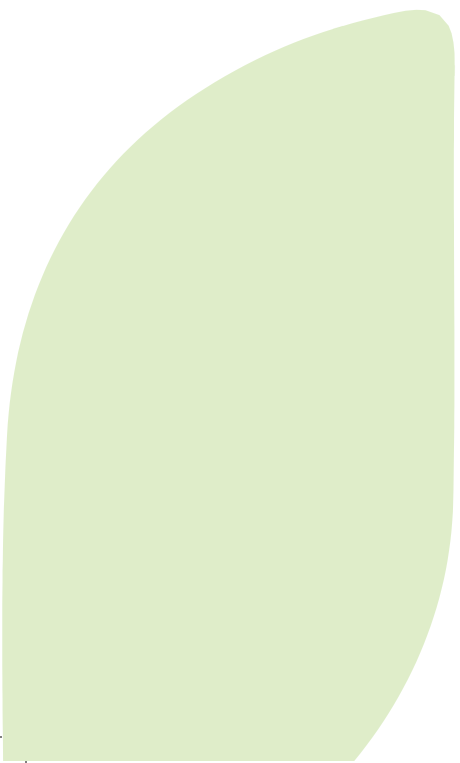




YOU AND YOUR BABY: A RESOURCE GUIDE FOR NEW PARENTS





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WELCOME

At Lee Health, we understand that mothers and their babies need extra special care and attention. That is where our talented Obstetric and Pediatric departments come in.

This is a momentous time in your life, and we honor that. From the first days of your pregnancy until you are ready to take your bundle—or bundles—of joy home, our highly skilled team will make sure that you receive the best possible care.

Our obstetricians, midwives, pediatricians, pediatric nurse practitioners, nurses, lactation consultants and technicians will ensure that you are comfortable and well informed throughout every step of your pregnancy, your labor and delivery, as well as any care that you receive afterward.

Childbearing is a family event. With our family-centered approach to care, you and your loved ones can start caring for your baby right away with the guidance of our skilled team.

Please don't hesitate to ask us any questions! It is our pleasure to make sure you know what is going to happen and why it is necessary for the health and well-being of you and your baby.

Please use this resource guide in the weeks to months following your baby's birth.

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YOUR BABY'S BIRTH

Happy Birthing Day! What You Need to Know About Your Stay

Be sure to have everyone who is going to hold or touch your baby first wash their hands with soap and water.

We recommend that anyone who is ill or recently ill should NOT visit. In the interest of protecting your baby from communicable diseases, we recommend that no children, except brothers or sisters of your baby, visit while you are here.

We make every effort to accommodate your visitors; however some restrictions may apply based on your medical condition and unit accommodations.

We aim to provide the best, evidenced-based, family-centered maternity care with emphasis on mother-baby bonding and safe infant feeding practices.

We strive to uphold the [Ten Steps to Successful Breastfeeding](#) as endorsed by the UNICEF/World Health Organization Baby Friendly Hospital initiative.

We recognize breastfeeding as the preferred infant feeding method because breast milk has life-long benefits for both mother and baby.

We support safe infant feeding practices for mothers who are not able to or who chose not to breastfeed.

We encourage an environment of communication between you and the health care team as the approach to the delivery and postpartum (post delivery) care continues to evolve with evidence-based practices.

The First Hour - Golden Hour

We refer to the first hour after the birth as the Golden Hour because it is a critical time of adjustment for you and your baby.

Immediately after birth, your baby needs time to adjust to his or her new environment and all the new things around him or her. Babies do give signals when they need a break or are overstressed. These signals are how your baby communicates with you, and signs of stress can include frequent repetitive sneezing, yawning, hiccupping, or jerking movements (see full list of stress signals on page 7). We strongly recommend you limit any visitors during this time.

Infant bathing, weight and length measurements should be delayed to allow this bonding to occur.

Skin-to-Skin Contact

Holding your naked baby next to your bare chest is called skin-to-skin contact. If your baby is stable at birth, the health care team will immediately (within 5 minutes) place your baby directly on your chest to begin skin-to-skin contact, if you choose. We will support you in keeping your baby in skin-to-skin contact during the Golden Hour to allow your baby to feed for the first time, or longer, for the following reasons:

- Helps establish breastfeeding and promotes milk production
- Promotes bonding and closeness between you and your baby
- Helps your baby stabilize sooner and achieve a normal body temperature, heart rate, blood pressure and blood sugar
- Decreases how much your baby cries
- Decreases the amount of pain your baby experiences
- Helps you stabilize sooner after delivery

THE NEXT FEW HOURS

Continue Skin-to-Skin Contact

Continue to hold your baby in skin-to-skin contact often during the first few hours and days of life. Have your baby wear only a diaper. Place your baby next to your bare chest. Then cover with a blanket and enjoy!

Once breast feeding is well established, encourage your birth partner to hold your baby in skin-to-skin contact to help create this special bond with the entire family.

You cannot spoil your baby by holding him or her too often.

If your baby is not being held in skin-to-skin contact, wrap your baby in 1-2 blankets.

Skin-to-skin contact helps prevent overstimulation of your baby. The following are signals that indicate the baby's reaction to over stimulation or stress:

Coping Behaviors (positive)

Regular breathing and pink in color

Smooth rather than jerky movements

Bringing hands to mouth

Sucking fingers

Making an "O" with mouth

Staying calm

Flexing arms/legs close together to resemble a ball shape

Having hands clasped together

Smiling and looking into caregiver's face

Feet touching each other

Stress Signals (negative)

Fast breathing

Color changes

Gagging

Unable to hold mouth closed

Yawning

Frantic or panicked behavior

Spreading fingers (finger splay/twitches/tremors)

Stiff arms and legs resembling a startle

Looking away and grimacing

Coughing, sneezing, sighing

Breastfeeding – Strong Beginnings

Getting Started

Watch your baby for cues or signals that he or she is ready to feed (see pictures on next page). Crying is a late sign of hunger.

Your early milk, or colostrum, is especially good for your baby.

Hormone production during nursing frequently causes thirst in mothers. When getting ready to nurse, prepare a large glass of water so you can satisfy your thirst while feeding your baby.

Relax, take a deep breath and let it out slowly.

Gently massaging your breast may help your milk flow.

Make sure you and your baby are positioned comfortably (see pictures on page 9.)

Feeding Cues

1. EARLY CUES: "I'm hungry"



Stirring



Mouth opening



Turning head
Seeking/rooting

2. MID CUES: "I'm really hungry"



Stretching



Increasing movement



Hand to mouth

3. LATE CUES: "Calm me, then feed me"



Crying



Agitated movements



Color turning red

CALM CRYING BABY BEFORE FEEDING

Cuddling, Skin-to-skin on chest
Talking, Stroking



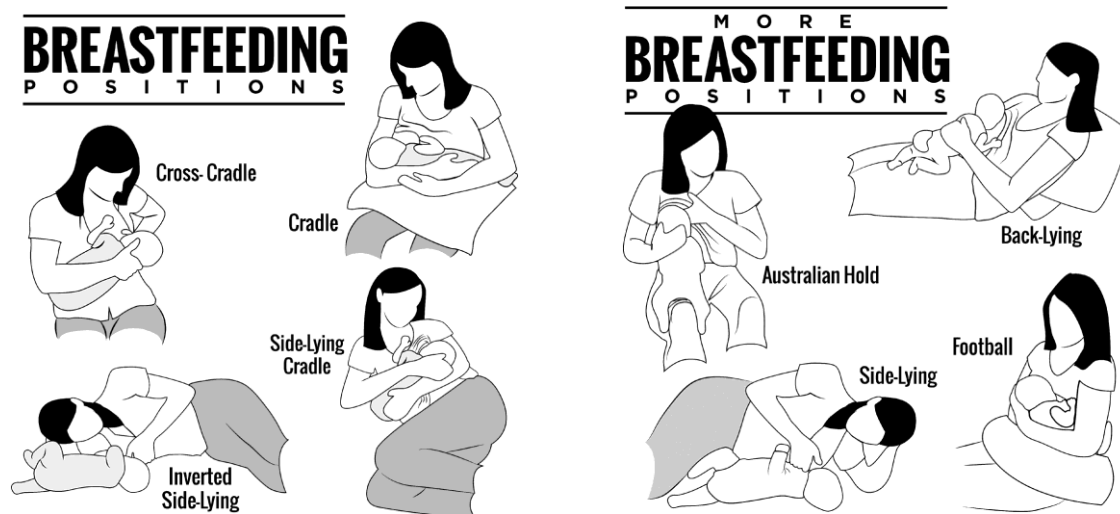
LOOK FOR EARLY FEEDING CUES

Used with permission from Women's and Newborn Services, Royal Brisbane and Women's Hospital, July 2013.

Positioning

Position your baby to avoid applying too much pressure on the breast with your hands/fingers as this may block milk flow.

