CELEBRATING *Life*

FITZGIBBON BABY

Thank You

We recognize there are other options for your healthcare. We are so thankful you have chosen Fitzgibbon Hospital and Marshall Women's Care. It is our goal to provide you with many opportunities to say you have made the right choice! We look forward to providing you and your entire family with EXCELLENT care!

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Section 1

INTRODUCTION

Inside this section . . .

Welcome

Welcome to Fitzgibbon Hospital's women's services and CONGRATULATIONS on the upcoming birth of your baby! You're expecting a truly great beginning for your baby, and that's just what we deliver. Our women's services team is dedicated to excellence and we are committed to making the birth of your child a safe and joyful experience.

Fitzgibbon Hospital's mission is to improve the health of our community, and our history of fulfilling that mission dates back more than 90 years. Our commitment to community allows us the opportunity to be responsive and innovative and to provide very personalized care utilizing a team approach. While we have state-of-the-art facilities and technology, it is the dedication and experience of our staff and physicians that is the secret to our success.

You will be cared for by professionals who provide you and your family with a sense of compassion and support in a responsive, family-centered environment. We are devoted to delivering consistently high-quality care to you in a safe and patient-friendly environment. To help us measure our success in meeting those goals, we encourage you to please give us feedback on anything we can do to improve your experience.

Thank you again for choosing Fitzgibbon Hospital's women's services, and we thank you for allowing us the opportunity to serve you. The Fitzgibbon organization strives to be the best place to give and receive safe, quality, compassionate healthcare. It is our honor to join you in this journey of pregnancy, birth and parenting.

Angela Igo

Angela Igo, MSN, RN, NEA-BC
Chief Nursing Officer
Fitzgibbon Hospital

Welcome to the Women's Center at Fitzgibbon Hospital

. . . where we deliver happiness!

Moms who give birth in our Women's Center can expect excellent care personalized to meet each of their unique needs. Our specialty trained nurses hold certifications in perinatal care, neonatal resuscitation, fetal monitoring and STABLE. Our nurses also have breastfeeding specific education to help breastfeeding moms and babies get off to a great start!

Our **nurses' station**

Our warm, inviting **labor rooms** are spacious enough for you to move freely during labor; even room enough for you to soak in a tub of warm relaxing water. After your baby is born, your labor support person can take advantage of our comfortable pull-out beds.

While most newborns stay in their mother's room, we do have the ability to care for up to four sick infants at a time in our Level I transitional care **nursery**. The nursery is also equipped with recliners so that moms and dads can visit, provide skin-to-skin care or breast-feed their sick infant.

This is the **Personal Nutrition Center** for your labor support person to grab a quick snack while you are in labor. New moms have a special menu with "mom-friendly" food items to select from. We also like to treat our new moms and a guest to a special meal during their stay. A table for two will be reserved for you, and your meal will be delivered to your room and served to perfection!

Thank you for allowing us to share in the birth of your baby!

Infant Security

Keeping your infant safe is a top priority and we utilize several security measures to assure the safety of our babies.

Fitzgibbon Hospital's Women's Center team members wear pink identification badges which feature their photo, name, and position. We advise not to give your baby to anyone not wearing a pink Fitzgibbon Hospital picture ID badge.

While the safest place for your infant is in your arms, we do ask that when your baby is transported from your room for any reason, the baby is placed in his or her crib. Our hallways can sometimes get very busy and your baby's crib offers your baby extra protection from unintended bumps and germs while your baby is out of your room.

While in the Women's Center each newborn will wear numbered security bands that match the mothers and one other chosen individual. The unit is also secured with limited visitor access for additional safety. Visitors will need to press the door bell located at each exit to be let in and out of the unit by a staff member.

Rooming In

Rooming in means that you and your baby will remain together throughout your hospital stay. Healthy infants will not be separated from their mothers and taken to a nursery. Research has shown that the more time you and your baby spend together, the better you get to know each other. By rooming in, you will begin bonding with, and learning to care for, your baby.

The staff at the Women's Center has been specially trained to teach new mothers how to care for their newborn. Through bedside demonstration and educational videos our nurses will show you how to calm/soothe your baby, swaddle, bathe, feed, and care for your baby's physical needs.

As a new mom, rooming in will help you:

- Build confidence
- Get a great start to breastfeeding
- Have the opportunity to learn how to meet the needs of your newborn
- Promote that special bond between a mother and her newborn

Your new baby will benefit from rooming in by:

- Being less likely to become jaundiced
- Crying less and soothing more quickly
- Being less likely to lose excessive weight
- Sleeping more
- Feeding more frequently
- Helping to establish day and night rhythm (while rooming in helps to establish this rhythm, often it is not achieved until 6-8 weeks of age)

Skin-to-Skin

Skin-to-skin contact within the first hour of life is so important it is often called the Sacred First Hour. Placing your baby skin-to-skin with you immediately after birth will help your baby adjust to life outside of your womb. Many studies have shown that babies who are placed skin-to-skin with their mothers immediately after birth stay warmer, cry less, and breastfeed better than babies who are separated, even for just a few minutes.

Mothers are encouraged to continue skin-to-skin care with their babies even after the Sacred Hour has passed. Babies are used to the sound of your heartbeat and warmth of your body. Continuing skin-to-skin in the months to come will help your baby adjust to his or her new environment, promote bonding, have fewer fussy periods and help ensure a successful breastfeeding relationship.

While we do strongly encourage frequent skin-to-skin contact, it is very important that your baby is placed back in his or her crib if you begin to feel sleepy. Hospital beds are not designed for co-sleeping and put your baby at risk for entrapment and falls. The safest place for your baby to sleep is in his or her crib.

10 Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers to initiate breastfeeding within 1 hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infant.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the hospital.

How does the promotion of breastfeeding affect you?

When your healthcare team joins together to give breastfeeding mothers information that is supportive of breastfeeding, rather than based on formula feeding practices, mothers and babies WIN!

Baby . . .

- 72% decrease in respiratory tract infections and otitis media
- 64% decrease in GI tract infections
- 36% decrease in rate of sudden infant death syndrome (SIDS)
- 32% reduced risk of celiac disease
- 31% decreased risk of inflammatory bowel disease
- 15-30% decreased risk of teen and adulthood obesity
- 30% less incidences of Type 1 Diabetes and 40% less incidence of Type 2 Diabetes

Mom . . .

- Breastfeeding mothers have greater weight loss than non-breastfeeding mothers
- 4-12% decreased risk for Type 2 Diabetes for every year of breastfeeding
- Significant decrease in the risk of high blood pressure, high cholesterol, and heart disease in breastfeeding for 12-23 months
- 28% decrease in the risk of breast cancer and ovarian cancer

This booklet provided courtesy of Fitzgibbon Hospital

Fitzgibbon Hospital Childbirth Class

Childbirth Education Class Offerings

Life is busy today and expectant parents often find it difficult to attend lengthy childbirth education classes - yet, they still want accurate information about their upcoming labor, birth and transition to a new family.

Located at Fitzgibbon Hospital, our childbirth education class is conveniently offered on Saturday from 9 a.m. to 4 p.m. to offer the opportunity to receive the information you are looking for in a single class. You will have the opportunity to tour the Women's Center and explore options for personalizing your birth experience for a beautiful moment you will treasure forever.

For additional information and current class schedule, please visit the Fitzgibbon Hospital website using the QR code (then click on "Childbirth Classes), or go to **www.fitzgibbon.org** (click on Medical Services, Our Services, Women's Health, then Childbirth Classes). You may also contact the Marshall Women's Care clinic at 660-886-7800 or email them at mwc@fitzgibbon.org.

Other Educational Resources

Mobile Milk Breastfeeding Texting Campaign

Mobile Milk is a text messaging campaign to encourage and support breastfeeding.

Scan the QR code to learn more, or visit: https://www.nyc.gov/site/doh/health/health-topics/pregnancy-mobile-milk.page

Text4Baby

Text4Baby is a great way for anyone who is expecting a new little one or has a new little one in their life; great for moms, dads, & grandparents. This resource offers you information regarding your pregnancy or infant care that corresponds to your baby's age.

Scan the QR code to learn more, or visit: www.text4baby.org.

This booklet provided courtesy of Fitzgibbon Hospital

What to Bring to the Hospital

Packing for your hospital stay can seem overwhelming. What do I need to pack? What do I need to bring for baby? Here is a little guide to help you sort it all out.

Labor

- ☐ Your "Celebrating Life" booklet
- ☐ Pillows — we have pillows, but feel free to bring extras for that touch-of-home comfort
- ☐ House slippers
- ☐ Robe
- ☐ Hair dryer and hair products (brush, ponytail holder, shampoo and conditioner)
- ☐ Contact lens case and eyeglasses
- ☐ Your favorite lotion or massage oil
- ☐ Massager
- ☐ Music playlist or podcast
- ☐ Cell phone charger
- ☐ Technology that fits your needs (iPad, laptop)
- ☐ Any personal items that will help you feel more comfortable during labor

Postpartum

- ☐ 2-3 nightgowns for breastfeeding
- ☐ 2-3 bras (nursing bra or sports bra if you are not breastfeeding)
- ☐ Cosmetics, if desired
- ☐ Going home outfit for mom (something that fit when you were 5-6 months pregnant)

For Baby

- ☐ Car seat – **Your baby CANNOT go home without a car seat.**
- ☐ Going home outfit
- ☐ 1-2 Blankets
- ☐ Boppy pillow (optional) if you are planning to breastfeed
- ☐ Breast pump if you would like help getting it set up. (If you are comfortable with the set-up of **your** pump, there are pumps available at the hospital you can use during your stay.)

NOTE: The Women's Center will provide diapers, wipes, bath soap, lotion and sleepers for your baby during your stay.

Car Seat Safety

IMPORTANT: Please try to avoid buying a car seat at a garage sale. These car seats are not considered safe because there is no way of knowing if they have been recalled or been involved in an accident. All car seats are considered unsafe after being in an accident of any kind and need to be replaced.

Car Seat Safety Checks.
To have your car seat checked by a certified car seat technician, contact the Marshall Public Schools Parents as Teachers at (660) 886-5800 to schedule an appointment.

CELEBRATING *Life*

Section 2

PREGNANCY

Inside this section . . .

This booklet provided courtesy of Fitzgibbon Hospital

Prenatal Visits & Testing

What You Can Expect From Our Practice

We understand that pregnancy is a natural and normal occurring event in a woman's life. We are excited to have the opportunity to help guide you through this journey. Our goal is to provide you with quality, up-to-date information so you can make the best choices and decisions for you and your baby.

Your first pre-natal visit is most beneficial to you and your baby if done sometime between your 6th and 11th week.

You will be encouraged to follow up every 4 weeks until you are 28 weeks along, then every 2 weeks until you are 36 weeks, and then once a week until delivery.

There are circumstances that arise when it may be necessary for you to be seen more frequently than this schedule. Any anytime you have questions or concerns, you are encouraged to call and make an appointment.

Routine Testing

Diabetic Screening

At 28 weeks we will ask you to do a glucose tolerance test. This test helps us to determine if you have developed diabetes during this pregnancy.

Ultrasounds

An ultrasound will be done during the second trimester (around your 20th week of pregnancy) as this is the best time to check to see that your baby is growing and developing appropriately.

Additional ultrasounds prior to 20 weeks or after 20 weeks will be based on a variety of circumstances that are unique to each woman's situation. We will discuss with you the need for additional ultrasound testing as the need arises.

Group B Strep Testing

Group B streptococcus, also called group B strep, is a common bacterium often carried in the intestines or lower genital tract. Although group B strep is usually harmless in adults, it can cause complications during pregnancy and serious illness in newborns.

During a group B strep test, your health care provider will swab your vagina and rectum and send the samples to a lab for testing. We will do a group B strep test around 36 weeks of pregnancy.

If the group B strep test is negative, no action is needed. If the test is positive, you will be given antibiotics during labor to prevent group B strep disease in your baby.

Optional Testing

Genetic Screening

Speak with your provider about available options.

The journey to motherhood is a time of excitement that deserves nothing but the best. We look forward to being a part of your journey.

~ Marshall Women's Care

Pregnancy Safe Medication List

All medication should be advised to take for short-term only. If needed for longer than a week, please discuss symptoms and treatment with your OB provider.

Antacids / Reflux / Upset Stomach

- Plain Maalox, Mylanta, Tums, Rolaids
- Pepto-Bismol (bismuth subsalicylate)
- Pepcid (famotidine)
- Prilosec (omeprazole)
- Tagamet (cimetidine)

Anti-Diarrheals

- Immodium capsules (loperamide)
- Kaopectate (bismuth subsalicylate)

Anti-Emetics

- Unisom sleep tabs (doxylamine)
- Vitamin B6

** Both to be taken together every 6 hours while awake - may cut Unisom in half during the day or use only at night due to sleepiness **

Anti-Fungals

- Gyne-lotrimin 3 or 7 day (clotrimazole)
- Monistat 1 day (miconazole, ticonazole)
- Monistat 3 or 7 day (miconazole)

Topical Creams / Ointments

- Benadryl, Caladryl, Hydrocortisone
- Anusol HC (hydrocortisone)
- Preparation H (phenylephrine)
- Tucks pads

Antihistamines / Decongestants / Cough / Cold

***Do NOT use while breastfeeding - can decrease milk supply ***

- Allegra (fezofenadine)
- Benadryl (diphenhydramine)
- Chlor-trimeton (chlorpheniramine)
- Claritin, Clarinex, Alavert (loratadine)
- Cough Drops
- Mucinex (guaifenesin)
- Mucinex D (guaifenesin + pseudoephedrine)
- Robitussin Cough, Delsym (dextromethorphan)
- Robitussin DM (dextromethorphan + guaifenesin)
- Sudafed (pseudoephedrine)
- Zicam
- Zyrtec (certirizine)

Laxatives / Stool Softeners

- Citrucel (methylecellulose powder)
- Colace (docusate sodium)
- Dulcolax Tablets (bisacodyl)
- Milk of Magnesia
- Miralax (PEG)
- Senokot (senna)

Pain / Fever

- Tylenol (acetaminophen)

rev. 1/2023

USDA United States Department of Agriculture

Tips for Pregnant Moms

Making healthy food choices along with regular physical activity will help fuel your baby's growth and keep you healthy during pregnancy.

Find Your Healthy Eating Style

Choose a variety of foods and beverages to build your own healthy eating style. Include foods from all food groups: fruits, vegetables, grains, dairy, and protein foods.

The amount and types of food you eat is an important part of a healthy eating style. Before you eat, think about what and how much food goes on your plate or in your cup, bowl, or glass.

Making Healthy Food Choices

- Make half your plate fruits and vegetables. Choose fresh, frozen, canned, dried, and 100% juice. Include dark-green, red, and orange vegetables; beans and peas; and starchy vegetables.
- Make at least half your grains whole grains. Try oatmeal, popcorn, whole-grain bread, and brown rice.
- Move to low-fat or fat-free milk, yogurt, or cheese. Fortified soy beverages also count.
- Vary your protein routine. Choose seafood, lean meats and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
- Use the Nutrition Facts label and ingredients list to limit items higher in sodium, saturated fat, and added sugars. Drink water instead of sugary drinks. Choose vegetable oils instead of butter.
- Enriched grains, beans, peas, oranges, spinach, or other dark-green leafy vegetables can help you get the folate-rich food you need.

Visit Your Doctor Regularly

Doctors Recommend:

- Pregnant women and women who may be pregnant need to avoid alcohol and smoking. Ask for advice about caffeine, dietary supplements, and drug use.
- In addition to eating a healthy diet, take a prenatal vitamin and mineral supplement containing folic acid.
- Feed your baby only human milk (also known as breast milk) for the first 6 months.

How Much Weight Should I Gain?

- **The right weight gain** depends on your weight when you became pregnant. If your weight was in the healthy range, you should gain between 25 and 35 pounds. If you were overweight or underweight before becoming pregnant, the advice is different.
- **Gain weight gradually.** For most women, this means gaining a total of 1 to 4 pounds during the first 3 months. Gain 2 to 4 pounds each month from the 4th to 9th month.

Daily Food Checklist

The Checklist shows slightly more amounts of food during the 2nd and 3rd trimesters because you have changing nutritional needs. This is a general checklist. You may need more or less amounts of food.*

Food Group	1st Trimester	2nd and 3rd Trimesters	What counts as 1 cup or 1 ounce?
*Eat this amount from each group daily.**			
Fruits 	2 cups	2 cups	1 cup fruit or 100% juice ½ cup dried fruit
Vegetables 	2½ cups	3 cups	1 cup raw or cooked vegetables or 100% juice 2 cups raw leafy vegetables
Grains 	6 ounces	8 ounces	1 slice bread 1 ounce ready-to-eat cereal ½ cup cooked pasta, rice, or cereal
Protein Foods 	5½ ounces	6½ ounces	1 ounce lean meat, poultry, or seafood ¼ cup cooked beans ½ ounce nuts or 1 Tbsp peanut butter 1 egg
Dairy 	3 cups	3 cups	1 cup milk 8 ounces yogurt 1½ ounces natural cheese 2 ounces processed cheese

If you are not gaining weight or gaining too slowly, you may need to eat a little more from each food group.
If you are gaining weight too fast, you may need to cut back by decreasing the amount or change the types of food you are eating.

Get a Daily Food Checklist for Moms designed just for you.
Go to ChooseMyPlate.gov/Checklist.

Seafood

Seafood is part of a healthy diet. Omega-3 fats in seafood can have important health benefits for you and your developing baby. Salmon, sardines, and trout are some choices higher in omega-3 fats and lower in contaminants such as mercury.

- Eat at least 8 and up to 12 ounces of a variety of seafood each week from choices that are lower in mercury.
- Eat all types of tuna, but limit white (albacore) tuna to 6 ounces each week.
- Do not eat tilefish, shark, swordfish, and king mackerel since they are highest in mercury.

Being Physically Active

Unless your doctor advises you not to be physically active, include 2½ hours each week of physical activity such as brisk walking, dancing, gardening, or swimming. The activity can be done for at least 10 minutes at a time, and preferably spread throughout the week. Avoid activities with a high risk of falling or injury.

Learn about other nutrition assistance programs:
http://www.benefits.gov/

Based on the *Dietary Guidelines for Americans* and
http://www.fns.usda.gov/wic/guidance

Food and Nutrition Service
FNS-457
Revised December 2016

Exercise During Pregnancy

Exercise during pregnancy is important to both you and your growing baby. However, it is important to ask your doctor before beginning any exercise that you were not doing before getting pregnant.

Some **benefits of exercising** during pregnancy are:

- Increased energy
- Improved mood
- Helps you sleep better
- Promotes muscle tone, strength and endurance
- Helps prepare you for labor and delivery

Stop exercising and notify your care provider **if you experience**:

- Vaginal bleeding
- Dizziness
- Increased shortness of breath
- Chest pain
- Calf pain or swelling
- Uterine contractions
- Decreased fetal movements

Stretching Exercises

The following are some easy stretches you can perform. It is important to stretch before doing any other type of exercise. Stretching keeps your body limber and slowly warms up your muscles:

Neck Rotation
Relax your neck and shoulders. Drop your head forward. Slowly rotate your head to your right shoulder, back to the middle, and over the left shoulder.

