the car seat owner's manual. A manufacture date or expiration date should be found on a label on your car seat. Look for the words, "dynamically tested", which means the car seat has been tested in a crash situation.
- Carefully follow the manufacturer's instructions when installing the seat and

securing your child in it. To have your car seat checked, find a local Certified Child Passenger Safety Technician.

- Every time your baby rides in a car, even during the first ride home from the hospital, he should be in a car seat that is appropriate for your baby's maturity. **NEVER** hold your baby in your lap. A baby not in a car seat, in a 30 mph crash hits the windshield or other interior surface with the same impact as a fall from a three-story building. Children without seat belts have been killed at speeds as low as 12 mph.
- Do not use a car seat that has previously been in an accident.

The current Missouri State law reads as follows: Missouri's Child Restraint Law (RSMo 307.182)

- Children less than 4 years old or less than 40 pounds must be in an appropriate child safety seat.
- Children ages 4 through 7 who weigh at least 40 pounds must be in an appropriate child safety seat or booster seat unless they are 80 pounds or 4'9" tall.
- Children 8 and over or weighing at least 80 pounds or at least 4'9" tall are required to be secured by a safety belt or buckled into an appropriate booster seat.
- Children ages 8 - 18 must wear a seat belt at all times. Missouri law prohibits any children under the age of 18 from riding in an unenclosed truck bed.

If your car seat has been recalled, have you had it fixed? Call the Auto Safety Hotline 1-800-424-9393, for a list of recalled seats that need repair.

Does your car have a passenger-side air bag? If you have a passenger-side air bag **NEVER** put your baby's car seat in the front seat. She could be in danger in a crash, even at a very low speed. When your baby is under 20 pounds the back of the rear facing car seat is located very close to the dashboard, where the air bag is stored. The air bag will inflate in any head-on crash over 12 mph. When it begins to open, it has tremendous

force. The air bag could hit the back of the car seat very hard. This impact could seriously injure the baby's head and brain and could result in death. The safest place for the baby is in a car seat in the center of the backseat.

How should the harness be adjusted? Adjust harness straps so that they cannot be pinched together – perform a pinch test each time you secure your child in the car seat. A more loosely fastened harness can cause a very severe jolt during a crash. Place the harness chest clip at the child's arm pit level to hold shoulder strap in place. Straps should be in the slots of the car seat at or below infants shoulders while rear facing. Children under the age of 13 should ride in the rear seat.

IMPORTANT SAFETY REMINDERS

- No extra add ons for the car seat such as toys, mirrors, or canopy's, unless it has been crash tested with the car seat
- No coats or bulky snow suits when in the car seat
- Perform the pinch test with straps every time you put baby in the car seat
- Chest clip at arm pit level always
- Ensure the car seat or base is secured where it does not move more than one inch side to side or front to back when tested at the belt path
- **THE BEST PRACTICE IS THE GOLD STANDARD OF PROTECTION – FOLLOW THE MANUFACTURERS INSTRUCTIONS!** It is the safest way to transport a child based on the child's:
 - Age
 - Weight
 - Height
 - Development levels

For more information go to National Highway Traffic Safety Administration (NHTSA) www.safercar.gov/parents/Car-Seat-Safety.htm

ALWAYS REFER TO THE CAR SEAT OWNER'S MANUAL AND THE VEHICLE OWNERS MANUAL ON CAR SEAT INSTALLATION.

CRIB SAFETY

- Do not use a crib with a side that drops to a lower position, with missing slats or with slats more than 2 3/8 inches apart.
- Do not use a crib that has any missing or broken parts. Make sure all guide rods and support brackets are firmly in place and secure, and that no screws are missing.
- The mattress should be firm and fit snugly, with less than two fingers width between the mattress and the sides of the crib.
- Lower the crib mattress when your baby begins to sit and stand.
- Make sure the crib has no corner posts. Older babies can catch clothing on these and hang themselves.
- Place the crib out of reach of all electrical outlets, curtain or blind cords, or any other hazard.
- Be sure the crib is painted with lead-free paint. Some babies chew on their cribs, and ingesting lead can cause brain damage.
- If your crib is new, remove and throw away all plastic packaging materials, including the thin plastic mattress cover.
- Never tie toys or pacifiers to the crib.
- Never use a plastic bag as a mattress cover.
- Remove crib mobiles as soon as your baby can pull up or sit up.
- Do not put pillows or extra bedding in crib.
- Do not use bumper pads. These are nothing more than pillows and their use can lead to accidental suffocation.