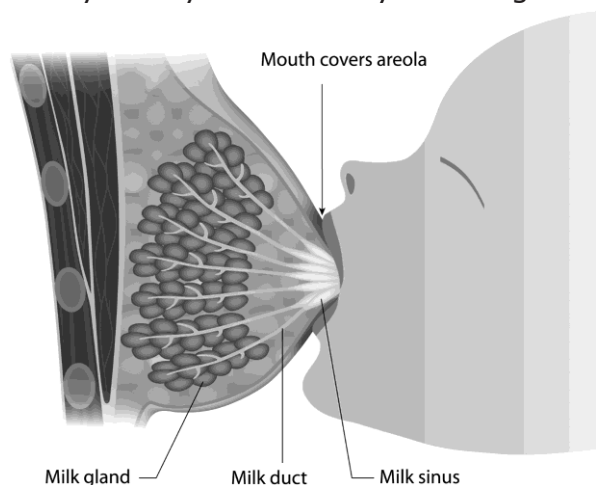
If your breast is very heavy, support it by placing your hand or fingers under the breast, well back from the areola (the dark area around the nipple) or use a rolled-up wash cloth under your breast.



How To Tell A Good Latch On

The baby should have the nipple and part of the areola (the dark area around the nipple) in his or her mouth. Do not allow the baby to nurse on just the nipple.

When the baby is nursing, you should feel a pull on your nipple. If your nipples are tender, it may feel uncomfortable at first, but after a few minutes it should feel better. If it doesn't feel better, remove the baby from your breast by inserting a finger and break their suction, then reattach.



How Often To Feed

Breastfeed your baby when he or she is hungry. While the baby is in skin-to-skin contact, you should breastfeed **8 or more** times within each 24 hours, including nights.

Look for hunger cues- see pictures on page 8. Crying is a late sign of hunger. Attempt to calm and soothe your baby before feeding.

Do not limit the number and duration (length) of feedings.

Frequent feeding assures an adequate number of feedings and helps establish day/night routines.

Try to offer both breasts at each feeding, but don't worry if the baby nods off after only one side.

Switch the breast you start on.

The more often the baby sucks at the breast, the more milk is made, so frequent feedings help build your milk supply.

Signs that your baby is done feeding may include: slipping off the breast, no longer actively sucking or falling asleep.

The length of feeding will vary greatly. Let the baby set the pace. It is not necessary to watch the clock.

You may not feel like you have any milk in your breast for the baby during the first few days. You do! The concentrated nutrition your baby gets at the breast for the first few days is colostrum, or "first milk" or "liquid gold." It is creamy and yellow in color. Although it is a small amount, a single drop to one teaspoon, is important because of its infection fighting, laxative benefits, disease-prevention and brain development benefits.

Sleepy Baby - Fussy Baby

Some babies are sleepy the first few hours or days. Babies need time to bond with you and may not be interested in feeding. Don't get discouraged. Keep your baby in skin-to-skin contact. Once latched, breast massage to encourage milk flow can keep your baby interested in feeding.

Some babies are fussy during the first few hours or days or will want to nurse very often. There may be times that you feel that your baby is nursing non-stop. This is normal. Your baby may nurse briefly, stop, fuss, nurse again, stop, fuss and continue this pattern for a few hours. Supplementing is not needed unless there is a medical reason at which time you may be taught to hand express (see page 21). Just let the baby nurse.

Burping Your Breastfed Baby

Try to burp your baby after he or she has finished the first breast, and again at the end of the feeding. If the baby hasn't burped after about a minute, he or she probably doesn't have to. If the baby falls asleep at the second breast, he or she does not need to be awakened to burp.

Tips for Successful Breastfeeding

Keep your baby in skin-to-skin contact until your baby has had his or her first feeding.

Limit interruptions.

Until breastfeeding gets off to a good start, avoid letting others hold your baby.

Keep your baby in your hospital room around the clock (rooming-in).

Plan for quiet time without visitors during your stay.

Provide ongoing skin-to-skin contact with hands and head uncovered.

Avoid supplemental feedings unless recommended by your provider.

Avoid artificial nipples.

Avoid pacifiers until breastfeeding is well established (see page 13 for more information).

No Rush to Bathe!

Your baby should be stable for several hours before having a first bath. Talk with your nurse about when it is appropriate for your baby to safely have their first bath. Bathing a baby too soon can cause unnecessary stress, lower their body temperature and lower their blood sugar level. You and your family are encouraged to help or you can wait until you get home to give their first bath.

Pain Relief

It is common to have mild to moderate discomfort after a vaginal delivery or Cesarean section delivery. It is important for you to have adequate pain relief so you may move and feed your baby comfortably. Comfort measures are available and can be taught to you and your family, such as:

- Ice / heat application
- Aromatherapy and essential oils
- Positioning
- Music therapy
- Massage
- Relaxation, imagery and breathing exercises
- Meditation/prayer
- Tub, shower, and/or sitz bath (when approved by your provider).
- Medication(s) as needed and ordered by your provider. Do not use aspirin products; they may increase bleeding.

After-Birth Pains

After-birth pains may last one or two weeks and can be relieved by taking pain medication and using a heating pad.

Cramping or mild contractions are common after giving birth. This is how the uterus (womb) returns to normal size.

After-birth pains may increase if you've given birth before.

Cramping may be stronger during breastfeeding due to the release of a hormone that causes contractions.

BEFORE YOU GO HOME- TAKING CARE OF YOURSELF

Your General Hygiene Needs

Daily showering helps healing.

If you have had a Cesarean or tubal ligation ("tubes tied"), wash your hands before and after touching your incision for any reason. Wash your incision with liquid soap and water daily. Dry it well.

It is strongly advised, while you are in the hospital, that the toilet in your bathroom be for your use only. Have your visitors use the public restrooms.

Taking Care of Your Bottom (Perineum)

The appearance of vaginal discharge will change during the days and weeks after birth. For the first few days after birth, you will have bright red discharge with small clots similar to a moderate to heavy menstrual period.

Wash your hands before and after you change your pad.

Use the peri bottle ("squirt bottle") with warm water to rinse during and immediately after urination and bowel movements. Gently pat dry and use a clean sanitary pad each time.

Always wipe from front to back after urination and bowel movements.

Medicated pads and sprays can be used as prescribed by your health care provider.

Trouble Urinating?

Run water in the sink while you are on the toilet.

Pour warm water over your bottom.

Urinate while you are taking a warm shower.

Caring For Your Breasts and Nipples

After each feeding, express some breast milk, spread over the areola (the dark area around the nipple) and allow them to air dry. Leave your nipples open to air as much as possible. Avoid using soap, alcohol or creams on your breasts or nipples. Water is all that is needed during your daily shower or bath.

Rest

You have just given birth so your body needs to rest and heal. You should plan for quiet time, sleep when your baby sleeps and limit your visitors.

Exercises You May Start the Day of Delivery

Kegel Exercises

Position	Lie on your back, knees bent, feet flat, arms at your side. Inhale.
Exercise	Tighten the muscles that you use when you have to urinate. You can be sure that you are doing it correctly if you can slow or stop the flow of urine once it has begun.
Reason	This strengthens muscles that support the uterus and takes strain off the stitches when sitting. Strong muscles prevent leakage of urine when coughing or laughing.
How Often	Tighten to a count of four, then relax. Repeat four times, twice daily, gradually working up to 50 times per day.
How Long	Continue this exercise all your life. You may do this exercise in any position, including standing and sitting.

Pelvic Tilt

Position	Lie on back, knees bent, feet flat, arms at your side. Inhale.
Exercise	Tighten your buttock muscles and pull your abdomen in so that your back is pressed against the bed (do not hold your breath), count to six, and then relax.
Reason	This strengthens abdominal muscles.
How often	Five to 10 times a day.

BEFORE YOU GO HOME- TAKING CARE OF YOUR BABY

Use of a Pacifier

Pacifiers are not recommended until breastfeeding is well-established. The American Academy of Pediatrics recommends "pacifier use is best avoided during the initiation of breastfeeding and used after breastfeeding is well established, usually about 3 to 4 weeks after birth." Your finger or your baby's own fist are good substitutes. Sucking on a pacifier, like an artificial nipple, is different than suckling at the breast and may interfere with establishing breastfeeding and establishing a good milk supply.

The Father's / Partner's Role

Keep your partner actively involved by sharing the baby care and cuddling. Encourage your partner to be with you and discuss the baby while you are nursing. Ask your partner to change, bathe, carry, walk, massage and cuddle the baby. Fathers/partners should be aware of the importance of breastfeeding and the basics of accomplishing it. Have them read this booklet and other breastfeeding resources. Their support and encouragement are a vital part of breastfeeding success.

Screening Tests

Your pediatrician will recommend screening your baby for various conditions during the first few days or weeks of life. The most common testing includes screening for jaundice, hypoglycemia (low blood sugar), hearing loss, newborn blood screening (screens your baby's blood for different diseases and conditions) and critical congenital heart defects.

Jaundice Screening

Jaundice (JON-diss) is a yellowing of the skin and whites of the eyes, caused by a high amount of **bilirubin** in the blood. It is also called hyperbilirubinemia (hi-per-bil-e-roo-bi-NEE-me-uh).

Jaundice is caused by the normal breakdown of your baby's red blood cells, but the liver cannot remove the bilirubin fast enough.

Jaundice usually happens during the first week of life.

Many times it will go away on its own, but some babies may need to be treated.

Some babies are more likely to have jaundice:

- Premature babies
- Babies with bruising to their head or body during birth
- Babies whose blood is different from their mother's blood
- Babies with liver or other health problems
- Babies who are not getting enough liquids
- Breastfeeding babies

Blood tests and skin sensors can be used to learn how much bilirubin is in your baby's blood.