Shoulder Rotation
Bring your shoulders forward and then rotate them up toward your ears and then back down.

Arm Stretch
While standing, clasp your hands behind your back. As you breathe in, raise your hands up. Then as your breathe our lower your hands.

Ankle Rotation
Sit with your legs extended and keep your toes relaxed. Rotate your feet, making large circles. Use your whole foot and ankle.

Hamstring Stretch
Sit on the floor with one leg stretched out in front of you and the other leg bent. Slowly lean forward from your hips. Hold for one minute. Remember to switch legs so you stretch both.

Calf Stretch
Stand facing the wall with one leg in front of the other. Slowly lean toward the wall while bending the front knee. Remember to switch legs so both are getting stretched.

Pelvic Tilt
Gently get on your hands and knees on the floor. While tightening your stomach muscles slowly round your back up toward the ceiling.

Tailor Press
Sit on the floor with your knees bent and the bottoms of your feet together. Grasp your ankles and pull your feet gently toward your body. Place your hands under your knees. Slowly push your knees toward the floor.

This booklet provided courtesy of Fitzgibbon Hospital

Exercise During Pregnancy

Walking

Walking is a simple and beneficial exercise. It is an easy exercise to add to your daily routine and is safe for your body, and it is not as stressful on your knees as running. Remember to start slowly and be sure you stretch well before you begin. Set realistic goals and wear good shoes to decrease the risk of falling or pressure on your feet.

Kegal Exercises

Kegal exercises are performed to strengthen the pelvic floor muscles. During pregnancy these muscles are exposed to more stress than usual and sag due to the extra weight of your uterus. Keeping the pelvic floor muscles toned is important and can reduce urine leakage and improve circulation.

Before beginning Kegal Exercises, it is important that you can correctly identify the pelvic floor muscles. To do this, sit on the toilet and begin urinating. Tighten the muscles needed to stop urine flow. If you are able to stop the flow of urine, you have identified the correct muscles.

These exercises can be done anywhere! Try doing them while you are driving, brushing your teeth, or waiting for the doctor.

To perform Kegal exercises:

- Tighten the pelvic floor muscles for a count of three, then relax for a count of three.
- Repeat 10-15 times, three times a day.

Resources

Frequently asked questions. Pregnancy FAQ0119. Exercises during your pregnancy. American College of Obstetricians and Gynecologists. http://www.acog.org/~/media/For%20Patients/faq119.pdf?dmc=1&ts=20120918T1042484702. Accessed May 30, 2013.

Pregnancy: Staying safe and healthy. U.S. Department of Health and Human Services. http://www.womenshealth.gov/pregnancy/you-are-pregnant/staying-healthy-safe.cfm. Accessed May 30, 2013.

Exercise During Pregnancy by Thomas W. Wang, M.D., and Barbara S. Apgar, M.D. (American Family Physician April 15, 1998, http://www.aafp.org/afp/980415ap/wang.html) Accessed May 30, 2013

Journal of Midwifery & Women's Health, Volume 49, No. 3, May/June 204, www.jmwh.org

Common Discomforts of Pregnancy

Common Discomforts of Pregnancy

Discomfort	When	What you can do to help
Ankle/Foot Swelling	Second trimester until the end	1. Wear comfortable shoes or sandals and avoid high heels. 2. While sitting, prop your feet up and do not cross your legs. 3. Continue drinking lots of fluids. 4. Daily tub baths where your body is submerged completely in water.
Breast Tenderness	Begins early and continues	1. Wear a good support or athletic bra day and night. 2. Soak in a warm bath.
Breast Leakage	Begins during the second trimester	1. Wear breast pads. 2. Avoid harsh soaps, creams or ointments.
Bleeding Gums	Throughout	1. Use a very soft toothbrush and gently brush teeth. 2. Continue routine dental care.
Constipation	Second trimester until the end	1. Eat foods high in fiber every day (examples: bran cereal, green leafy vegetables, whole grain breads/pasta, fruits). 2. Drink a lot of water. 3. Exercise daily. 4. Avoid laxatives and enemas.
Contractions (Braxton-Hicks)	After 20th week	1. Lie down on your left side for 20 minutes. 2. Drink 2-3 glasses of water. 3. If contractions become stronger/closer together, accompanied by vaginal bleeding, broken water, or a decrease in fetal movement, notify your provider immediately.
Dizziness	As your uterus enlarges	1. Get up from lying down slowly. 2. Do not go too long between meals and carry healthy snacks with you. 3. Be sure you have been and continue to drink plenty of fluids. 4. If you get dizzy, lie down on your side or bend forward with your head down close to your knees.
Enlarging Belly and Breasts	Second half of pregnancy	1. Sleep on your side with a pillow between your legs and lower abdomen. 2. Wear loose, comfortable clothing. 3. Wear a supportive bra even to bed.
Fatigue or Tiredness	Early in pregnancy and again in the last month	1. Take a nap during the day if possible. 2. Continue exercise, but not to the point of exhaustion. 3. Try to get at least 8 hours of sleep at night.
Food Cravings	First half of pregnancy	1. Okay to indulge a bit as long as diet is otherwise healthy.
Frequent Urination	Begins early, gets better mid-pregnancy, then increases toward the end of pregnancy when baby drops	1. Know where the bathrooms are when out and about. 2. Do not cut back on fluids. 3. Expect to make many trips to the bathroom day and night. 4. Avoid drinking lots of fluids just before bedtime. 5. Minimize drinking caffeinated fluids.
Headaches	First half of pregnancy	1. Avoid eyestrain. 2. Rest eyes frequently and take frequent computer breaks. 3. May use Acetamenophen (Tylenol®) as directed.
Heartburn	Second trimester until the end	1. Eat smaller and more frequent meals. 2. Eat slowly and chew your food well. 3. Avoid deep fried, greasy, and spicy foods. 4. Drink fluids between your meals. 5. Go for a walk after meals. 6. Avoid lying down right after eating. 7. May take antacids as directed.
Hemorrhoids	Anytime	1. Avoid constipation. 2. Apply cold witch hazel pads or hemorrhoid ointments. 3. Do Kegel exercises multiple times a day. 4. Take sitz baths.

Marshall Women's Care
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www.fitzgibbon.org | Facebook.com/FitzgibbonHospital

Common Discomforts of Pregnancy

Discomfort	When	What you can do to help
Increased Saliva	First trimester	1. Chew gum or suck on hard candy. 2. Use mouthwash. 3. Avoid starches.
Increased Vaginal Discharge	Throughout pregnancy	1. Wear cotton underwear. 2. Avoid nylon panty hose, feminine hygiene soaps or sprays. 3. Do not douche. 4. Inform your provider if your vaginal discharge is yellow or greenish, has a thick and cheesy consistency, has a strong fish-like odor, if there is soreness, itching, or burning.
Leg Cramps	Second half of pregnancy	1. Increasing your intake of potassium or calcium in your diet may help. 2. When you get a leg cramp try standing up on a flat surface or point your toes up toward your ankles or go for a walk. 3. Regular stretching may minimize the occurrence.
Ligament Pain	Increases with increasing uterine size	1. Support your weight with your hands when changing positions. 2. Change positions slowly. 3. Apply ice or heat to the affected side. 4. Use a maternity girdle/support belt.
Low Back Ache	Second half of pregnancy	1. Keep your back straight and your head up when lifting. 2. Avoid bending at the waist to lift things. 3. Wear comfortable, flat shoes. 4. Move about frequently. 5. Use a firm mattress or put a board under your mattress. 6. Do pelvic rock exercises. 7. Apply ice or heat to the affect area. 8. Use a maternity girdle/support belt. 9. Allow your support people to rub your back and/or seek a massage therapist
Nasal Stuffiness and Bleeding	First trimester and again at term	1. Use a humidifer/vaporizer if air is dry. 2. Use saline nasal spray. 3. Blow your nose gently.
Nausea (morning sickness)	Occurs in early pregnancy and usually improves after first trimester	1. Nibble some crackers/dry cereal before getting up in the morning. 2. Eat small snacks throughout the day instead of big meals. 3. Avoid strong odors. 4. Drink liquids between meals rather than with meals. 5. Chew gum and suck on hard candy. 6. Avoid spicy, greasy, and overly sweetened foods. 7. Get fresh air, open windows, use a fan. 8. Acupressure wrist bands; place 3 finger breaths above wrist crease.
Sleeplessness	Anytime, worse the last trimester	1. Try a warm bath prior to bed. 2. Avoid stimulating activities just before bed; including watching TV. or using a computer. 3. Use relaxation techniques. 4. Get in a comfortable position to sleep, use multiple pillows for support. 5. If your mind is keeping you awake thinking about various things, use a pencil and paper and make yourself a list of what's on your mind so that you do not worry about forgetting it.
Varicose Veins	Increases as pregnancy progresses	1. Use support hose, ace wraps, or elastic stockings. 2. Avoid tight clothing. 3. Avoid crossing your legs. 4. Avoid constant standing or sitting for prolog periods of time.
Vision Changes	Throughout pregnancy	1. Do not buy a new prescription for your glasses as you are most likely to return to your pre-pregnant vision after delivery. 2. Take frequent eye breaks.

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www.fitzgibbon.org | Facebook.com/FitzgibbonHospital

Warning Signs

While pregnancy is a normal, natural process for most women, there are some things that could be warning signs of a medical complication. **Call your obstetric provider right away if you have any of the warning signs listed below:**

WARNING SIGNS

- ★ Bleeding or spotting from your vagina.
- ★ A gush or leak of water from your vagina.
- ★ Uterine cramping or tightening 6 or more times per hour, if you are less than 37 weeks pregnant.
- ★ Vague signs of preterm labor:
  - menstrual like cramping
  - a dull, low back ache
  - pelvic pressure or heaviness
  - intestinal cramping with or without diarrhea
  - an increase or change in the character of vaginal discharge
  - a general feeling that "something is not right"
- ★ Sharp, non-stop pain in your belly.
- ★ Fever over 100°F or 38°C.
- ★ Nausea or vomiting that won't go away.
- ★ Sudden swelling of your hands, face, or feet.
- ★ Continued bad headache that won't go away after resting and/or taking acetominophen (for example, Tylenol®).
- ★ Blurred vision or spots before your eyes.
- ★ Pain and/or burning when you urinate.
- ★ Contact with someone who has measles, German measles, chicken pox, or other illnesses you are concerned about, if you have never been vaccinated or had these illnesses.
- ★ A decrease in your baby's normal movements and activity. Your baby should move at least 10 separate times in a 2-hour period daily after 28 weeks of pregnancy.

healthonline.washington.edu/document/health_online/pdf/05-Warning_Signs_During_Pregnancy_12_07.pdf

Going the Full 40

Don't Rush Me!

Nobody likes to be rushed, especially babies.

Your baby needs a full **40 weeks** of pregnancy to grow and develop. While being done with pregnancy may seem tempting, especially during those last few weeks, inducing labor is associated with increased risks including prematurity, cesarean surgery, hemorrhage, and infection.

Labor should only be induced for medical reasons—not for convenience or scheduling. Baby will let you know when they're ready to emerge. Until then, here are 40 reasons to go the full 40 weeks of pregnancy.

Download a free copy of
40 Reasons to Go the Full 40
at www.gothefull40.com.

The nurses of AWHONN remind you not to rush your baby—give him at least a full 40 weeks!

AWHONN
Association of Women's Health, Obstetric and Neonatal Nurses

Abbott Nutrition · Cerner Women's Health · Ethicon Women's Health & Urology · GE Healthcare · Hill-Rom · Hologic The Women's Health Company · Johnson's · Advocacy Department · MedImmune · more OB Taking care of life · Our 365 newborn · Philips sense and simplicity

Prenatal Visits Record

The following pages are a place for you to record information about your pregnancy and jot down questions to ask your provider at your next OB visit. This record can be a special part of your Patient Education Keepsake Book to remember great and not-so-great moments in your pregnancy. This will also be fun to share with your baby in the future.

Attach

"First Trimester

picture of mommy"

Prenatal Visits Record

Attach

"Second Trimester

picture of mommy"

Attach

"Third Trimester

picture of mommy"

Prenatal Visits Record

PRENATAL VISIT # 1

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 2

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 3

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

A mother's joy begins when new life is stirring inside, when a tiny heartbeat is heard for the very first time, and a playful kick reminds her that she is never alone!

Prenatal Visits Record

PRENATAL VISIT # 4

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 5

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 6

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

Before you were born I carried you under my heart.
- Mandy Harrison

Prenatal Visits Record

PRENATAL VISIT # 7

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 8

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 9

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

A moment in my tummy . . . a lifetime in my heart!

- LilangelzMom

Prenatal Visits Record

PRENATAL VISIT # 10

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 11

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 12

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

Prenatal Visits Record

PRENATAL VISIT # 13

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 14

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

PRENATAL VISIT # 15

My baby is _____ gestational weeks today. Appointment Date:_____ Time:_____

Mom's Weight:_____ Blood Pressure:_____

Tummy Measurement:_____ Baby's Heart Beat:_____

Tests:_____

Questions to Ask:_____

_____

Provider Instructions:_____

How I felt:_____

Other thoughts, feelings or special moments:_____

_____

_____

A baby fills a place in your heart that you never knew was empty!

- Anonymous

Section 3

LABOR

Inside this section . . .

This booklet provided courtesy of Fitzgibbon Hospital

What is Labor

Labor is the beginning of the birth process. It generally begins with the onset of uterine contractions, but occasionally is preceded by a breaking of the bag of water. While no one knows for sure when labor will begin, most women will go into labor within the three weeks before their due date or up to two weeks after their due date.

Though no one can say exactly when your labor will begin, there are some signs that may indicate labor is near.

Common Signs of Labor

The most common signs that labor may soon begin include:

- The baby "drops" or engages into the pelvis, called lightening. The lower position of the baby can lead to:
  - Increased backache and pelvic discomfort
  - Increased awkwardness in walking
  - Feeling the need to go to the bathroom more often
- You may also notice that you can breathe easier or that your heartburn has decreased.
- An increase in vaginal discharge during the last few weeks of pregnancy helps the body prepare for the passage of your baby through the birth canal.
- Some women may have "bloody show" or the release of slightly brown, pink or blood-tinged mucus from effacement and dilation (the thinning and opening) of the cervix.
- It is not uncommon for women to experience frequent bowel movements within 48 hours of the onset of labor. This helps to cleanse the lower bowel in preparation for birth.
- You might also notice a "nesting instinct" or burst of energy approximately 24-48 hours before the start of labor. While you may feel a strong desire to clean the house and prepare for the baby, try not to over do it. You will need the extra energy for the work ahead.

Induction of Labor

We believe that a spontaneous birth can offer you and your baby many wonderful benefits and a lower risk of harm.

If the decision for an elective induction (one that is not medically necessary) is made, it will occur no earlier than your 39th week of pregnancy; as recommended by the American College of Obstetrics and Gynecology and the American College of Nurse Midwives.

This booklet provided courtesy of Fitzgibbon Hospital

True vs. False Labor

During the last several weeks of your pregnancy, you will begin experiencing "practice" contractions called Braxton Hicks contractions. These contractions help to prepare your body for the work ahead. While Braxton Hicks contractions are generally mild in nature, for some women, these contractions can still be very uncomfortable. They are often described as a "balling-up" sensation or "crampy" feeling. When you begin feeling these practice contractions, it is the perfect time for you to start practicing the comfort techniques you plan to use when real labor begins.

There are some ways to help you determine whether you are experiencing true labor or false labor (Braxton Hicks).

False Labor

- The contractions you are experiencing are unpredictable. Some may be regular but do not get stronger with time. Others may feel stronger, but do not get closer together.
- When you change activities the frequency and intensity of the contractions will change and many times, they will gradually fade away.
- If your provider checks your cervix, there is little to no change in your dilation (opening of the cervix) or effacement (thinning out of the cervix).

For some women, Braxton Hicks contractions are so convincing that they feel the need to go to the hospital. If you find yourself making one or more trips to the hospital only to be sent back home due to false labor, it is not uncommon to feel anxious or frustrated - especially if you are close to your due date, or if your due date has past! Try to do things to keep your mind off of your contractions and practice your labor comfort measures like taking a warm bath, slow breathing, focused relaxation, etc. It is important to remember to trust your body and the labor process. When your baby is ready, true labor will begin and you will soon hold your precious baby.

True Labor

- The contractions you are experiencing become stronger and closer together despite any change in your activity level.
- Contractions may get stronger if you take a walk
- When your provider checks your cervix, there is change in either dilation, effacement or both.
- Your water breaks

True Labor occurs in three stages:

Stage 1

The first stage of labor begins with mild to moderate intensity contractions and continues until the cervix is fully dilated (10 cm). This stage is usually the longest. On average for women having their first child, labor will last 12-16 hours. Moms having their second or third baby will usually have labor that last 6-7 hours.

There are three phases in the first stage of labor: early or latent phase, active phase, and transition phase.

In the early phase of stage 1, moms feel excited, happy, and are full of anticipation. Because this is the longest phase of labor, it is important to conserve your energy. Your contractions will continue to become stronger and closer together causing dilation and effacement of your cervix. The latent phase of labor generally ends when the cervix progresses from closed to 3 cm dilation.

During the active phase of stage 1, your cervix will continue to efface and dilate from 3 to 7 centimeters. This phase usually lasts around 4-5 hours. At this point your contractions are going to be stronger and more frequent. Most mothers are actively using their chosen labor comfort techniques (such as the labor tub, labor ball, massage, etc.) It is important for your labor partner to be there to encourage you and help you to relax as much as possible between the contractions.

True vs. False Labor

Transition phase is the most intense phase of the first stage of labor. It is also the shortest phase lasting anywhere from 30 minutes to 2 hours. During this phase your cervix will completely dilate and efface. Contractions are very intense and will seem to be one right after the other. You may feel pressure on your perineum (the space between your vagina and rectum), due to your baby's head descending further into the birth canal. Mothers are often overwhelmed with the sensations and emotions they feel during this period. It is not uncommon to feel out of control, fearful that the pain will get worse, and want it all to stop. Some women may also feel sick to their stomach or feel the need to have a bowel movement.

This is the most intense part of the labor process for the labor support person as well. During this time, your labor support person will need to help you to focus your breathing during contractions and remain calm. Remember, this is the shortest phase of labor - soon you will be holding your baby in your arms.

Stage 2

The second stage of labor begins when the mother feels an urge to begin pushing and ends with the birth of the baby. This stage can last anywhere from a few minutes to approximately 2 hours. Many mothers experience a brief break in contractions at this time. The contractions will continue to be very strong, but may be spaced a little further apart in order to give mom and baby a little rest between pushes. It is important to push only when you are having a contraction so that you do not wear yourself out.

