

**MAIMONIDES MEDICAL CENTER  
MOTHER BABY UNIT**

**POSTPARTUM AND NEWBORN CARE  
GUIDE**



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## Self Care After Delivery

**The postpartum period** is the period of time from delivery to about 6 weeks. During this time you may experience many physical and emotional changes. It is important to understand what is normal and when you need to call your healthcare provider. It is also important to know how to care for yourself during this time.

### **Call your local emergency number (911 in the US) for any of the following:**

- You see or hear things that are not there, or have thoughts of harming yourself or your baby.
- You soak through 1 pad in 15 minutes, have blurry vision, clammy or pale skin, and feel faint.
- You faint or lose consciousness.
- You have trouble breathing.
- You cough up blood.
- Your C section incision comes apart.

### **Seek care immediately if:**

- Your heart is beating faster than usual.
- You have a bad headache or changes in your vision.
- Your episiotomy or C section incision is red, swollen, bleeding, or draining pus.
- You have severe abdominal pain.

### **Call your doctor or obstetrician if:**

- Your leg is painful, red, and larger than normal.
- You soak through 1 or more pads in an hour, or pass blood clots larger than a quarter from your vagina.
- You have a fever.
- You have new or worsening pain in your abdomen or vagina.
- You continue to have depression 1 to 2 weeks after you deliver.
- You have trouble sleeping.

- You have foul-smelling discharge from your vagina.
- You have pain or burning when you urinate.
- You do not have a bowel movement for 3 days or more.
- You have nausea or are vomiting.
- You have hard lumps or red streaks over your breasts.
- You have cracked nipples or bleed from your nipples.
- You have questions or concerns about your condition or care.

**Physical changes:** The following are normal changes after you give birth:

- Pain in the area between your anus and vagina
- Breast pain
- Constipation or hemorrhoids
- Hot or cold flashes
- Vaginal bleeding or discharge
- Mild to moderate abdominal cramping
- Difficulty controlling bowel movements or urine

**Emotional changes:** A drop in hormone levels after you deliver may cause changes in your emotions. You may feel irritable, sad, or anxious. You may cry easily or for no reason. You may also feel depressed. Depression that continues can be a sign of postpartum depression, a condition that can be treated. Treatment may include talk therapy, medicines, or both. Healthcare providers will ask how you are feeling and if you have any depression. These talks can happen during appointments for your medical care and for your baby's care, such as well child visits. Providers can help you find ways to care for yourself and your baby. Talk to your providers about the following:

- When emotional changes or depression started, and if it is getting worse over time
- Problems you are having with daily activities, sleep, or caring for your baby
- If anything makes you feel worse, or makes you feel better
- Feeling that you are not bonding with your baby the way you want
- Any problems your baby has with sleeping or feeding

- If your baby is fussy or cries a lot
- Support you have from friends, family, or others

**Breast care for breastfeeding mothers:** You may have sore breasts for 3 to 6 days after you give birth. This happens as your milk begins to fill your breasts. You may also have sore breasts if you do not breastfeed frequently. Do the following to care for your breasts:

- **Apply a moist, warm, compress to your breast as directed.** This may help soothe your breasts. Make sure the washcloth is not too hot before you apply it to your breast.
- **Nurse your baby or pump your milk frequently.** This may prevent clogged milk ducts. Ask your healthcare provider how often to nurse or pump.
- **Massage your breasts as directed.** This may help increase your milk flow. Gently rub your breasts in a circular motion before you breastfeed. You may need to gently squeeze your breast or nipple to help release milk. You can also use a breast pump to help release milk from your breast.
- **Wash your breasts with warm water only.** Do not put soap on your nipples. Soap may cause your nipples to become dry.
- **Apply lanolin cream to your nipples as directed.** Lanolin cream may add moisture to your skin and prevent nipple dryness. **Always** wash off lanolin cream with warm water before you breastfeed.
- **Place pads in your bra.** Your nipples may leak milk when you are not breastfeeding. You can place pads inside of your bra to help prevent leaking onto your clothing. Ask your healthcare provider where to purchase bra pads.
- **Get breastfeeding support if needed.** There are healthcare providers who can answer questions about breastfeeding and provide you with support. Ask your healthcare provider who you can contact if you need breastfeeding support.

**Breast care for non-breastfeeding mothers:** Milk will fill your breasts even if you bottle feed your baby. Do the following to help stop your milk from filling your breasts and causing pain:

- **Wear a bra with support at all times.** A sports bra or a tight-fitting bra will help stop your milk from coming in.
- **Apply ice on each breast for 15 to 20 minutes every hour or as directed.** Use an ice pack, or put crushed ice in a plastic bag. Cover it with a towel. Ice helps your milk ducts shrink.
- **Keep your breasts away from warm water.** Warm water will make it easier for milk to fill your breasts. Stand with your breasts away from warm water in the shower.
- **Limit how much you touch your breasts.** This will prevent them from filling with milk.