Treatments may include:

- Increasing feedings
- Phototherapy (bili lights)
- If very serious, a blood transfusion may be considered

Critical Congenital Heart Defect Screening

Critical congenital heart defects (CCHDs) are a birth defect that affects the structure or the blood flow through the heart. Babies with CCHDs are at higher risk of death or disability if they are not detected soon after birth. CCHDs usually require surgery or other treatment in the first year of life.

Your baby should be screened for CCHDs before leaving the hospital using a technology called pulse oximetry (ox-eh-mah-tree).

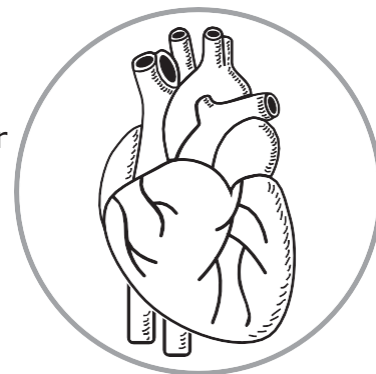
Pulse oximetry can help detect if your baby has any CCHDs before they begin to develop any signs of the condition.

Pulse oximetry is a simple painless test that measures the oxygen levels in your baby's blood. Low oxygen levels can indicate a CCHD or other health condition and your pediatrician will order additional testing, such as an echocardiogram (ultrasound of the heart).

Pulse oximetry is performed by placing a pulse oximeter sensor on your baby's hand and then on your baby's foot using a small wrap. Oxygen readings are obtained within seconds. If your baby is crying or restless, the testing may take longer so it is best to perform the test when your baby is quiet, still and warm. Pulse oximetry is typically done after the baby is 24 hours old.

Pulse oximetry does not detect all babies who have a CCHD. It is still possible that your baby has a CCHD or other serious heart condition. Therefore, it is important for your baby to have regular examinations by your pediatrician.

For more information about CCHD screening, visit the Centers for Disease Control and Prevention website at <http://www.cdc.gov/ncbddd/newbornscreening/index.html>



Hearing Loss Screening

All babies are offered the opportunity to receive a hearing screen before leaving the hospital. Pediatric Newborn Hearing Screening Program offers this valuable service. Each year, approximately one to three out of every 1,000 babies is diagnosed with hearing loss. Babies are unable to tell us if they can hear or not and without a hearing screen, hearing loss may be missed. Studies has shown that babies who are diagnosed with hearing loss and receive treatment before 6 months of age are more successful at learning how to speak than children with hearing loss found later.



Car Seats/Traveling Safely With Your Baby

Automobile crashes are the No. 1 preventable cause of death for children. Florida law requires that all children younger than 6 years of age must be restrained in a federally approved car seat when traveling in a vehicle.

Drivers are responsible for buckling up infants and children.

Be sure to follow the manufacturer's specific instructions for installing your baby's car seat and use a car seat that is appropriate for the weight and height of your baby.

Best practice recommendations: used car seats and after-market products (such as infant insert pillows, shoulder harness covers, hanging toys, additional car seat covers, etc.) should never be used.

All items should be safely stored in your vehicle compartments, trunk/cargo area and pockets. All loose items can become projectiles and injure occupants in a crash or sudden stops.

For more information, go to www.nhtsa.dot.gov, or www.ghsa.org/html/stateinfo/laws/childsafety_laws.html

You should have your car seat installed into your car well in advance of your baby going home.

Appointments are available to have your car seat installed/inspected by a certified car seat technician. For an appointment, call 239-343-5224.

To find other local certified child passenger safety technicians go to cert.safekids.org

Positioning Your Baby For Sleep – “Safe To Sleep” (formerly called “Back to Sleep”)

The safest position to place your baby for sleeping is on his or her back for the first year of life, not on the baby's stomach. Follow the ABCs of safe sleep. Babies should sleep ALONE, on their BACKS, in a CRIB.

Babies positioned on their backs have the best protection against sudden infant death syndrome (SIDS). Breastfeeding also is associated with a decreased risk of SIDS, especially when exclusive breastfeeding. Pacifier use is associated with a decreased risk of SIDS as well, but should be delayed until breastfeeding is well established, usually around 3-4 weeks. Refer to page 27 to know if your baby is getting enough breastmilk.

Sleeping on the back does not increase the risk of choking.

Always place your baby on his or her back to sleep, for naps and at night.

You and your baby sharing a room is recommended, but bed sharing is NOT! This means that you and other family members should not sleep in the same bed as your baby.

Never place your baby to sleep on soft surfaces, such as on a couch or sofa, on pillows, comforters or quilts. Do not place your baby to sleep on a waterbed or soft mattress that allows the baby's head to sink into the surface.

Remove stuffed toys, pillows and extra blankets from the crib and bassinet. Baby should sleep in an area free of hazards, such as cords and wires.

Only mattresses and fitted sheets designed for the mattress should be used so that there are no gaps between the mattress and the side of the bed.

Avoid overheating.

You should not leave your baby asleep in a swing, car seat or bouncy seat. Put your baby in a crib to finish sleeping. A sitting position during sleep can make it hard for your baby to breathe and can increase the risk of SIDS.

When baby slings and cloth carriers are used, make sure the baby's head is up and above the fabric, the face is visible and the nose and mouth are not against the adult's body or sling.

Learning about SIDS and safe sleep for babies is important for ALL caregivers, not just for parents. Grandparents, aunts, uncles, babysitters, childcare providers, and anyone else who might care for babies should learn about safe sleep practices.

Pediatricians recommend short periods of supervised tummy time while your baby is awake to increase the baby's ability to turn over and to improve head and neck control. Check with your pediatrician for the amount of time that your baby should be on his or her tummy.

Bowel Movements

Bowel movement appearance and regularity varies with the type of feeding and your baby's individual nature. Initially, your baby's stools are thick and black-green, changing to brown-green and then yellow-brown. Breastfed babies may have a stool with every feeding, but should have at least two per day once your milk comes in, which is around two to five days after delivery. Then the stool is soft and yellow, with a seedy appearance. Very hard or very watery stools should be reported to your baby's health care provider.



Diaper Changes

Change diapers frequently to prevent diaper rash.

Clean the baby's bottom with baby soap and water or baby wipes that do not contain alcohol.

For baby girls, always clean from front to back.

It is normal for baby girls to have some vaginal discharge.

Remember to wash your hands after each diaper change.

Cord Care

Keep the diaper folded down away from your baby's cord stump.

Allow the cord stump to air dry. Do not cover it with anything.

The cord stump will fall off in 10 to 14 days.

If the cord stump becomes soiled with urine or stool, cleanse the cord stump with water and dry thoroughly.

Tub baths can be given before the cord stump has fallen off. Tub bathing does not increase the chance of infection.

Circumcision Care During the First 24 hours

If no circumcision was performed, just wash the penis with soap and water during baths. No other care is needed. Do not try to pull the foreskin back. The foreskin will not be ready to pull back until your son is 3 years old or older.

Gauze-Covered Circumcision

Wash hands before and after diapering to reduce the risk of infection.

The head of the penis will be red and have a swollen donut-like area at its base.

A blood clot may be visible on the underside of the penis at the base of the head. Do not attempt to remove it.

A watery pink-to-yellow drainage covering the head of the penis is normal. Do not remove.

Apply petroleum jelly (Vaseline) generously to sterile gauze with each diaper change to prevent it from sticking to the diaper. It is advisable for baby to have his own designated jar of petroleum jelly (Vaseline).

Avoid touching surfaces of gauze that will come in contact with the penis.

Change diapers frequently to prevent the gauze from drying out.

If gauze has fallen off, apply petroleum jelly (Vaseline) directly to head of the penis.

If, after 24 hours, gauze is stuck to the penis, soak it with warm water before removing it.

Call the nurse (or your infant's pediatrician after discharge) if:

The penis is actively bleeding bright red blood. In the meantime, apply direct pressure to the penis with a sterile gauze.

There are any signs of infection such as pus, foul odor or increased redness and/or swelling.

If your baby has not had a wet diaper in the 24 hours since the circumcision.

Plasti-bell Circumcision

Wash hands before and after diapering to reduce the risk of infection.

No special dressing or treatment is necessary.

Your baby can be bathed and diapered normally.

A dark area around the plastic ring is normal and will disappear when the ring drops off.

The plastic ring tied to the penis will drop off 5-8 days after the procedure.

Call the nurse (or your infant's pediatrician after discharge) if:

You see increased or unusual swelling.

The plastic ring has slipped or its position has changed.

There are any signs of infection such as pus, foul odor, or increased redness and/or swelling.

If your baby has not had a wet diaper in the 24 hours since the circumcision.

How To Bathe Your Baby

Your baby should be stable for many hours before having a first bath. Bathing a baby immediately after birth can cause unnecessary stress, lower the body temperature and lower the blood sugar level. Discuss with your nurse when it is appropriate for your baby to have their first bath. You and your family are encouraged to help or you can wait until you get home to give their first bath.

Sponge baths or tub baths may be given. The use of baby powder is not recommended. The baby can inhale the powder, which can cause breathing problems. Use of baby powder may also be associated with an increase risk of cancer.

Skin-to-skin contact is recommended before and after the bath to help maintain your baby's body temperature.

Sponge Bath

Lay your baby on a soft towel, or use a sponge-lined bath bed.