If you have an epidural, you may not feel the urge to push. Your labor nurse may then help coach you in pushing when she feels your uterus begin to tighten or sees a contraction building on the fetal monitor.

After your baby is born, either the provider or your labor support person will cut the umbilical cord and your baby will be placed skin to skin with you on your chest. Your baby will remain snuggled on your chest for at least an hour, and through the first breastfeeding if you have chosen to breastfeed.

Stage 3

The third stage of labor begins with the birth of your baby and ends after delivery of the placenta. You may still feel a few mild contractions during this stage to help deliver the placenta. After the placenta is delivered, your nurse will periodically massage your fundus (the top of your uterus), the area around your belly button, to keep your uterus firm, and help decrease bleeding. While this may be a little uncomfortable, it should not cause pain or interrupt the bonding between you and your baby.

Resources

Stages of Childbirth: Stage 1. Retrieved from: http://americanpregnancy.org/labornbirth/firststage.html Accessed June 5, 2013.

This booklet provided courtesy of Fitzgibbon Hospital

When to Contact Your Doctor or Midwife

Now that you have learned the stages and phases of labor, it is a good idea to notify your provider or call the hospital if you experience any of the following signs of labor:

- ✓ Contractions every 10 minutes or more often and lasting 60 seconds or longer
- ✓ Pelvic pressure
- ✓ Low, dull backache
- ✓ Vaginal spotting or bleeding
- ✓ Abdominal cramps with or without diarrhea
- ✓ Your water breaks
- ✓ If you experience any of the warning signs discussed in Section 2.

Section 4

LABOR COPING TECHNIQUES

Inside this section . . .

This booklet provided courtesy of Fitzgibbon Hospital

Non-Medicinal Techniques

There are many different options to help you cope with the discomforts and pains of labor. Using a variety of these techniques during labor will offer you the best relief. We also highly recommend that you consider taking a childbirth education class, in addition to reading the suggestions below, to learn more about your options for comfort during labor.

What can I do before labor?

Believe it or not, comfort during labor actually begins before the onset of labor itself!

- Stay active during your pregnancy. Even if you have to modify your activity level, simply taking walks and stretching can help you have more strength and flexibility when labor begins .
- Sign up for childbirth classes. The more you know, the less you fear. Fear increases the amount of pain you feel. Classes are offered through Fitzgibbon Hospital at www.fitzgibbon.org.
- Arrange for a birth coach or Doula. Having a person whose only job is is to support you will help you cope during labor and feel more satisfied with your birth experience.

What can I do during early labor?

- In early labor go for a walk or sway. The more you move the less you hurt!
- Drink lots of fluids so you don't get dehydrated and eat lightly if you are hungry.
- Take a warm shower or bath.

What can I do during active labor?

Women who cope well during labor will go back and forth between resting in between the contractions and movements that help you cope with pain during the contraction. Each person has their own rhythm that works. You may:

- Rest between contractions by being still or by rocking gently or swaying.
- Focus on your natural breathing. Awareness of breath relaxes you.
- Change positions often/sit in a rocking chair or a birthing ball with assistance.
- Don't be afraid to make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.
- This is a great time to get into our labor tub! The warm water will help you relax and feel lighter so that you can move easier during contractions.
- Believe you can do it. You can!
- Remember why you are doing this. Your baby will be here soon!

This booklet provided courtesy of Fitzgibbon Hospital

Non-Medicinal Techniques

What can my birth coach/partner do during labor?

- Help you find your rhythm during a contraction; such as counting 1,2,3,4, breathe - 1,2,3,4, breathe.
- Apply pressure or rub your back, hands or feet.
- Offer you ice chips, sips of water, or clear liquids.
- Help you change positions and support your body.
- Keep the lights low and play soft music.
- Apply cold, damp washcloths on your forehead/back/chest.
- Apply cold packs to your lower back or abdomen.
- Offer words of encouragement

For More Information

Pain and Pain Relief During Labor:

Childbirth.org: Articles on pain and pain relief methods
http://www.childbirth.org/articles/labor/painrelief.html

Doulas of North America (DONA)
http://www.dona.org

References

Non pharmacological Approaches to Management of Labor Pain
http://www.uptodate.com/contents/nonpharmacological-approaches-to-management-of-labor.html

Journal of Midwifery & Women's Health http://www.jmwh.org

I.V. Pain Medications

IV (or intravenous) pain medications are drugs that are periodically given through an IV line in your hand or arm. These medications help to take the edge off of your discomfort but do not completely relieve your pain.

ADVANTAGES

Advantages to IV pain medications include:

- Allows you to continue to move during and between contractions allowing baby to more easily move through the pelvis.
- Is considered "non-invasive."
- Does not interfere with your ability to push when it is time for your baby to be born.

DISADVANTAGES

Some disadvantages to IV pain medications are that they:

- Do not get rid of all the pain, and they are short-acting.
- Can make you feel sleepy and drowsy.
- Can cause nausea and vomiting.
- Can make you feel itchy.
- Cannot be given right before delivery because they may slow the baby's breathing and heart rate at birth.

Regional Pain Medications

Regional medications are used to numb a specific part of the body.

- A **local anesthetic** may be used to inject medication vaginally. This method is most often used following a vaginal delivery for repair of any lacerations that may have occurred.
- A **pudendal block** is injection of medication so that the vagina and perineum is numbed just before delivery occurs.
- An **epidural block** is done with the insertion of a small flexible catheter into the back, just outside of the spinal membrane. Medication is continuously administered for the duration of labor and delivery. The goal of an epidural is to numb the lower half of a woman's body alleviating her pain, with the intention for her to continue to feel low pelvic pressure.
- A **spinal block** is given as a single shot of medication into the area surrounding the spinal cord. If they are used during labor for an intended vaginal delivery the relief is similar to that of an epidural. If they are used for an intended cesarean birth, the medication will numb the entire lower portion of your body so that you do not have any pain during your surgery. At the time of delivery you will still experience the sensation of pressure, many women describe as a "pulling or tugging" sensation.

ADVANTAGES

Advantages of a spinal/ epidural include:

- Generally relieves most or all of your discomfort or pain during labor.
- Provides longer pain relief than IV pain medications.
- Less likely to feel sleepy or drowsy.
- May reduce anxiety.
- If labor is slowed by tension or fear, regional anesthesia may help to speed labor progression.

DISADVANTAGES

Some disadvantages to spinal/epidural are:

- May cause your blood pressure to suddenly drop. If there is a sudden drop in blood pressure, you may need to be treated with IV fluids, medications and oxygen.
- May experience a severe headache caused by leakage of spinal fluid. Less than 1% of women experience this side effect.
- Might experience the following side effects: shivering, ringing of the ears, backache, soreness where the needle is inserted, nausea, or difficulty urinating.
- May make pushing more difficult and additional interventions such as Pitocin, forceps, vacuum extraction or cesarean might become necessary.
- May lead to an increase in maternal temperature resulting in further intervention and monitoring.
- Can slow the progression of labor.
- Your baby may experience these side effects:
  - decrease in heart rate
  - decreased effort to breathe
  - drowsiness
  - decreased normal newborn reflexes
  - increased difficulty with latching on and breastfeeding

Regional Pain Medications

Resources

American Pregnancy Association. (2013). Using Narcotics for Pain Relief During Childbirth. Retrieved May 30, 2013, from http://americanpregnancy.org/labornbirth/narcotics.html

American Pregnancy Association. (2013). Epidural Anesthesia. retrieved July 30, 2013, from http:// american pregnancy.org/labornbirth/epidural.html

Department of Health and Human Services. (2010). Pregnancy –Labor and birth. Retrieved May 30, 2013, from http://womenshealth.gov/pregnancy/childbirth-beyond/labor-birth.cfm

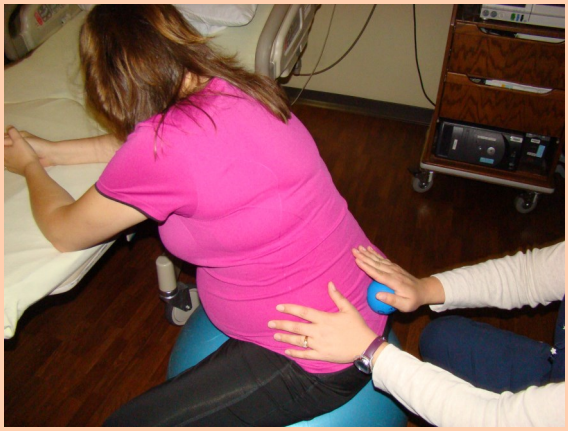
Tournaire, M., & theau-Yonne, A. (2007). Complementary and Alternative Approaches to Pain Relief During Labor. Evidence-Based Complementary & Alternative Medicine, 4(4), 409-417.

Comfort Measures

Slow Dance/Swaying

Labor Ball

Back Massage While on Labor Ball



Labor Ball in Birthing Bed

Back Massage While in Birthing Bed

Comfort Measures

Resting Sidelying

Lunges to Help Baby Rotate

Hand and Foot Massage

Relaxing in the Labor Tub

Comfort Measures: When to Use What

Labor

Measures to use while still at home:

1. Maintain normal activities as long as possible — do not give the contractions any more attention than absolutely necessary.
2. Alternate resting with activity — do not over-exert yourself.
3. Maintain adequate hydration and energy — drink when thirsty and eat light foods when hungry.
4. Use music, shower, tub, birth ball, massage or any other comfort measures.

Transition

This is often the most difficult part of labor, but contractions will not get any stronger.

1. If planning a nonmedicated birth, keep reminding mother that she is doing fine, she is coping with the pain and the pain will not get any worse, though she may begin to feel pressure soon. (Notifying her that she is about to have another contraction may not be helpful!!)
2. If the current coping technique is not working, change techniques. Being in the water is as effective as IV narcotics and will result in faster progression of labor for 80% of women.
3. Continue to reassure, play music, use massage/counter pressure, breathing.

Do NOT leave the mother at any point during transition! She needs your continuous support and undivided attention — it is critical at this point!

Pushing

- Push only as long and as strong as your body tells you to.
- Find a pushing position that you are most comfortable in. As long as everything looks fine with the baby, the doctor and/or nurse midwife is fine with your pushing in some other position than on your back.
- Pushing positions may include:
  1. Squatting ... opens pelvis to maximum dimension.
  2. Hands and knees ... especially helpful for babies that are turned posterior (sunny side up).
  3. Standing ... uses gravity.
  4. Dangle ... allows baby's head to flex forward and fit into the pelvis.
  5. Sheet Pull ... helps mom focus on where to push (similar alternative to squatting)
  6. Side-lying ... allows for gradual descent, protects the perineum and helps to conserve energy.
  7. Semi-sitting ... opens the pelvis, support of legs, some help of gravity (most often used).
- Care of the perineum:
  1. Warm compresses to the perineum can help with relaxation of muscles.
  2. Episiotomies do not protect the perineum and can lead to more long-term complications.

Sensory Receptors that Increase Relaxation

Taste. Brushing teeth, rinsing mouth, popsicles.

Smell. Sense of smell is heightened during labor.

- Aromatherapy—lavender for relaxation and citrus for refreshment.
- Perfume, aftershave, strong lotions can increase mom's stress level and cause nausea or headaches.

Heat.

- Warm packs, showers and hydrotherapy relax muscles and allow labor to progress.
- When pain is on the front side of the body, heat is often the most relaxing and will not cause baby to reposition away from the heat.

Cold.

- The body has 5 times more cold receptors than heat receptors; therefore, cold is better at relieving pain.
- Cold is best used when the pain is in the back since babies WILL move away from cold.

Motion. Movement such as walking, rocking, swaying, and changing positions decreases the transmission of pain to the brain.

Touch. Firm but gentle touch, stroking, massage, and using the shower all stimulate large nerve fibers that block the transmission of pain to the brain.

Breathing. Slow deep breathing increases oxygen exchange to baby and enhances relaxation by, again, stimulating the large nerve fibers.

Imagery. Allows the brain to focus on pleasant images rather than stressful/painful ones.

Conscious Relaxation. Consciously relaxing muscles allows for tissue oxygenation and prevents muscle fatigue.

Accupressure. Accupressure increases the release of natural painkillers such as endorphins and serotonin.

Birth Ball.

- Provides support for the pelvis while opening the pelvis to the maximum dimension.
- Can relieve back pain and pelvic pressure as well as utilizing many different positions that decrease pain and help labor progress.

T.E.N.S. (Transcutaneous Electrical Nerve Stimulation) Unit.

- Effective for relieving back labor and blocking pain messages to the brain.
- Allows the lower back muscles to relax allowing the baby's head to reposition.

Section 5

DELIVERY & POSTPARTUM CARE

Inside this section . . .

Birth & Recovery

One of our top priorities in the Women's Center is to keep you and your baby together as much as possible, regardless of whether your baby is born vaginally or by c-section. The first hour after birth is an important time for you and your support person to bond with and keep your new baby skin-to-skin. This time allows you to get to know your baby and begin breastfeeding, if that is what you have chosen.

Visitors are usually limited during this recovery time so please let your family and friends know that you would like to have the sacred first hour together with your baby as a new family. As long as your baby is healthy, nursing staff will wait to weigh and measure your baby until after the first hour.

Vaginal Birth

We encourage you to have the support person of your choice with you as you give birth. If you would like to have a second support person in your delivery room as well, talk with your provider. Because of our family-centered model of care, after you give birth, you and your baby will be kept together during the recovery. Most of the time, you will even get to stay in the same room you labored in.

Sometimes during the birthing process you may have a perineal tear or episiotomy (a procedure that widens the vaginal opening for childbirth). Your provider may need to put in stitches, which can burn or sting. You may be offered ice packs or a numbing medication to place on these stitches to help with any discomfort. If necessary, pain medication will be available.

To help keep your stitches clean, you can use a bottle filled with warm water to rinse your bottom. Be sure to pat your bottom dry from front to back when you go the bathroom until your stitches have dissolved. The stitches generally dissolve in 1-2 weeks.

If you have had an epidural or spinal anesthesia for pain in labor, the nurse will need to be with you the first time you get up after delivery. Your legs may still be numb or you may feel dizzy the first time up, so please call your nurse when you are ready to get out of bed to help prevent you from falling.

C-Section Birth

While most women are able to give birth vaginally, there are some conditions that may make a surgical birth, called a Cesarean Section (C-section), necessary.

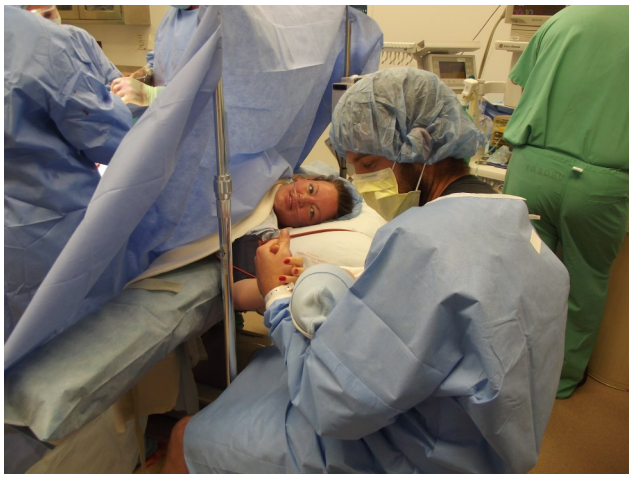
If you and your doctor or nurse midwife feel that a C-section birth is the best option for you and your baby, there are some things you will need to know to help you have a positive birth experience.

The first thing you should know is that there are two types of C-section deliveries — those that are planned and those that are emergent.

Planned C-sections are done for reasons such as:

- A baby that is in breech presentation—any position of the baby other than head down
- If you have had a previous C-section
- If your baby has a medical condition that makes vaginal delivery more risky
- If you are carrying more than one baby and the baby closest to the cervical opening is breech

Birth & Recovery



Sometimes an unplanned C-section becomes necessary during the labor and delivery process. This is considered an emergency C-section. Emergency C-sections are done because:

- The baby is showing signs of distress
- Labor has stopped progressing or mother has been pushing unsuccessfully
- A portion of the placenta tears away from the uterine wall
- The baby's umbilical cord slips through the cervical opening ahead of the baby — called a cord prolapse

Women who undergo a planned C-section will generally have spinal or epidural anesthesia allowing them to remain awake during the surgery but not feel any pain. Women who require an emergency C-section may also have epidural anesthesia if they had an epidural placed during labor. Otherwise, they will require a general anesthetic, meaning they will go to sleep for the surgery.

The ability to have spinal/epidural anesthesia for the C-section offers many benefits to both mother and baby, including:

- The ability to see one another in the operating room
- Greater likelihood that skin-to-skin contact will be able to begin in the operating room
- No separation of mother and baby during the recovery period
- Earlier initiation and less complications with breastfeeding

In the case of most C-section deliveries, your labor support person will be able to go to the operating room with you. Don't forget to bring the camera! After your surgery is complete, you will go to recovery. If you had a general anesthetic, you will go to the recovery room until you are awake enough to return to the Women's Center. Your baby will be taken to your room in the Women's Center and remain there with a nurse and your labor support person. If you had a spinal/epidural and were awake during your C-section, you and your baby will go to your room in the Women's Center together for the recovery period.

It is important that you let your family and friends know ahead of time that, if you have a C-section, there will be a recovery period for you and baby where visitors are not allowed. This generally lasts 1-2 hours after you return to your room. During the recovery time, the nurses will monitor you to make sure you are doing well after your surgery, and you can begin the bonding process with your baby. Your labor support person will be able to remain with you during the recovery period and can give updates to family and friends.

Postpartum Recovery

While there are some differences in recovery between mothers who give birth vaginally and those who have a C-Section, there are also some things that all women in the postpartum period can expect.

Lochia (Vaginal Discharge)

During the immediate few days after the birth, the discharge is like a menstrual flow. In 3 to 4 days, the discharge becomes more watery and pale. By the second week, lochia is thicker and more yellow in color, the discharge decreases to a minimum as the uterine lining heals. It is important to notify your obstetric provider if you experience heavy bleeding (more than one maxi pad per hour or passing a clot greater than the size of a lemon) or if there is foul odor to the discharge.

After Pains

Mothers will continue to have cramp-like abdominal pains in the first several days after delivery. These can be intensified if this is not mother's first baby or if she is breastfeeding. These after pains occur as the uterus contracts to decrease bleeding and return to its normal size and position.

Birth Canal

The vagina, which has stretched to accommodate the birth of your baby, gradually returns to its previous condition. The supporting muscles may not completely return to normal for 6-7 weeks. Episiotomies (the incision that enlarges the vaginal opening), or "tears," usually require 4 or more weeks to heal. The perineum (the area between the vagina and rectum) should be rinsed and cleaned with lukewarm water after each urination and bowel movement. Washing or wiping should occur from front to back to prevent contamination of the birth canal.