**Perineum care:** Your perineum is the area between your rectum and vagina. It is normal to have swelling and pain in this area after you give birth. If you had an episiotomy, your healthcare provider may give you special instructions.

- **Clean your perineum after you use the bathroom.** This may prevent infection and help with healing. Use a spray bottle with warm water to clean your perineum. You may also gently spray warm water against your perineum when you urinate. Always wipe front to back.
- **Take a sitz bath as directed.** A sitz bath may help relieve swelling and pain. Fill your bath tub or bucket with water up to your hips and sit in the water. Use cold water for 2 days after you deliver. Then use warm water. Ask your healthcare provider for more information about a sitz bath.
- **Apply ice packs for the first 24 hours or as directed.** Use a plastic glove filled with ice or buy an ice pack. Wrap the ice pack or plastic glove in a small towel or wash cloth. Place the ice pack on your perineum for 20 minutes at a time.
- **Use wipes with medicine or take pills as directed.** Your healthcare provider may tell you to use witch hazel pads. You can place witch hazel pads in the refrigerator before you apply them to your perineum. He may also tell you to take NSAIDs. Ask your healthcare provider how often to take pills or use wipes with medicine.
- **Do not go swimming or take tub baths for 4 to 6 weeks or as directed.** This will help prevent an infection in your vagina or uterus.

**Bowel and bladder care:** It may take 3 to 5 days to have a bowel movement after you deliver your baby. You can do the following to prevent or manage constipation, and get control of your bowel or bladder:

- **Take stool softeners as directed.** A stool softener is medicine that will make your bowel movements softer. This may prevent or relieve constipation. A stool softener may also make bowel movements less painful.
- **Drink plenty of liquids.** Ask how much liquid to drink each day and which liquids are best for you. Liquids may help prevent constipation.
- **Eat foods high in fiber.** Examples include fruits, vegetables, grains, beans, and lentils. Ask your healthcare provider how much fiber you need each day. Fiber may prevent constipation.
- **Do Kegel exercises as directed.** Kegel exercises will help strengthen the muscles that control bowel movements and urination. Ask your healthcare provider for more information on Kegel exercises.
- **Apply cold compresses or medicine to hemorrhoids as directed.** This may relieve swelling and pain. Your healthcare provider may tell you to apply ice or wipes with

medicine to your hemorrhoids. He may also tell you to use a sitz bath. Ask your healthcare for more information on how to manage hemorrhoids.

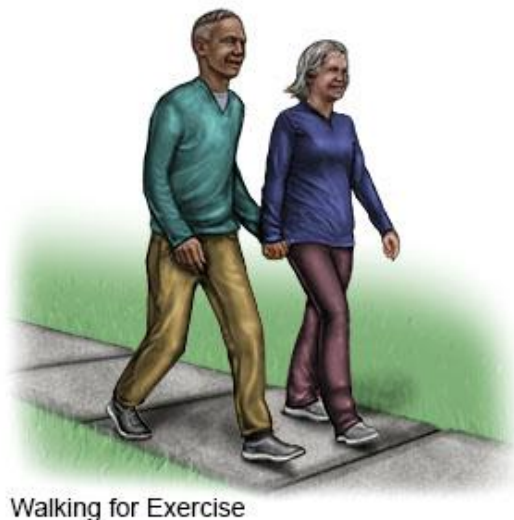
**Nutrition:** Good nutrition is important in the postpartum period. It will help you return to a healthy weight, increase your energy levels, and prevent constipation. It will also help you get enough nutrients and calories if you are going to breastfeed your baby.

- **Eat a variety of healthy foods.** Healthy foods include fruits, vegetables, whole-grain breads, low-fat dairy products, beans, lean meats, and fish. You may need 500 to 700 extra calories each day if you breastfeed your baby. You may also need extra protein.
- **Limit foods with added sugar and high amounts of fat.** These foods are high in calories and low in healthy nutrients. Read food labels so you know how much sugar and fat is in the food you want to eat.
- **Drink 8 to 10 glasses of water per day.** Water will help you make plenty of milk for your baby. It will also help prevent constipation. Drink a glass of water every time you breastfeed your baby.
- **Take vitamins as directed.** Ask your healthcare provider what vitamins you need.
- **Limit caffeine and alcohol if you are breastfeeding.** Caffeine and alcohol can get into your breast milk. Caffeine and alcohol can make your baby fussy. They can also interfere with your baby's sleep. Ask your healthcare provider if you can drink alcohol or caffeine.

