UPMC Bedford Memorial

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Mom and Baby Discharge Guide

Your Care. Our Commitment.

Contents

In order to provide you with information about proper breastfeeding techniques, this guide includes some photographs with partial nudity. Discretion is advised.

Congratulations on the Birth of Your Baby!

The weeks following the birth of your baby are important ones. You are welcoming a new life into the world. At the same time you are recovering physically and emotionally from the birth. This guide will help you to know what to expect and how to care for yourself and your baby when you go home.

Call the Doctor If:

Baby:

- Seems ill or is not acting like himself/herself.
- Is not eating well or refuses 2 to 3 feedings.
- Has rectal temperature over 100.4 F (38.0 C).
- Is more than 4 days old and has less than 6 wet diapers in 24 hours.
- Is more than 3 days old and still has sticky and black dirty diapers.
- Has yellow colored skin, which is moving down from the baby's face to the legs.
- Is vomiting repeatedly.
- Is crying a lot and cannot be comforted.
- Has an unusual rash.
- Has more than 6 watery, dirty diapers a day.
- Has not stooled in 24 hours during the first week of life.
- Is very sleepy or difficult to wake (Call **911**).
- Has trouble breathing (Call **911**).

Mother:

- Has bright red bleeding heavier than a normal period.
- Has large blood clots (larger than an egg).
- Has fever over 100.4 F (38.0 C).
- Has burning or pain during urination or urgency to urinate.
- Has bad smelling discharge from vagina or incision.
- Has lower back pain.
- Has swelling or redness in legs.
- Has pain in the calf of the leg.
- Has red, swollen, painful breasts.
- Has a separation of the skin of the incision.
- Has headache, vision changes, and/or abdominal pain.

Your Care After Delivery

Your uterus (womb) will take about 6 weeks for the inside to slowly heal and the uterus to shrink to a non-pregnant size.

- As the inside heals, your bleeding (lochia) will go from bright red to dark red.
- About 3 to 4 days after birth, the bleeding will be pink or light brown. The length of bleeding varies.
- When you are more active or just after breastfeeding in the early days, your bleeding may get heavier or redder in color. This is normal.
- If you have bleeding much heavier than a normal menstrual period, or if it turns back to very bright red, or if you have clots the size of an egg, call your doctor. This increased bleeding is a sign that you should rest more, stay off your feet, and relax.
- If you notice a bad or "fishy" smell from your bleeding, call your doctor.
- Change your pad each time you use the bathroom.
- Do not use tampons or douche until you see your doctor about 6 weeks after birth.
- If you are breastfeeding, you may not have a period for many months or until the baby weans. If you bottle feed you can expect your first normal period 4 to 6 weeks after the birth. Your first few periods may not come in a regular pattern but will do so within a few months. During this time it is still possible to get pregnant.
- You may have some cramping (after birth pains) as your uterus squeezes down to decrease the bleeding and return your uterus to the non-pregnant size.
  - You may feel more cramping with your second or third baby than you did with your first.
  - You may feel more cramping during and right after breastfeeding. This is a good sign that your uterus is doing what it should.
  - If the pain is severe, call your doctor. Your bottom (perineum) will be sore for a few weeks or more after birth. Healing time varies depending on if you have any small cuts or stitches which need to heal. Depending on the type of stitches you have, they will dissolve by themselves in about 2 to 5 weeks.

Self-Care Tips

- Kegel exercises will help you heal faster and stay more comfortable. Kegel exercises also will help the muscles of your bottom tighten up, which will help stop urine from leaking when you cough, laugh, or run. The exercise involves contracting the muscles around the vagina (as though stopping the flow of urine in midstream) by squeezing the muscles tightly for a few seconds and then relaxing them. The squeezing and relaxing is repeated 10 times at least 5 times daily.
- You will need to urinate more often and you may sweat more. This will get rid of the extra fluid you needed during pregnancy. This fluid should be gone in 1 or 2 weeks. At that time your hands and feet should not be swollen any longer.
- Because your bottom and uterus are healing from birth, it is important to be careful to stay clean and prevent chances for infection.
  - Use the pericare bottle to squirt water over your bottom after you urinate.
  - Wipe only from front to back.
  - Wipe only once with each tissue.
  - Stand up before you flush the toilet.
  - Change your pad every time you use the bathroom.
- You may not have a bowel movement for a few days. Your first bowel movement may be uncomfortable because your bottom is sore or you may have hemorrhoids. Do not worry about putting pressure on the stitches (if you have any) in your bottom. The stitches are strong and will not tear open.
  - When you have a bowel movement, wipe from front to back.

- Wipe only once with each tissue.
- Rinse with the pericare bottle when you are finished.
- Eating foods with lots of fiber (washed raw vegetables, whole grain cereals, or bread) and drinking lots of water or juice will help.
- Your doctor may order stool softeners or hemorrhoid medicine for you.

Hygiene

- You may shower and shampoo your hair as you wish. Unless otherwise instructed by your health care provider, wait about 2 weeks after a vaginal or Caesarean (C-section) birth before you wash in a tub bath.
- You may use a hand held shower to run water over your bottom from front to back.
- If you had a C-section, you may gently wash the incision with soap and water. Gently pat this area dry. Your doctor will tell you when to remove the steri-strips before you leave the hospital. It is okay if they fall off on their own.

Activity

Having a baby is hard work. It is hard for you and hard for your baby. You and your baby will need lots of rest during your first week or 2 at home. We suggest that you limit the number of visitors so that you may rest and learn the important skills you need to take care of your new baby. Anyone who touches or holds your baby needs to wash their hands well. Those with coughs, colds, rashes, fever, etc. should not visit you or your baby.

- Do not do heavy activity. Do not lift anything heavier than your baby.
- Try to use the stairs as little as possible for the first week or 2.
- Get lots of rest and sleep. Nap while your baby sleeps.
- Take it slow and easy. Take this time to get to know your baby.
- Increase your activity as you feel able.
- It takes about 6 weeks (occasionally longer) to return to your non-pregnant strength.

Suggestions to Help at Home

- Simple meals and flexible meal times
- A relaxed, flexible home routine
- Help with shopping and cooking
- Friends and family to care for other children

Eating Right/Being Healthy

Remember, it took a lot of energy and work to grow a baby and to give birth. It takes some time for your body to recover and return to a non-pregnant state. The time right after birth is not usually a good time to diet.

- On average about 10 pounds are lost with the birth of the baby, placenta, and fluids.
- You will lose water weight with the extra urination and sweating.
- If you wish to lose more weight, talk with your doctor or nutritionist about a diet which gives you good nutrition. A good plan will include diet and exercise.
- As you breastfeed, this is not a time to diet. Your body will burn the extra calories to make milk.
- All mothers should consider food high in protein, iron, and vitamin C to promote healing and energy.
- Protein is found in meats, dairy products, dry beans, and nuts.
- Many cereals have added iron.
- Vitamin C is found in citrus fruits such as oranges, and in melons, tomatoes, baked potatoes, and broccoli.
- If you have trouble with constipation, consider adding the following to your diet:
  - bran cereal
  - fresh fruits and vegetables
  - whole wheat products
  - nuts and seeds

Breastfeeding Mom's Nutrition

- Add 1 more serving in the milk group (milk, cottage cheese, and yogurt).
- Add 1 more serving in the meat, fish, poultry group (meat, tuna, black-eyed peas, nuts, and brown or white beans).
- Quick, healthy snacks may include:
  - a bagel and cream cheese
  - celery and peanut butter
  - cheese and crackers
  - dried fruit and nut mix
  - granola and yogurt
  - hard-boiled egg
  - ice pop made with fruit juice
  - raw vegetables with dip
- Continue taking your prenatal vitamin.

Sexual Intercourse

Your health care provider will discuss with you when you may resume sexual intercourse.

In general, sexual intercourse can usually be resumed when your stitches (or Caesarean scar) and other pelvic structures have healed. This can take up to 6 weeks.

- You should discuss this issue with your partner to avoid frustrations and misunderstandings.
- You may not be as interested in sex because of fatigue and time demands of the baby.
- You may also experience vaginal dryness and diminished lubrication because of hormones of pregnancy and/or breastfeeding.

Emotional Changes

The care of a newborn can leave mothers feeling overwhelmed. In the beginning, the demands are quite time consuming. It takes 2 to 3 months to establish a routine with a newborn. Remember to relax, take care of yourself, and request and accept all offers of help. Once the new family routine is established, moms usually begin to feel less stressed. Life with your baby becomes more enjoyable!

The arrival of a new baby is a life changing experience. As a new mother, you will feel joy, pride, confusion, exhaustion, and love. These feelings may be more intense than at any other time in your life. You may also experience the "blues." This may include feeling sad, irritable, or impatient. Usually these feelings come and go within the first few weeks.

Some suggestions for easing the transition are as follows:

- Get sufficient rest.
- Request and accept help with child care and household chores.
- Some women feel better when the number of visitors is limited; others feel isolated without company and notice that they feel better when they have other people around.
- Allow yourself some enjoyable personal time to go for a walk, go shopping, take a relaxing bath, etc.

Approximately 1 in 10 women experience postpartum depression. Postpartum depression includes many of the same feelings as the "baby blues" but at a more intense level. Although health care providers are not sure what causes such extreme reactions, most believe postpartum depression stems from the physical and emotional adjustments of having a baby.

Symptoms usually occur within 6 months after childbirth, though they may begin during the pregnancy and may last from a few weeks to a few months. Symptoms may range from mild depression to severe psychosis (in very rare cases). Postpartum depression is different than the "baby blues."