The American Academy of Pediatrics has further information in crib safety at the following website: www.healthychildren.org.

NEVER SHAKE A BABY OR A YOUNG CHILD!!

Raising children is a hard but rewarding job. It is a job that requires a lot of patience. When you are stressed, tired, worried about money, or angry, you have to be careful not to take your anger out on your child. If your child is crying, having a temper tantrum, or wetting their diapers or pants, it is not something they are doing on

purpose, just to add to your problems. Shaken Baby Syndrome is the term used to describe the many serious and often fatal injuries that often result when an infant is violently shaken.

Babies have weak neck muscles and large heads. Shaking causes the brain to strike the inside of the skull. This can cause bleeding in the brain and brain damage.

Babies and toddlers are at greatest risk for **Shaken Baby Syndrome**. The brain damage may be so severe that the child will never be able to walk, may cause blindness and some children die from Shaken Baby Syndrome. Hitting a child in the head or throwing a child onto a bed or couch, or against a hard object, can cause the same kind of injuries. Even in play, children can be injured. **Tossing a small child in the air is not a safe play activity.** Remember, children are not just small adults. As your child grows, she will go through some stages with behaviors that are frustrating to you. Remember that these things are all normal.

When you are feeling tired, stressed or frustrated, talk to someone who will listen to your feelings. Call a friend, minister or a relative. Don't take it out on your child. Make sure that everyone who cares for your child knows about the dangers of shaking. Let caregivers know they can call you if they get frustrated.

When you are angry or stressed:

DON'T SHAKE!! DON'T THROW A CHILD! INSTEAD, STOP and

- *Take 10 deep breaths and then 10 more.*
- *If you feel like you are at the end of your rope, put your child in bed or in a safe place and take a break. Find someone else to watch your child for a while.*
- *Call a friend or a neighbor.*
- *Do something for yourself:*
 - *play your favorite music*
 - *relax in a chair*
 - *exercise*
 - *take a bath or a shower*

- *look at a magazine or read a book*
- *Do something different:*
 - *shake a rug*
 - *beat a pan or pillow*
 - *scrub the floor*
 - *throw away unwanted trash*
 - *do dishes or laundry*
- *Sit down, close your eyes, think of a pleasant place in your memory. Do not move for several minutes.*
- ***If you need someone to talk to call The Parental Stress Helpline 1-800-367-2543, call toll-free, 24 hours a day.***

SHAKING A BABY CAN CAUSE:

- Brain damage
- Blindness
- Spinal injuries and paralysis
- Seizures
- Severe learning and behavior problems
- Death

IT IS NOT PERSONAL

The baby is not upset with you.

He or she may be:

- Hungry - Try feeding or a pacifier
- Bored - Try rocking or walking the baby. Go outside or for a ride.
- Frustrated - try to pat her. Contact lets her know she is safe. Try a baby swing.
- Sleepy but uncomfortable - Try playing music or white noise. Try swaddling.

TALK TO ME,

Sing, hum, babble, or even read the funnies to me! I don't know exactly what you're saying, but I need to hear you. And I do know what you mean, even if I may not know words. Like your voice tones mean, "I love you." Or when you yell, I hear, "You're a pest!" Unless you communicate with me, how can I learn? I learn from you.



HOLD ME.

Everything is so big and new to me. I don't understand where I am. Or who I am. And I get scared. But when you hold me, I feel better. Your warmth warms me. Your breath and heartbeat make me feel I belong. Belong here. Belong to you.



ANSWER MY CRY.

I don't cry to get you upset. Or to get you mad. I cry because I can't tell you how I feel any other way. Maybe I'm cold...or wet...or scared and lonely. Answer my cries.

You'll soon know what each one means. You won't spoil me. You'll help me to be a better baby...and to make you happier too.

LOVE ME.

Like me. Love me just as I am. Don't expect me to do what I can't do. Like being toilet-trained. My muscles aren't ready yet. I know I'm messy. I'm growing. Overlook my baby weaknesses. You're the most important person in my world. I can't make it without you. So get to know me.