Use water that's warm, not hot (not to exceed 100-104 °)— run the water over your wrist to check the temperature.

Clean around each eye with separate cotton balls dipped in warm water. Wipe from the inner corner to the outer corner. Use a separate cotton ball for each wipe.

Support your baby's head and limbs while using a warm washcloth and a little bit of baby cleanser. Wash and rinse the genital area from front to back. With a clean washcloth, rinse your baby's body until all the lather is gone and repeat this step if necessary. Clean the cord stump with a cotton ball dipped in clean water or mild baby cleanser. Keep the cord stump dry.

Clean your baby's head with a small amount of baby shampoo. Rinse with the cloth, and use it to wipe off the shampoo.

When the baby is clean, dry thoroughly, but don't rub vigorously. Then wrap the baby from head to toe in a dry towel, preferably hooded.

Tub Bath

Fill a baby tub or a dish tub with a few inches of water that's warm, not hot (not to exceed 100-104 °)— run the water over your wrist to check the temperature. With one arm supporting the back of the neck and head, slip your baby into the tub. Tub baths are not recommended for circumcised boys until the incision has healed.

Support the baby with one hand while you wash the baby with your other hand. Gently bathe the baby with a little bit of baby cleanser on a washcloth. Rinse with a small cupful of water.

Clean the baby's scalp with a wet washcloth and a tiny amount of baby shampoo. Rinse the cloth and use it to wipe off the shampoo. The baby may not be ready to have water poured on his or her head.

Carefully lift the baby out and lay the baby on a towel. Fold the towel up over the baby's feet and across the middle, patting your baby dry as you go.

Breastfeeding- A Strong Foundation

Continue to breastfeed often and whenever your infant shows signs that they are hungry (see page 8).

More Tips for Successful Breastfeeding

Feed your baby whenever signs of hunger are shown (on cue).

Aim for 8 or more feedings in a 24 hour period.

Keep your baby in your hospital room around the clock (rooming-in).

Plan for quiet time without visitors, during your stay.

Provide ongoing skin-to-skin contact with hands and head uncovered.

Avoid supplemental feedings.

Avoid artificial nipples, including pacifiers.

Breastfeeding should be comfortable and non-painful.

How To Tell If Your Baby Is Getting Enough Milk While Still in the Hospital

During the first week of life, it is normal for your baby to have an initial weight loss. Once your colostrum begins to transition to milk (about 2 to 5 days after delivery), you should see an increase in the number of wet and dirty diapers.

If your baby is nursing at least 8 or more times in 24 hours, is alert, bright-eyed and generally content after a feeding and obviously thriving, then he or she is getting enough breast milk. For more information about how to know if your baby is getting enough milk after discharge, see page 27.

Your Baby's Stomach Size



Day 1-2 Size of a cherry 5-7 mL



Day 5-7 Size of an apricot 1.5-2 oz.



Day 3-4 Size of a walnut .75-1 oz.



2-3 weeks Size of an egg 1.5-2.5 oz.

Some babies are fussy during the first few days or will want to nurse very often. There may be times that you feel that your baby is nursing non-stop. This is normal. Your baby may nurse briefly, stop, fuss, nurse again, stop, fuss and continue this pattern for a few hours. Supplementing is not needed unless there is a medical reason at which time you may be taught to hand express (see page 21). Just let the baby nurse.

If you have questions or concerns about breastfeeding, ask your nurse, pediatrician, or lactation consultant.

Baby's Second Night *(Reproduced with permission – at bottom of copy)*

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again. and now it's your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warmth and comfort – albeit a bit crowded – womb where he has spent the last 8½ or 9 months – and it is SCARY out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or the comforting gurgling of your intestines. Instead, he's in a crib, swaddled in a diaper, a tee-shirt, a hat and a blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds and smells. He has found one thing though, and that's his voice..and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet – he protests, loudly!

In fact, each time you put him back on the breast he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed – he cries again. and starts rooting around, looking for you. This goes on – seemingly for hours. A lot of moms are convinced it is because their milk isn't "in" yet, and the baby is starving. However, it isn't that, but the baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest to "home" he can get. It seems that this is pretty universal among babies – lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try and burp him – just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every ½ hour or so. If he starts to root and act as though he wants to go back to breast, that's fine this is his way of settling and comforting. During deep sleep, the baby's breathing is very quiet and regular, and there is no movement beneath his eyelids.

Another helpful hint....his hands were his best friends in utero he could suck on his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. And all of a sudden he's had them taken away from him and someone has put mittens on him! He has no way of soothing himself with those mittens on. Babies need to touch – to feel – and even his touch on your breast will increase your oxytocin levels which will help boost your milk supply! So, take the mittens off and loosen his blanket so he can get to his hands. He might scratch himself, but it will heal very rapidly – after all, he had fingernails when he was inside you, and no one put mittens on him then!

By the way – this might happen every once in a while at home too, particularly if you've changed his environment such as going to the doctor's office, to church, to the mall or to the grandparents! Don't let it throw you – sometimes babies just need some extra snuggling at the breast, because for the baby, the breast is "home."

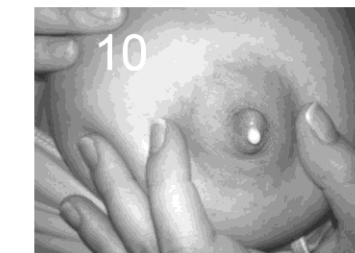
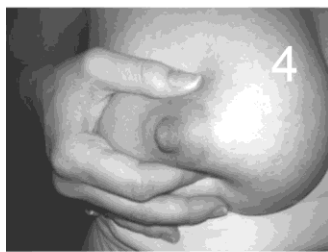
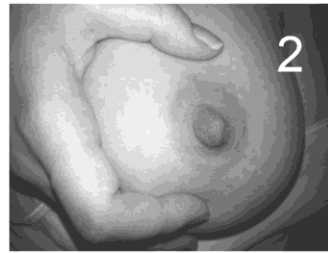
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Information for breastfeeding families

Hand Expression

Hand expression routine:

1. Apply heat, massage and stroke breasts
2. Position fingers behind areola
3. Press back towards chest
4. Compress fingers together to express milk
5. Relax and repeat getting a rhythm going
6. Express for 5-7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back towards chest
10. Compress fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes



Watch this video while you are hand expressing to see the technique in action!

<http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first few days, use hand expression to provide the milk he needs!

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Baby Massage

Touching, caressing and massaging your baby have many benefits for you, your partner and your baby. For more information on infant massages, go to page 33.

Activities Before Discharge

After delivery, your nurse will tell you the time and date of your expected discharge. Please arrange transportation and have a car seat available before the actual day of discharge.

Birth Notice

It is important for new parents to note that the National Center for Missing and Exploited Children recommends that you do not put your baby's birth announcement in the newspaper. However, if parents wish, an announcement of your baby's birth can be published in the newspaper.

Baby Pictures

Pictures from Our 365 vendor are available for purchase. The photo service is available from 9 a.m. until approximately 1 p.m., seven days a week. End times may vary due to the number of births. Pictures must be taken prior to the day of your discharge. Please ask any staff member if you have questions about scheduling your baby's photo session.



WELCOME HOME- CARING FOR YOURSELF & YOUR BABY

Pain Relief

It is common to have mild to moderate discomfort after a vaginal delivery or Cesarean section delivery. It is important for you to have adequate pain relief so you may move and feed your baby comfortably.

- Ice / heat application
- Aromatherapy and essential oils
- Positioning
- Music therapy
- Massage
- Relaxation, imagery and breathing exercises
- Meditation/prayer
- Tub, shower and/or sitz bath (when approved by your provider)
- Medication(s) as needed and ordered by your provider. Do not use aspirin products, they may increase bleeding.

Medications

Most medications pass into breast milk to some extent, but most are also quite safe with breastfeeding. Be sure that your health care provider knows that you are breastfeeding if you are prescribed any medications. If you have questions or concerns about breastfeeding, contact your lactation consultant: HealthPark Medical Center 239-343-5186 or Cape Coral Hospital 239-424-2246 or local WIC Office - Lee County 239-332-9615, Collier County 239-252-6875 or Clewiston 863-983-1494.

Taking Care of Your Bottom (Perineum)

Clean your bottom (perineum) as long as any discharge/bleeding (lochia) continues. Continue to use the peri bottle ("squirt bottle") with warm water to rinse during and immediately after urination and bowel movements. Gently pat dry and use a clean sanitary pad each time.

If you have stitches to repair an episiotomy or a tear, they do not need to be removed - they will dissolve.

To promote healing and prevent infection and trauma:

Do not use tampons or douches until after your follow-up appointment with your health care provider.

Do not have sexual intercourse (nothing in the vagina) until after your follow-up appointment with your health care provider.

Your Vaginal Discharge/Bleeding (Lochia)

The appearance of vaginal discharge will change during the days and weeks after birth. Typically you will see the following changes, but your pattern may be different:

1-3 Days After Delivery	Bright red discharge with small clots similar to a moderate to heavy menstrual period.
3-7 Days After Delivery	Pinkish to brownish discharge, less heavy bleeding.
1-6 Weeks After Delivery	Pink, yellowish to white color, less and less discharge/spotting.

Note: Increased bleeding is usually a sign that you need to rest.