Symptoms of postpartum depression may include:

- Loss of interest or pleasure in life
- Loss of appetite
- Rapid mood swings
- Episodes of crying or tearfulness
- Poor concentration, memory loss, difficulty making decisions
- Difficulty falling or staying asleep
- Feelings of irritability, anxiety/panic, restlessness
- Fear of hurting or killing oneself or one's child
- Feelings of hopelessness or guilt
- Obsessive thoughts, especially unreasonable, repetitive fears about your child's health and welfare
- Lack of energy or motivation
- Unexplained weight loss or gain

If you are experiencing these changes, call your doctor immediately.

Treatment is available and may include counseling, medicine, or both. With proper treatment, most women recover fully.

Postpartum Depression

The birth of a baby is generally considered a joyful time, but it is also a time when women can become depressed. Such feelings make it very hard for a new mother to take care of herself and her baby. This can make it more difficult for the entire family. Depression that occurs after the birth of a baby is called "postpartum" depression. If you or someone you love is suffering from postpartum depression, you probably have questions about why this is happening and how to help.

What is Postpartum Depression?

There are 2 main kinds of postpartum depression:

- Postpartum or maternity "blues" - a mild mood problem that does not last a long time.
- Postpartum major depression - a severe and potentially life-threatening illness.

What are the postpartum blues?

Postpartum blues affect 50 to 80 percent of new mothers. Symptoms usually begin 3 to 4 days after delivery, get worse by days 5 through 7, and tend to go away by day 12. The new mother may have mood swings with times of feeling tearful, anxious, or irritable and have times of feeling well. She may have trouble sleeping. If symptoms last longer than 2 weeks, it is important to get medical attention, since 1 in 5 women (20%) with postpartum blues go on to develop postpartum major depression.

What is postpartum major depression?

Postpartum major depression can begin anytime in the first days or weeks after delivery and is far more serious than postpartum blues. It is a type of mood disorder, a biological illness caused by changes in brain chemistry. This is not the mother's fault or the result of a "weak" or unstable personality. It is a medical illness. Professional treatment can help.

The symptoms of postpartum major depression include a depressed mood most of the day, nearly every day, for at least 2 weeks and losing interest or pleasure in activities one used to enjoy. Other symptoms include fatigue, feeling restless or slowed down, a sense of guilt or worthlessness, difficulty concentrating, insomnia, and recurring thoughts of death or suicide. The woman may also be very anxious about her baby's health. Some women with very severe postpartum depression develop psychotic thoughts (hallucinations or delusions), and there is a small but real chance that she could harm her children.

About 10 to 15 percent of new mothers develop postpartum major depression, but it is often not diagnosed until several months after the birth. Sometimes the new mother puts off getting medical help because she does not have energy. This is caused by the illness or fear of what others will think. The new mother may feel guilty about being depressed when she is supposed to

be happy. Family members and doctors may also fail to see the symptoms as depression, because they may think that the mother's mood is a normal reaction to the stress of caring for a baby.

What causes postpartum depression?

We don't know exactly what causes postpartum depression, but research points toward hormonal factors that may in turn affect brain chemistry. At the time of birth, the amount of estrogen and progesterone in the bloodstream and brain fall suddenly. Women who develop postpartum depression may be especially sensitive to this change as the body returns to its "normal" balance. Another important, though infrequent, cause of depression is an underactive thyroid gland after delivery, a problem that is relatively easy to treat if detected. Research is being done to find out about other biological and social problems that may be involved. The brain chemistry of postpartum depression is probably similar to abnormalities that researchers believe are present in other types of depression. This view is supported by the fact that postpartum depression occurs more often in women who have had depression at other times or have close relatives with depression (where there may be a hereditary factor).

Who is at risk for postpartum major depression?

The most important risk factor for postpartum depression is having had a similar episode before. Over half of the women who have had a previous depression after the birth of a child will become depressed again when they give birth. If a woman has been depressed at any other time in her life, her risk of developing a postpartum depression also increases, from about 10 percent (risk for a woman with no history of depression) to 25 percent. Women with manic-depressive illness (also known as bipolar disorder) are also at very high risk. Women are also more vulnerable if they have been depressed during pregnancy, if they had significant premenstrual mood symptoms before they were pregnant, or if they have close relatives with depression or bipolar disorder. It is very important for a woman with a personal or family history of a mood disorder to talk to her doctor so that she can be watched closely. Stressful situations (ex: baby's health, marital issues, not having a partner) may also place a woman at an increased risk for postpartum major depression.

Will untreated postpartum depression affect the baby?

Studies have shown that postpartum depression can have significant negative effects on the baby that can last into childhood. Mothers who are depressed may be less involved with their children. When interactions between mother and babies are impaired, this can have an effect on the child's later behavior. Studies have shown that such children may not perform as well on some developmental tasks as children of mothers who were not depressed. Their ability to interact with other children may also be affected, and they may have behavioral and learning problems. It is very important to identify and treat postpartum depression as early as possible.

How is postpartum depression treated?

Treatment for postpartum depression depends on the severity of the symptoms. By definition, postpartum blues last only a few days to as much as 2 weeks. With extra help caring for the newborn and emotional support for the mother, these feelings usually pass quickly. However, when depression deepens and persists for more than a short time, more active treatment is needed. If the depression remains mild enough for the woman to function, she may benefit from skilled psychotherapy. However, if there are clear symptoms of more severe major depression, experts recommend combining carefully selected antidepressant medicine with counseling and support. Information has been gathered on the effects of several antidepressants on breastfed infants, showing no evidence of serious problems. The more severe the depression, the more strongly the experts urge the use of medicine.

If a woman has very severe symptoms, such as suicidal or psychotic thoughts, the doctor may need to put her in the hospital to ensure her safety and that of the baby while her symptoms are addressed. Electroconvulsive therapy is an alternative to consider if a mother does not respond to medicine or is breastfeeding and wants to avoid medicine.

Antidepressant Medicine

Many different kinds of antidepressants are available with different chemical actions and side effects. All of them treat depressive symptoms and may be helpful for postpartum depression. A mother who is breastfeeding, however, may be concerned about the safety of antidepressant medicine for her infant. For postpartum depression in a breastfeeding mother, the experts recommend medicines called serotonin reuptake inhibitors (SSRIs), which affect the brain chemical, serotonin. Their top choice among these is sertraline (Zoloft®), the most widely studied antidepressant in breastfeeding mothers and their babies. While small amounts enter breast milk, little or no medicine can be detected in babies, and there appear to be no adverse effects. Paroxetine (Paxil®) is also a highly-rated choice. Paroxetine is not detectable in breast milk or nursing infants. 2 other widely used SSRIs, fluoxetine (Prozac®) and citalopram (Celexa®), enter breast milk in small amounts but are viewed as acceptable alternatives. If a mother took fluoxetine or citalopram during her pregnancy and needs to stay on medicine after delivery, experts do not think it is necessary to change to another drug. Tricyclic antidepressants, an older type of medicine, are also viewed by experts as a good choice for breastfeeding mothers. Imipramine (Tofranil™) and nortriptyline (Pamelor®) are 2 examples. Tricyclics usually cause more side effects in the mother than SSRIs but are sometimes more effective. If the baby has health problems, the pediatrician can get a blood sample to see if the antidepressant is present in the baby in a significant amount and might be causing the problem.

For an extremely severe type of depression in which the mother has psychotic symptoms (hallucinations or delusions), it is important to combine the antidepressant with another kind of medicine called an antipsychotic. If the mother is breastfeeding, the experts recommend an older type, called conventional antipsychotics (such as Haldol®); newer types (atypical antipsychotics such as Risperdal® or Zyprexa®) are preferred otherwise, but have not been tested enough in breastfeeding mothers and their babies.

Psychological Treatments: Counseling and Support

For a woman with postpartum major depression, experts recommend household help and therapy with a mental health professional. If depression is severe, the experts urge finding someone to stay with and assist the mother at all times, such as a relative, friend, or paid helper. Family and friends can offer non-judgmental support, reassurance, hope, and validation of the new mother's abilities. Common issues in psychotherapy for postpartum depression include overwhelming fears about new responsibilities and guilt over becoming depressed at such a crucial time. 2 techniques that treat depression by putting these problems in perspective are interpersonal therapy and cognitive-behavioral therapy. It is usually good to include the spouse or other main caretaker in therapy to help him/her understand the symptoms of depression and cope with the increased stress on the family.

Preventing Postpartum Depression

Previous episodes of depression increase the risk that a woman will develop postpartum depression. The risk is highest in a woman who has actually had postpartum depression after an earlier pregnancy. If a woman has a history of depression, her doctor may discuss treatments to lower the chance it will return after delivery. If this is her first pregnancy and she has felt well throughout with no treatment, most experts suggest careful monitoring but no new treatment unless symptoms appear. However, if a woman has had postpartum depression in the past, most experts recommend beginning preventive treatment with antidepressant medicine and psychosocial interventions right after delivery. Some experts would start a preventive program during the mother's third

trimester if she is at very high risk. A typical plan might be to begin psychotherapy 2 to 3 months before the due date and then add antidepressant medicine in the final few weeks when there is almost no risk to the fetus.

Support Networks

Support groups can be very helpful for women with postpartum depression or other emotional problems after the birth of a baby. These groups can help a woman feel less alone, learn new coping skills, and find out about local resources.

Postpartum Support International
927 North Kellog Ave.
Santa Barbara, CA 93111
800-944-4773
www.postpartum.net

Depression After Delivery
91 East Somerset St.
Raritan, NJ 08869-2129
800-944-4PPD
(to request information packet)

An excellent website with lots of information, resources, and links:
http://www.depressionafterdelivery.com

Source: **www.womensmentalhealth.org**

Tips for Postpartum Dads and Partners

Pregnancy and postpartum mood and anxiety disorders affect the whole family. Here are some tips that might help you along the way. Remember that you will get through this with help and support. There is no magic cure, and sometimes recovery seems slow, but things will keep improving if you stick to a plan of health care, support, and communication.