**Rest and sleep:** You may feel very tired in the postpartum period. Enough sleep will help you heal and give you energy to care for your baby. The following may help you get sleep and rest:

- **Nap when your baby naps.** Your baby may nap several times during the day. Get rest during this time.
- **Limit visitors.** Many people may want to see you and your baby. Ask friends or family to visit on different days. This will give you time to rest.
- **Do not plan too much for one day.** Put off household chores so that you have time to rest. Gradually do more each day.
- **Ask for help from family, friends, or neighbors.** Ask them to help you with laundry, cleaning, or errands. Also ask someone to watch the baby while you take a nap or relax. Ask your partner to help with the care of your baby. Pump some of your breast milk so your partner can feed your baby during the night.

**Exercise after delivery:** Wait until your healthcare provider says it is okay to exercise. Exercise can help you lose weight, increase your energy levels, and manage your mood. It can also prevent constipation and blood clots. Start with gentle exercises such as walking. Do more as you have more energy. You may need to avoid abdominal exercises for 1 to 2 weeks after you deliver. Talk to your healthcare provider about an exercise plan that is right for you.



Walking for Exercise

### **Sexual activity after delivery:**

- Do not have sex until your healthcare provider says it is okay. You may need to wait 4 to 6 weeks before you have sex. This may prevent infection and allow time to heal.
- Your menstrual cycle may begin as soon as 3 weeks after you deliver. Your period may be delayed if you breastfeed your baby. You can become pregnant before you get your first postpartum period. Talk to your healthcare provider about birth control that is right for you. Some types of birth control are not safe during breastfeeding.

**For support and more information:** Join a support group for new mothers. Ask for help from family and friends with chores, errands, and care of your baby.

- Office of Women's Health, US Department of Health and Human Services  
200 Independence Avenue, SW Room 712E  
Washington,DC20201  
200 Independence Avenue, SW Room 712E  
Washington,DC20201  
Phone: 1-800-994-9662  
Web Address: [www.womenshealth.gov](http://www.womenshealth.gov)
- March of Dimes Postpartum Care  
1275 Mamaroneck Avenue  
White Plains,NY10605  
1275 Mamaroneck Avenue  
White Plains,NY10605  
Web Address: <http://www.marchofdimes.org/pregnancy/postpartum-care.aspx>



## C-Section

A C-section, or cesarean section, is abdominal surgery to deliver your baby.

### DISCHARGE INSTRUCTIONS:

#### Call your local emergency number (911 in the US) if:

- You feel lightheaded, short of breath, and have chest pain.
- You cough up blood.

#### Call your obstetrician if:

- Blood soaks through your bandage.
- Your stitches come apart.
- Your arm or leg feels warm, tender, and painful. It may look swollen and red.
- You have heavy vaginal bleeding that fills 1 or more sanitary pads in 1 hour.
- You have a fever.
- Your incision is swollen, red, or draining pus.
- You have questions or concerns about yourself or your baby.

#### Medicines: You **may** need any of the following:

- **Prescription pain medicine** may be given. Ask your healthcare provider how to take this medicine safely. Some prescription pain medicines contain acetaminophen. Do not take other medicines that contain acetaminophen without talking to your healthcare provider. Too much acetaminophen may cause liver damage. Prescription pain medicine may cause constipation. Ask your healthcare provider how to prevent or treat constipation.
- **Acetaminophen** decreases pain and fever. It is available without a doctor's order. Ask how much to take and how often to take it. Follow directions. Read the labels of all other medicines you are using to see if they also contain acetaminophen, or ask your doctor or pharmacist. Acetaminophen can cause liver damage if not taken correctly. Do not use more than 4 grams (4,000 milligrams) total of acetaminophen in one day.
- **NSAIDs**, such as ibuprofen, help decrease swelling, pain, and fever. NSAIDs can cause stomach bleeding or kidney problems in certain people. If you take blood thinner medicine, **always** ask your healthcare provider if NSAIDs are safe for you. Always read the medicine label and follow directions.

- **Take your medicine as directed.** Contact your healthcare provider if you think your medicine is not helping or if you have side effects. Tell him or her if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

**Wound care:** Carefully wash your incision wound with soap and water every day. Keep your wound clean and dry. Wear loose, comfortable clothes that do not rub against your wound. Ask about bathing and showering.

**Limit activity as directed:**

- Ask when it is safe for you to drive, walk up stairs, lift heavy objects, and have sex.
- Ask when it is okay to exercise, and what types of exercise to do. Start slowly and do more as you get stronger.

**Drink liquids as directed:** Liquids help keep you hydrated after your procedure and decrease your risk for a blood clot. Ask how much liquid to drink each day and which liquids are best for you.