Bladder

Regardless of how your baby was born, you may have difficulty or discomfort the first few days when you use the bathroom. If you delivered vaginally, you may have some swelling in your perineum that makes voiding more difficult. You might also experience some pain with voiding if you have had a tear or episiotomy. If you had a C-section or epidural, you will likely also have had a urinary catheter that may lead to some burning or difficulty voiding once removed. Your nurse will offer you a spray that you can use prior to voiding that will help minimize your discomfort.

Hemorrhoids

Hemorrhoids are swollen veins in the lower portion of the rectum or anus. Hemorrhoids are best treated by cold compresses, topical ointments and pain medications if your obstetric provider has prescribed them. A stool softener or laxative may be beneficial at times. Be sure to talk to your obstetric provider if this is a concern for you.

Lower Extremity Swelling

Even if you did not have swelling in your lower legs and feet during pregnancy, you might find that within 1-2 days after delivery, you notice your ankles and feet beginning to swell. Try to elevate your feet as much as possible during the day and your body will help you to get rid of the extra fluid within a few days.

Breast Changes

With the delivery of the placenta, a change in hormones occurs telling the breasts to begin producing milk. Most mothers can expect to notice some swelling, fullness or feeling of heaviness in their breasts approximately three

days after delivery. For breastfeeding mothers, this is about the time you will also notice a change in the amount of milk you are producing. For mothers who choose not to breastfeed their baby, you will want to talk with your nurse, one of our lactation team members or your obstetric provider for tips on minimizing breast discomfort.

Baby Blues

With the birth of your new baby comes a flood of emotions as well as hormone changes. It is normal to find yourself looking at your beautiful new baby feeling complete happiness and have yours eyes full of tears. It is also normal for you to find yourself crying at odd times or being more irritable than normal during the first 1-2 weeks after delivery. If you find that your symptoms are not better by the third week after delivery, or if they are so severe that they are interfering with your ability to care for yourself or your baby, this can be a sign of a more serious condition and you should contact your obstetric provider.

What Should I Do If I Have Postpartum Depression

Postpartum depression is different than postpartum "baby blues." The blues – which can include lots of tears, and feeling down and overwhelmed – are common and go away on their own. Postpartum depression is less common, more serious, and can last more than two weeks. Symptoms can include feeling irritable and sad, having no energy and not being able to sleep, being overly worried about the baby or not having interest in the baby, and feeling worthless and guilty.

If you have postpartum depression, work with your obstetric provider to find the right treatment for you. Treatment may include medication such as antidepressants and talk therapy. Research has shown that while some antidepressants can pass into breast milk, few problems have been reported in infants. Even so, it is important to let your baby's doctor know if you need to take any medications.

Let your obstetric provider know if your blues do not go away so that you can feel better and enjoy the precious weeks of new motherhood. If you are having any thoughts about harming yourself or your baby, call 911 right away.

Hospital Stay

Mothers who experience a vaginal delivery can expect to remain in the hospital 1-2 days, while mothers who deliver via C-Section may stay 3-4 days.

Care After a Cesarean (C-Section) Delivery

Post-Operative Recovery

- You may have incision pain following surgery. Your nurse will give you pain medication as prescribed by your obstetric provider.
- The catheter that was placed in your bladder during surgery will be removed the next morning.
- You will continue to receive IV fluids until you are able to tolerate eating foods and are able to get up and move around.
- You will wear SCDs (Spontaneous Compression Devices) on both of your lower legs following surgery. This will help to prevent blood clot formation and feels like getting a leg massage. Your nurse will remove them once you are walking around consistently.
- Coughing and deep breathing are important to expand your lungs and hopefully prevent any lung complications.
- The sooner you get up and move around, the faster you will heal, and the better you will feel. Your nurse will assist

you to sit on the side of the bed within a few hours after surgery, then out of bed into a chair, and before you know it you will be walking around your room and hallway.

- Rocking or walking will reduce the risk of blood clots and help eliminate gas pain.

Care at Home

- Your activity level should be kept low until your health care provider suggests an increase of activity. Initially, you should avoid lifting anything heavier than your baby, and avoid most housework.
- Do not drive until you are no longer taking pain medication and are cleared by your obstetric provider.
- Keep your incision clean and dry as instructed by your health care provider.
- Make certain you are getting plenty of fluids to keep hydrated and eat healthy meals and snacks to restore your energy and prevent constipation.
- Do not be afraid to ask for help! The extra physical care required after a c-section can make a woman feel inadequate, overwhelmed and lonely. While c-section is a common procedure, it is still a surgical procedure. You need to ask for help for a few days until you are feeling better.

Emotional Care After a Cesarean

- Take additional time daily to sit and bond with your baby.
- If you are having a hard time with breastfeeding after the cesarean delivery, contact our lactation consultant for direction and support.
- Do not be afraid to ask for help! The extra physical care required after a cesarean can make a woman feel inadequate, overwhelmed, and lonely. While C-section is a very common surgical procedure, it is still a surgical procedure. You need to ask for help for a few days until you are feeling better.

VBAC

A "VBAC" is when you have a vaginal birth after a cesarean birth. If you have had a C-section, it is possible that your next baby may be able to be born vaginally. VBAC has risks as well as benefits. Of the women who try VBAC, 60-80% are successful in giving birth vaginally. There are certain conditions in which VBAC is not a safe option for you or your baby.

If you have had a previous C-section and are interested in learning more about the benefits and risks of having a VBAC, please discuss your options with your doctor or midwife.

You can also read more online at www.ACOG.org. Search VBAC, click on Patient Materials, then click on VBAC FAQ 070.

Resources

Best Evidence: C-section. Childbirth Connection.org website. Available at: http://www.childbirthconnection.org/article.asp?ck=10166#vaginal. Updated December, 2012. Accessed May 31, 2013.

Cesarean birth after care. American Pregnancy.org website. Available at: http://americanpregnancy.org/labornbirth/cesareanaftercare.html. Updated January, 2013. Accessed May 31, 2013.

A NEW Beginning Your Personal Guide to Post Partum Care, by Diane E. Moran, RN, LCCE, ICD, and G. Bryan Kallam, MD, FACOG, 2000 Customized Communication, Inc., Arlington, TX, review 9/2013.

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after giving birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911 if you have:	❑ **P**ain in chest ❑ **O**bstructed breathing or shortness of breath ❑ **S**eizures ❑ **T**houghts of hurting yourself or someone else
Call your healthcare provider if you have: (If you can't reach your healthcare provider, call 911 or go to an emergency room)	❑ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger ❑ **I**ncision that is not healing ❑ **R**ed or swollen leg, that is painful or warm to touch ❑ **T**emperature of 100.4°F or higher ❑ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

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

Tell 911 or your healthcare provider:

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

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

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

GET HELP

My Healthcare Provider/Clinic: _____ Phone Number: _____

Hospital Closest To Me: _____

AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, $500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

This booklet provided courtesy of Fitzgibbon Hospital

Section 6

YOUR NEWBORN

Inside this section . . .

This booklet provided courtesy of Fitzgibbon Hospital

It's my birthday, *give me a hug!*

Skin-to-skin contact for you and your baby

Photo © 2005 Pascale Wowak

What's "skin-to-skin"?

Skin-to-skin means your baby is placed belly-down, directly on your chest, right after she is born. Your care provider dries her off, puts on a hat, and covers her with a warm blanket, and gets her settled on your chest. The first hours of snuggling skin-to-skin let you and your baby get to know each other. They also have important health benefits. If she needs to meet the pediatricians first, or if you deliver by c-section, you can unwrap her and cuddle shortly after birth. Newborns crave skin-to-skin contact, but it's sometimes overwhelming for new moms. It's ok to start slowly as you get to know your baby.

Breastfeeding

Snuggling gives you and your baby the best start for breastfeeding. Eight different research studies have shown that skin-to-skin babies breastfeed better. They also keep nursing an average of six weeks longer. The American Academy of Pediatrics recommends that all breastfeeding babies spend time skin-to-skin right after birth. Keeping your baby skin-to-skin in his first few weeks makes it easy to know when to feed him, especially if he is a little sleepy.

A smooth transition

Your chest is the best place for your baby to adjust to life in the outside world. Compared with babies who are swaddled or kept in a crib, skin-to-skin babies stay warmer and calmer, cry less, and have better blood sugars.

Bonding

Skin-to-skin cuddling may affect how you relate with your baby. Researchers have watched mothers and infants in the first few days after birth, and they noticed that skin-to-skin moms touch and cuddle their babies more. Even a year later, skin-to-skin moms snuggled more with their babies during a visit to their pediatrician.

Skin-to-skin beyond the delivery room

Keep cuddling skin-to-skin after you leave the hospital—your baby will stay warm and comfortable on your chest, and the benefits for bonding, soothing, and breastfeeding likely continue well after birth. Skin-to-skin can help keep your baby interested in nursing if he's sleepy. Dads can snuggle, too. Fathers and mothers who hold babies skin-to-skin help keep them calm and cozy.

About the research

Multiple studies over the past 30 years have shown the benefits of skin-to-skin contact. For more information, see Moore, ER, Anderson, GC, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev. 2007 Jul 18;(3):CD003519

Massachusetts Breastfeeding Coalition
254 Conant Road, Weston, MA 02493
www.massbreastfeeding.org

This booklet provided courtesy of Fitzgibbon Hospital

The Sacred First Hour / Skin-to-Skin

Why is skin-to-skin important?

The first few hours after delivery are a time of significant transition for your baby. Babies are very alert during this time; eagerly looking at the new world around them, studying their parents' faces and searching for mother's warm milk.

Keeping your baby skin-to-skin on your chest during this time will help to make this a comfortable and enjoyable transition.

What happens during skin-to-skin time?

After your baby is born, your nurse will dry your baby off and place your baby on your chest — skin-to-skin.

Any nursing care that needs to be done, such as taking your baby's temperature or giving your baby routine medications, can all be done while your baby is on your chest. Babies are so relaxed and comfortable on their mommy's chest that many babies who stay skin-to-skin with their mothers during uncomfortable procedures don't even cry!

During this quiet, alert time, your baby can respond to your voice and touch; and because babies can only see clearly for about 8-12 inches, your baby will be in the perfect position to see your face and look into your eyes.

Your natural desire to touch, hold and snuggle your newborn helps trigger strong physical responses. Your loving touch will even help boost your baby's immune system!

Why is skin-to-skin contact so good?

Research has shown us that putting a baby skin-to-skin with its mother promotes better temperature control than the traditional infant warmer. Babies who have trouble staying warm often also struggle to control their breathing, blood sugar levels, and have greater difficulty learning to eat.

When babies spend the first 90 minutes after birth skin-to-skin with their mothers, they cry significantly less than babies who are dried, wrapped and placed in a crib.

Babies who remain with their mothers are also more successful at breastfeeding than those who are placed in cribs.

Early contact between mothers and babies also promotes a more positive relationship between the two, and though you began bonding with your baby long before birth, those strong feelings will only grow deeper as you hold, cuddle, and interact with your newborn.

Normal Newborn Appearance & Care

Skin

Newborn skin varies in appearance according to how far along your baby is at birth. Premature babies have thin, almost transparent skin that may be covered with a fine, downy hair called lanugo. You'll also see vernix, a cheesy, white substance that protects a baby's delicate skin from the amniotic fluid. The farther along your pregnancy is when you give birth, the less lanugo and vernix your baby will have.

Babies of all races and ethnicities are born with reddish-purple skin that changes to pinkish-red in a day or so. The pink tint comes from the red blood vessels that are visible through your baby's still-thin skin. Because your baby's blood circulation is still maturing, his hands and feet may be bluish for a few days. Over the next six months, your baby's skin will develop its permanent color.

Some babies are born with milia, small white or yellow dots on their face that look like tiny pimples. They usually disappear without treatment in 3 to 4 weeks. You do not need to squeeze or treat them.

Genitals & Breasts

The genital and breasts of newborn boys and girls alike often appear swollen. This is caused by the extra hormones just before birth. A milky substance may even leak from your baby's nipples. Don't try to squeeze out the liquid — it's harmless and will dry up on its own.

Girls may have some white discharge or blood-tinged vaginal mucus.

All of this will go away in the first few weeks.

Normal Newborn Bowel Movements

In the first few days of life, your baby's stool should be black and dark green. This means your baby is passing meconium, a tarry substance made up of all her bowels have accumulated during nine months in the womb.

The sooner you put your baby to the breast, the quicker colostrum (the first milk) gets into her system which acts like a laxative and helps move the meconium out of your baby's bowels. The more frequently you breastfeed, the quicker the meconium clears from her system.

After the colostrum phase, your milk changes and bowel movements become brown in color, less sticky, and easier to wipe off the skin. As your milk becomes more plentiful, the stools finally transition from yellow-green to yellow. Nursing your baby frequently causes the stools to change color more quickly. Plus, the more you nurse, the quicker your milk changes from colostrum to mature milk. Once the stools turn yellow and have seedy quality, they should stay that way as long as your baby is exclusively breastfed.

Sleep

When babies come home from the hospital, they sleep anywhere from 10 to 18 hours a day. Sleep of newborns tends to come in "spurts" that last anywhere from 30 minutes to 3 hours at a time, during the day and at night. Some newborns have their days and nights reversed and sleep more during the day.

There is little you as a new parent can do at first, except to let the baby choose his/her schedule. After about 4-6 weeks, a sleep pattern will develop. Pay attention to when your baby usually gets sleep, when she needs a nap, and when she is ready to sleep at night. Just don't expect her to be consistent on a day-to-day basis yet.

Umbilical Cord Care

Usually in 7 to 21 days, the umbilical stump will dry up and drop off, leaving a small wound that may take a few days to heal. It should be kept clean and dry.

Fold the baby's diaper below the stump so it's exposed to the air and doesn't come in contact with urine.

When the stump falls off, you may notice a little blood on the diaper, which is normal.

Avoid giving tub baths until the stump falls off.

Call your infant's healthcare provider if you notice a foul smell from the umbilical cord stump, redness surrounding the skin or fever.

Use of Bulb Syringe

For the first few days of life, your baby may have extra mucus which may cause him/her to gag and/or spit up. This may be more noticeable with feedings as young infants are not able to clear all secretions. This will improve day by day.

If your baby gags or spits up mucus, turn him/her on their side and firmly pat their back as if you are burping them. You may need to use a bulb syringe to gently suction the mucus out of the lower cheek area or back of the throat or from the nose. Squeeze the bulb syringe before inserting it into the baby's mouth to avoid forcing mucus/fluid into the lungs. Take care not to damage the tissue of the nose with the tip of the bulb syringe or with forceful suction. The mouth should be suctioned before the nose.

Always know where to easily and quickly find your bulb syringe. While in the hospital, your nurse will demonstrate how to use the bulb syringe, but feel free to ask for extra help if needed.

To help prevent choking in your baby, try to avoid doing things that make him/her cry, for example, diaper changes or a sponge bath when he has a full stomach. Try to do these things right before feeding time.

If you are feeding your baby and he begins to gag or spit up, stop the feeding and turn and pat your baby as described. Once your baby has calmed down, the feeding may be continued.

Medications & Immunizations

Medications and immunizations are important for protecting your child from serious illnesses. As a new mother, you must make sure to know what diseases are preventable through vaccination. The Centers for Disease Control and Prevention provides a list of these diseases. These diseases can be dangerous and sometimes fatal. Infant immune systems are not fully developed and are particularly vulnerable to infections.

With your consent, your baby will receive these after delivery.

1. ***Vitamin K shot.*** This is given to help keep the baby from bleeding if he has a low vitamin k level.
2. ***Erythromycin.*** This is an ointment placed in both of your baby's eyes to help prevent an infection of the eyes.
3. ***Hepatitis B shot.*** This immunization helps protect your baby from the Hepatitis B disease.

Recommended Vaccinations for Infants and Children

Scan the QR code or visit:
https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html
to see a schedule of immunizations that are recommended for your baby.

Bathing

Until your baby's umbilical cord falls off and heals (which it will do on its own) sponge baths are needed for your baby. Most new mothers can benefit from planning ahead since bathing a newborn is a new experience. With time you will build confidence and bathing your baby will not take as long as the first couple baths.

Babies do not need bathing every day, their skin is sensitive. You can bathe your baby every three days. If you see that areas are dirty between baths, just clean the areas needed. A great time to give baths is before a feeding, if you bathe your baby after a feeding all the movement may cause the food to come back up.

Bathe your baby in an area that is free from drafts and is warm. It is recommended to keep water temperature for baby baths below 120 degrees. The best way to check the temperature if you do not have a water thermometer is to check it with your elbow. If it is too warm for your elbow then it is too warm for your baby.

What to gather:

1. Two soft towels and baby washcloths
2. Gentle baby shampoo and body wash
3. Cotton balls (to put in ears to keep water out)
4. Clean diapers
5. Clean clothes

Make sure you have gathered everything needed before you start bathing your baby. NEVER leave your baby unattended in or near water!

Steps for Bathing

1. Undress your baby and place on a towel.
2. Cover up any areas you are not currently bathing.
3. Gently wash all areas of your baby.
4. When washing eyes make sure to wipe from inner corner to the outer corner of the eye.
5. With girls remember to wash vagina from front to back.
6. Gently wash the baby's hair. It is recommended to stimulate the entire scalp to promote circulation and decrease the chances of cradle cap.
7. With boys, clean the penis with warm water only until the circumcision is healed.
8. After you are done bathing your baby you may apply a gentle lotion. Remember, their skin is sensitive so do not use a strong smelling lotion.
9. When putting the diaper on your baby, make sure to fold the diaper under the umbilical cord stump, so as to stop any urine that may infect the area if it comes into contact with it.
10. Next you will want to dress your baby and swaddle tightly to keep your baby warm.

Resources:

Health Start, Grow Smart. Accessed at http://www2.ed.gov/parents/earlychild/ready/healthystart/newborn.pdf Retrieved May 31, 2013.

Bathing an Infant. Accessed at http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000020.htm Retrieved May 31, 2013.

Circumcision

Circumcision is the removal of the foreskin surrounding the head of the penis.

The decision to circumcise your baby is up to you and is based on cultural and religious factors. The procedure is usually done one to two days after your baby is born and before he is discharged from the hospital. There are different techniques your doctor can choose from to circumcise your baby. The procedure usually takes between 5-10 minutes and your baby will be given a numbing medicine before the start of the procedure. Your nurse will inform you on how to care for the circumcision.

During the healing process you may notice a yellowish crust forming on the penis, this is normal and you should not try to wash it away. Be sure to keep the penis covered in petroleum jelly to keep it from sticking to the diaper. If you notice any extra bleeding or swelling of the penis, please contact your healthcare provider.

The Uncircumcised Penis

In the first few months, you should simply clean and bathe your baby's uncircumcised penis with soap and water, like the rest of the diaper area. The foreskin is connected by tissue to the head of the penis, so you should not try to pull the skin back. No cleansing of the penis with cotton swabs or antiseptics is necessary, but you should watch your baby urinate from time to time to make sure the hole in the foreskin is large enough to permit a normal stream. If the stream is consistently no more than a trickle, or if your baby seems to have discomfort while urinating, call your baby's doctor.