Common Symptoms of Perinatal Depression and Anxiety

- Feeling overwhelmed, exhausted, and insecure
- Crying spells, sadness, hopelessness
- Anger, irritability, frustration
- Repetitive fears and worries

Taking Care of Your Stress and Emotions

- Ask for help, information, and support for yourself. Call or email a PSI volunteer. Find help near you.
- Develop a support team for your family. Ask for help. Say yes when they offer.
- Take time for yourself.
- Talk to other families who have been through this.
- Spend time with your baby to develop your own confidence.

How to Help Mom

- Reassure her: this is not her fault, she is not alone, and she will get better.
- Encourage her to talk about her feelings and listen without judgment.
- Help with housework before she asks you.
- Encourage her to take time for herself. Breaks are a necessity. Being tired is a major contributing factor to worsening symptoms.
- Don't expect her to be super-housewife just because she's home all day.
- Be realistic about what time you'll be home, and come home on time.
- Help her reach out to others for support and treatment.
- Schedule some dates with her and work together to find a babysitter.
- Offer simple affection and physical comfort, but be patient if she is not up for sex. It's normal for her to have a low sex drive with depression, and rest and recovery will help to bring it back.

Dealing with Her Anger and Irritability

- Do what you can to make sure she eats regularly throughout the day, because low blood sugar results in a low mood and frustration. Have healthy and easy snacks on hand.
- Do your best to listen for the real request at the heart of her frustration. Reduce conflict by telling her, "I know we can work this out. I am listening."

- Keep the lines of communication open. Verbalize your feelings instead of distancing yourself from her. It is helpful to take a break if your tempers are hot, but do get back to communicating.
- If she is expressing anger in such a way that you can't stay supportive, you might say something like, "I want to listen to you. I know this is important, but I'm having a hard time because you're so mad at me. Can we take a break and talk about it later?"
- Ask her how you can help right now. If she doesn't know, make some suggestions.

Postpartum Depression Resources:

- UPMC Behavioral Health (WPIC): **412-624-1000**, Option **3**

Rest and Sleep

Mothers and fathers are stressed by fatigue during the postpartum period. Both parents are encouraged to get an appropriate amount of rest and sleep. This can be a bit of a challenge since your newborn does not sleep for long stretches of time and wakens during the night for feedings. Following are some tips to assist parents with these needs:

- Keep a relaxed, flexible home routine.
- SLEEP when your baby naps.
- Please use relaxation techniques to reduce fatigue.
- Please take time for yourselves by going out together for a walk or for dinner.

Recovering from Your C-Section

It takes about 4 to 6 weeks for a C-section incision to heal. Fatigue and pain are common. While you are recovering:

- Take it easy. Rest when possible. Try to keep most things that you might need within reach. For the first few weeks, avoid lifting from a squatting position or lifting anything heavier than your baby.
- Support your abdomen. Use good, upright posture when you stand and walk. Hold your abdomen near the incision with a pillow during sudden movements, such as coughing, sneezing, or laughing. Use pillows or rolled up towels for extra support especially during breastfeeding.
- Drink plenty of fluids. Drinking water and other fluids can help replace the fluid lost during delivery and breastfeeding, as well as prevent constipation.
- Take medicines as needed. Your provider might prescribe certain medicines to help relieve pain.
  - Ibuprofen (e.g. MOTRIN®): unless there is a medical reason you cannot take ibuprofen (for example: allergy, stomach ulcer, or kidney disease), this should be your first choice. Take 600mg by mouth as needed every 6 hours.
  - Narcotics (e.g. Percocet®, Norco®, Vicodin®, and Oxycodone): best used in between doses of ibuprofen. Start by taking 1 pill every 4 to 6 hours as needed. If you do not achieve pain relief, take 2 pills every 4 to 6 hours as needed.
  - Acetaminophen can help with pain control. Acetaminophen is commonly known as TYLENOL®, but is usually a component of most narcotic medicines. When taken in high amounts, it can be toxic and cause liver injury. It is recommended that you take less than 3 grams (3000mg) of acetaminophen daily. To keep track of the amount of acetaminophen you are taking, refer to the information on the pill bottle of TYLENOL, Extra Strength TYLENOL®, or your narcotic medicines.
  - Keep track of which medicines you are using and at what time. This will help you estimate in advance the next time you will need something for pain relief. The need for pain medicines should decrease after about 2 weeks and you can reduce the amount of medicines according to how much you need to take to control the pain.
  - Contact your provider if you are unable to achieve pain relief by following the above schedule.

- All narcotic medicines require a printed prescription to be given or mailed to you. You will be sent home with enough medicine for approximately 7 days. Should you get near the end of you pain medicine supply, please call your provider to discuss pain relief options.

It is also important to notify your provider if you experience:

- Any signs of infection – such as a fever of 100.4 F (38 C) or higher, severe pain in your abdomen, or redness, or swelling and discharge at your incision site.
- Breast pain accompanied by fever.
- Foul-smelling vaginal discharge.
- Painful urination.
- Bleeding that soaks a sanitary pad within an hour or contains large clots.
- Leg pain or swelling.
- Difficulty breathing.

Lifelong Health Habits

The signs of breast cancer are not the same for all women. It is important to know how your breasts normally look and feel. If you notice any change, see your health care provider.

Importance of Breast Self-Awareness

Breast self-awareness (BSA) is an important tool in facilitating good breast health. Become familiar with your breasts and report any changes, such as lumps, rashes, discharge, or pain to your health care provider. Examining your breasts regularly may assist with BSA.

Know what is normal for you. See your health care provider right away if you notice any of these changes:

- Lump, hard knot, or thickening
- Swelling, warmth, redness, or darkness
- Change in the size or shape of your breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- New pain in one spot that does not go away

Risk Factors

There are many factors that play a role in determining your risk of developing breast cancer, including:

- Family history
- Age
- Gender
- Activity level
- Diet and nutrition
- Ethnicity
- Obesity
- Certain biopsy findings
- Radiation exposure at a young age
- Mammographic breast density
- Reproductive history
- Current or recent hormone replacement therapy

These risk factors are only a guide to better breast health. The best approach to monitoring your risk for developing breast cancer is by talking with your health care provider and following recommended screening guidelines, including an annual mammogram beginning at age 40, for women at average risk.

Know Your Risk

- Talk to your family to learn about your health history.
- Talk to your doctor about your personal risk of breast cancer.

Get Screened

- Ask your doctor which screening tests are right for you if you are at a higher risk.
- If you are at average risk, have a mammogram every year starting at age 40.
- Have a clinical breast exam every 1 to 3 years starting at age 20, and every year starting at age 40.

Make Healthy Lifestyle Choices:

- Maintain a healthy weight.
- Add exercise into your schedule.
- Limit alcohol intake.

Infant Care: Your Baby and You at Home

The following discharge instructions provide you with general information on how to care for your new baby after you leave the hospital. Your baby's doctor or health care provider may give you specific instructions also.

Please read these instructions while you are in the hospital and feel free to ask questions. We hope this guide will be helpful in the weeks ahead.

Taking care of a newborn is rewarding but may take a lot of time. You will quickly learn your baby's cries and needs. If you have any questions, you may contact your baby's doctor.

Appointment

Don't forget to make a follow-up appointment for your baby at the doctor's office or clinic. Your baby's doctor will usually recommend a visit for your baby anywhere from 1 day to 1 week after you leave the hospital.

When to Call Your Baby's Doctor

- Your baby seems ill or is not acting like himself/herself.
- Your baby is not eating well or refuses 2 to 3 feedings.
- Your baby's rectal temperature is over 100.4 F (38 C).
- Your baby is more than 4 days old and has less than 6 wet diapers in 24 hours.
- Your baby is more than 3 days old and still has sticky and black dirty diapers.
- Your baby's skin has a yellow color, which is moving down from the baby's face to the legs.
- Your baby is vomiting repeatedly.
- Your baby is crying a lot and cannot be comforted.
- You notice an unusual rash on your baby.
- Your baby has more than 6 watery, dirty diapers a day.
- Your baby has not stooled in 24 hours during the first week of life.
- Your baby is very sleepy or difficult to wake (Call **911**).
- Your baby has trouble breathing (Call **911**).

Feeding Baby

Feeding your baby can be one of the most satisfying experiences of early parenthood. It is a time to be close; to nurture and communicate with your baby in your own special way. The feeding method you choose should be the one that is right for you and your baby.

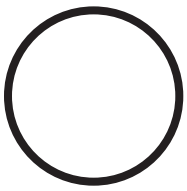
Babies need time to learn to feed. Even though your baby may seem sleepy or disinterested at first, it is important to encourage him/her to have small frequent feedings, at least every 3 hours. Many small feedings set up a healthy eating pattern right from the start. Experts tell us that it is healthier for adults to eat smaller amounts more often, and the same is true for babies. Coaxing a baby to

finish a bottle may lead to overfeeding. This may lead to unhealthy eating habits that contribute to obesity. This rarely happens with breastfed babies.

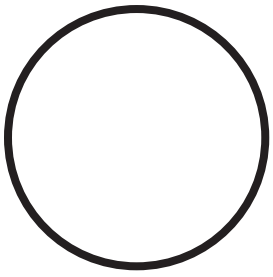
"Little Baby Bellies"

Babies are born with little bellies. For the first few days, your baby's belly fills quickly because it can only hold a small amount.

This is your baby's belly the first 24 hours after birth. It can comfortably hold about 1 to 2 teaspoons. The amount of "first milk" (colostrum) in the breast is 1 to 4 teaspoons.



By day 3, your baby's belly holds 1/2 to 1 ounce. Let your baby tell you when he/she is done. Expect your baby to nurse often, about 8 to 12 times in 24 hours or about every 1 1/2 to 3 hours. The more your baby nurses, the more milk you will make. More and more milk comes into your breast.