**Follow up with your obstetrician as directed:** You may need to return to have your stitches or staples removed. Write down your questions so you remember to ask them during your visits.

## Preeclampsia and Eclampsia After Delivery

**What do I need to know about preeclampsia and eclampsia after delivery?** Preeclampsia is high blood pressure (BP) that usually develops after week 20 of pregnancy. It can also develop days to weeks after delivery, even if you did not have high BP during pregnancy. When it develops after delivery, it may also be called postpartum preeclampsia. Preeclampsia causes your BP to be 140/90 or higher. You may also have protein in your urine or damage to organs such as your kidneys or liver. Preeclampsia can lead to life-threatening conditions such as a stroke or HELLP syndrome (blood cell destruction). It can also lead to eclampsia, a condition that causes seizures from high BP.

Blood Pressure Readings

| Blood Pressure Category                    | Systolic mm Hg (upper number) | and     | Diastolic mm Hg (lower number) | What Your Blood Pressure Readings Mean  |
|--|-------------------------------|---------|--------------------------------|---|
| Normal                                     | Less than 120                 | and     | Less than 80                   | Keep checking your blood pressure and making healthy lifestyle choices. This will help make sure your blood pressure stays at a normal level.   |
| Elevated                                   | 120 to 129                    | and     | Less than 80                   | You may be at risk for hypertension. Healthy lifestyle changes can help get your blood pressure back to normal and keep it there.   |
| High Blood Pressure (Hypertension Stage 1) | 130 to 139                    | or      | 80 to 89                       | Healthy lifestyle changes may be enough to get your blood pressure back to normal. You may need blood pressure medicine if lifestyle changes alone are not enough.  |
| High Blood Pressure (Hypertension Stage 2) | 140 or higher                 | or      | 90 or higher                   | You may need both blood pressure medicines and healthy lifestyle changes to get your blood pressure to normal.  |
| Hypertensive Crisis                        | Higher than 180               | and/ or | Higher than 120                | Check your blood pressure again after 5 minutes. If it is still at least 180/120, contact your healthcare provider. If you also have chest pain, trouble breathing, or vision problems, seek care immediately. This is a medical emergency. |

### What warning signs do I need to watch for?

- BP of 130/80 or higher
- Shortness of breath
- Nausea and vomiting, or severe stomach pain
- Severe headaches
- Vision changes, or seeing spots in front of your eyes
- Arm or leg swelling

### What can I do to manage or prevent preeclampsia or eclampsia after delivery?

- **Go to follow-up appointments as directed.** Your obstetrician will check your blood pressure regularly until it is normal. He or she may also order other tests.
- **Take medicines as directed.** Medicines may be given to lower your blood pressure, protect your organs, or prevent seizures.
- **Rest during the day.** Your healthcare provider may tell you to rest more often if you have mild symptoms of preeclampsia.
- **Do not drink alcohol or smoke.** Alcohol, nicotine, and other chemicals in cigarettes and cigars, can increase your BP. They can also harm your baby. Ask your healthcare provider for information if you currently drink alcohol or smoke and need help to quit. E-cigarettes or smokeless tobacco still contain nicotine. Talk to your healthcare provider before you use these products.

**Call your local emergency number (911 in the US) if:**

- You have a seizure.
- You have chest pain.
- You have severe nausea and vomiting.

**When should I call my doctor?**

- You develop a severe headache that does not go away with medicine.
- You have new or increased vision changes, such as blurred or spotted vision.
- You have new or increased swelling in your face or hands.
- You have severe abdominal pain with or without nausea and vomiting.
- You have shortness of breath.
- Your blood pressure is higher than you were told it should be.
- You have questions or concerns about your condition or care.

## Postpartum Depression

**What is postpartum depression?** Postpartum depression is a mood disorder that occurs after your baby is born. Your symptoms may last up to 12 months after delivery. Your symptoms may become serious and affect your daily activities and relationships.

### What are the symptoms of postpartum depression?

- Feeling sad, anxious, tearful, discouraged, hopeless, or alone
- Thoughts that you are not a good mother
- Trouble completing daily tasks, concentrating, or remembering things
- Lack of appetite
- Lack interest in your baby
- Feeling restless, irritable, or withdrawn
- An overwhelmed feeling with your new baby and a belief that it will not get better
- Feeling unimportant or guilty most of the time
- Trouble sleeping, even after the baby is asleep

**What causes postpartum depression?** The exact cause is not known. Hormone levels that increased during pregnancy suddenly drop after your baby is born. This can cause your symptoms. A past episode of postpartum depression or a family history of depression may increase your risk. Postpartum depression may also be triggered by a lack of support at home, stress, or medical problems.