The doctor will tell you when the foreskin has separated and can be pulled back safely. This will not be for several months or years, and should never be forced. If you were to force the foreskin to retract before it is ready, you could cause painful bleeding and tears in the skin. After this separation occurs, retract the foreskin occasionally to gently cleanse the end of the penis underneath.

Resources:

Circumcision, Accessed at http://familydoctor.org/familydoctor/en/pregnancy-newborns/caring-for-newborns/infant-care/circumcision.printerview.all.html Retrieved June 1, 2013.

Circumcision. Accessed at http://www.nlm.nih.gov/medlineplus/circumcision.html Retrieved June 1, 2013.

Caring for your son's penis. The Uncircumcised Penis. HealthChildren.org

Jaundice

Jaundice is a condition that causes a baby's skin and eyes to appear yellow. It normally appears after the first 24 hours of life and goes away on its own within several days. The reason many newborns become jaundiced is because of a chemical called bilirubin. Bilirubin is made when red blood cells are broken down in the liver as a normal body process. However, the liver of a newborn is often slow to keep up with the breakdown of the red blood cells causing the bilirubin to leak into the skin and eyes, giving them a yellow color. Most of the time newborn jaundice is not harmful to your newborn and requires no treatment.

Because bilirubin is removed from the body in the baby's stool, it is important that you provide your baby with frequent, small feedings from day one. Though babies who are breastfed receive only small amounts (sometimes only drops) of colostrum and milk with each feeding, breastmilk contains a natural laxative that helps the baby to have more frequent bowel movements and remove the bilirubin from their system.

On occasion, some babies have conditions that allow the bilirubin level to get too high. If the level of bilirubin is too high it can cause irreversible brain damage. All babies will have their bilirubin level checked prior to leaving the hospital and if the levels are above normal, your baby's doctor will discuss treatment options with you.

The most common treatment for high bilirubin levels is phototherapy. If necessary, your baby will receive treatment under special lights that help their body to break down the excess bilirubin. The special lights are similar to a sun lamp and treatment is not uncomfortable to your baby in any way. It is important that you keep your baby's eyes and genitals covered if receiving phototherapy because of their sensitive nature. While receiving phototherapy, you are encouraged to touch, talk to and feed your baby as you would normally do. Some forms of phototherapy, such as a bili-blanket, even allow you to hold your baby during treatment.

Resources:

A new beginning book from women's center

www.nichd.nih.gov/health/topics/infantcare/conditioninfo/Pages/basics.aspx

Newborn Hearing Screening

Prior to taking your baby home, we will provide your baby with a hearing screening test.

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 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 hearing loss, many important experiences will be missed.

When is the hearing screen done?

- Hearing screenings are performed in the hospital before you and your baby can go home.

How is the screening done?

- At Fitzgibbon Hospital we use the OAE (Otoacoustic Emissions) method. This is done by placing a tiny microphone in your baby's outer ear canal and recording the middle ear response to clicks or tone bursts.

What should I know about the hearing screening?

- Screening is safe, painless, and can be done in about 10 minutes.
- Most babies sleep through the screening.
- You will know the results of the screening before you leave the hospital.
- The results will either be "pass" or "refer."

What does it mean if my baby "refers"?

- Some babies need another screening because:
  - Fluid remains in the ear canal after birth
  - The baby was moving a lot during screening
  - The testing room was noisy
  - The baby has 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.
- Most babies who need another screening have normal hearing. Some will have hearing loss.

Can a newborn 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:
  - Certain illness
  - Some injuries
  - Some medications
  - A family history of childhood hearing loss

Resources:

(Adapted from the Missouri Department of Health and Senior Services, "Newborn Hearing Screening Program" brochure, 2007)

This booklet provided courtesy of Fitzgibbon Hospital

Newborn Blood Screening

What is the newborn screening?

The newborn screening is a blood test done on babies shortly after birth that helps protect them from the dangerous effects of conditions that otherwise might not be detected for days, months or even years. Missouri law requires all babies born in the state to be tested for certain rare, but serious conditions.

A small sample of blood is collected from your baby through a heel prick and sent to the Missouri Department of Health Public Health Laboratory. The results of your baby's blood test will be sent to your baby's health care provider and the hospital where your baby was born. Occasionally, more than one sample is needed. If an additional blood sample is needed, your baby's healthcare provider will notify you. It is very important that you bring your baby back as soon as possible for the second blood sample.

Why should my baby have the newborn screening?

The disorders your baby will be tested 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 babies needing treatment, such as a special diet or medication. Since the symptoms of these disorders are not noticeable at birth, the only way to find these conditions before permanent damage occurs is by the newborn screening. Early treatment will help your baby grow up as healthy as possible.

Some of the disorders the newborn screening tests for:

- Amino Acid Disorders
  - Argininosuccinic aciduria (ASA)
  - Citrullinemia (CIT)
  - Homocystinuria (MET)
  - Maple Syrup Urine Disease (MUSD)
  - Phenylketonuria (PKU)
  - Tyrosinemias (TYR-I, TYR-II)
  - 3-hydroxyl-isovalery disorders
- Congenital Adrenal Hyperplasia (CAH)
- Congenital Hypothyroidism
- Cystic Fibrosis
- Fatty Acid Oxidation Disorders
- Galactosemia
- Organic Acid Disorders
  - Glutaric academia, Type I
  - Isovaleric academia
  - Methylmalonic acidemias
  - Propionic academias
  - 3-hydroxyl-isovalery disorders
- Sickle Cell Anemia

Sudden Infant Death Syndrome

Sudden infant death syndrome (SIDS) is the unexpected, sudden death of a child under age 1 in which an autopsy does not show an explainable cause of death.

Causes, Incidence, and Risk Factors

The cause of SIDS is unknown. Many doctors and researchers now believe that SIDS is caused by several different factors, including:

- Problems with the baby's ability to wake up (sleep arousal)
- Inability for the baby's body to detect a buildup of carbon dioxide in the blood

SIDS rates have dropped dramatically since 1992, when parents were first told to put babies to sleep on their backs or sides to reduce the likelihood of SIDS. Unfortunately, SIDS remains a significant cause of death in infants under one year old. Thousands of babies die of SIDS in the United States each year. SIDS is most likely to occur between 2 and 4 months of age. SIDS affects boys more often than girls. Most SIDS deaths occur in the winter.

The following have been linked to a baby's increased risk of SIDS:

- Sleeping on the stomach
- Being around cigarette smoke while in the womb or after being born
- Sleeping in the same bed as their parents (co-sleeping)
- Soft bedding in the crib
- Multiple birth babies (being a twin, triplet, etc.)
- Premature birth
- Having a brother or sister who had SIDS
- Mothers who smoke or use illegal drugs
- Being born to a teen mother
- Short time period between pregnancies
- Late or no prenatal care
- Living in poverty situations

While studies show that babies with the above risk factors are more likely to be affected, the impact or importance of each factor is not well-defined or understood.

Resources:

Sudden infant death syndrome. (2011, 08). Retrieved from http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002533/

What Does a Safe Sleep Environment Look Like?

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

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.

Make sure nothing covers the baby's head.

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

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development

SAFE TO SLEEP®

Safe Sleep For Your Baby

SAFE TO SLEEP®

- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Room sharing—keeping baby's sleep area in the same room where you sleep—reduces the risk of SIDS and other sleep-related causes of infant death.
- Keep soft objects, toys, crib bumpers, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should:
  - Get regular health care during pregnancy, and
  - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.

* For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or http://www.cpsc.gov.

- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.

Remember Tummy Time!
Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

For more information about SIDS and the Safe to Sleep® campaign:
Mail: 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425
Phone: 1-800-505-CRIB (2742)
Fax: 1-866-760-5947
Website: http://safetosleep.nichd.nih.gov

NIH Pub. No. 12-5759
August 2014

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

CELEBRATING *Life*

Section 7

BREASTFEEDING

Inside this section . . .

Benefits of Breastfeeding

As new parents, it is your responsibility to make sure your baby is provided with a good nutritional start. Breastfeeding provides your baby with the most optimal nutrition while also being the safest and easiest way to feed your baby.

Research has shown that every mother produces milk that is specific to her baby. This means that your baby will receive milk designed to meet his/her individual needs.

In addition to being specially made for your baby, why else is breastfeeding so important?

Early breast milk is liquid gold.

Known as liquid gold, colostrum (coh-LOSS-trum) is the thick yellow first breast milk that you make during pregnancy and just after birth. This milk is very rich in **nutrients** and **antibodies** to protect your baby. Although your baby only gets a small amount of colostrum at each feeding, it matches the amount his or her tiny stomach can hold.

Your breast milk changes as your baby grows.

Colostrum changes into what is called mature milk. By the third to fifth day after birth, this mature breast milk has just the right amount of fat, sugar, water, and protein to help your baby continue to grow. It is a thinner type of milk than colostrum, but it provides all of the nutrients and antibodies your baby needs.

Breast milk is easier to digest.

For most babies – especially premature babies – breast milk is easier to digest than formula. The proteins in formula are made from cow's milk, and it takes time for babies' stomachs to adjust to digesting them.

Breast milk fights disease.

The cells, hormones, and antibodies in breast milk protect babies from illness. This protection is unique; formula cannot match the chemical makeup of human breast milk. In fact, among formula-fed babies, ear infections and diarrhea are more common. Formula-fed babies also have higher risks of:

- Necrotizing (nek-roh-TEYE-zing) enterocolitis (en-TUR-oh-coh-lyt-iss), a disease that affects the gastrointestinal tract in pre-term infants.
- Lower respiratory infections
- Atopic dermatitis, a type of skin rash
- Asthma
- Obesity
- Type 1 and type 2 diabetes
- Childhood leukemia
- Breastfeeding has also been shown to lower the risk of SIDS (sudden infant death syndrome).

Benefits of Breastfeeding

So how can breastfeeding benefit you?

Ways that breastfeeding can make your life easier:

Breastfeeding may take a little more effort than formula feeding at first, but it can make life easier once you and your baby settle into a good routine. When you breastfeed, there are no bottles and nipples to sterilize. You do not have to buy, measure, and mix formula. And there are no bottles to warm in the middle of the night.

Breastfeeding can save money.

Formula and feeding supplies can cost well over $1,500 each year, depending on how much your baby eats. Breastfed babies are also sick less often, which can lower health care costs.

Breastfeeding can feel great.

Physical contact is important to newborns. It can help them feel more secure, warm, and comforted. Mothers can benefit from this closeness, as well. Breastfeeding requires a mother to take some quiet relaxed time to bond. The skin-to-skin contact can boost the mother's oxytocin (OKS-ee-TOH-suhn) levels. Oxytocin is a hormone that helps milk flow and can calm the mother.

Breastfeeding can be good for the mother's health, too.

Breastfeeding is linked to a lower risk of these health problems in women:

- Type 2 diabetes
- Breast cancer
- Ovarian cancer
- Postpartum depression

Experts are still looking at the effects of breastfeeding on osteoporosis and weight loss after birth. Many studies have reported greater weight loss for breastfeeding mothers than for those who don't. But more research is needed to understand if a strong link exists.

Nursing mothers miss less work.

Breastfeeding mothers miss fewer days from work because their infants are sick less often.

Breastfeeding benefits society.

The nation benefits overall when mothers breastfeed. Recent research shows that if 90 percent of families breastfed exclusively for 6 months, nearly 1,000 deaths among infants could be prevented. The United States would also save $13 billion per year – medical care costs are lower for fully breastfed infants than for never-breastfed infants. Breastfed infants typically need fewer sick care visits, prescriptions, and hospitalizations.

Breastfeeding also contributes to a more productive workforce because mothers miss less work to care for sick infants. Employer medical costs are also lower.

Breastfeeding is also better for the environment. There is less trash and plastic waste compared to that produced by formula cans and bottle supplies.

Learning to Breastfeed

Breastfeeding is a process that takes time to master. Babies and mothers need to practice. Keep in mind that you make milk in response to your baby sucking at the breast. The more milk your baby removes from the breasts, the more milk you will make. After you have the baby, these steps can help you get off to a great start.

- ✓ Breastfeed as soon as possible after birth.
- ✓ Ask for an on-site lactation consultant to come help you.
- ✓ Ask the staff not to give your baby other food or formula, unless it is medically necessary.
- ✓ Allow your baby to stay in your hospital room all day and night so that you can breastfeed often. Or, ask the nurses to bring your baby to you for feedings.
- ✓ Try to avoid giving your baby any pacifiers or artificial nipples so that he or she gets used to latching onto just your breast.

Positioning and Latch

Bringing Your Baby to the Breast

When awake, your baby will move his or her head back and forth, looking and feeling for the breast with his or her mouth and lips. The steps below can help you get your baby to "latch" on to the breast to start eating. Keep in mind that there is no one way to start breastfeeding. As long as the baby is latched on well, how you get there is up to you.

1. Hold your baby, wearing only a diaper, against your bare chest.
2. Hold the baby upright with his or her head under your chin. Your baby will be comfortable in that cozy valley between your breasts. You can ask your partner or a nurse to place a blanket across your baby's back and bring your bedcovers over both of you. Your skin temperature will rise to warm your baby.
3. Support his or her neck and shoulders with one hand and hips with the other. He or she may move in an effort to find your breast.
4. Your baby's head should be tilted back slightly to make it easy to suck and swallow. With his or her head back and mouth open, the tongue is naturally down and ready for the breast to go on top of it.
5. Allow your breast to hang naturally. When your baby feels it with his or her cheek, he or she may open his or her mouth wide and reach it up and over the nipple. You can also guide the baby to latch on as you see in these illustrations. At first, your baby's nose will be lined up opposite your nipple. As his or her chin presses into your breast, his or her wide open mouth will get a large mouthful of breast for a deep latch. Keep in mind that your baby can breathe at the breast. The nostrils flare to allow air in.
6. Tilt your baby back, supporting your baby's head, upper back, and shoulders with the palm of your hand and pull your baby in close.

Breastfeeding Holds

Some moms find that the following positions are helpful ways to get comfortable and support their babies in finding a good latch. You also can use pillows under your arms, elbows, neck, or back to give you added comfort and support. Keep in mind that what works well for one feeding may not work well for the next. Keep trying different positions until you are comfortable.

Cradle hold 1 ... an easy, common hold that is comfortable for most mothers and babies. Hold your baby with his or her head on your forearm and his or her whole body facing yours.

Cross cradle or transitional hold 2 ... useful for premature babies or babies with a weak suck because it gives extra head support and may help babies stay latched. Hold your baby along the opposite arm from the breast you are using. Support your baby's head with the palm of your hand at the base of his or her neck.

Positioning and Latch

Clutch or "football" hold 3 ... useful for mothers who had a c-section and mothers with large breasts, flat or inverted nipples, or a strong let-down reflex. It is also helpful for babies who prefer to be more upright. This hold allows you to better see and control your baby's head and to keep the baby away from a c-section incision. Hold your baby at your side, lying on his or her back, with his or her head at the level of your nipple. Support baby's head with the palm of your hand at the base of the head. (The baby is placed almost under the arm.)

Side lying position 4 ... useful for mothers who had a c-section or to help any mother get extra rest while the baby breastfeeds. Lie on your side with your baby facing you. Pull your baby close so your baby faces your body.

Signs of a Good Latch

- ✓ The latch feels comfortable to you, without hurting or pinching. How it feels is more important than how it looks.
- ✓ Your baby's chest is against your body and he or she does not have to turn his or her head while drinking.
- ✓ You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If areola is showing, you will see more above your baby's lip and less below.
- ✓ When your baby is positioned well, his or her mouth will be filled with breast.
- ✓ The tongue is cupped under the breast, although you might not see it.
- ✓ You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.
- ✓ You see the baby's ears "wiggle" slightly.
- ✓ Your baby's lips turn out like fish lips, not in. You may not even be able to see the bottom lip.

Breastfeeding

SORE NIPPLES DURING BREASTFEEDING

Holding Your Baby · Baby's Latch · Treatment and Prevention

Some women experience nipple tenderness when breastfeeding, which usually disappears after one to two weeks. However, very sore, painful nipples are not normal. The most likely cause of sore nipples is improperly latching the baby to the breast.

HOLDING YOUR BABY

- Sit or lie in a comfortable position using pillows to support your arms or your body as needed.
- Lean back and position your baby so that he is facing you. Your baby's head should not be turned. Sitting in a semi-reclined position may be more comfortable.
- Place your baby's tummy on your body and allow gravity to bring the baby close.
- Support your breast if needed. In a semi-reclined position you may find holding your breast is not necessary.
- Hold your baby close to prevent pulling of the breast. Break the suction with your finger before removing your baby from the breast.
- Relax and put your baby skin-to-skin as much as possible.

BABY'S LATCH

- Position your baby with her nose to your nipple so she has to reach up slightly to latch to the nipple.
- Baby's mouth should be "yawn wide" with as much of the nipple area in her mouth as possible.
- Baby's chin should press firmly into the breast.

Get help from your doctor or lactation consultant if you have:

- Redness, pain or soreness that does not go away.
- A burning or itching sensation in your nipples during feedings or after the feeding is over.
- Any drainage from a damaged area.
- Signs of infection, such as weakness, headache, nausea, soreness, chills, or fever greater than 101 degrees.

TREATMENT AND PREVENTION

- Begin each feeding on the breast that is least sore.
- Feed your baby as soon as he shows signs of hunger, such as sucking on hands or fingers, smacking lips, or yawning (crying is a late sign of hunger).
- Hold your baby in different positions. This changes the direction of the pressure on your nipple.
- After each feeding, put a small amount of breast milk on your nipples and allow it to dry. Your breast milk will form a protective shield on your nipples and will help them heal.
- Purified lanolin may be applied to the nipple to promote healing. This does not need to be washed off before your baby nurses. Do not use soaps or lotions on your breasts.
- Make sure your bra fits properly. Change breast pads as they become damp.
- **Most Important** - Try different positions and find what is comfortable for you. One position does not fit all. Get help if unsure or if you experience pain.
- If necessary, hand express or pump to soften the breasts and relieve fullness.

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC and Nutrition Services
P.O. Box 570 Jefferson City, MO 65102 573-751-6204
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.
Services provided on a nondiscriminatory basis. Hearing- and speech-impaired citizens can dial 711.
This institution is an equal opportunity provider.

WIC #28 (05/18)

Baby Led Breastfeeding

Tips for Making it Work

How often should I breastfeed?

Early and often! Breastfeed as soon as possible after birth, then breastfeed at least 8 to 12 times every 24 hours to make plenty of milk for your baby. This means that in the first few days after birth, your baby will likely need to breastfeed about every hour or two in the daytime and a couple of times at night. Healthy babies develop their own feeding schedules. Follow your baby's cues for when he or she is ready to eat.

How long should feedings be?

Feedings may be 15 to 20 minutes or longer per breast. But there is no set time. Your baby will let you know when he or she is finished.

Learn your baby's hunger signs.