By day 10, your baby's belly holds about 2 ounces. Many babies will spit up a little. There is no need to add anything after breastfeeding if your baby is feeding well and has plenty of wet and dirty diapers. Your belly is the size of a softball. Just like your baby, if you overeat, you will feel uncomfortable, nauseous, and have a belly ache.

Breastfeeding Your Baby

- Exclusive breastfeeding is recommended by the American Academy of Pediatrics for the first 6 months, then to continue breastfeeding with solids added to baby's diet for at least the remainder of the first year or as long as you and your baby wish.
- Breast milk contains all the nutrients needed for your baby's growth and development. It also provides antibodies and immunity against many illnesses.
- Breastfeeding is a special time with your baby. The support of family and friends while you are learning will be helpful with the early challenges.
- Try to avoid becoming overtired. Rest when your baby sleeps. Limit visitors. Simplify meals. Let housework wait and accept any offers of help from family and friends.
- According to the American Academy of Pediatrics guidelines all breastfed infants should receive 400 IUs of Vitamin D supplementation daily. Please talk with your pediatrician about when to start this supplementation.

Learning to Breastfeed

- Breastfeeding is a natural and learned process. Be patient and practice. Your confidence will grow with each feeding.
- Nurse your baby 8 to 12 times over 24 hours. Wake your baby if it has been 3 hours since the last feeding. Observe for swallowing – ask your nurse to help you identify swallows.
- Enjoy this very special time of cuddling and nurturing your baby.
- Follow your baby's hunger cues:
  - Sucking sounds
  - Waking up
  - Licking lips
  - Hand to mouth movements
  - Cooing or sighing
  - Crying (a late feeding cue)
- Awaken your baby during the day to feed at least every 3 hours. You can do this by removing his/her blankets or changing his/her diaper.
- Hold your baby skin-to-skin with you. This will keep your baby warm and encourage your baby to feed.
- Nurse your baby when he/she first begins to wake up. Don't wait for your baby to start crying. A calm baby latches easier than a crying baby.
- Allow your baby to wake you up at night unless your baby's doctor tells you otherwise.

- If your baby sleeps longer at night, they may need to nurse more often during the day.

Positions to Breastfeed

- Find a comfortable position for holding and latching your baby.
- Good positioning and latch can help prevent nipple soreness.
- Your nurse can help you position your baby.
- The preferred positions for beginners are the football hold and the cross cradle hold.
- Find a comfortable location to nurse your baby. Some women like to sit in a chair, others use a semi-reclined position.
- Use pillows to keep your baby level with the breast. Some mothers like to use a nursing foot stool.

Football Hold*

- Your baby is held similar to how you hold a football, clutched close to your body and under your arm.
- Place your baby beside you - on the side of the breast you will use - with his/her head near your breast and nose by your nipple.
- Tuck his/her body up against your side, under your arm. Your forearm should support his/her upper back and your hand should support the shoulders, neck, and base of the head.
- Put a pillow or 2 at your side to help support your arm as you hold the baby.

Cross Cradle*

- Support your baby as with the football hold, but reach across your chest to bring your baby to the opposite breast so his/her tummy faces you and the nipple is opposite his/her nose.

Cradle*

- Your baby's head is in the crook of your elbow with his/her back lying along your forearm.
- Your baby is turned tummy-to-tummy with you.
- Your arm should bring your baby in front of you so that his/her upper lip is opposite your nipple.

Side-lying*

- Lie on your side with your baby lying on his/her side facing you.
- Your baby's upper lip should be opposite your nipple.
- Place rolled up baby blanket or towel behind his/her back to keep your baby on his/her side.
- Push all excess bedding to the bottom of bed.

Laid-Back*

- Your baby's weight is supported by your body.
- Recline upright enough for easy eye contact with your baby, but far enough back so that gravity keeps your baby well-supported and tummy down on your body.

***No matter what position you use, it's extremely important to stay awake while feeding your baby to reduce risk of infant falls. It is never safe to sleep with your baby.**

Learning to Latch Your Baby

Offering the breast:

- Start with your hand flat on your chest wall then slide it forward until it is just behind the areola (the dark brown part).
- Support your breast with your fingers below and your thumb on top - thumb opposite your baby's nose and index fingertip opposite your baby's chin.
- Make sure you are not covering any of the areola.
- Support the breast using a "C" hold when using the football position - gently squeeze to form a "sandwich" for your baby.
- Support the breast using a "U" hold for the cross cradle or cradle position, keeping your fingers behind the areola - gently squeeze to form a "sandwich" for your baby.
- Stroke your baby's lips with the nipple to encourage rooting.
- Wait for your baby to open his/her mouth very wide—like a yawn.
- Your baby's head should be slightly tilted back with his/her nose at the level of the nipple. This brings your baby to the breast chin first.
- As you bring your baby quickly to the breast, aim the nipple to the roof of the mouth.
- The first few sucks can be uncomfortable, but once the baby begins to swallow you should not feel pain.
- The deeper your baby latches on, the more milk your baby will get and the more comfortable you will be!
- If pain persists, pull down on your baby's chin to open his/her mouth wider. If that does not help, you will need to insert your finger into the corner of your baby's mouth to break the suction and re-latch deeper to eliminate the pain.
- If soreness persists or you develop cracks, bleeding, or blisters, call a lactation consultant.

Listening for Swallows

- Listen for audible swallowing. In the early days it will sound like a "kah" sound, very soft.
- As your volume increases, the swallows will be louder and easier to hear.
- You can also look for the rhythmic motion of your baby's jaw and ear.
- Your baby's jaw will drop down a bit further and take a slight pause when your baby swallows. If you keep a finger lightly under your baby's jaw, you will feel this drop and pause.
- A baby swallows at least every 3 to 5 sucks.
- Throughout the feeding, if your baby is no longer sucking and is falling asleep, you can gently use breast compressions to increase swallows (gently squeeze the breast behind the areola).

The Early Days: 1-4

- Your baby cannot breastfeed too much.
- Breastfeeding frequently will stimulate good milk production.
- Your baby may need wakened for feedings to nurse at least every 3 hours since the last feeding or if your breasts are feeling full and heavy.
- Your baby may "cluster feed," having several feedings very close together at one part of the day. (Often happens late afternoon or evening.)
- Avoid pacifier use the first month until your baby learns to breastfeed well and your milk supply is established.
- Wait 4 weeks before introducing a bottle. If your baby is not nursing well, then discuss with the baby's doctor.

Between the second to fifth days after a baby is born, milk is coming in and most mothers will notice that their breasts become much fuller and heavier. Engorgement is when breasts get increasingly full and uncomfortable. It is caused by both increased milk supply and fluid shifts into breast tissue. Your breasts may feel tender or warm. Your baby can help you stay comfortable by feeding often. (Once your milk supply is established, your breasts will feel softer. You have not lost your milk. Your body has learned how much your baby needs and makes the right amount.)

Preventing Engorgement

If your breasts become overfull, you can try these comfort measures:

- **Wake your baby:** Frequent nursing, at least every 2 to 3 hours will keep you more comfortable.
- **Don't time the feeding:** Let your baby take as much milk as they need, encouraging at least 20 to 30 minutes of active sucking per feeding.

Resolving Engorgement

- **Use heat and massage before feeds**: Heat, such as warm compresses or a warm shower on your back, can make your breasts feel better. Gentle massage, with the flat of your hand or flat fingers, can help improve the milk flow. You can massage the breasts before latching the baby and during the feeding if there are firm areas that need help draining.
- **Use cold compresses after breastfeeding:** Sometimes breasts are swollen due to extra fluid in the tissue. Cold compresses, such as ice packs or green cabbage leaves, can help reduce swelling. Lying on your back and massaging away from the nipple can move fluid back to soften the areola.
- **Breasts feel firm like your forehead:** If your breasts have become this firm, it is better to use cold compresses before and after frequent breastfeeding.
- **Use a pump:** If you are having difficulty expressing milk by hand and your areola is too firm for your baby to latch, pump to soften the areola and protrude the nipple. This usually takes several minutes. Then try latching your baby again. If your breasts still feel uncomfortable, you can pump until you are softer and more comfortable. You may need to consider a hospital grade electric rental pump if your pump is not relieving the engorgement. Call the OB Department at **814-623-3516** for further assistance.

Resources for Breastfeeding Mothers

- PA Department of Health- Healthy Baby Line: **1-800-986-BABY (2229)**
- UPMC Bedford Memorial Certified Breastfeeding Counselor: **814-623-3516**
- WIC Lactation Consultant: **814-635-3942**
- UPMC Altoona Lactation Consultant: **814-889-2557**

Breast Pumps

- Medela, Inc.: **1-800-435-8316** or **Medela.com**
- **Ameda.com** or **1-866-992-6332**
- **Hygeiainc.com** or **1-714-515-7571**
- WIC (pumps available for clients)
  - Bedford County: **814-623-6571**
  - Huntingdon County: **814-635-3942**

Breastfeeding Websites:

www.aap.org (American Academy of Pediatrics)

www.bestforbabes.org

www.breastfeeding.com

www.kellymom.com

www.lalecheleague.org

www.lowmilksupply.org

www.toxnet.nlm.nih.gov

www.womenshealth.gov/breastfeeding

www.workandpump.com

Breastfeeding Apps:

iPhone®, iPad®, iPod®

- Total Baby
- Baby Sleep + Eat Journal
- iBaby Feed Timer
- Baby Sleep: Lullabies
- Baby Tracker: Nursing
- Baby Timer
- Nursery Clock
- Baby Tracker: Diapers
- Baby Breastfeeding/Nursing
- iBreastfeed (Medela)
- Breastfeeding Record

Android®

- Breastfeeding Management 2
- Newborn Baby Log
- Breast Feeding Tabulator: Free
- Infant Care and Feeding

Feeding Log

Date	Wet Diapers	Bowel Movements	Feedings at Breast	Comments

By Day 3 after Birth - Baby Should Be:

- Waking on his/her own for most feedings
  *If not, awaken at least every 3 hours
- Feeding 8 to 12 times within 24 hours
- Having at least 3 wet diapers within 24 hours (6 to 8 by day 6)
- Having 2 or more dirty diapers within 24 hours

If not, you should contact the doctor.