Menstruation (Your Period)

The return of your menstrual period is variable. The first period may be heavy with clots. It may take a few months to re-establish your regular cycle. Many women do not have periods while exclusively breastfeeding. Remember, the possibility of conception (getting pregnant) exists at any time after delivery.

Hemorrhoids - If you have hemorrhoidal discomfort:

- Take a sitz bath.
- Apply a topical medication such as Tucks or Corticaine cream, as directed by your provider.
- Avoid straining during bowel movements.
- Drink 6-8 glasses of water per day and increase your dietary fiber.

Constipation - If you become constipated:

- Drink 6-8 glasses of water daily.
- Increase your dietary fiber.
- You may use a mild laxative if it becomes necessary.
- Walk often.
- Drink prune juice as needed.

Good Eating... Making Healthy Choices

- Eat a variety of healthy foods.
- Avoid alcohol and nicotine. Limit caffeine intake.
- While breastfeeding, you have additional nutritional needs. Do not diet while breastfeeding.
- Drink plenty of fluids, such as water, juice and decaffeinated tea.
- You can get the calcium you need by consuming milk, yogurt, green vegetables, cheese and vitamins.

Balancing Exercise, Rest and Other Activities

You should rest often during the first few weeks. Nap when your baby naps. Ask for, and accept, help from relatives and friends.

You should exercise according to your health care provider's recommendations.

Do not lift anything heavier than your baby for the first four to six weeks after delivery.

Check with your health care provider about climbing stairs, driving a car or other activities.

Check with your health care provider before sitting in hot tubs.

Several exercises are recommended for all women after delivery and may be done immediately after birth, such as Kegel and Pelvic Tilt (see page 13 for more information).

Postpartum (After Delivery) Adjustments

After the birth of a baby, a mother can experience many feelings, including excitement, joy, relief, anxiety, frustration and feelings of being overwhelmed.

Caring for a baby is hard work, no matter how much you prepared or looked forward to your baby's birth. This first year may include "highs" and "lows." Time, patience and support from family and friends are all helpful during this period of adjustment. If you have difficulty adjusting emotionally after childbirth, share your concerns with your health care provider as soon as possible.

Sometimes, even with help and support, women may feel confused and concerned about themselves. These more confusing emotions are classified in three ways:

Blues

A feeling of being let down is a very common reaction and usually appears on day three or four after your delivery. Symptoms may include crying for no reason, impatience, irritability, restlessness and anxiety. These symptoms do not last long and usually disappear by themselves.

Postpartum Depression

It can occur within days of the delivery or appear gradually, sometimes up to a year later. Symptoms can be mild or severe. You can have good and bad days. These feelings can make you wonder if you are "going crazy."

You may experience one or more of the following:

- Lack of appetite
- Everything feels like it is an effort
- Depression
- Very tired, not sleeping
- Unhappy
- Lonely
- Lack of interest in the baby
- Not enjoying life
- Fear of harming the baby or self
- Hopeless

Postpartum Psychosis

This is the most severe but least common reaction. It usually occurs within two weeks of your delivery.

Symptoms are very exaggerated and severe and may include:

- Insomnia
- Hallucinations
- Agitation and bizarre feelings or behavior

Postpartum psychosis is a serious emergency and requires immediate medical help.

The cause of postpartum blues, depression and psychosis is unknown. It is important to realize that these symptoms are not a sign of weakness or inadequacy. Effective treatment is available.

Treatment varies, depending on the type and severity of symptoms. All of the symptoms are treatable with support and skilled professional help.

Resources

Depression After Delivery (DAD) support group is a national, non-profit organization. You can contact DAD to request a new mom packet by calling 800-944-4773.

Postpartum Support International can be reached by calling 800-944-4773 or www.postpartum.net.

Attend a local free support group:

Fort Myers Perinatal Support Group: The group provides a safe place for women to connect with other women. Call 239-848-5904 or PostpartumLee@gmail.com

Salus Care provides local mental health services at seven locations in Southwest Florida. Call 239-275-3222 in Fort Myers; 239-772-1211 in Cape Coral.

SWFL Counseling provides professional counseling services and classes focusing on parenting, mood disorders, postpartum depression, relationships, and family adjustment. Call 517-398-3230 or <http://www.shannonwiseley.com/>

Resuming Sexual Intimacy

We recommend you not have sexual intercourse until your healing is examined by your obstetrician or midwife at your first postpartum appointment. Sexual intercourse before you are healed may lead to injury and/or infection.

You should not have sexual intercourse until your vaginal discharge has stopped and your stitches are healed.

If you do have sex before your appointment with your health care provider, make sure to use contraceptive foam, cream or suppositories and condoms.

You may use lubricating jelly, if needed.

If you bleed during or after sex, you need more time to heal. Do not have sex for a few more days.

You can get pregnant while breastfeeding.

Tobacco

Your baby should not be exposed to second-hand and third-hand smoke (smoking residue and carcinogens that remain on smoker). Tobacco exposure has been associated with increased risk of Sudden Infant Death Syndrome (SIDS), ear infections, lung problems/asthma, sleep problems, tooth decay, learning disabilities and cardiac disease.

If you smoke, STOP. The following Smoking Cessation classes and services are available to assist you. Call for class schedules:

- Quit Your Way: 877-819-2357
- Tobacco Free Florida: 877-U-CAN-NOW or 877-822-6669
- American Lung Association: 800-926-6766

Breastfeeding- Keep Going!

How Long To Breastfeed

According to the American Academy of Pediatrics, breast milk alone is all that your baby needs for the first 6 months of life, followed by continued breastfeeding as solid foods are introduced, with continuation of breastfeeding for 1 year or longer as desired by you and your baby.

During the first 6 months of life, your baby does not need extra water and “extra water” can be harmful. Do NOT feed your baby water unless specifically directed to do so by your baby’s health care provider. Talk to your baby’s provider on when is the best time to introduce other fluids and foods.

The length of nursing will vary greatly. Let the baby set the pace. It is not necessary to watch the clock. Gradually the baby will slow down with lengthy pauses, and finally come off the breast.

If you need to remove the baby from the breast, insert a finger between the breast and the corner of the baby’s mouth. Break the suction by putting your finger between the upper and lower gum, then remove the baby. Avoid pulling the baby off your nipple without breaking the suction.

How Do I Know if My Baby is Getting Enough?

If your baby is nursing at least 8 or more times in 24 hours, is alert, bright-eyed and generally content after a feeding and obviously thriving, then he or she is getting enough breast milk. Your baby’s weight gain and wet and soiled diapers are helpful to determine if your baby is getting enough (See table below).

After an initial weight loss during the first week, which is normal, he or she should gain weight, although not necessarily at the same rate each week. Your baby should regain his/her birth weight by approximately 2 weeks of life and then gain approximately 4-7 ounces per week. Use the chart on page 29 to track your baby’s progress.

Notify your pediatrician if your baby loses more than 10 percent of his or her birth weight.

Rule of Thumb for Your Baby’s First Week*

Day 1 = 1 wet diaper + 1 or more stools (black tarry)

Day 2 = 2 wet diapers + 2 or more stools (brownish/black tarry)

Day 3 = 3 wet diapers + 3 or more stools (greenish)

Day 4 = 4 wet diapers + 3 or more stools (greenish yellow to yellow)

Day 5 = 5 wet diapers + 3 or more stools (yellow and seedy)

Day 6 = 6 wet diapers + 3 or more stools (yellow and seedy)

**This is a general guide. Each baby is different. Please talk with your baby’s pediatrician if your baby has a different pattern.*

6 to 8 wet diapers and 2 to 12 bowel movements every 24 hours are normal after 1 week of age.

Your Milk Supply

You may not feel like you have any milk in your breast for the baby during the first few days. You do! The concentrated nutrition your baby gets at the breast for the first few days is colostrum, or “first milk” or “liquid gold” It is creamy and yellow in color. Although it is a small amount, a single drop to one teaspoon, it is important because of its infection fighting, laxative benefits, disease-preventing, and brain development benefits.

Milk supply is determined by the baby’s needs. The more your baby nurses skin-to-skin, the more milk you will produce.

Some signs that breastfeeding is going well:

- An alert, bright-eyed baby who is hungry for feedings and satisfied between them.
- Your baby is breastfeeding 8 or more times every 24 hours.
- Your baby has at least 3 yellow bowel movements every 24 hours by day 4 and 4 or more wet diapers.
- You can hear your baby gulping and swallowing at feedings.
- Once your baby latches, your nipples do not hurt when your baby nurses.
- Your baby is receiving only breast milk.

Check with your pediatrician or lactation consultant if:

- Baby is having fewer than 4 bowel movements every 24 hours by day 4.
- Baby is still having black tarry bowel movements on day 4.
- Baby is not breastfeeding at least 8 times in 24 hours.
- Your nipples hurt during the entire feeding, even after the baby is latched on.
- You can’t hear your baby gulping or swallowing, or your baby does not seem satisfied after most feedings.
- If you have any concerns about breastfeeding.