**How is postpartum depression diagnosed?** Healthcare providers will talk to you about how you are feeling and ask if you have any depression. These talks can happen during appointments for your medical care and for your baby's care, such as well child visits. Talk to your providers about the following:

- When you started to feel depressed, and if it is getting worse over time
- Problems you are having with daily activities, sleep, or caring for your baby
- If anything makes your depression worse, or makes you feel better
- Feeling that you are not bonding with your baby the way you want
- Any problems your baby has with sleeping or feeding
- If your baby is fussy or cries a lot

- Support you have from friends, family, or others

**How is postpartum depression treated?** Treatment may include medicine, talk therapy, or both.

- **A therapist** can help you find ways to cope with your feelings. This can be done alone or in a group.
- **Antidepressants** help decrease or stop your symptoms.

**What can I do to feel better?** You may feel better quickly, or it may take a few weeks to feel better. Be patient with yourself. Do the following to take care of yourself:

- **Rest as needed.** Take a nap or rest while your baby sleeps. Ask someone to watch your baby while you nap.
- **Get emotional support.** Share your feelings with your partner, a friend, or another mother. Ask your partner, friends, or family to help with cooking or cleaning. Do only what is needed and let other things wait until later.
- **Exercise when you can.** Even 5 or 10 minutes of exercise can help improve your mood. Walk around the block or do some stretching exercises.
- **Eat a variety of healthy foods.** Healthy foods include fruits, vegetables, whole-grain breads, low-fat dairy products, beans, lean meats, and fish. Do not skip meals.
- **Take care of yourself.** Shower and dress each day. Write in a journal. Celebrate small achievements, even if it is only 1 thing a day. Try to get out of the house a little each day. Meet a friend for coffee.

**Call your local emergency number (911 in the US) if:**

- You think about hurting yourself or your baby.

**When should I seek immediate care?**

- Your feelings of depression or sadness are strong.

**Call your doctor if:**

- Your symptoms last most of the day for days in a row.
- Your symptoms last more than 1 week.
- You have questions or concerns about your condition or care.

## Postpartum Perineal Care

**What is postpartum perineal care?** Postpartum perineal care is care for your perineum after you have a baby. The perineum is the area between your vagina and anus.

**How do I care for my perineum?** Healthcare providers will give you a small squirt bottle and show you how to use it. Do the following after you use the toilet and before you put on a new pad:

- Remove the soiled pad
- Use the squirt bottle to rinse your perineum from front to back while you sit on the toilet
- Pat the area dry from front to back with toilet paper or a cotton cloth
- Put on a fresh pad
- Wash your hands

**What can I do to decrease perineal swelling and pain?**

- **Take a sitz bath.** Fill a bathtub with 4 to 6 inches of warm water. You may also use a sitz bath pan that fits over a toilet. Sit in the sitz bath for 20 minutes. Do this 2 to 3 times a day, or as directed.
- **Apply ice** on your perineal area for 15 to 20 minutes several times a day. Use an ice pack, or put crushed ice in a plastic bag. Cover it with a towel.
- **Use medicine spray, wipes, or pads as directed.** Healthcare providers may give you a medicine spray or wipes soaked with numbing medicine to decrease the pain. Pads that contain an herb called witch hazel may also help reduce pain. Use these after perineal care or a sitz bath.

**When should I contact my healthcare provider?**

- You have blood clots that are bigger than a quarter.
- You have heavy vaginal bleeding that fills 1 or more sanitary pads in 1 hour.
- You have foul-smelling vaginal discharge.
- Your pain does not go away or gets worse.
- You have a fever higher than 100.4°F (38°C) and chills.

You have questions or concerns about your condition or care.

## Caring for Your Baby

Care for your baby includes keeping him or her safe, clean, and comfortable. Your baby will cry or make noises to let you know when he or she needs something. You will learn to tell what your baby needs by the way he or she cries. Your baby will move in certain ways when he or she needs something, such as sucking on a fist when hungry.

### DISCHARGE INSTRUCTIONS:

#### Call your local emergency number (911 in the US) if:

- You feel like hurting your baby.

#### Call your baby's pediatrician if:

- Your baby's abdomen is hard and swollen, even when he or she is calm and resting.
- You feel depressed and cannot take care of your baby.
- Your baby's lips or mouth are blue and he or she is breathing faster than usual.
- Your baby's armpit temperature is higher than 99°F (37.2°C).
- Your baby's eyes are red, swollen, or draining yellow pus.
- Your baby coughs often during the day, or chokes during each feeding.
- Your baby does not want to eat.
- Your baby cries more than usual and you cannot calm him or her down.
- Your baby's skin turns yellow or he or she has a rash.
- You have questions or concerns about caring for your baby.