What is "Normal" When Nursing

	Week 1	Week 2-6	Week 6-12
Feedings: How often?	• Every 1½ to 3 hours or 8 to 12 times each day. • Wake to feed if baby sleeps longer than 3 hours during day or 4 hours at night.	• Every 1½ to 3 hours or 8 to 12 times each day, may begin a longer stretch at night.	• Every 2 to 3 hours or 7 to 10 times each day with a longer stretch at night.
Feedings: How long?	• 10 to 30 minutes each side (average). • May only nurse on 1 side. • Switch sides when sucking slows.	• 30 minutes is an average feeding. • May nurse on 1 or both sides.	• 30 minutes is an average feeding. • May nurse on both sides, but not always the same amount of time on each breast.
How many wet & dirty diapers? (Diapers tell if your baby is getting enough to eat.)	• 1 wet per day of age. Black tarry stools days 1 to 2. • Changing from brown to yellow days 3 to 5. • Minimum of 2 to 4 per day.	• Minimum of 6 wets per day. • Loose, yellow seedy stools. Minimum of 2 to 4 per day. May dirty a diaper at each feed.	• Minimum of 6 wets per day. • Loose, yellow seedy stools. Minimum of 2 to 4 per day – may dirty fewer diapers by 6 weeks. Some older babies only dirty 1 to 2 per week.
Baby weight pattern	• May lose 7 to 10 percent of birth weight. Should start re-gaining weight by end of first week.	• 5 to 8 ounces each week. Should be back to birth weight in 10 to 14 days.	• 1¼ to 2 pounds each month.
Breast Changes	• Small amounts of colostrum first few days. Breasts are soft. Mature milk comes in day 3 to 5. Breasts will feel very full.	• Breasts may lose initial fullness. This is a normal adjustment to nursing.	• Breasts keep going through changes – full before feeding and soft after. Will start feeling less full after about 2 months.
Growth Spurts	• 7 to 10 days. Your baby nurses more often.	• 3 weeks and 6 weeks. Your baby nurses more often.	• 3 months. Your baby nurses more often.

Pumping Information

There are various reasons why a mother may need to use a breast pump. Many infants take a little time to learn how to latch and breastfeed effectively. Until your baby improves at breastfeeding, using a breast pump is extremely important to help establish and maintain your milk supply.

How Milk is Made

Your body has already been making milk, called colostrum, during pregnancy. Colostrum is produced in small amounts (teaspoon to tablespoon per feeding – exactly the amount your baby needs) and is the perfect first food for your baby. Your breasts make milk on a basis of demand equals supply. The more frequent the breasts are stimulated and the more effectively milk is removed, the greater the supply of breast milk you will have. Frequent breastfeeding and/or pumping in the weeks following delivery are very important in laying a solid foundation for how much milk your breasts can make long term.

Breastmilk can be expressed by hand or by using a breast pump. There are many different varieties of breast pumps, but none are as good at expressing milk as your baby. Your choice will depend on how often you plan to be pumping and how much time will be available for pumping. For occasional separations from your baby, hand expression, manual pumps, or battery-operated pumps are good choices. If you need to pump several times a day – for example, if you return to work or school – an electric pump with a double assembly would work best to maintain your milk supply.

A hospital-grade electric pump is the best choice to establish and maintain your milk supply until your infant improves at breastfeeding or if your baby is in the NICU - Level II Nursery. These pumps are available for your use in the hospital. Please check with your insurance company to see if you qualify for a free breast pump prior to discharge.

A lactation consultant can help you decide which pump would be best for your situation.

Hand Expression

- Wash hands and have a clean, large mouthed measuring cup or bowl to express into.
- Massage breasts and stimulate nipple.
- Place fingers in a C-shaped position with the thumb and forefinger opposite each other on either side of the nipple, about an inch or so behind the nipple area.
- Press in towards the breast bone, compress, release until you build-up a rhythm and the milk starts to come. Do not slide along skin or squeeze nipple as it can cause soreness.
- Milk may come slowly at first, just little drips. Do not be discouraged. This is a skill that is learned with practice.
- Once you hit your rhythm, you may see the milk coming faster – it may even squirt. When milk flow slows, move your fingers to a different part of the breast to help drain as much milk as possible.
- When you have rotated to all aspects of the breast and flow has slowed, move to your other breast and repeat.
- Hand expression is particularly effective for:
  - Women who feel engorged.
  - Help with attaching the baby to the breast.
  - Women who are suffering from mastitis or blocked milk ducts.
- See video at: **http://newborns.stanford.edu/Breastfeeding/HandExpression.html**
- Maximizing Milk Production: **http://newborns.stanford.edu/Breastfeeding/MaxProduction.html**

Pumping with a Mechanical Pump

- Wash your hands thoroughly each time before pumping.
- As you begin pumping, adjust the suction to a pressure that provides the best stimulation without making you uncomfortable.
- If soreness occurs, it may be caused by a suction that is too high or a poor fit of the breast shield. Reduce the suction to see if this helps. Or try the larger breast shield in the accessory kit.

- Applying a small amount of lanolin to your nipples prior to pumping may also help with soreness. This will lubricate your nipples to prevent friction against the breast shield while pumping.
- If soreness continues, speak with a lactation consultant.

If You and Your Baby Are Separated

- If your baby is in the NICU - Level II Nursery and is unable to nurse or nurses poorly, pump at least 8 to 10 times within 24 hours. Nurse before pumping when possible.
- Pump for 10 to 15 minutes with double assembly hospital-grade electric pump (Symphony® or Lactina® models).
- For the first few days following birth you may express a few drops or more of colostrum. This is normal. Remember a baby can get more than the pump can. Do not decrease the frequency or length of time you pump. The stimulation the breast pump provides will encourage your breast to gradually make more milk.
- Save any amount of milk that you express. Every droplet of milk contains important nutrients and can be given to your baby.
- Freshly pumped breast milk can remain at room temperature (72 F) for 4 hours.

Pumping for Work or Other Separation from Baby

Once breastfeeding is well established, you may need to be away from your baby due to work or school. Or there may be occasions when you need to be away from your baby and want to have a bottle available in case your baby wakes up before you return.

- Allow yourself time to learn how to use your method of pumping and get comfortable with milk expression.
- Allow your milk supply to become well-established before starting to pump. This usually takes 3 to 4 weeks.
- When you begin pumping, you will pump after 1 or 2 feedings a day to begin to collect milk for a bottle. You might only get a small amount each time. You might choose to pump after feedings when your breasts still feel a little full, such as after the first morning feeding or after a feeding where the baby has had a longer nap.
- Find a comfortable place to pump.
- Pumping 1 breast at a time usually takes 10 to 15 minutes per breast, or 20 to 30 minutes total. Double pumping usually takes about 10 to 15 minutes. Pump an additional few minutes after spray stops when trying to increase milk supply.

Cleaning and Caring of the Pump Kit

- Wash all pieces that come in contact with breast milk, (not the tubing or connectors) in hot, soapy water and rinse with hot water. Use a mild liquid dishwashing detergent. The staff will be able to provide this for you.
- Allow all pieces to air dry on a clean cloth or paper towel. Make sure pieces are dried thoroughly before using.
- If condensation appears in the tubing after pumping, disconnect the tubing from the collection bottles. Turn the pump on and allow it to run for 10 minutes. The air flow will allow the tubing to dry.
- When you are discharged, be sure to take all parts of the pump kit with you, including caps and tubing that are under the pump lid.
- Follow the manufacturer's instructions.

Storing Breastmilk

- It is normal for pumped breast milk to separate if left at room temperature.
- Use clean storage containers made of hard plastic, or use plastic storage bags made for storing expressed breastmilk.
- Label storage containers with the date and time milk was pumped.
- Chill freshly pumped milk before adding it to milk already chilled or frozen.
- Freeze in small amounts until you have a good understanding of how much your baby takes from a bottle.

- Thaw breastmilk under warm running water or in a bowl of warm water.
- Do not heat milk on a stove or in a microwave.
- Do not refreeze milk once it has been thawed.
- Use thawed milk within 24 hours.
- Gently swirl the milk if it has separated.
- **Do not** save any unfinished milk in the bottle.
- The current recommendation is to use BPA-free bottles or breastfeeding storage bags.

Storage Times for Freshly Pumped Milk for a Healthy Newborn

Room temperature	Use within 4 hours
Refrigerator (in back)	5 to 7 days
Refrigerator freezer (in back)	3 to 4 months
Deep freezer	6 to 12 months

Milk Storage Guidelines for Premature NICU Infants

Freshly expressed milk (room temperature)	Use / refrigerate within 1 hour
Refrigerated (fresh)	48 hours
Refrigerated (thawed)	24 hours
Frozen (refrigerator freezer)	3 months
Frozen (deep freezer)	6 months

General Information

- Contact your health insurance company to see if they cover the kind of pump you need. Most require a prescription from the obstetrician. Insurance pumps come from a durable medical equipment (DME) provider.
- Call **1-800-TELL-YOU** for a local Medela rental station.
- Take home your double pump kit, including caps and tubing under the lid. If you are pumping in the hospital and plan to rent a breast pump from the lactation center, double pump kits are approximately $50 plus tax.
- Contact your local WIC office. They may be able to help you obtain a pump.
- Refer to the instruction booklet that came with the pump kit as needed or go to **www.medela.com**.