Baby's birth date and time: _____

Baby's birth weight: _____

Baby's discharge weight: _____

10% weight loss would be: _____ (Use table below to determine this)

Baby's weight at first doctor check-up: _____

Baby's weight at second check-up: _____

How to Determine a 10% Weight Loss

Birth Weight	10% Weight Loss
4 lb 8 oz (2.04 kg)	4 lb 1 oz (1.84 kg)
4 lb 10 oz (2.10 kg)	4 lb 3 oz (1.89 kg)
4 lb 12 oz (2.15 kg)	4 lb 4 oz (1.94 kg)
4 lb 14 oz (2.21 kg)	4 lb 6 oz (1.99 kg)
5 lb 0 oz (2.27 kg)	4 lb 8 oz (2.04 kg)
5 lb 2 oz (2.32 kg)	4 lb 10 oz (2.09 kg)
5 lb 4 oz (2.38 kg)	4 lb 12 oz (2.14 kg)
5 lb 6 oz (2.44 kg)	4 lb 13 oz (2.19 kg)
5 lb 8 oz (2.49 kg)	4 lb 15 oz (2.25 kg)
5 lb 10 oz (2.55 kg)	5 lb 1 oz (2.30 kg)
5 lb 12 oz (2.61 kg)	5 lb 3 oz (2.35 kg)
5 lb 14 oz (2.66 kg)	5 lb 5 oz (2.40 kg)
6 lb 0 oz (2.72 kg)	5 lb 6 oz (2.45 kg)
6 lb 2 oz (2.78 kg)	5 lb 8 oz (2.50 kg)
6 lb 4 oz (2.84 kg)	5 lb 10 oz (2.55 kg)
6 lb 6 oz (2.89 kg)	5 lb 12 oz (2.60 kg)
6 lb 8 oz (2.95 kg)	5 lb 14 oz (2.65 kg)
6 lb 10 oz (3.01 kg)	5 lb 15 oz (2.70 kg)
6 lb 12 oz (3.06 kg)	6 lb 1 oz (2.76 kg)
6 lb 14 oz (3.12 kg)	6 lb 3 oz (2.81 kg)
7 lb 0 oz (3.18 kg)	6 lb 5 oz (2.86 kg)
7 lb 2 oz (3.23 kg)	6 lb 7 oz (2.91 kg)
7 lb 4 oz (3.29 kg)	6 lb 8 oz (2.96 kg)
7 lb 6 oz (3.35 kg)	6 lb 10 oz (3.01 kg)
7 lb 8 oz (3.40 kg)	6 lb 12 oz (3.06 kg)

Birth Weight	10% Weight Loss
7 lb 10 oz (3.46 kg)	6 lb 14 oz (3.11 kg)
7 lb 12 oz (3.52 kg)	7 lb 0 oz (3.16 kg)
7 lb 14 oz (3.57 kg)	7 lb 1 oz (3.21 kg)
8 lb 0 oz (3.63 kg)	7 lb 3 oz (3.27 kg)
8 lb 2 oz (3.69 kg)	7 lb 5 oz (3.32 kg)
8 lb 4 oz (3.74 kg)	7 lb 7 oz (3.37 kg)
8 lb 6 oz (3.80 kg)	7 lb 9 oz (3.42 kg)
8 lb 8 oz (3.86 kg)	7 lb 10 oz (3.47 kg)
8 lb 10 oz (3.91 kg)	7 lb 12 oz (3.52 kg)
8 lb 12 oz (3.97 kg)	7 lb 14 oz (3.57 kg)
8 lb 14 oz (4.03 kg)	8 lb 0 oz (3.62 kg)
9 lb 0 oz (4.08 kg)	8 lb 2 oz (3.67 kg)
9 lb 2 oz (4.14 kg)	8 lb 3 oz (3.73 kg)
9 lb 4 oz (4.20 kg)	8 lb 5 oz (3.78 kg)
9 lb 6 oz (4.25 kg)	8 lb 7 oz (3.83 kg)
9 lb 8 oz (4.31 kg)	8 lb 9 oz (3.88 kg)
9 lb 10 oz (4.37 kg)	8 lb 11 oz (3.93 kg)
9 lb 12 oz (4.42 kg)	8 lb 12 oz (3.98 kg)
9 lb 14 oz (4.48 kg)	8 lb 14 oz (4.03 kg)
10 lb 0 oz (4.54 kg)	9 lb 0 oz (4.08 kg)
10 lb 2 oz (4.59 kg)	9 lb 2 oz (4.13 kg)
10 lb 4 oz (4.65 kg)	9 lb 4 oz (4.18 kg)
10 lb 6 oz (4.71 kg)	9 lb 5 oz (4.24 kg)
10 lb 8 oz (4.76 kg)	9 lb 7 oz (4.29 kg)

Night Feedings

Night feedings are important for maintaining your milk supply and preventing sore, full breasts in the morning. Keeping your baby's crib next to your bed will minimize your sleep loss. Your baby needs his or her own place to sleep. It is recommended that you do not sleep with your baby in your bed.

Growth Spurts

You may have days when your baby wants to nurse more than usual or "cluster feed." This is normal and the most common reason is that your baby is experiencing a growth spurt. It will generally last a day or so until your milk supply increases. Supplementation is not needed during a growth spurt.

Leaking

Leaking milk from your breasts can be a nuisance, but it usually disappears after the first few weeks. Some mothers have a lot of leaking and others have none. Leaking is most likely to occur when your breasts become overly full, and is a signal that it's time to breastfeed your baby. Nursing pads inside your bra will absorb the milk and should be changed often. If you do start to leak, gentle pressure on your nipples will often stop it. Fold your arms in front of your chest and press inward.

The Father's/Partner's Role

Keep your baby's father/partner actively involved by sharing the baby care and cuddling. Encourage your partner to be with you, and discuss the baby while you are nursing. Ask your partner to change, bathe, carry, walk, massage and cuddle the baby. Partners should be aware of the benefits of breastfeeding and the basics of accomplishing it. Have them read this booklet and other breastfeeding resources. Their support and encouragement are a vital part of breastfeeding success.

Storing Breast Milk

It is normal for pumped milk to vary in color, consistency and scent depending on your diet. Stored milk separates into layers. Cream will rise to the top. Gently swirl the warmed container to mix the milk layers. Do not shake.

Follow the "Rules of 4" as a guide for how long to store freshly expressed breast milk:

Room Temperature = 4 hours

Refrigerator = 4 days

For more information, see chart below.

Breast Milk Storage Guidelines for Healthy Term Babies*

	Room Temperature (60-85° F)	Cooler with 3 Frozen Packs (59° F)	Refrigerator (32-40° F)	Conventional Freezer (0° F)	Deep Freezer (-4° F)
Freshly expressed breast milk	4 hours is best (6-8 hours under very clean conditions)	24 hours	4 days is best (5-8 days under very clean conditions)	6 months is best (12 months is acceptable)	1 year
Thawed breast milk (previously frozen)	Do not store	Do not store	24 hours	Never refreeze thawed milk	Never refreeze thawed milk

*This is just a guide from the American Academy of Breastfeeding Medicine. Breast milk is very precious so please do not throw away without speaking with a lactation consultant.

You can continue to add small amounts of cooled breast milk to the same refrigerated container throughout the day. Avoid adding warm milk to already cooled milk.

Store your milk in glass or plastic containers, or in milk storage bags made especially for breastmilk. Place smaller bags inside a larger food storage bag to prevent accidental punctures.

Freeze milk in 2 to 5 ounce portions. Small amounts will thaw more quickly. You will waste less milk this way and will avoid over-feeding. Liquids expand when frozen. Be sure to leave some extra room at the top of the container so the container or bag won't burst.

Seal containers tightly. Write the date on a piece of masking tape on the bag or container. Use the oldest milk first.

If you do not plan to use the milk within a few days, freeze it right away in the coldest section of your freezer. Do not place the container or bag up against the wall of the freezer.

Defrosting

Thaw milk in the refrigerator, or hold the container under warm running water to quickly thaw. You can also place the sealed container in a bowl of warm water to bring it to body temperature.

Thawed milk is safe in the refrigerator for 24 hours. Do not refreeze.

CAUTION: Never microwave breast milk. Microwaving can cause severe burns to baby's mouth from hot spots that develop in the milk during microwaving. Microwaving can also change the composition of breast milk. Microwaves destroy the living components of the milk.

Breastfeeding Support

There are many resources in our community to help support you. See pages 36-38 for a complete list of resources and breastfeeding support groups and clubs. We encourage you to contact a lactation consultant with any questions or concerns (HealthPark Medical Center 239-343-5186 or Cape Coral Hospital 239- 424-2246 or local WIC Office - Lee County 239-332-9615, Collier County is 239-252-6875 or Clewiston 863-983-1494).

Breastfeeding clubs at Lee Health include:

Cape Coral Hospital Mondays at 10 a.m. - Family Birth Place, 2nd floor waiting room
For more information call 239-424-2246.

HealthPark Medical Center Wednesdays at 10 a.m. – locations vary- call the office (239-343-5186) or come to the Family Education and Lactation Office on the 4th floor, Suite 450

Clubs are often canceled during holiday weeks, so please call ahead to ensure one will be occurring.

Going Back To Work

You can continue to offer breast milk if you return to work.

It is helpful to collect and store some breast milk before you leave your baby for the first time. This way your baby will be sure to have an adequate amount of breast milk for his or her feedings while you are at work. You can use a breast pump or use hand expression. To build up a supply of breast milk, you can do any of the following:

If your baby only nurses at one breast at a feeding, try pumping or hand expressing the other breast.

Try pumping after the first morning feeding. Your milk supply is generally greater in the morning.