#### What to feed your baby:

- **Breast milk is the only food your baby needs for the first 6 months of life.** If possible, only breastfeed (no formula) him or her for the first 6 months. Breastfeeding is recommended for at least the first year of your baby's life, even when he or she starts eating food. You may pump your breasts and feed breast milk from a bottle. You may feed your baby formula from a bottle if breastfeeding is not possible. Talk to your baby's pediatrician about the best formula for your baby. He or she can help you choose one that contains iron.
- **Do not add cereal to the milk or formula.** Your baby may get too many calories during a feeding. You can make more if your baby is still hungry after he or she finishes a bottle.



### How much to feed your baby:

- **Your baby may want different amounts each day.** The amount of formula or breast milk your baby drinks may change with each feeding and each day. The amount your baby drinks depends on his or her weight, how fast he or she is growing, and how hungry he or she is. Your baby may want to drink a lot one day and not want to drink much the next.
- **Do not overfeed your baby.** Overfeeding means your baby gets too many calories during a feeding. This may cause him or her to gain weight too fast. Your baby may also continue to overeat later in life. Look for signs that your baby is done feeding. Your baby may look around instead of watching you. He or she may chew on the nipple of the bottle rather than suck on it. He or she may also cry and try to wriggle away from the bottle or out of the high chair.
- **Feed your baby each time he or she is hungry:**
  - **Babies up to 2 months old** will drink about 2 to 4 ounces at each feeding. He or she will probably want to drink every 3 to 4 hours. Wake your baby to feed him or her if he or she sleeps longer than 4 to 5 hours.
  - **Babies 2 to 6 months old** should drink 4 to 5 bottles each day. He or she will drink 4 to 6 ounces at each feeding. When your baby is 2 to 3 months old, he or she may begin to sleep through the night. When this happens, you may stop waking up to give your baby formula or breast milk in the night. If you are giving your baby breast milk, you may still need to wake up to pump your breasts. Store the milk for your baby to drink at a later time.
  - **Babies 6 to 12 months old** should drink 3 to 5 bottles every day. He or she may drink up to 8 ounces at each feeding. You may increase the time between feedings if your baby is not hungry. You may also start to feed your baby foods at 6 months. Ask your child's pediatrician for more information about the right foods to feed your baby.

**How to help your baby latch on correctly for breastfeeding:** Help your baby move his or her head to reach your breast. Hold the nape of his or her neck to help him or her latch onto your breast. Touch his or her top lip with your nipple and wait for him or her to open his or her mouth wide. Your baby's lower lip and chin should touch the areola (dark area around the nipple) first. Help him or her get as much of the areola in his or her mouth as possible. You should feel as if your baby will not separate from your breast easily. A correct latch helps your baby get the right amount of milk at each feeding. Allow your baby to breastfeed for as long as he or she is able.

### Correct Latch-on Breastfeeding



#### Signs of correct latch-on:

- You can hear your baby swallow.
- Your baby is relaxed and takes slow, deep mouthfuls.
- Your breast or nipple does not hurt during breastfeeding.
- Your baby is able to suckle milk right away after he or she latches on.
- Your nipple is the same shape when your baby is done breastfeeding.
- Your breast is smooth, with no wrinkles or dimples where your baby is latched on.

#### Feed your baby safely:

- **Hold your baby upright to feed him or her.** Do not prop your baby's bottle. Your baby could choke while you are not watching, especially in a moving vehicle.
- **Do not use a microwave to heat your baby's bottle.** The milk or formula will not heat evenly and will have spots that are very hot. Your baby's face or mouth could be burned. You can warm the milk or formula quickly by placing the bottle in a pot of warm water for a few minutes.

**How to burp your baby:** Burp your baby when you switch breasts or after every 2 to 3 ounces from a bottle. Burp him or her again when he or she is finished eating. Your baby may spit up when he or she burps. This is normal. Hold your baby in any of the following positions to help him or her burp:

- **Hold your baby against your chest or shoulder.** Support his or her bottom with one hand. Use your other hand to pat or rub his or her back gently.
- **Sit your baby upright on your lap.** Use one hand to support his or her chest and head. Use the other hand to pat or rub his or her back.
- **Place your baby across your lap.** He or she should face down with his or her head, chest, and belly resting on your lap. Hold him or her securely with one hand and use your other hand to rub or pat his or her back.

**How to change your baby's diaper:** Never leave your baby alone when you change his or her diaper. If you need to leave the room, put the diaper back on and take your baby with you. Wash your hands before and after you change your baby's diaper.