When to Call for Help

- Your baby refuses to nurse.
- Your baby is not latching well.
- Your baby is nipple confused (accepts bottle but not breast).
- Your baby doesn't swallow at breast.
- Your baby is over 4 days old and has less than 4 wet diapers and 1 dirty diaper in 24 hours.
- Nipples are sore, cracked, or bleeding.
- If engorgement is not relieved in 48 hours.
- Your baby has not started to regain birth weight by 2 weeks of age.
- You feel your milk supply is low.
- You have a red or tender area on your breast, you have a fever, or you feel like you have the flu.
- You have a special circumstance or concern you would like to discuss.

For Formula-Feeding Babies

If you choose to bottle-feed, feeding time provides an opportunity for bonding with your baby. During feeding time, you should be calm, relaxed, and enjoy these nurturing moments.

Often, newborns do not require much fluid in the first few days of life. Because of the excess fluids taken on during labor and delivery, your baby may not seem interested in feeding. This is very normal and will change to a more assertive feeding style after several days. Even though your baby seems sleepy and disinterested in feeding at first, it is important to continue to attempt to feed your baby at regular intervals so that he/she does not become dehydrated.

Formula-Feeding

Feeding time should always be a special time of cuddling and feeling close to your baby. Take the time to enjoy these moments.

- Most babies eat about every 3 to 4 hours for a total of 6 to 8 times a day. Wake your baby up at least every 5 hours during the daytime. Do not worry about waking your baby up during the night.
- Baby will eat about 2 to 4 ounces at each feeding. Over the next few weeks, this amount will increase as the baby grows.

You do not need to heat formula. Mix concentrated or powdered formula with warm tap water or bottled water to help powder mix faster. Place prepared bottle in warm water to take the chill off. Feed when at room temperature.

Do not microwave. A microwave may cause "hot spots" throughout the formula and this can burn your baby's mouth.

The current recommendation is to use BPA-free bottles or breastfeeding storage bags.

During feeding

- Cradle your baby in your arm. Keep his/her head higher than his/her tummy.
- Keep bottle tipped so formula fills the nipple.
- Burp your baby about every ounce. If your baby is sucking hard and eating fast, you may need to burp every ½ ounce. As he/she gets older, your baby will need to be burped less often but should be burped at least half way through each feeding.

Your baby does not need water, cereal, or solid food until he/she is 6 months old or as directed by your baby's doctor. Don't use water to dilute formula or breastmilk. Do not give whole milk until your baby is 1 year old or as the doctor tells you.

Step-By-Step Formula Preparation

The following steps should be taken to prepare bottles of formula, either for a 24-hour supply or as single bottles if you prefer.

- Wash your hands.
- Wash bottles and nipples with hot, soapy water (using a bottle and nipple brush), rinse well, and air dry. If you have a dishwasher, you can use it to sanitize the bottles, nipples, and utensils. The nipples can be placed on the top rack in the dishwasher so that they do not melt. Do not use the energy saving or no-heat cycle.
- Wash the top of the unopened can of formula and the can opener with hot, soapy water and rinse with hot water.
- Shake concentrated and ready-to-feed cans well before opening or using.
- Use a pointed can opener to puncture a complete opening on one side of the can; on the opposite side, put a smaller opening in the can to allow air to escape while you pour.
- Add to the clean bottles either the powdered formula (use the instructions on the can for the amount of powder and the amount of water to use), or equal amounts of concentrated formula and water, or ready-to-feed formula with no added water.

- Place the nipples on the bottles tip down (handle as little as possible), put the caps on and tightly screw on the rings. Store the bottles in the refrigerator until needed, but not more than 48 hours.

Helpful Hints

Hold the bottle so that the neck of the bottle and the nipple always are filled with formula. This helps your baby get formula instead of sucking and swallowing air.

Your baby has a strong natural desire to suck. Sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples even after the nipple has collapsed. Take the nipple out of the baby's mouth occasionally to keep the nipple from collapsing.

Never prop the bottle and leave your baby unattended. Feeding time is for you and your baby to relax with each other. Your baby needs the security and pleasure of being held at feeding time.

Your baby may feed better on one type of nipple and/or bottle than another. Feel free to experiment and see what works best for your baby, unless your baby's doctor has specified otherwise.

SIDS: Important Information for Parents

Sudden infant death syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year old. To lower the risk of SIDS, all healthy infants should be put to sleep on their backs – at nap time and at night.

Here's How You Can Lower Your Baby's Risk:

The Safest Position to Sleep "Back to Sleep"

- Place your baby on his/her back to sleep every night.
- Babies who sleep on their stomachs are at a higher risk for SIDS.
- Side sleeping is not as safe as back sleeping and is not advised.
- Positioning devices are unnecessary and can be deadly.

The Safest Place to Sleep – Bare is Best

- Place your baby in a safety-approved crib with a firm mattress and a fitted sheet.
- Never put your baby to sleep on a chair, sofa, water bed, cushion, or sheepskin.
- The safest place for your baby to sleep is in the room where you sleep, but not in your bed. No co-sleeping.
- Place your baby's crib or bassinet near your bed (within arm's reach) to make feeding easier and to help you watch over your baby.
- The use of bumper pads is not recommended.
- Loose bedding such as blankets and sheets should not be used.
- Keep pillows, quilts, comforters, sheepskins, and stuffed toys out of your baby's crib. They can cover your baby's face – even if he/she is lying on his/her back.

Other Ways to Reduce the Risk of SIDS

- Do not let your baby get too warm during sleep. Use light sleep clothing, no more than 1 layer. Keep the room at a temperature that feels comfortable for an adult.
- Do not smoke during pregnancy. Also, do not allow smoking around your baby. Infants have a higher risk of SIDS if they are exposed to secondhand smoke. One of the most important things parents and caregivers who smoke can do for their own health and the health of their children is to stop smoking.

- Pacifiers may help reduce the risk of SIDS. However, if your baby doesn't want it or if it falls out of his/her mouth, don't force it. If you are breastfeeding, wait until your baby is 1-month-old before using a pacifier.
- Avoid products that claim to prevent SIDS. Most have not been tested for safety. None have been shown to reduce the risk of SIDS.
- Give your baby plenty of supervised "tummy time" when he/she is awake. This will help strengthen neck muscles and avoid flat spots on his/her head.
- Share this sleeping information with anyone who cares for your baby, including babysitters, grandparents, and other caregivers.
- Immunize (vaccinate) infant.

These recommendations are for healthy infants. A very small number of infants with certain medical conditions may need to be placed to sleep on their stomachs. Your baby's doctor can advise you if a position other than the back is needed.

Adjusting to Parenthood

Adjusting to parenthood begins in pregnancy and continues through at least the first year of a child's life. Becoming a parent is a slow process with emotional highs and lows. Adjustment to parenthood is a lifelong process. Any major lifestyle changes may increase your stress.

Hints to Help Ease the Transition

Flexibility is an asset. Striving for flexibility in your role as a parent will decrease your day-to-day frustrations and increase your success as a parent. Recognize that even the best plans often will need to be changed. Be flexible. Find a routine that is comfortable for every member of your family.

Avoid "Super" Syndrome

A "super mom" feels she must be able to do it all – to be the perfect mom, wife, lover, friend, cook, housekeeper, and career woman. A "super dad" feels he must be the perfect dad, husband, lover, friend, gardener, mechanic, and career man. It is important that you realize this is impossible.

Helpful Hints

- Set priorities and be aware of unrealistic expectations.
- Don't be "house proud." Let housework slide a little and enjoy your baby.
- Meeting your personal needs enables you to meet the needs of other family members. Remember, parents need nurturing too.
- Make rest and sleep a priority. If you don't take good care of yourself, you can't take good care of your baby.
- Get away by yourself for personal time.
- A new baby may require reorganization of family roles and tasks.

Caring for Your Baby at Home

It will take some time to get used to being at home with your bigger family. What your baby needs most is love, understanding, and attention. He/She is completely dependent on you. This may take a lot of your time in the first few weeks. You will see that he/she is a special person with his/her own personality. You will learn which cry means "I'm hungry" or "I'm wet" or "I'm tired". You will also learn what he/she enjoys looking at.

It takes time to learn about how best to respond to your baby. Babies understand love more than expert care. Your baby will learn to trust that you come when he/she cries, that you feed him/her when he/she is hungry, and that you love him/her. If you have questions about taking care of your baby, call your baby's doctor.

Helping Brother and Sister Get to Know Baby

The birth and addition of a new child is an adjustment for your family and for you as a parent. At the same time, you may be concerned about your older children's acceptance of a new baby. You may find that some of these suggestions may help their adjustment.

- It can be hard for your other child(ren) to have a new baby in the house.
- Even a child who is excited about a baby may get jealous of the time you need to spend taking care of this new person.
- Try to give at least 15 minutes every day to your other child, without the baby's interruption to help him/her feel special too.
- During baby feeding times, keep some small snacks and books nearby so you also have something to share with your other child.
- If you have concerns, talk with your baby's doctor or the hospital for extra ideas.
- Do not leave small children alone with the baby. Even loving play may hurt the baby because your older child does not know any better.

Your Baby and Your Pet

- Never leave your baby alone in the room with your pet.
- Be sure that doors or gates will keep your baby and pet separate when you are busy with other things.
- Some pets (cats or dogs) can seem jealous of your baby.

Your Baby's Looks

Your baby may not look like the "perfect" baby you see on TV. Many of these babies are several months old so you should expect your newborn to look different.

Many babies have tiny white spots (milia) on their nose and cheeks. These will go away in a few weeks. Some babies have what looks like pimples, small white heads, or acne. This is a normal newborn rash. You do not need to do any special care. Just wipe your baby's face off with warm water each day. The "pimples" will go away in a few weeks. If your baby still has pimples after 1 month, talk with your baby's doctor.

Dry or Flaky Skin

This old skin will fall off as new skin keeps growing.

- Do not put baby cream or lotion on the skin. The perfume in these may cause more dryness and irritation.
- Your baby's doctor may recommend Vaseline® (petroleum jelly), Eucerin® cream or Aquaphor® ointment. If skin becomes cracked this may help the flakiness.
- Give your baby a bath every 2 to 3 days.