Try power pumping once a day. Pump 10 minutes on, 10 minutes off, for one hour.

For information about returning to work – kellymom.com or contact your lactation consultant (HealthPark Medical Center 239- 343-5186 or Cape Coral Hospital 239- 424-2246 or local WIC Office - Lee County office 239-332-9615, Collier County office 239-252-6875 or Clewiston 863-983-1494).

Positioning Your Baby For Sleep – “Safe To Sleep” (formerly called “Back to Sleep”)

The safest position to place your baby for sleeping is on his or her back, not on the baby’s stomach. Babies positioned on their backs have the best protection against sudden infant death syndrome (SIDS). For more information about this very important topic, see page 15.

What To Do When Your Baby Cries - Never Shake A Baby! Ever!

Normal Infant Crying

Increased infant crying is normal in the first 4-5 months and is not always an indication that there is something wrong with your baby, but rather it is a normal behavioral developmental stage that all babies go through. Increased crying begins in the first month, usually peaks in the second month, and then decreases to a lower amount by 12-16

weeks. This normal, early crying is called the Period of PURPLE Crying. The acronym PURPLE is used to describe the crying that is typical of the first months of life in otherwise normal infants.

Ways to Soothe your Crying Baby

When your baby cries, there are things you can try to soothe him. Check to see if he is hungry, tired or needs changing. Walk and sing with your baby. Give your baby a warm bath. Take your baby for a walk or a ride in the car. Hold your baby close to you with skin-to-skin contact. In general, carry, comfort, walk, and talk with your baby.

These ideas won’t work every time. You may be able to reduce your baby’s crying by about 50%, but soothing won’t work all the time. Remember, you can always check with your doctor to see if there is something wrong that is causing the crying.

When Crying is Frustrating

Crying is frustrating when your baby cries more than you expect, when you feel like you are a bad parent, when you think you cannot take care of your baby, or when your baby just won’t stop crying. Feeling angry, upset, or frustrated is OK. It’s what you do with those feelings that matter. When crying is frustrating, take a break from the crying and take care of yourself too. It’s OK to put your baby down in a safe place, walk away, and take a break for 5-10 minutes before checking on your baby.

Also, be careful who you have care for your baby, especially in the first 5 months of life. If others are caring for your baby, make sure to tell them how normal crying is and how frustrating it can be. Most importantly, make sure they know that it’s okay to put the baby down and to call you if it’s too frustrating and you’ll come home.

Finally, remember to go back and review the Period of PURPLE Crying program booklet and app that you received following the birth of your new baby. This is a program of the National Center on Shaken Baby Syndrome.

Never Shake

Sometimes parents and caregivers get so frustrated and upset with infant crying that they lose control and without thinking, they shake or hurt the infant. NEVER SHAKE OR HURT AN INFANT. Shaking a baby is very dangerous and can cause blindness, learning disabilities, seizures, physical disabilities, or even death.

THE LETTERS IN PURPLE STAND FOR

P	U	R	P	L	E
PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why.	Your baby may not stop crying no matter what you try.	A crying baby may look like they are in pain, even when they are not.	Crying can last as much as 5 hours a day, or more.	Your baby may cry more in the late afternoon and evening.

THE WORD PERIOD MEANS THAT THE CRYING HAS A BEGINNING AND AN END

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Car Seats/Traveling Safely With Your Baby

Automobile crashes are the No. 1 preventable cause of death for children. For more information about this important topic, see page 15.

Home Safety

Help keep your kids safe by completing the home safety checklist on page 40.

Infant & Child CPR

You and your baby's caregivers should become familiar with CPR (Cardiopulmonary Resuscitation) techniques by taking an approved CPR class. For more information go to: Lee Health (LeeHealth.org/birthed) or American Heart Association (www.heart.org) or American Red Cross (www.redcross.org) websites. CPR saves lives!

Baby Massage

Infant massage is a wonderful way for you and your partner to begin bonding with baby. The following list contains many, but not all, of these benefits:

Benefits to Baby

- Increased bonding
- Increased sense of security
- Improved coping/calming abilities
- Improved sleep patterns
- Improved learning abilities and language development
- Nourishes and softens the skin
- Improved development and function of the baby's systems that make up and control the body, such as muscular, nervous, digestive, etc.
- May provide relief from: growing pains, muscular tension, teething discomfort, excess mucous/congestion, gas, colic, constipation, stomach cramps, hypersensitivity and hyperactivity.

Benefits to Parents

- Improved awareness and understanding of baby's individuality
- Decreased stress hormones
- Increased anti-stress hormones
- Increased relaxation
- Improved sleep
- Stronger attachment
- Provides a routine of quality time
- Decreased post partum depression (for mom)
- Increased lactation (for mom)

Infant massage classes are recommended and available in most areas. These are hands-on classes that will provide instructions and demonstrations on various infant massage strokes, including specific strokes for teething, colds, sinus congestion, colic and constipation. If a class is not available in your area, online sites and printed publications are available.

For assistance in locating available classes and instructors, you can contact the International Association of Infant Massage/Infant Massage USA at www.infantmassageusa.org.

Taking Your Baby's Temperature in the Axilla (Armpit)

Use a digital thermometer.

Make sure the armpit is dry and your baby has no clothing between their arm and chest.

Place the tip of thermometer high in the armpit.

Hold the baby's arm close to the body. When the thermometer beeps, remove and read the temperature. Call your baby's health care provider for a temperature greater than 100° F degrees (or less than 97° F degrees).

Caring for Your Baby's Penis

If no circumcision was performed, just wash the penis with soap and water during baths. No other care is needed. Do not try to pull the foreskin back. The foreskin will not be ready to pull back until your son is 3 years old or older.

For how to care for the circumcision in the first 24 hours, see page 17.

Gauze-Covered Circumcision

Wash hands before and after diapering to reduce the risk of infection.

A white or yellowish crust may form on the head of the penis. This is normal healing. Do not try to wipe it off.

Apply petroleum (Vaseline) generously to the penis at each diaper change until it's healed in 7 – 10 days. Bacitracin or A&D ointment may be used if ordered by your pediatrician.

Call your pediatrician if there are any signs of infection such as pus, foul odor, or increased redness and/or swelling.

Plasti-bell Circumcision

Wash hands before and after diapering to reduce the risk of infection.

No special dressing or treatment is necessary.

Your baby can be bathed and diapered normally.

The plastic ring tied to the penis will drop off 5-8 days after the procedure.

Call your pediatrician if the plastic ring has not fallen off by 8 days.

When to Call Your Health Care Provider

Preeclampsia is a condition in pregnancy related to high blood pressure. It can occur unexpectedly in women while they are pregnant and up to six weeks after delivery. Women that experience preeclampsia are at increased risk of stroke, seizures, organ damage and even death. SOME OF THE SIGNS THAT YOU SHOULD REPORT TO YOUR PROVIDER IMMEDIATELY ARE:

- New or worsening headache
- New or worsening vision changes like blurred vision or spots before your eyes
- Quick onset of swelling of your face or abdomen or severe swelling of your legs and feet not relieved with rest and elevation of your legs
- Reduced amount of urine output for the day (especially if you do not urinate for many hours or only once or twice a day)

- New or worsening stomach pain
- New or worsening nausea and vomiting
- You have a feeling that, “something is just not right”

You should also call your provider if you experience any of the following:

- Severe chills or fever higher than 100.0°
- Burning and/or frequency with urination
- Excessive, heavy or prolonged bleeding
- Fainting
- Swelling, redness or tenderness in your breasts
- Unable to have a bowel movement
- Extreme uterine/abdominal tenderness
- C-section: Call for redness, increased tenderness, pain or drainage from your incision

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Learn these POST-BIRTH warning signs—knowing what to do can save your life!



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

Tell 911 or your healthcare provider:

“I gave birth on [date] and I am having [specific warning signs].”



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This program was funded by Merck for Mothers, Merck's 10-year, \$500 million initiative to help create a world where no woman dies giving life.

When to Call Your Baby's Health Care Provider

- Fever higher than 100° (or less than 97°) taken under the baby's arm
- Any redness, drainage, swelling or bad smell from eyes, cord or circumcision
- Changes in your baby's normal behavior
- Crying continuously for no obvious reason
- Unusually inactive
- Refusing to feed for more than two feedings
- Vomiting forcefully
- Diarrhea
- Less than six wet diapers in 24 hours after your baby is 1 week old
- Increasing yellow color of skin - See the “Jaundice in Babies” section on page 14
- If you have a feeling that “something is just not right”
- Any concerns with breastfeeding
- If you have any questions or concerns