When babies are hungry, they become more alert and active. They may put their hands or fists to their mouths, make sucking motions with their mouth, or turn their heads looking for the breast. If anything touches the baby's cheek – such as a hand – the baby may turn toward the hand, ready to eat. This sign of hunger is called rooting. Offer your breast when your baby shows rooting signs. Crying can be a late sign of hunger, and it may be harder to latch once the baby is upset. Over time, you will be able to learn your baby's cues for when to start feeding.

Follow your baby's lead.

Make sure you are both comfortable and follow your baby's lead after he or she is latched on well. Some babies take both breasts at each feeding. Other babies only take one breast at a feeding. Help your baby finish the first breast, as long as he or she is still sucking and swallowing. This will ensure the baby gets the "hind" milk – the fattier milk at the end of a feeding. Your baby will let go of the breast when he or she is finished and often falls asleep. Offer the other breast if he or she seems to want more.

Keep your baby close to you.

Remember that your baby is not used to this new world and needs to be held very close to his or her mother. Being skin to skin helps babies cry less and stabilizes the baby's heart and breathing rates.

Avoid nipple confusion.

Avoid using pacifiers, bottles, and supplements of infant formula in the first few weeks unless there is a medical reason to do so. If supplementation is needed, try to give expressed breast milk first. But it's best just to feed at the breast. This will help you make milk and keep your baby from getting confused while learning to breastfeed.

Sleep safely and close by.

Have your baby sleep in a crib or bassinet in your room, so that you can breastfeed more easily at night. Sharing a room with parents is linked to a lower risk of SIDS (sudden infant death syndrome).

Know when to wake the baby.

In the early weeks after birth, you should wake your baby to feed if 4 hours have passed since the beginning of the last feeding. Some tips for waking the baby include:

- Changing your baby's diaper
- Placing your baby skin to skin
- Massaging your baby's back, abdomen, and legs

If your baby is falling asleep at the breast during most feedings, talk to the baby's doctor about a weight check. Also, see a lactation consultant to make sure the baby is latching on well.

This booklet provided courtesy of Fitzgibbon Hospital

Making Plenty of Milk

Your breasts will easily make and supply milk directly in response to your baby's needs. The more often and effectively a baby breastfeeds, the more milk will be made. Babies are trying to double their weight in a few short months, and their tummies are small, so they need many feedings to grow and to be healthy.

Most mothers can make plenty of milk for their baby. If you think you have a low milk supply, talk to a lactation consultant.

Time	Milk	The Baby	You (Mom)
Birth	Your body makes colostrum (a rich, thick, yellowish milk) in small amounts. It gives your baby a healthy dose of early protection against diseases.	Will probably be awake in the first hour after birth. This is a good time to breastfeed your baby.	You will be tired and excited.
First 12 - 24 Hours	Your baby will drink about 1 teaspoon of colostrum at each feeding. You may or may not see the colostrum, but it has what the baby needs and in the right amount.	It is normal for the baby to sleep heavily. Labor and delivery are hard work! Some babies like to nuzzle and may be too sleepy to latch well at first. Feedings may be short and disorganized. As your baby wakes up, take advantage of your baby's strong instinct to suck and feed every 1-2 hours. Many babies like to eat or lick, pause, savor, doze, then eat again.	You will be tired, too. Be sure to rest.
Next 3 - 5 Days	Your white milk comes in. It is normal for it to have a yellow or golden tint first. Talk to a doctor and lactation consultant if your milk is not yet in.	Your baby will feed a lot (this helps your breasts make plenty of milk), at least 8-12 times or more in 24 hours. Very young breastfed babies don't eat on a schedule. Because breast milk is more easily digested than formula, breastfed babies eat more often than formula-fed babies. It is okay if your baby eats every 2-3 hours for several hours, then sleeps for 3-4 hours. Feedings may take about 15-20 minutes on each side. The baby's sucking rhythm will be slow and long. You might hear gulping.	Your breasts may feel full and leak. (You can use disposable or cloth pads in your bra to help with leaking.)
The First 4 - 6 Weeks	White breast milk continues.	Your baby will likely be better at breastfeeding and have a larger stomach to hold more milk. Feedings may take less time and will be farther apart.	Your body gets used to breastfeeding so your breasts will be softer and the leaking may slow down.

Making Milk

10 Steps to make plenty of milk

1 Frequent feeds, not formula.

The more often you feed, the more milk you make. If you give formula, your body will make less milk.

2 All you need is breastmilk!

The American Academy of Pediatrics recommends that your baby have a diet of only breastmilk for the first 6 months—no other food or drink is needed.

3 Feed early and often.

Feed at the earliest signs of hunger: if baby's awake, sucking on hands, moving his mouth or eyes, or stretching.

4 If he didn't swallow, he didn't eat.

Looking and listening for signs of swallowing will help you know that your baby's getting enough.

5 Say 'No' to pacifiers and bottles,

at least in the first 4 weeks. Pacifiers may hide the signs of hunger. The American Academy of Pediatrics recommends that you should not use a pacifier for the first month if you are breastfeeding. If your baby has problems sucking, check with a lactation specialist about how to feed him without using a bottle.

6 Sleep near your baby and nurse lying down.

You can rest while you feed your baby!

7 Have baby's mouth open wide like a shout, with lips flipped out.

Help your baby open his mouth as wide as possible. He should be directly facing you: "belly to belly, chest to chest, and his chin should touch the breast." Proper positioning keeps you both comfortable. If you're having trouble with latch, get help promptly.

8 Watch the baby, not the clock.

Feed your baby when she's hungry, and switch sides when swallowing slows down or she takes herself off the breast.

9 Go everywhere!

Plan to take your newborn everywhere with you for the first several weeks.

10 Don't wait to ask for help, if you need it.

If you wait too long to get the help you need, it may be harder to breastfeed. Stick with it – it's worth it!

Massachusetts Breastfeeding Coalition

254 Conant Road
Weston, MA 02493
www.massbreastfeeding.org

This booklet provided courtesy of Fitzgibbon Hospital

Breastfeeding

HOW TO KNOW YOUR BREASTFED BABY IS GETTING ENOUGH MILK

Is Baby Getting Enough Milk · Baby's Stomach · Changing Stools · Diaper Count

IS BABY GETTING ENOUGH MILK?

- Let your baby show you how long to breastfeed. Once baby has fed well on one breast and stops and lets go, burp your baby and then offer the other breast to see if they are still hungry.
- You should hear or see your baby swallow while nursing.
- Your baby should breastfeed 8-12 times in 24 hours.

CHANGING STOOLS

Your baby's stools will change:

- Day 1-3 - Black, thick, and sticky; this is called meconium.
- Day 3-4 - Greenish to yellow and is less thick.
- By day 5 - Mustard or yellow seedy and watery.

BABY'S STOMACH

Your baby's stomach is very small and will not take very much at each feeding. At left is the size of your baby's stomach.

DIAPER COUNT

You can tell when your baby is getting enough milk by the number of diapers they use. Your baby should wet/dirty the following number of diapers per day.

BABY'S AGE	WET DIAPERS	DIRTY DIAPERS
1 DAY OLD	1	1
2 DAYS OLD	2	2
3 DAYS OLD	3	2
4 DAYS OLD	4	3
5 DAYS OLD	5	3
6+ DAYS OLD	6	4

After 4-6 weeks of age your baby's stools may decrease. It is not unusual for breastfed babies older than 1 month to only stool every 2-4 days or longer.

WHEN USING A BREAST PUMP:

You may not be able to express very much breast milk at first. This is normal and does not mean you do not have enough milk.

Get help from your doctor or lactation consultant if your baby:

- Has a dry mouth.
- Has red colored urine.
- Has yellow skin (Jaundice).
- Stool does not change to yellow and seedy by day 5.
- Does not have enough wet or dirty diapers (see Breastfeeding Diaper Diary on back).
- Does not wake up to eat at least 8 times in 24 hours.
- Is losing weight after day 5; is under birth weight at 2 weeks.

CLUSTER FEEDING

If your baby is feeding every hour, this is called cluster feeding and it is perfectly normal. Example: Baby breastfeeds every hour for 3-5 feedings and sleeps 3-4 hours between clusters.

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Is My Baby Getting Enough

BREASTFEEDING DIAPER DIARY

INSTRUCTIONS: Each day, circle the approximate time to the nearest hour that you **start** breastfeeding. Circle the **W** when your baby has a wet diaper. Circle the **D** when your baby has a dirty diaper.

DAY 1

Midnight Noon
12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W

Black Tarry Dirty Diaper D **Total number of feedings in 24 hours** ____

DAY 2

Midnight Noon
12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W

Black Tarry Dirty Diaper D D **Total number of feedings in 24 hours** ____

DAY 3

Midnight Noon
12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W

Green Dirty Diaper D D **Total number of feedings in 24 hours** ____

DAY 4

Midnight Noon
12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W W

Green Dirty Diaper D D D **Total number of feedings in 24 hours** ____

DAY 5

Midnight Noon
12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W W W

Yellow Dirty Diaper D D D **Total number of feedings in 24 hours** ____

DAY 6

Midnight Noon
12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W W W W

Yellow Dirty Diaper D D D D **Total number of feedings in 24 hours** ____

DAY 7

Midnight Noon
12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W W W W

Yellow Dirty Diaper D D D D **Total number of feedings in 24 hours** ____

If you have any concerns or questions about breastfeeding, call:

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES • WIC AND NUTRITION SERVICES 573-751-6204
AN EO/AA EMPLOYER: Services provided on a nondiscriminatory basis. Hearing- and speech-impaired citizens can dial 711.
This institution is an equal opportunity provider.
WIC #568 (08/18)

This booklet provided courtesy of Fitzgibbon Hospital

Is My Baby Getting Enough

When You Go Home

Building your milk supply:

- Feed early and often, at the earliest signs of hunger.
- 8-12 feedings per 24 hours is expected, although these feedings may not follow a regular schedule.
- Avoid pacifiers or bottles, at least in the first 4 weeks.
- Frequent feeds, not formula: Only use formula if there's a medical reason.
- Sleep near your baby, even at home. Learn to nurse lying down.

Feed at the earliest signs of hunger:

- Hands to mouth, sucking movements.
- Soft cooing, sighing sounds, or stretching.
- Crying is a late sign of hunger: don't wait until then!

Watch the baby, not the clock.

- Alternate which breast you start with, or start with the breast that feels most full.
- Switch sides when swallowing slows or infant takes himself off.
- It's OK if baby doesn't take the second breast at every feed.
- Help baby open his mouth widely: If you're having trouble with latch, get help promptly.
- If the baby is sleepy: skin-to-skin contact can encourage feeding:
  - Remove baby's top and place him on your bare chest.

Look for signs of milk transfer:

- You can hear the baby swallowing or gulping.
- There are no clicking or smacking sounds.
- Baby no longer shows signs of hunger after a feed.
- Baby's body and hands are relaxed for a short time.
- You may feel milk let-down:
  - You may feel relaxed, drowsy, or thirsty, and you may have tingling in your breasts.
  - You may feel some contractions in your uterus, or your other breast may leak milk.
- You should feel strong tugging, but NOT persistent pain. Proper latch prevents pain:
  - "chin-to-breast, chest-to-chest"
  - "flip lips for a sip:" baby's lips flare outward
  - wide open mouth: baby's mouth covers most of the areola (dark area of breast)—not just the nipple.
- Baby has adequate weight gain: follow up 2 days after you get home. and again at 2 weeks.

What goes in, must come out. Look for:

- At least 3 poops per day by day 4.
- Poops change from dark black to green/brown to loose yellow as your milk comes in.
- At least 6 heavy/wet diapers after day 4.
- Urine should be pale yellow as your milk comes in.

Over time:

- All babies have days when they nurse more frequently.
- Breast swelling normally lessens at about 7-10 days and it is NOT a sign of decreased milk supply.
- Your milk may look thin or bluish, but it contains plenty of nutrients.

If you choose to share a bed with your baby:

- Keep the bed away from walls on both sides so the baby won't get stuck.
- Avoid heavy blankets, comforters, or pillows.
- Avoid soft surfaces such as waterbeds, couches, and daybeds.
- Neither parent should be under the influence of alcohol, illegal drugs, or medications that would affect the ability to wake up.
- As with sleeping separately, put the baby to sleep on his back.
- Do not allow the baby to sleep alone on an adult bed.
- Do not allow anyone except the baby's parents to share a bed with the baby.
- Because the risk of Sudden Infant Death Syndrome is higher in children of smokers, parents who smoke should not bedshare, but may sleep with the baby nearby.

Tell your hospital what you think:

- Let your hospital know if you had a good or bad experience with breastfeeding. Suggest they become Baby-Friendly®. You'll be helping other moms!

If you have questions, persistent pain, or can't hear swallowing, ask for help right away!

Massachusetts Breastfeeding Coalition
254 Conant Road, Weston, MA 02493
www.massbreastfeeding.org

Pumping, Hand Expression & Milk Storage

If you are unable to breastfeed your baby directly, it is important to remove milk during the times your baby normally would feed. This will help you continue to make milk. Before you express breast milk, be sure to wash your hands. Also, make sure the area where you are expressing is clean.

If you need help to get your milk to start flowing, have one of the following items nearby – a picture of your baby, a baby blanket, or an item of your baby's clothing that has his or her scent on it. You can also apply a warm moist compress to the breast, gently massage the breasts, or sit quietly and think of a relaxing setting.

Storage of Breast Milk

Breast milk can be stored in clean glass or hard BPA-free plastic bottles with tight-fitting lids. You can also use milk storage bags, which are made for freezing human milk. Do not use disposable bottle liners or other plastic bags to store breast milk.

Guide to Storing Fresh Breast Milk for Use with Healthy Full-Term Infants

Place	Temperature	How Long	Things to Know
Countertop, table	Room temperature (60° F - 85° F)	Up to 3-4 hours is best. Up to 6-8 hours is okay for very clean expressed milk.	Containers should be covered and kept as cool as possible; covering the container with a clean cool towel may keep milk cooler. Throw out any leftover milk within 1 to 2 hours after the baby is finished feeding.
Small Cooler with a blue ice pack	59° F	24 hours	Keep ice packs in contact with milk containers at all times; limit opening cooler bag.
Refrigerator	39° F or colder	Up to 72 hours is best. Up to 5-8 days is okay for very clean expressed milk.	Store milk in the back of the main body of the refrig-erator.
Freezer	24° F or colder	Up to 6 months is best. Up to 12 months is okay if milk is stored at 0°F or colder.	Store milk toward the back of the freezer where tem-perature is most constant. Milk stored at 0° F or colder is safe for longer durations, but the quality of the milk might not be as high.

Pumping, Hand Expression & Milk Storage

Planning ahead for your return to work can help ease the transition. Learn as much as you can ahead of time and talk with your employer about your options. This can help you continue to enjoy breastfeeding your baby long after your maternity leave is over.

During Pregnancy

Join a breastfeeding support group to talk with other mothers about breastfeeding while working.

Talk with your supervisor about your plans to breastfeed. Discuss different types of schedules, such as starting back part time at first or taking split shifts.

Find out if your company provides a lactation support program for employees. If not, ask about private areas where you can comfortably and safely express milk. The Affordable Care Act (health care reform) supports work-based efforts to assist nursing mothers (www.dol.gov/whd/nursingmothers).

Ask the lactation program director, your supervisor, wellness program director, employee hu-man resources office, or other coworkers if they know of other women at your company who have breastfed after returning to work.

After the Baby is Born

Set up a breastfeeding routine that works for you and your baby. Ask for help from a lactation consultant or your doctor, if you need it. Our lactation team at (660) 886-7800 would love to speak with you.

During Your Maternity Leave

Take as many weeks off as you can. At least six weeks of leave can help you recover from childbirth and settle into a good breastfeeding routine. Twelve weeks is even better.

Practice expressing your milk by hand or with a quality breast pump. Freeze 2 to 4 ounces at a time to save for your baby after you return to work.

Help your baby adjust to taking breast milk from a bottle (or cup for infants 3 to 4 months old) shortly before you return to work. Babies are used to nursing with mom, so they usually drink from a bottle or cup when it's given by somebody else.

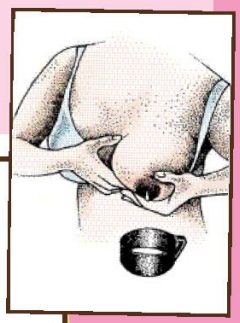
See if there is a childcare option close to work, so that you can visit and breastfeed your baby, if possible. Ask if the facility will use your pumped breast milk.

Talk with your family and your childcare provider about your desire to breastfeed. Let them know that you will need their support.

Breastfeeding

HAND EXPRESSION

Many women find that hand expression is an efficient way to pump when only occasional expression is necessary. In the few first days, when colostrum (first milk) is present and milk volume is not abundant, it is easier to express by hand than with a breast pump. When milk volume increases, many women find hand expression the easiest way as well.



HAND EXPRESSION IS HELPFUL

- To provide breast milk to a baby that will not latch.
- To relieve breast fullness or engorgement.
- To provide drops of milk to wake a sleepy baby or coax a baby to the breast that is having difficulties latching.
- To help relieve blocked ducts.
- To provide breast milk to rub on sore nipples.
- To soften full breasts to make it easier for baby to latch.
- To increase milk supply by completely draining the breast after a baby finishes nursing or after pumping.

REMEMBER...

- With a newborn it is important to nurse or express milk at least 8 to 12 times per day to maintain a supply.
- Hand expression gets easier with practice and should not hurt.
- The trick to hand expression is discovering where to position your fingers. Experiment until you find what works best for you.
- If you are expressing to increase milk supply, switch back and forth between both breasts. Expressing each side 2 to 3 times may increase milk supply over time.
- If you have concerns about your milk supply, please contact a lactation consultant or breastfeeding expert for assistance.

When Hand Expression is Helpful

TIPS TO HELP MILK FLOW

- Relax and think about your baby.
- If your baby is not with you, look at a picture of your baby.
- Use warm compresses on your breast.
- Practice in the shower with hot water running on your breast – this works well if trying to soften engorged breasts when your baby is 3 to 5 days old.

HOW TO EXPRESS MILK

- Wash your hands and have a clean wide mouth container to catch the milk.
- To begin, gently massage your breasts for a short time to encourage the let-down or flow of milk.
- Position your thumb on one side of your breast and 2 to 3 fingers on the other side; about 1 to 2 inches back from the nipple.
- Press your breast gently inward towards the wall of your chest.
- Compress your thumb and fingers together.
- Release and repeat; catch drops of milk in the container as they appear.
- When milk flow stops, rotate thumb and fingers to another position around the nipple and repeat the process until the breast is drained.
- Express milk the same way from the other breast.
- When done expressing, pour breast milk in a clean bottle or storage container.

wic.mo.gov

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC and Nutrition Services
P.O. Box 570 Jefferson City, MO 65102 573-751-6204
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.
Services provided on a nondiscriminatory basis. Hearing- and speech-impaired citizens can dial 711.
This institution is an equal opportunity provider.