Cradle Cap

Some babies have a scaly or crusty scalp at 2 to 6 weeks of age. This is known as cradle cap. It is not dangerous and is not a sign of poor care. Cradle cap is caused by hormones which come from the mother before birth. It may help to shampoo his/her hair with an anti-dandruff shampoo (such as Head and Shoulders®) 2 times a week. After you lather the shampoo, use a rough wash cloth or soft baby brush to massage the head. Be careful to rinse off the shampoo very well and keep the shampoo away from your baby's eyes. If the cradle cap is very thick, you may rub baby oil or mineral oil into the scalp and leave it on for approximately 1 hour. Then shampoo the hair as stated above and rinse very well. If oil stays in the hair, the scales may get worse. If the cradle cap does not go away in a week or 2, or if the head looks red and irritated, call your baby's doctor.

Genitalia

Baby girls may have a swollen vulva (the outside area of their vagina). There may also be a small amount of bleeding or white discharge from the vagina within the first week. This is from the effect of the mother's hormones.

Baby boys or girls may have swollen breast areas or even some white fluid from the nipples. This swelling is also from the mother's hormones.

Baby boys may have some swelling of the penis or scrotum (the sack behind the penis). Sometimes when he urinates, he may have an erection of the penis.

Circumcision Care

Your baby may be irritable, not sleep as well, and may seem fussy while the circumcision site heals. If your baby continues to be in pain, acetaminophen (TYLENOL) may be prescribed by your baby's pediatrician. The freshly circumcised penis may be swollen and bruised due to the injection of the anesthesia. The swelling should subside over the next week.

Apply a small amount of Vaseline (petroleum jelly) or Triple Antibiotic ointment if prescribed by the doctor around the head of the penis for 1 week after the circumcision to prevent it from sticking to the diaper and help protect the healing area.

Always wash your hands with soap and water before changing your baby's diaper. Frequent changing of your baby's diaper is required to prevent irritation from soiling. Make sure diapers are fastened loosely to decrease irritation of the penis.

Notify your baby's doctor if he has:

- Increased bleeding or drainage
- Problems voiding or does not void within 12 hours after the circumcision
- Temperature greater than 100.4 F (38 C)

Signs of infection include: yellow discharge that drains from the penis with odor, pus-filled blisters or swelling, or redness around the tip of the penis. Notify the pediatrician if any of these symptoms occur.

It takes 7 to 10 days for the Plastibell or scab over the incision to fall off. Parents should be sure not to pull on the Plastibell. If the Plastibell does not fall off after 2 weeks, call your baby's pediatrician.

Parents should inspect their son's penis daily. The circumcised penis should be washed gently without any aggressive pulling back of the skin.

Uncircumcised Newborn Care

In the first few months, clean your baby's penis with warm soap and water. Cotton swabs or antiseptics are not necessary. Do not pull back the foreskin if it is still attached.

When the foreskin separates from the head of the penis, skin cells are shed. These skin cells may look like white, pearl-like lumps under the foreskin. These are called smegma. Smegma is normal and nothing to worry about.

Cord Care

The cord should fall off between 7 days and 3 weeks. The area should be kept clean and dry. If the skin around the cord becomes red and inflamed, it may be a sign of infection and you should notify your baby's doctor. After the cord falls off, you can give your baby a tub bath.

Jaundice

Many babies have some jaundice (yellow skin or yellowing of the whites of the eyes). This yellowing usually happens during the first weeks. The skin may look the most yellow on the third or fourth day of life.

- If breastfeeding, feed your baby often, at least every 2 to 3 hours.
- If bottle feeding, feed about every 3 to 4 hours.
- Call your baby's doctor if yellowing gets worse or is not gone in a few days or if your baby is very sleepy and will not eat.

Nail Care

Use a nail file or an emery board to file your baby's finger or toe nails. This is safer than scissors or nail clippers. It may be easier to do this while your baby is asleep.

Powders and Lotions

We recommend you do not use lotions or powder. These often have perfume and other additives which irritate your baby's skin.

Bath Time

Until your baby's umbilical (naval) cord falls off, sponge bathe your baby. For baby boys, give a sponge bath until your baby's circumcision is healed. You should never leave your baby alone in a tub (even with very little water or for a few seconds). To prevent burns, do not wash baby's body or hair under a running faucet. Turn your water thermostat down (about 120 F) so the water will not get too hot.

You will need:

- A warm room without draft.
- A bathtub, pan, or sink big enough for baby to sit. Put a towel on the bottom of the tub or pan to keep your baby from slipping.
- Warm water - test to see that the water is a comfortable temperature for your baby using your wrist or elbow.
- Mild soap (such as Dove®) or baby wash without perfumes and deodorants.
- Clean towel and washcloth (cotton balls optional).

Sponge Bath

- Start with your baby's face and eyes. Use only clear water. Wipe each eye from inside corner toward ear. Use a different corner of the washcloth or new piece of cotton for each wipe.
- Wash the outer part of the ear and behind the ear, but do not put anything in the ear or try to remove wax.
- Wash hair by wetting head with water cupped in your hand. Put mild soap or baby wash on your hand then rub into your baby's head. Rinse your baby's hair by pouring water from cupped hand or cup over hair.
- Remove clothing and put your baby on a towel or blanket.
- Wash your baby's body and legs with a soapy washcloth. Rinse and pat dry.
- Wash diaper area well.
- For boys – wash in creases and folds.
- For girls – separate skins folds (labia) and gently wash from front to back. Use only small amount of soap and rinse well.

Tub Bath

- Keep a firm hold on your baby. They can get very slippery.
- Hold your baby by putting your hand under him/her and grabbing the armpit furthest away from you. Keep your thumb over his/her shoulder. Rest your baby's head on your arm. Slip your other arm under his/her bottom and grab his/her far leg firmly. Gently lower your baby into the tub, feet first.
- Keep your hand on his/her shoulder while you use the other hand to wash and rinse.
- Use your free hand to wash all the hard to reach places like the neck and under the arms.
- Wipe off face, eyes, and ears while your baby is lying down outside the tub before or after the bath.

Clothing

- Dress your baby in the amount of clothes you would wear.
- On cold, windy, or sunny days, use a hat that will cover his/her ears.
- Choose clothes which do not have loose strings, buttons, or zippers.

Play Time

The most important thing your baby learns in his/her early days is that you love him/her and will take care of him/her. The best thing you can do is to pick your baby up and take care of his/her needs every time he/she cries. You cannot spoil a newborn. Your baby is learning and growing.

At birth, your baby can:

- See
- Smell
- Feel
- Hear
- Taste

Try to give your baby some activity for each of these senses. During this play time, it is a good idea for your baby to be on their tummy and their back. This change in position will help with stimulation and muscle strength.

- Babies see best 10 to 12 inches from their eyes.
- They like black and white things or other sharp contrasts.

- Babies like to look at faces more than anything else.
- Babies mostly like high pitched sounds, like singing nursery rhymes.
- Your baby loves to hear you talk.
- It is never too early to start to read to your baby.
- Your baby will know you by your special smell and you will recognize his/her smell.
- Your baby loves to be touched, held, and stroked (like petting).
- Take some time to gently massage your baby's arms and legs.
- Take some time every day to just play with your baby.
- Please keep safety in mind.

Sleep

Some babies seem to sleep almost all of the time and others may sleep little and seem fussier. Both patterns are normal.

- Your baby must sleep on his/her back for every nap and every sleep.
- Do not use pillows, bumper pads, heavy quilts, loose heavy blankets, or stuffed animals in the crib. A sleep sack may be a good substitute for blankets.
- Babies will wake, need changing, feedings, may play a little, or may need some soothing before they go back to sleep again.

Do not expect your baby to sleep through the night for some time. By 3 to 4 months of age many, but not all babies, will sleep 7 to 8 hours at night.

- During night time feedings, change your baby's diaper and feed your baby but do not play or do other activity to wake him/her.
- When your baby is older, he/she may wake up during the night and settle back to sleep. Give him/her time to fall back to sleep at night before picking him/her up. If your baby is hungry he/she will let you know.

Crying

Babies may fuss and cry to tell you they are hungry, have a dirty diaper, feel uncomfortable, or need to be held. Crying is the only way your baby can let you know what he/she needs. Sometimes even when your baby is clean, dry, fed, warm, and cuddled, he/she may keep crying. This can be very frustrating and upsetting. Many babies have a time each day (often in the evening) when they are fussy and irritable. Although it may be hard to listen to them cry, it is normal for your baby to cry.

Here are some things that help:

- Babies like to move.
- Hold your baby close and walk, rock, or sway with him/her.
- Take a comfortable deep breath in and relax your shoulders and arms as you breathe out. This will help you feel more secure and relaxed.
- Try wearing your baby in a baby sling with his/her head exposed or swaddle your baby and hold him/her close. Put your baby skin-to-skin on your chest so that his/her ear is over your heartbeat. (This works very well for dads too!) A blanket covering both of you will be warm and relaxing.
- Sing or hum songs to him/her while you cuddle.
- Some background music or continuous "white" noise, like a fan or vacuum cleaner running, can be relaxing.
- Try a baby swing. Roll up baby blankets or towels to prop your baby.

Frustrated or Upset?

Have a friend or relative take over the care of your baby for a while, especially if you start to feel like you are at your wit's end or might "lose your temper."

- Put your baby in his/her crib.
- Call someone to come over and help.
- Take a few minutes to relax and cool down.
- After your helper arrives, a walk or drive to the store, a warm shower, or a nap will help you feel better.

Some parents are afraid too much attention will "spoil" the baby. A newborn cannot be spoiled – he/she needs cuddling, rocking, and loving. When your baby cries, he/she needs more attention, not less. Infants less than 4 months of age have a hard time soothing themselves. They need you to soothe them.