RESOURCES

Associations and Websites

Association/Site	Topic
Academy of Breastfeeding Medicine (http://www.bfmed.org/)	Breastfeeding
American Academy of Pediatrics (www.aap.org , www.healthychildren.org)	Infant and children's health
American College of Nurse-Midwives (http://www.midwife.org)	General pregnancy information
American Heart Association (www.heart.org)	CPR and first aid classes
American Red Cross (www.redcross.org)	CPR and first aid classes
Association of Reproductive Health Professionals (www.arhp.org)	Contraceptive decisions
Baby Friendly Hospital USA (http://www.babyfriendlyusa.org/)	UNICEF/World Health Organization Baby Friendly Hospital initiative and the Ten Steps to Successful Breastfeeding
Black Mothers' Breastfeeding Association (BMBFA) (http://blackmothersbreastfeeding.org/)	Breastfeeding support for black women
Breastfeeding USA Southwest Florida Chapter (https://breastfeedingusa.org/) (lauren.fruehan@breastfeedingusa.org)	Breastfeeding; find local support
Bridging the Gap Foundation (www.managingcontraception.com)	Handouts for various contraceptive methods
Childbirth Connection (http://www.childbirthconnection.org)	General pregnancy information
Center for Disease Control and Prevention, Infant Screenings (http://www.cdc.gov/ncbddd/newbornscreening/index.html)	Infant screening tests
Florida Health/WIC (http://www.floridahealth.gov/programs-and-services/wic/breastfeeding/index.html)	Breastfeeding information in English, Spanish and Creole
Global Health Media (http://globalhealthmedia.org/videos/breastfeeding/)	Breastfeeding videos
Governors Highway Safety Association (www.ghsa.org/html/stateinfo/laws/childsafety_laws.html)	Infant car seat safety and safety laws
Healthy Start Program – Healthy Florida (http://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/index.html)	Infant, child & adolescent health- breastfeeding, birth certificate, Children's Medical Services, Healthy Start Program, Florida Kids care, and more!
Hispanic Health Council (http://www.hispanichealth.com/hhc/)	Breastfeeding, general health and social well-being for Latinos and other diverse communities

Association/Site	Topic
IBCLC Registry (http://iblce.org/public-registry/)	To find a board certified lactation consultant (breastfeeding expert)
International Association of Infant Massage/Infant Massage USA (www.infantmassageusa.org)	Baby massage
Kellymom Parenting Breastfeeding (http://kellymom.com/)	Breastfeeding and parenting
Lactation Education Resources (http://www.lactationtraining.com/)	Handouts about breastfeeding
LaLeche League International (www.lalecheleague.org)	Breastfeeding
LaLeche League USA (http://www.llusa.org/)	Breastfeeding
March of Dimes (http://www.marchofdimes.org/)	General pregnancy and parenting information
National Association of Pediatric Immunizations (www.immunize.org)	Vaccine preventable: diseases and vaccine safety.
National Child Passenger Certification (http://cert.safekids.org/)	To find a local certified child passenger safety technician ("car seat fitter")
National Highway Traffic Safety Administration (www.nhtsa.dot.gov)	Infant care seat safety
Mocha Manual-Motherhood in Color (http://mochamanual.com/)	Pregnancy, breastfeeding and parenting for black women
Mothers' Milk Bank of Florida (http://www.milkbankofflorida.org/mothers/)	Breast milk donation
Office of Women's Health, Department of Health & Human Services (http://www.womenshealth.gov/)	Women's health - breast, cancer, breastfeeding, fitness, nutrition, menopause, mental health, pregnancy and violence against women.
PostPartum Depression, Postpartum Support International (http://www.postpartum.net)	Postpartum depression
Preeclampsia Foundation (http://www.preeclampsia.org/)	Preeclampsia and hypertensive disorders in pregnancy
Reaching Our Sisters Everywhere (ROSE) (http://www.breastfeedingrose.org/)	Breastfeeding support for black women
Stanford Medicine- Newborn Nursery (http://med.stanford.edu/newborns/professional-education/breastfeeding.html)	Breastfeeding information and videos
SWFL Counseling, LLC (http://www.shannonwiseley.com/)	Counseling and mental health services

Additional Breastfeeding Resources

Lactation Office at Cape Coral Hospital.....	239-424-2246
Lactation Office at HealthPark Medical Center	239-343-5186
National Breastfeeding Helpline.....	800-994-9662
Breastfeeding Support:	
Lee Health	239-343-5186
LaLeche League.....	239-471-6899
WIC Office - Lee County.....	239-332-9615
WIC Office- Clewiston.....	863-983-1494
WIC Office - Collier County	239-252-5316

Additional Community Resources

Child Advocacy	239-343-6199
Florida Women, Infants & Children (WIC).....	239-344-2000
Healthy Start.....	239-425-6920
Lee Health - Home Health.....	239-225-7700
Lee Physician Group Physician Referral	239-481-4111
Perinatal Support Group (Fort Myers).....	239-848-5904
Postpartum Support International	800-944-4773
Salas Care - Mental Health Services, Fort Myers.....	239-275-3222
Salas Care - Mental Health Services, Cape Coral.....	239-772-1211
“Strong Mammias” Perinatal Support Group (Cape Coral)	239-224-0622
SWLF Counseling-Perinatal Mental Health	517-398-3230

Abuse/Crisis Assistance Resources

Abuse Hot-Line	800-962-2873
ACT Abuse Agency.....	239-939-3112
Children’s Home Society.....	239-334-0222
Domestic Violence Unit	239-533-2884
Rape Trauma Crisis Line ACT/Phoenix.....	239-939-3112
Personal Crisis Service HotLine.....	239-275-4242
Birth Control/ Family Planning Lee County Health Department	239-332-9501
or Clinic.....	239-334-9555
Planned Parenthood.....	239-481-9999

Financial Services and Support

American Red Cross (Disaster Assistance)	239-278-3401
Department of Children and Families.....	239-332-2822
Lee County Human Services and Veteran’s Services.....	239-533-7930

Medicaid Help Line	239-338-2620
Social Security Administration	800-772-1213
United Way Help Line	211

Legal Services

Florida Rural Legal Services	239-334-4554
Legal Aid Society.....	239-334-6118

Transportation

Lee Tran.....	239-275-8726
Medicaid Transportation Vendor based on HMO provider:	
CMS (Logisticare).....	866-250-7455
Healthy Kids (United Healthcare Community Plan)	888-216-0015
Medicaid (MTM, Inc.)	844-239-5974
Molina (Logisticare)	866-528-0454
Prestige (TMS).....	855-381-3778
Staywell (MTM, Inc.)	866-591-4066
Sunshine (Logisticare)	877-659-8420

Other

Birth Certificates	239-332-9572
State of Florida Adoptions – Florida.....	800-962-3678
State of Florida Adoptions – Out of State	904-353-0679
Fort Myers Housing Authority	239-344-3220
Lee County Housing Authority	239-997-6688

Shots For Tots Program

Proper immunization is crucial to protect your child from a multitude of diseases. The Lee County Health Department provides free immunizations for babies and children from birth through 18 years old. No appointment is necessary.

Central Fort Myers
 Lee County Health Department (239) 332-9501
 3920 Michigan Avenue
 Mon-Thurs, 8 a.m.– 2:30 p.m., Friday, 1– 2:30 p.m.

Acknowledgements

Lee Health would like to thank the following hospitals that shared patient education materials:

- Baptist Memorial Hospital for Women**
 Feelings After Birth: Postpartum Adjustment
- Sharp Mary Birch Hospital for Women**
 New Beginnings: A Resource Guide For New Parents



Home Safety Checklist

Keeping kids safe, room by room

BATHROOM

Water Safety

- Give young children all of your attention when they are in and around water.
- Check the water temperature with your wrist or elbow before giving your baby a bath.

Medication Safety

- Keep all medicine and vitamins out of children's reach and sight, even medicine you take every day.
- Write clear instructions for other caregivers about what medicine to give children, when to give it and how much to give.

BEDROOM

Sleep Safety

- Make sure babies sleep on their backs and in their own crib. Room sharing is a safer option than having your baby sleep in bed with you.
- Choose a firm mattress and a fitted crib sheet for your baby's crib. Keep cribs clear of toys and soft bedding.

STAIRS + WINDOWS

Preventing Falls

- Use approved safety gates at the top and bottom of stairs, and attach them to the wall, if possible.
- Properly install window guards or stops to help prevent falls from windows.

KITCHEN

Fire and Carbon Monoxide Safety

- Make sure there is a working smoke alarm and carbon monoxide alarm on every level of your home. Test the batteries every month.
- Create and practice a home fire escape plan with your family. Know two ways out of every room in case of a fire.

Preventing Burns

- Cook on the back burners of the stove and keep pot handles turned away from the edge. Keep hot foods and liquids away from the edge of counters and tables.
- Don't hold a child while cooking on the stove. It's better to put your child in a high chair where you can still see them.

Poison Prevention

- Store all household cleaning products and chemicals in their original containers, out of children's reach and sight.
- Save the toll-free Poison Help number into your phone in case of emergency: 1-800-222-1222.

LIVING ROOM

Preventing TV and Furniture Tip-overs

- Mount flat-panel TVs to the wall and place large, box-style TVs on a low, stable piece of furniture.
- Use brackets, braces or wall straps to secure unstable or top-heavy furniture to the wall.

Toy Safety

- When choosing a toy or game, read the instructions and warning labels. Make sure the toy is appropriate for your child's age and development.
- Sign up for product recalls at <http://www.safekids.org/product-recalls>.

Preventing Choking and Strangulation

- Keep small objects out of children's reach and sight. Look for and remove small items that are at your child's eye level.
- Keep cords and strings out of children's reach, including those attached to window blinds.



Babies sleep safest

ALONE
On their BACKS
In a CRIB



MyFLFamilies.com/SafeSleep

The Safe Sleep Campaign is a partnership of:

Florida Department of Children and Families

Florida Department of Health

Healthy Mothers Healthy Babies Coalition of Broward

Ft. Lauderdale Fire-Rescue

Manatee County Sheriff's Office