WIC #29 (5/18)

Returning to Work & Continuing to Breastfeed

Keep talking with your supervisor about your schedule and what is or isn't working for you. Keep in mind that returning to work gradually gives you more time to adjust. If your childcare is close by, find out if you can visit to breastfeed over lunch. When you arrive to pick up your baby from child care, take time to breastfeed first. This will give you both time to reconnect before traveling home and returning to other family responsibilities. If you are having a hard time getting support, talk to your human resources department. You can also ask a lactation consultant for tips.

Get a Quality Breast Pump

A good-quality electric breast pump may be your best strategy for efficiently removing milk dur-ing the workday. Contact a lactation consultant or your local hospital, WIC program, or public health department to learn where to buy or rent a good pump. Electric pumps that allow you to express milk from both breasts at the same time reduce pumping time.

Find a Private Place to Express Milk

Work with your supervisor to find a private place to express your milk. The Affordable Care Act (health care reform) supports work-based efforts to assist nursing mothers. The Department of Labor is proposing a new regulation to allow nurs-ing women reasonable break time in a private place (other than a bathroom) to express milk while at work. (Employers with fewer than 50 employees are not required to comply if it would cause the company financial strain.)

If your company does not provide a private lactation room, find another private area you can use. You may be able to use: 1) an office with a door, 2) a conference room, or 3) a little-used closet or storage area.

The room should be private and secure from intruders when in use. The room should also have an electrical outlet if you are using an electric breast pump. Explain to your supervisor that it is best not to express milk in a restroom. Restrooms are unsanitary, and there are usually no electrical outlets. It can also be difficult to manage a pump in a toilet stall.

When to Express Milk

At work, you will need to express and store milk during the times you would normally feed your baby. (In the first few months of life, babies need to breastfeed 8 to 12 times in 24 hours.) This turns out to be about 2 to 3 times during a typical 8-hour work period. Expressing milk can take about 10 to 15 minutes. Sometimes it may take longer. This will help you make enough milk for your childcare provider to feed your baby while you are at work. The number of times you need to express milk at work should be equal to the number of feedings your baby will need while you are away. As the baby gets older, the number of feeding times may go down. Many women take their regular breaks and lunch breaks to pump. Some women come to work early or stay late to make up the time needed to express milk.

Storing Your Milk

Breast milk is food, so it is safe to keep it in an em-ployee refrigerator or a cooler with ice packs. Talk to your supervisor about the best place to store your milk. If you work in a medical department, do not store milk in the same refrigerators where medical specimens are kept. Be sure to label the milk container with your name and the date you expressed the milk.

Call to Action to Support Breastfeeding

The Surgeon General's Call to Action to Support Breastfeeding explains why breastfeeding is a national public health priority and sets forth actionable steps that businesses, communities, health systems, and others can take to support nursing mothers. Learn more at http://www.surgeongeneral.gov.

The Business Case for Breastfeeding is a resource kit that can help your company support you and other breastfeeding mothers in the workplace. Share this website with your supervisor: http://www.womenshealth.gov/breastfeeding/government-programs/business-case-for-breastfeeding.

Used with permission from: U.S. Department of Health and Human Services, Office on Women's Health, 200 Independence Ave., S.W. Room 712 E, Washington, DC 20201 (www.womenshealth.gov, 1-800-994-9662, TDD 888-220-5446) *January 2011*

Common Questions About Breastfeeding

Is it okay for my baby to use a pacifier?

If you want to try it, it is best to wait until the baby is one month old to introduce a pacifier. This allows the baby to learn how to latch well on the breast and get enough to eat.

Does my baby need cereal or water?

Your baby only needs breast milk for the first six months of life. Breast milk alone will provide all the nutrition your baby needs. Giving the baby cereal may cause your baby to not want as much breast milk. This will decrease your milk supply. Even in hot climates, breastfed infants do not need water or juice. When your baby is ready for other foods, the food should be iron rich.

Should I supplement with formula?

Giving your baby formula may cause him or her to not want as much breast milk. This will decrease your milk supply. If you are worried that your baby is not eating enough, talk to your baby's doctor.

Is my baby getting enough vitamin D?

Vitamin D is needed to build strong bones. All infants and children should get at least 400 International Units (IU) of vitamin D each day. To meet this need, all breastfed infants (including those supplemented with formula) should be given a vitamin D supplement of 400 IU each day. This should start in the first few days of life. You can buy vitamin D supplements for infants at a drug store or grocery store. Sunlight is a major source of vitamin D, but it is hard to measure how much sunlight your baby gets, and too much sun can be harmful. Once your baby is weaned from breast milk, talk to your baby's doctor about whether your baby still needs vitamin D supplements. Some children do not get enough vitamin D through diet alone.

To review the new AAP clinical report on vitamin D intake published in *Pediatrics* November 2008, 122 (4):908–910, visit http://aappolicy.aappublications.org/cgi/content/full/pediatrics;122/5/1142.

Is it safe to smoke, drink, or use drugs?

If you smoke, it is best for you and your baby to quit as soon as possible. If you can't quit, it is still better to breastfeed because it can help protect your baby from respiratory problems and sudden infant death syndrome. Be sure to smoke away from your baby and change your clothes to keep your baby away from the chemicals smoking leaves behind. Ask a health care provider for help quitting smoking!

You should avoid alcohol, especially in large amounts. An occasional small drink is okay, but avoid breastfeeding for two hours after the drink.

It is not safe for you to use or be dependent on an illicit drug. Drugs such as cocaine, marijuana, heroine, and PCP harm your baby. Some reported side effects in babies include seizures, vomiting, poor feeding, and tremors.

Can I take medicines if I am breastfeeding?

Although almost all medicines pass into your milk in small amounts, most have no effect on the baby and can be used while breastfeeding. Very few medicines can't be used while breastfeeding. Discuss any medicines you are using with your doctor and ask before you start using new medicines. This includes prescription and over-the-counter drugs, vitamins, and dietary or herbal supplements. For some women with chronic health problems, stopping a medicine can be more dangerous than the effects it will have on the breastfed baby.

You can learn more from *Medications and Mothers' Milk,* a book by Thomas Hale, found in bookstores and libraries. The National Library of Medicine also offers an online tool for learning about the effects of medicines on breastfed babies. The website address is http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT.

Common Questions About Breastfeeding

Can I breastfeed if I am sick?

Some women think that when they are sick, they should not breastfeed. But, most common illnesses, such as colds, flu, or diarrhea, can't be passed through breast milk. In fact, if you are sick, your breast milk will have antibodies in it. These antibodies will help protect your baby from getting the same sickness.

Will my partner be jealous if I breastfeed?

If you prepare your partner in advance, there should be no jealousy. Explain that you need support. Discuss the important and lasting health benefits of breastfeeding. Explain that not making formula means more rest. Be sure to emphasize that breastfeeding can save you money. Your partner can help by changing and burping the baby, sharing chores, and simply sitting with you and the baby to enjoy the special mood that breastfeeding creates. Your partner can also feed the baby pumped breast milk.

Do I still need birth control if I am breastfeeding?

Like other forms of birth control, breastfeeding is not a sure way to prevent pregnancy. Breastfeeding can delay the return of normal ovulation and menstrual cycles. You should still talk with a health care provider about birth control choices that are okay to use while breastfeeding.

When should I wean my baby?

The American Academy of Pediatrics recommends breastfeeding beyond the baby's first birthday, and for as long as both the mother and baby would like. The easiest and most natural time to wean is when your child leads the process. But how the mother feels is very important in deciding when to wean.

Where can I get more information on breastfeeding or find breastfeeding supplies?

For additional information or questions on breastfeeding or recommendations on where to find breastfeeding supplies, contact our Lactation Resource Team at (660) 886-7800.

Section 8

RESOURCES

Inside this section . . .

Meet Our Team of Healthcare Providers

Marshall Women's Care

Our services . . .

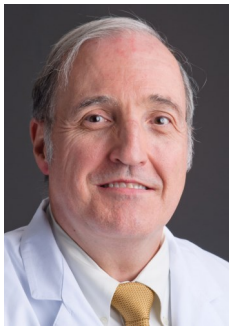
* Complete prenatal care
* Deliveries
* Lactation support
* Birth control options
* Treatment of menstrual cycle abnormalities
* Clinical breast exams
* Cervical cancer screening
* Immunizations

660.886.7800 (option 4)

Monday - Friday | 8 a.m. to 5 p.m.

Located in the Fitzgibbon Medical Clinic on the campus of Fitzgibbon Hospital

William Smith, MD
Obstetrics/Gynecology



James Kerns, MD
Obstetrics/Gynecology

Megan Shepard, CNM
Nurse Midwife

Deanna Donnell, CNM
Nurse Midwife

FITZGIBBON HOSPITAL'S LACTATION RESOURCE

Mothering from the Heart

660.886.7800 (option 4)

Monday - Friday | 8 a.m. to 5 p.m.

After Hours: (660) 831-3253

Located in the Fitzgibbon Medical Clinic on the campus of Fitzgibbon Hospital

Our services . . .

* Education during prenatal appointments
* Evaluations at your bedside after delivery at Fitzgibbon
* Routine scheduled visits in our clinic after discharge from the hospital, typically in the first week, and then ongoing support for as long as needed
* Support for pumping parents, including flange fittings

Whether this is your first baby or your tenth, we are here to support you. We recognize that each baby is unique and so is each infant feeding experience. We want you to have a rewarding feeding journey. Whether your journey is short, long or somewhere in between, we will continue to support you along the way.

We care for many conditions, including concerns about milk supply, teething, weaning, bottle feeding, exclusive pumping, evaluation and treatment for oral restrictions in infants such as tongue ties, and more!

Hospitalists at Fitzgibbon Hospital

Hospitalist physicians specialize in acute care medicine and provide high quality care in the most efficient manner possible.

Our team of hospitalists will provide care for your newborn, ensuring your little one has a safe and healthy start to life. Upon discharge, your baby will be referred to the primary care provider of your choice for ongoing newborn care.

Marshall Family Practice

Treating the whole patient, from newborn to geriatric

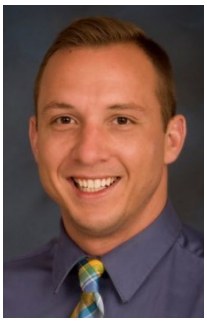
We offer
EXTENDED HOURS
for your convenience!

660.886.7800
option 3

located in the Fitzgibbon Medical Clinic on the campus of Fitzgibbon Hospital

Dr. Pearl Carrillo

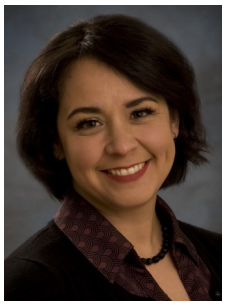
Dr. Deborah Herrmann



Dr. Kurt Schroer

Patti Day, FNP
Nurse Practitioner

Brenda Dodds, FNP
Nurse Practitioner



Chrissy Williams, FNP
Nurse Practitioner

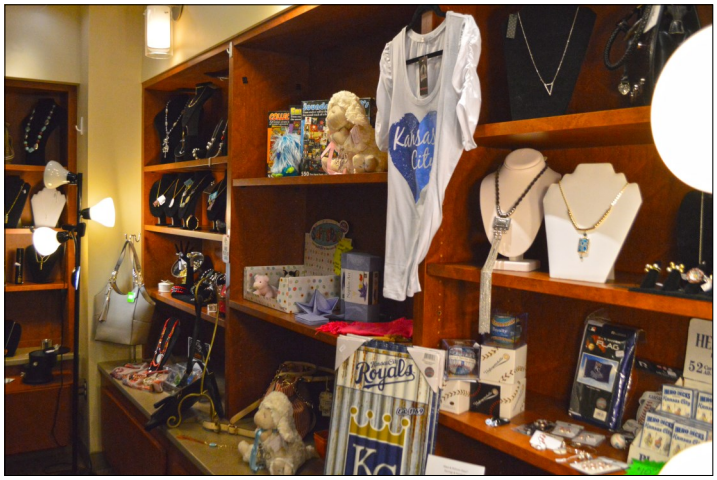
FOR YOUR CONVENIENCE . . . If your baby will be cared for by one of our Marshall Family Practice providers, his or her first newborn visit can be made in conjunction with your lactation appointment — saving you time and travel!

Fitzgibbon Hospital Resources

Auxiliary Volunteers Gift Shop

We invite you to come and visit the Fitzgibbon Hospital Auxiliary Volunteers Gift Shop where we offer a variety of baby products, including clothes, swaddles, stuffed animals, and other items to celebrate your baby's birth. We also offer a huge variety of gifts every new mom is sure to love.

The Gift Shop is run entirely by volunteers supplying visitors, employees and community members a great outlet for their shopping needs. Profits from the Gift Shop are used to fund Auxiliary Scholarships for students and employees in healthcare related educational programs and also to help provide for the purchases of new medical equipment through the Auxiliary "Department Wish List" Program.



The Gift Shop is conveniently located in the main lobby of the hospital.

Nutrition Education/Weight Management

If you find yourself needing the services of a dietician during or after your pregnancy, a Fitzgibbon Hospital Registered Dietician is ready to help. From inpatient care to assistance with gestational diabetes or weight loss following the birth of your baby, we are here for you.

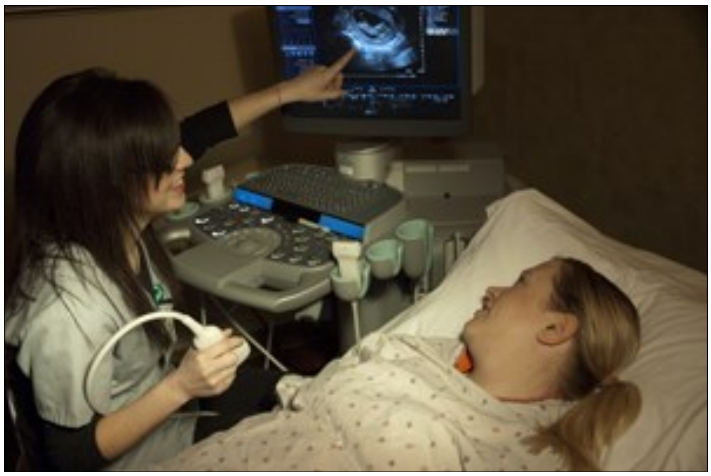
For more information about nutritional education or weight management programs at Fitzgibbon Hospital, call (660) 831-3265 Monday through Friday, 8:00 a.m. to 4:30 p.m. Our schedule can be adjusted to meet your individual needs.

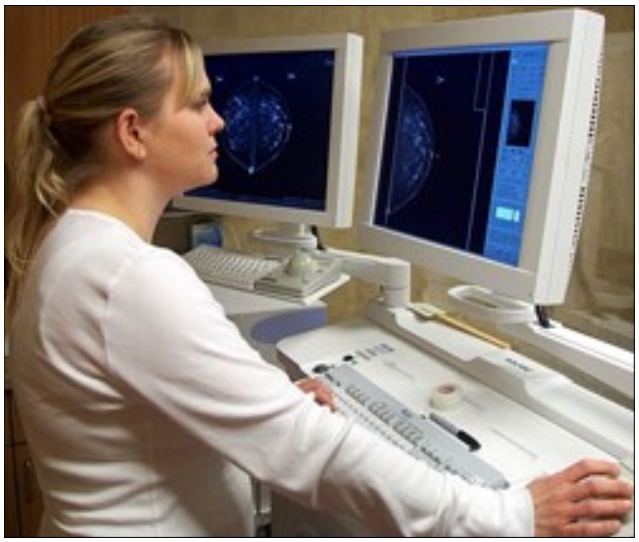
Fitzgibbon Hospital Resources

Other Women's Healthcare Services

Ultrasound

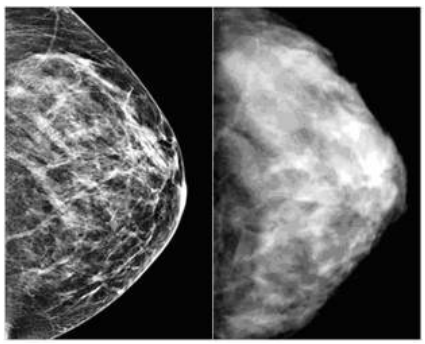
We provide services that range from looking at your baby in early pregnancy, to finding blood clots in your legs, or evaluating blockages in the blood vessels that bring blood to the brain.





3D Mammography

Fitzgibbon Hospital is proud to offer 3D mammography as the new standard of care for the detection of breast cancer. Our female technologists are certified in mammography and the physicians interpreting your exam specialize in breast imaging.



Fitzgibbon Digital Mammography (left) compared to traditional mammography (right)

Recommended Reading & Other Resources

Childbirth

Websites

1. The Bradley Birth Method – www.bradleybirth.com
2. Lamaze Birth Method – www.lamaze.org
3. Penny Simkin (Physical Therapist, Doula and Childbirth Educator) – www.pennysimkin.com
4. Information about Doulas - www.dona.org
5. www.americanpregnancy.org
6. www.askdrsears.com
7. www.midwife.org

Books

1. Shelia Kitzinger: *The Complete book of Pregnancy and Childbirth*
2. Penny Simkin: *When Survivors Give Birth*
3. Barbara Harper (Registered Nurse, Doula and Childbirth Educator): *Gentle Birth Choices*
4. Penny Simkin, Janet Whalley and Ann Keppler: *Pregnancy, Childbirth and the Newborn*
5. Marie Morgan: *Hypnobirthing-The Breakthrough to Safer, Easier, More Comfortable Childbirth*
6. William and Martha Sears: *The Baby Book* — this book has everything you want to know from labor and delivery through your child's second birthday

Breastfeeding

Community Resources

Saline County Health Department
WIC Breastfeeding Peer Counselor
1825 S. Atchison Dr. | Marshall, MO 65340
660-886-9494
* *see page 9 of this booklet for more info about WIC*

Carroll County Health Department
5 North Ely | Carrollton, MO 64633
660-542-3247

Chariton County Health Center
206 State St. | Keytesville, MO 65261
660-288-3675

Loving Support© makes breastfeeding work

WIC Prescreening Tool

The Food and Nutrition Service is pleased to announce that the **WIC Prescreening Tool** is now available on the USDA/FNS website.

The **WIC Prescreening Tool** is a web-based application intended to help potential WIC applicants determine if they are likely to be eligible for WIC benefits.

The **WIC Prescreening Tool** is now accessible to internet users via the "Am I Eligible?" links on the WIC homepage [http://www.fns.usda.gov/wic/].

This booklet provided courtesy of Fitzgibbon Hospital

Recommended Reading & Other Resources (cont.)

Breastfeeding (cont.)

Support Groups

Best-Fed Babies

Share and support for breastfeeding families. Meet 2nd Thursday of the month, 12-1:00 p.m., Saline County Health Department (1825 S. Atchison Dr., Marshall | 660-886-9494)

Carroll County Mom Group

Call 660-542-3247 for meeting schedule or check out their Facebook page:
carrollcountymomgroup@facebook.com

Donating Extra Breastmilk

Mother's Milk Depot

Located in the Women's Center at Fitzgibbon Hospital | 660.831.3710

Your unused breastmilk could mean the difference between life and death for a baby in need.