If your baby is fussing and crying for more than 3 hours a day and none of the above seems to work, call your baby's doctor. Some babies have a condition called colic. A baby who has colic is usually healthy and growing and has excessive crying which cannot be soothed, no matter what you do. If your baby has colic, there may be more ideas or help that your baby's doctor can give you.

Resource

- **www.babycries.org** - This DVD can provide proven techniques that can calm your crying baby.

Skin-To-Skin Care

Skin-to-skin care is beneficial for all mothers, fathers, and babies. The mother may designate others to use skin-to-skin care to benefit the baby. Skin-to-skin care is the placement of your baby between your breasts, with your baby's chest flat against your chest ("heart to heart").

Using skin-to-skin care soon after birth and often for the first year of life can have lifelong benefits to you and your baby. During the early hours and days after birth, skin-to-skin care helps your baby feel safe and secure. It helps your baby bond with you, and, you with your baby! It also assists in keeping your baby warm, reducing stress, reducing pain perception after procedures, and promotes effective breastfeeding.

It helps if you wear a robe, shirt, or gown which opens in the front and remove your bra when using skin-to-skin care. Remove your baby's clothing, leaving only the diaper on your baby. Position yourself in a slightly reclined position (about 25 to 45 degree angle) using your bed position at the hospital and pillows at home. Be sure you are comfortable. Cover your baby with 1 to 2 blankets, tucking the ends under your arms to secure your baby. Be sure to turn your baby's head to the side with the chin slightly up to ensure your baby can breathe (maintains an open airway). This position allows your baby to have maximum skin contact with you.

If you become drowsy while using skin-to-skin care, always dress your baby and return your baby to the safety of his/her crib. Never sleep with your baby in this position to ensure that your baby does not fall out of your bed or block his/her airway. Always be aware of your baby while using skin-to-skin care.

Newborn Stuffy Noses

All babies can be "stuffy" in the first 4 months of life. During that time, they do not know how to breathe through their mouth, except when crying. Even after that, nasal congestion can make sucking difficult.

To clean your baby's nose, put 3 to 4 drops or 1 to 2 sprays of nasal saline in each nostril, then wait about 2 minutes while the congestion softens. Then clean each nostril using a nasal suction device. The best ones have a short, hard plastic tip and a rubber bulb, not an all-rubber bulb with a long rubber tip you may have been given at birth. You may need to squeeze the bulb as much as 8 to 10 times in a row. The nasal discharge may come out like a string.

Taking a Temperature

You cannot tell if a person has a fever by feeling his/her forehead. You need to use a thermometer and always use a digital thermometer. The most accurate way to take a baby's temperature is rectally. A temperature may be measured as Fahrenheit or Centigrade. Check with your baby's doctor about the best way to take your baby's temperature. Contact your baby's doctor if your baby has a temperature over 100.4 F or 38 C. No fever is normal within the first 6 months of life.

Safety

Keeping Baby Safe

Accidents kill more children in the United States than all diseases put together. Falls are the leading cause of nonfatal unintentional injuries for infants and the number 1 reason that babies go to the emergency room in the first year of life. Keeping your baby from having an accident is your job. Here are some things you can do to keep your baby safe.

- Parents are advised to not stay in bed at night when feeding baby; rather get up and sit in a chair, turn on a low light and/or TV for stimulation.
- Moms will be more tired than they realize; falls and suffocation can happen!
- Do not leave your baby unattended: on a bed or couch or propped up on pillows or a boppy.
- Support your baby's back when picking him/her up or holding your baby.
- Don't prop bottles. Your baby can spit up milk and breathe it into his/her lungs.
- Never leave your baby home alone or with other children.

Once at Home – Preventing Abduction

The National Center for Missing and Exploited Children has created the guidelines listed below to provide good, sound parenting techniques to help prevent abduction of babies once taken home.

1. Do not allow anyone into your home who says he or she is affiliated with the facility without properly verified identification as issued by that facility. Find out what additional or special identification is being worn to further identify those staff members who have authority to enter your home.
2. Consider the risk you may be taking when permitting your baby's birth announcement to be published in the newspaper or online. Birth announcements should never include the family's home address and be limited to the parents' surname(s). In general, birth announcements in newspapers are not endorsed by most experts. Also use caution when communicating with those on social media and carefully consider what you post on your social media pages about your baby and you. Specifically do not include the mother's first name or home location when posting the announcement, and remember what information is already posted in online profiles that could provide these details.
3. Know the use of outdoor announcements, such as signs, balloons, large floral wreaths and other lawn ornaments, are not recommended to announce a birth because they call attention to the presence of a new baby in the home.
4. Allow only people into your home who are well-known by the mother. It is ill advised to allow anyone into your home who is just a mere or recent acquaintance, especially if met briefly since you became pregnant or gave birth to your baby. There have been several cases in which an abductor has made initial contact with a mother and baby in the health care facility setting and then subsequently abducted the baby from the family home. If anyone should arrive at the home claiming to be affiliated with the health care facility where the baby was born or other health care provider, remember to follow the procedures outlined above. A high degree of diligence should be exercised by family members when home with the baby. The baby's family is the domestic security team for their family. All family members should be sensitive to any suspicious visitors.

In addition there have been cases in which initial contact with a mother and baby was made in other settings such as clinics, doctors' offices, shopping malls, and bus stations. When taking your baby out, whenever possible, take a trusted friend or family member with you as an extra set of hands and eyes to protect and constantly observe your baby. Never leave a child alone in a motor vehicle even if just for a few moments to run a short errand, such as paying for gas, as it is too easy for someone to steal the car. Always take the child with you. And never let someone you don't know pick up or hold your child.

General Safety

- Be sure your home has smoke alarms and carbon monoxide detectors and that they have batteries and are working properly.
- Have a fire exit plan.
- Keep a list of emergency phone numbers next to your phone.
- Never leave your child home alone, not even "just for a minute" to run to the neighbors.
- Never leave your baby alone with young brothers or sisters who do not understand how helpless he/she is.
- Never leave your baby where pets can reach him/her.
- Never shake your baby or small child.
- Don't tie pacifiers around your baby's neck.
- Do not carry hot liquids or food and your baby at the same time. Do not keep hot liquids around your baby.
- Do not smoke around your baby and do not allow anyone else to do so. Secondhand smoke can hurt your baby's lungs.
- In pleasant weather, outside air is good for the baby, but do not leave him/her in the direct sun. Babies' tender skin burns easily and quickly. Begin using sunscreen at 6 months of age.

Car Safety

Infants must always ride in car safety seats. It is the law in all 50 states. Be sure to read and follow the directions for your specific car seat and the motor vehicle that you will be using it in.

- When in a motor vehicle, your arms are the most dangerous place for your baby. In a low speed 30-mph crash, the force on your baby is like falling from a 3-story building. If you are not using a seat belt, your baby would be crushed between you and the windshield or dashboard.
- Refer to your vehicle owner's manual for correct car seat placement. All infants and toddlers should ride in a rear facing car safety seat until they are 2-years of age and until they reach the highest weight or height allowed by the car seat manufacturer. Make sure the safety belt or LATCH system is holding the seat tightly in the vehicle and that the seat is placed in a belt or LATCH position.
- The seat should not move more than 1-inch forward or sideways. When checking to make sure the seat is secure, place hands over the belt path and NOT over the top of the seat. The top of the seat should be able to move to allow absorption of crash forces in the event of a crash.
- It is best to start with a small, infant-only car seat.
- An infant can progress to a convertible seat once they have reached the maximum weight or height requirement for the infant-only seat. A convertible seat can be used for rear-facing or forward facing, depending on the weight and age of the child. Always make sure your baby is within recommended height and weight limits for your car seat.
- The seat for an infant should be rear-facing until the child is 2-years old. It is now recommended that infants and toddlers remain rear-facing until the maximum weight or height recommendation for the seat. Some convertible seats can be used rear-facing for up to 35 pounds. Read your car seat manual for specifics about your baby's car seat.

- Never place a rear-facing infant seat in the front passenger seat in front of an activated air bag.
- When the baby is placed in a rear-facing seat, make sure the seat is secured at an angle per your car seat manufacturer's recommendations.
- As your baby grows, keep the shoulder harness strapped at or below your baby's shoulders as long as they remain rear-facing. You should not be able to pinch any of the webbing material between your fingers. The chest clip should be placed at the infant's armpit level to keep the straps securely in place and to avoid harm to the internal organs in the event of a crash.
- The safest place for children 12 and under to ride in most motor vehicles is in the back seat. A child 12 and under should never ride in a seat with an activated front air bag. Read your motor vehicle owner's manual for specifics about your vehicle.
- Whenever possible, an adult should be seated next to the infant in a car seat for direct observation of the infant while traveling.
- Minimize the amount of time that your baby spends in a car seat for the first several months, to only that which is absolutely necessary.
- Never leave your child unattended in a car for any reason – even for a minute.

Resources

My Baby's Doctor's Phone Number: _____

My Doctor/Midwife **814-623-9712**

UPMC Bedford Memorial Obstetric Department: **814-623-3516**

Car Seat Checks ..... **814-623-3516** or **www.seatcheck.org**

Poison Control Center **1-800-222-1222**

PA SIDS Alliance **1-800-721-7437**

Cribs for Kids **1-888-721-CRIB**

Your Safe Haven: ..... **1-800-555-5671** or **814-623-7664**

Allegheny Lutheran Social Ministries: ..... **814-624-3200** or **1-877-ALSM-KID**

Once again, congratulations from UPMC Bedford Memorial on the birth of your baby and thank you for letting us be part of this very important time in your life.

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UPMC
LIFE CHANGING MEDICINE

UPMC Bedford Memorial
10455 Lincoln Highway
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814-623-6161

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To make an appointment, or for more information, call **1-800-533-UPMC** or visit us at **UPMC.com**.

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