- **Put a blanket or changing pad on a safe surface.** Lay your baby down on the blanket or pad.
- **Remove the dirty diaper and clean your baby's bottom.** If your baby had a bowel movement, use the diaper to wipe off most of the bowel movement. Clean your baby's bottom with a wet washcloth or diaper wipe. Do not use diaper wipes if your baby has a rash or circumcision that has not yet healed. Gently lift both legs and wash the buttocks. Always wipe from front to back. Clean under all skin folds and between creases. Apply ointment or petroleum jelly as directed if your baby has a rash.
- **Put on a clean diaper.** Lift both your baby's legs and slide the clean diaper beneath his or her buttocks. Gently direct your baby boy's penis down as the diaper is put on. Fold the diaper down if your baby's umbilical cord has not fallen off.

**How to care for your baby's skin:** Sponge bathe your baby with warm water and a cleanser made for a baby's skin. Do not use baby oil, creams, or ointments. These may irritate your baby's skin or make skin problems worse. Ask for more information on sponge bathing your baby.

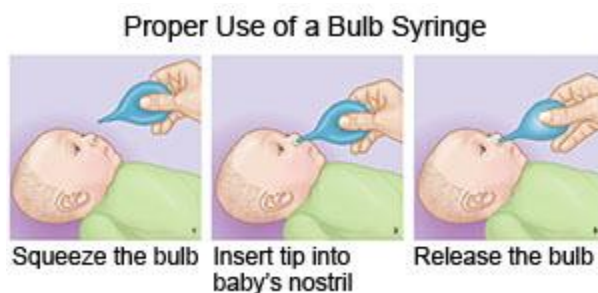


Sponge Bathe Your Baby

- **Fontanelles** (soft spots) on your baby's head are usually flat. They may bulge when your baby cries or strains. It is normal to see and feel a pulse beating under a soft spot. It is okay to touch and wash your baby's soft spots.
- **Skin peeling** is common in babies who are born after their due date. Peeling does not mean that your baby's skin is too dry. You do not need to put lotions or oils on your newborn's skin to stop the peeling or to treat rashes.
- **Bumps, a rash, or acne** may appear about 3 days to 5 weeks after birth. Bumps may be white or yellow. Your baby's cheeks may feel rough and may be covered with a red, oily rash. Do not squeeze or scrub the skin. When your baby is 1 to 2 months old, his or her skin pores will begin to naturally open. When this happens, the skin problems will go away.
- **A lip callus (thickened skin)** may form on your baby's upper lip during the first month. It is caused by sucking and should go away within the first year. This callus does not bother your baby, so you do not need to remove it.

#### How to clean your baby's ears and nose:

- **Use a wet washcloth or cotton ball** to clean the outer part of your baby's ears. Do not put cotton swabs into your baby's ears. These can hurt his or her ears and push earwax in. Earwax should come out of your baby's ear on its own. Talk to your baby's pediatrician if you think your baby has too much earwax.
- **Use a rubber bulb syringe** to suction your baby's nose if he or she is stuffed up. Point the bulb syringe away from his or her face and squeeze the bulb to create a vacuum. Gently put the tip into one of your baby's nostrils. Close the other nostril with your fingers. Release the bulb so that it sucks out the mucus. Repeat if necessary. Boil the syringe for 10 minutes after each use. Do not put your fingers or cotton swabs into your baby's nose.



**How to care for your baby's eyes:** A newborn baby's eyes usually make just enough tears to keep his or her eyes wet. By 7 to 8 months old, your baby's eyes will develop so they can make more tears. Tears drain into small ducts at the inside corners of each eye. A blocked tear duct is common in newborns. A possible sign of a blocked tear duct is a yellow sticky discharge in one

or both of your baby's eyes. Your baby's pediatrician may show you how to massage your baby's tear ducts to unplug them.

**How to care for your baby's fingernails and toenails:** Your baby's fingernails are soft, and they grow quickly. You may need to trim them with baby nail clippers 1 or 2 times each week. Be careful not to cut too closely to the skin because you may cut the skin and cause bleeding. It may be easier to cut your baby's fingernails when he or she is asleep. Your baby's toenails may grow much slower. They may be soft and deeply set into each toe. You will not need to trim them as often.

**How to care for your baby's umbilical cord stump:** Your baby's umbilical cord stump will dry and fall off in about 7 to 21 days, leaving a belly button. If your baby's stump gets dirty from urine or bowel movement, wash it off right away with water. Gently pat the stump dry. This will help prevent infection around your baby's cord stump. Fold the front of the diaper down below the cord stump to let it air dry. Do not cover or pull at the cord stump.