Breastfeeding Medication Questions

Fitzgibbon Lactation Resource

660.886.7800

Dr. Thomas Hale's Infant Risk Center

Texas Tech University Health Sciences Center
Monday-Friday | 806.352.2519 | www.ttuhsc.edu/infantrisk

Websites

LaLeche League (1-800-LALECHE): www.lalecheleague.org

Breastfeeding After Reduction: www.bfarbfar.org

Missouri Breastfeeding Coalition: www.mobreastfeeding.org

http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/

Best for Babes: http://www.bestforbabes.org/

TEAM BFB BEST for BABES

Whatever your race,
whatever your pace,
you can help beat the booby traps™
and put prevention in first place!

Recommended Reading & Other Resources (cont.)

Breastfeeding (cont.)

Books

La Leche League: *The Womanly Art of Breastfeeding*

Amy Spangler: *Breastfeeding – Keep it Simple*

William and Martha Sears: *The Breastfeeding Book*

The Business Case for Breastfeeding — a comprehensive program designed to educate employers about the value of supporting breastfeeding employees in the workplace. The program highlights how such support contributes to the success of the entire business. The Business Case for Breastfeeding offers tools to help employers provide worksite lactation support and privacy for breastfeeding mothers to express milk.

The Employees Guide to Breastfeeding and Working — a practical guide for breastfeeding mothers who will be returning to work. This guide offers suggestions for talking with employers about the importance of maintaining lactation after returning to work as well as guidelines for pumping and milk storage.

Both publications are available free from: http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/

General Information

National Highway Traffic Safety Administration-Car Seat Recall List: www.nhtsa.gov

National Poison Control Center 1-800-366-8888

National Postpartum Depression Hotline: 1-800-PPD-MOMS

Postpartum Depression Resource: www.kansasppd.org , 1-866-363-1300

* *Phone support and counseling. Not a Hotline.*

Just for Dads

www.dadsadventure.com

www.fatherhood.org

Public Health
Prevent. Promote. Protect.

WIC Program
Saline County Health Department
1825 S. Atchison Ave.
Marshall, MO 65340
660.886.9494

MISSOURI WIC and Nutrition Services

CONGRATULATIONS ON YOUR NEW BABY!!!

Do you know you are already eligible for the Women, Infants, and Children (WIC) supplemental food program if you are currently receiving Food Stamps, TANF, and/or Medicaid? We'd like to help you get involved in the WIC program, bringing food security to your household, so don't wait to make your first appointment with us.

An important step toward good nutrition and lifelong health begins early, with baby's first food as breast milk. WIC's benefits include breastfeeding support and assistance, not only during your pregnancy, but throughout your baby's first year. Our staff includes our lactation counselors, Registered Dietitian, and staff, all of whom have special skills to serve your needs.

Check our income guidelines in the chart below and contact our office for more information. Looking forward to hearing from you soon!

Hugs to you from your WIC family,

Jana, Glenda, Brenda and Chelsea

"USDA is an equal opportunity provider and employer."

Missouri WIC Income Guidelines–May 1, 2024
Guidelines reflect gross (pre-tax) income.

Family Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	$27,861	$2,322	$1,161	$1,072	$536
2	$37,814	$3,152	$1,576	$1,455	$728
3	$47,767	$3,981	$1,991	$1,838	$919
4	$57,720	$4,810	$2,405	$2,220	$1,110
5	$67,673	$5,640	$2,820	$2,603	$1,302
6	$77,626	$6,469	$3,235	$2,986	$1,493
7	$87,579	$7,299	$3,650	$3,369	$1,685
8	$97,532	$8,128	$4,064	$3,752	$1,876
9	$107,485	$8,958	$4,479	$4,135	$2,068
10	$117,438	$9,787	$4,894	$4,517	$2,259
11	$127,391	$10,616	$5,308	$4,900	$2,450
12	$137,344	$11,446	$5,723	$5,283	$2,642
13	$147,297	$12,275	$6,138	$5,666	$2,833
14	$157,250	$13,105	$6,553	$6,049	$3,025
15	$167,203	$13,934	$6,967	$6,431	$3,216
16	$177,156	$14,763	$7,382	$6,814	$3,407
Each additional family member	Plus $9,953	Plus $830	Plus $415	Plus $383	Plus $192

Income guidelines are based on 185% of the poverty level.
This institution is an equal opportunity provider.

#909 (05/24)

Section 9

FUN STUFF

Inside this section . . .

HAPPY BIRTHDAY!

BABY'S FULL NAME

BABY'S BIRTH DATE & TIME

BABY'S FOOT PRINTS

Left

Right

BABY'S BIRTH WEIGHT

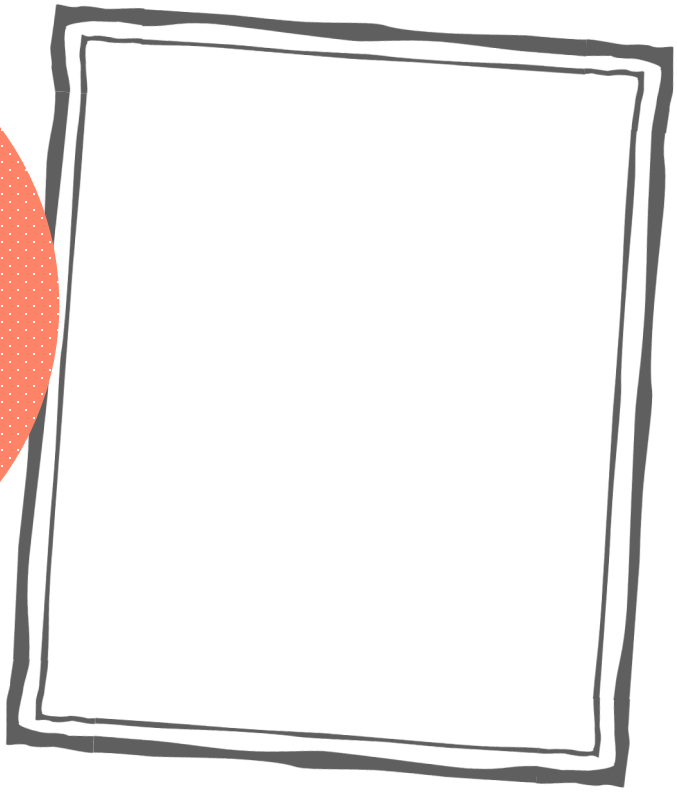
lbs. oz.

BABY'S LENGTH

inches long

NURSES WHO TOOK CARE OF US

JUST born



NOTES:

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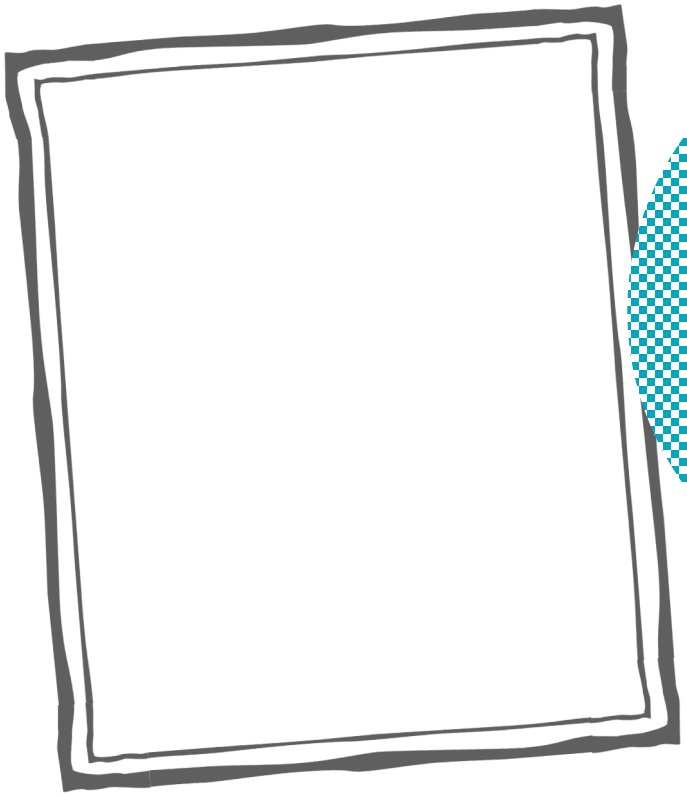

1 month

NOTES:

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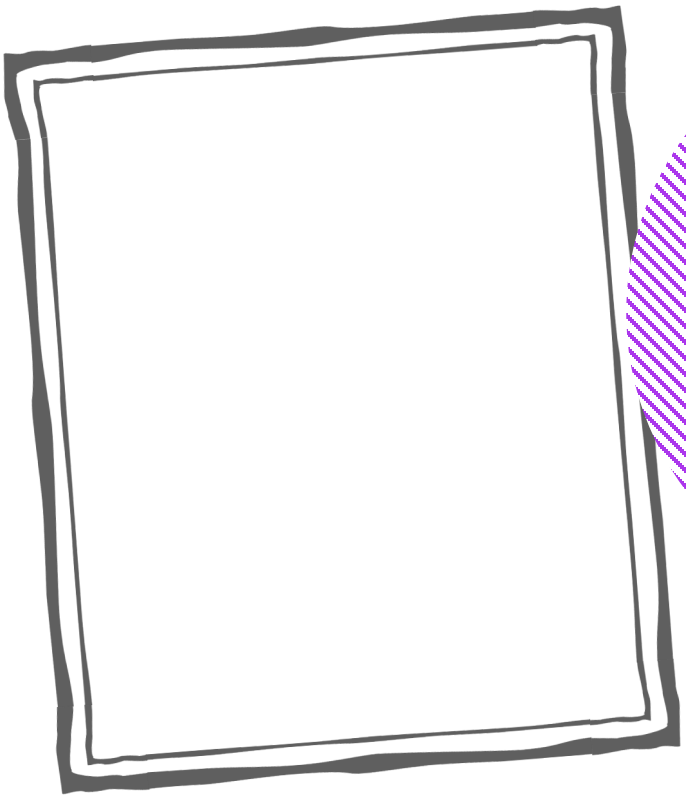

3 months

NOTES:

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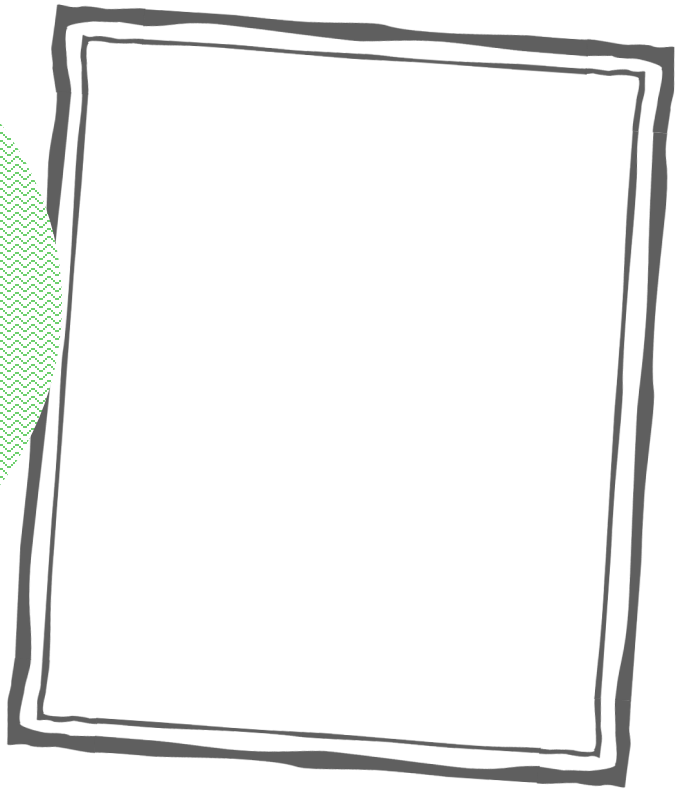
6 months



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NOTES: _____

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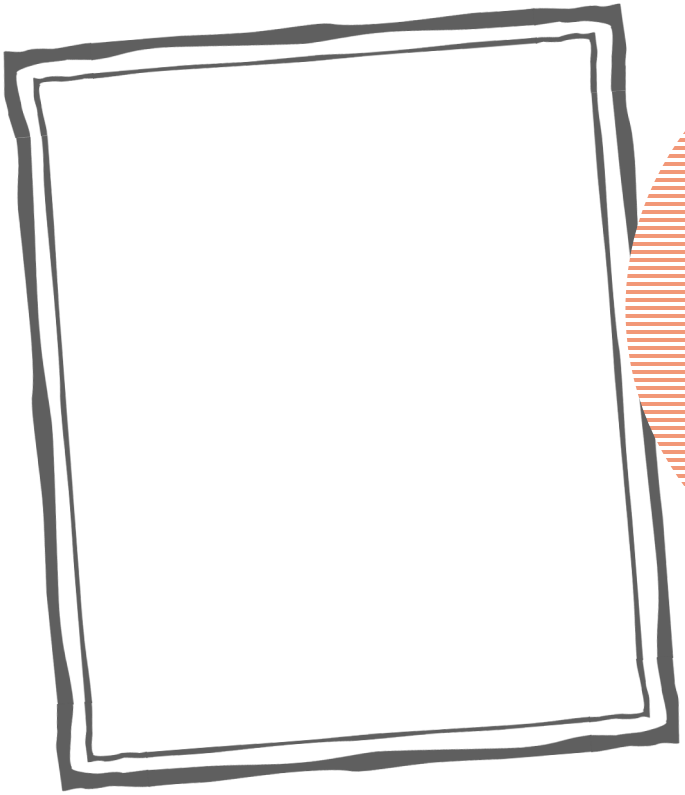

NOTES: _____

_____

_____

WEIGHT: LENGTH:

MONTH-by-MONTH
Developmental Milestone Chart

Your baby's first year is one of the most exciting and amazing times for you to watch them grow. Check off each milestone as your little one grows into their first year of life. It's important to remember that babies develop at different rates, and this represents general guidelines. If you are concerned your baby is not meeting certain milestones on time, talk to your child's healthcare provider.

1 month

- ___ Makes eye contact and stares at faces
- ___ Responds to parent's voice
- ___ Lifts head while lying on tummy
- ___ Moves head from side to side while lying on tummy
- ___ Follows objects briefly with eyes
- ___ Begins to coo, gurgle, and make other vocal sounds
- ___ Makes equal movements with hands and feet

2 months

- ___ Coos, gurgles and makes other vocal sounds
- ___ Sees black and white patterns
- ___ Follows objects across field of vision
- ___ Discovers hands
- ___ Holds head up for short periods of time
- ___ Smiles and laughs
- ___ Briefly grasps and holds objects placed in hand

3 months

- ___ Smiles and laughs
- ___ Holds head steady
- ___ Imitates some movement and facial expressions
- ___ Brings hand to mouth
- ___ Blows bubbles
- ___ Knows parent's face
- ___ Lifts head and shoulders when lying on tummy
- ___ Supports upper body with arms when lying on tummy

4 months

- ___ Begins reaching
- ___ Uses arms simultaneously
- ___ Grasps and releases toys
- ___ Brings hands together
- ___ Relaxes and opens hands at rest
- ___ Bears weight on legs
- ___ Coos and makes noise when spoken to
- ___ Rolls over from tummy to back

5 months

- ___ Reacts and turns towards sounds and voices
- ___ Grasps smaller objects
- ___ Rolls over in both directions
- ___ Plays with hands and feet
- ___ Begins "creeping"
- ___ Supports body weight on legs when held in standing position
- ___ Reaches with one hand
- ___ Transfers objects from hand to hand

6 months

- ___ Imitates sounds
- ___ Begins eating solid foods
- ___ Sits without support
- ___ Picks up dropped objects
- ___ Sits in high chair
- ___ May start teething (this can occur from 4-7 months of age)
- ___ Enjoys hearing own voice
- ___ Vocalizes to mirror and toys
- ___ Begins to make sounds that resemble one-syllable words

MONTH-by-MONTH
Developmental Milestone Chart

7 months

___ Responds to name
___ Uses voice to express joy and displeasure
___ Finds objects that are partially hidden
___ Explores with hands and mouth
___ Drags objects towards self
___ May start crawling (this can occur from 6-10 months of age)
___ Jabbers and combines syllables
___ Enjoys social play

8 months

___ Says "mama" and "dada" to both parents (not specific)
___ Stands with support or while holding onto something
___ Crawls
___ Points at objects
___ Turns away when finished eating

9 months

___ Begins "cruising" along furniture
___ Drinks from a sippy cup
___ Begins to eat with fingers
___ Begins to bang objects together
___ Displays separation and stranger anxiety
___ Combines syllables into word-like sounds

10 months

___ Waves goodbye
___ Eats well with fingers
___ Picks objects up with pincer grasp
___ Begins understanding the word "no"
___ Says "mama" and "dada" to the correct parent
___ Stands alone momentarily

11 months

___ Plays patty-cake and peek-a-boo
___ Begins to imitate others
___ Stands alone for a couple of seconds
___ Cruises
___ Claps hands
___ Puts toys into containers
___ Indicates wants with gestures other than crying
___ Understands simple instructions

12 months

___ Says one word other than "mama" and "dada"
___ Imitates others' sounds and activities
___ Pulls off socks
___ Stands well; may begin to walk
___ Uses exclamations like "uh-oh!"
___ Begins to use objects correctly

THIS HOME HAS A NEW BABY

BABY'S NAME

BABY'S BIRTH DATE & TIME

WEIGHT / LENGTH

BORN AT

PARENTS

Having a baby is hard work and giving birth brings great changes, both physically and to the family dynamic. To maximize recovery and help this family bond appropriately, for best long-term results, mother and baby are spending most of the day together quietly, resting and adjusting. While your visit is appreciated by the family, please assist them in this critical time by limiting the length of your visit and be understanding of the priority of family bonding prohibits the new baby being held by anyone but the mother/father. For the health of the new baby, please DO NOT come in if you or your children are sick.

If you are invited in, please consider helping out by doing one or more of the following (circled):

- ✓ Prepare or arrange for a nutritious meal
- ✓ Grocery shop
- ✓ Run an errand
- ✓ Wash dishes
- ✓ Do laundry
- ✓ Clean a bathroom
- ✓ Take out the trash
- ✓ Water the yard, garden or houseplants
- ✓ Mop/vacuum
- ✓ Sit with baby/other children for mom to shower
- ✓ Ask for a task
- ✓ Jump in and do whatever needs to be done
- ✓ Other:

THANK YOU for your consideration and thoughtfulness in helping with this special transition time.

_____, care provider

Marshall Women's Care

The Women's Center

Lactation Resource

services of

FITZGIBBON HOSPITAL

your 501(c)3 not-for-profit community hospital

. . . we deliver happiness!