**How to care for your baby boy's circumcision:** Your baby's penis may have a plastic ring that will come off within 8 days. His penis may be covered with gauze and petroleum jelly. Keep your baby's penis as clean as possible. Clean it with warm water only. Gently blot or squeeze the water from a wet cloth or cotton ball onto the penis. Do not use soap or diaper wipes to clean the circumcision area. This could sting or irritate your baby's penis. Your baby's penis should heal in about 7 to 10 days.

**What to do when your baby cries:** Your baby may cry because he or she is hungry. He or she may have a wet diaper, or be hot or cold. He or she may cry for no reason you can find. It can be hard to listen to your baby cry and not be able to calm him or her down. Ask for help and take a break if you feel stressed or overwhelmed. **Never** shake your baby to try to stop his or her crying. This can cause blindness or brain damage. The following may help comfort your baby:

- Hold your baby skin to skin and rock him or her, or swaddle him or her in a soft blanket.



- Gently pat your baby's back or chest. Stroke or rub his or her head.
- Quietly sing or talk to your baby, or play soft, soothing music.
- Put your baby in his or her car seat and take him or her for a drive, or go for a stroller ride.
- Burp your baby to get rid of extra gas.
- Give your baby a soothing, warm bath.

### **How to keep your baby safe when he or she sleeps:**

- **Always** lay your baby on his or her back to sleep. This position can help reduce your baby's risk for sudden infant death syndrome (SIDS).



- Keep the room at a temperature that is comfortable for an adult. Do not let the room get too hot or cold.
- Use a crib or bassinet that has firm sides. Do not let your baby sleep on a soft surface such as a waterbed or couch. He or she could suffocate if his or her face gets caught in a soft surface. Use a firm, flat mattress. Cover the mattress with a fitted sheet that is made especially for the type of mattress you are using.
- Remove all objects, such as toys, pillows, or blankets, from your baby's bed while he or she sleeps. Ask for more information on childproofing.

## How to keep your baby safe in the car:

- **Always buckle your baby into a child safety seat.** A child safety seat is a padded seat that secures infants and children while they ride in a car. Every child safety seat has age, height, and weight ranges. Keep using the safety seat until your child reaches the maximum of the range. Then he or she is ready for the child safety seat that is the next size up. Only use child safety seats. Do not use a toy chair or prop your child on books or other objects. Make sure you have a safety seat that meets safety standards.



- **Place your child safety seat in the middle of the back seat.** The safety seat should not move more than 1 inch in any direction after you secure it. Always follow the instructions provided to help you position the safety seat. The instructions will also guide you on how to secure your child properly.
- **Make sure the child safety seat has a harness and clip.** The harness is made of straps that go over your child's shoulders. The straps connect to a buckle that rests over your child's abdomen. These straps keep your child in the seat during an accident. Another strap comes up from the bottom of the seat and connects to the buckle between your child's legs. This strap keeps your child from slipping out of the seat. Slide the clip up and down the shoulder straps to make them tighter or looser. You should be able to slip a finger between your child and the strap.

**Follow up with your baby's pediatrician as directed:** Write down your questions so you remember to ask them during your visits.

## Shaken Baby Syndrome

**What is shaken baby syndrome?** Shaken baby syndrome is brain injury caused by violent shaking. It is also called abusive head trauma. Intense shaking causes your baby's brain to bleed, bruise, and swell. This leads to decreased oxygen to your baby's brain. It may result in permanent, severe brain damage and can be life-threatening.

**What increases the risk for shaken baby syndrome?** Anyone caring for a baby may get frustrated, frightened, or angry due to the baby's uncontrolled crying. They may shake the baby out of frustration, in a desire to stop the baby from crying. This is considered child abuse, even if it is an accident.

**What are the signs of shaken baby syndrome?**

- Fussiness or uncontrolled crying
- Cool, pale, or blue skin
- Poor feeding or vomiting
- Weakness, sleepiness, or difficulty waking your baby
- Blood or blood spots in the eyes
- Bulging soft spot on your baby's head
- Seizures or coma
- Trouble breathing or slow breathing

**How is shaken baby syndrome diagnosed?** Healthcare providers often look for certain injuries. These include bleeding in the brain and eyes, and fractures of the ribs and bones. Your baby may need any of the following tests:

- **Ophthalmoscopy** allows healthcare providers to see the back of your baby's eye. They may use eye drops to dilate the pupil. This helps them see the back of your baby's eyes clearly.
- **CT or MRI** pictures of your child's head may show bleeding and swelling. Your baby may be given contrast liquid to help healthcare providers see the bleeding and swelling better. Tell the healthcare provider if your baby has ever had an allergic reaction to contrast liquid. Do not enter the MRI room with anything metal. Metal can cause serious injury. Tell the healthcare provider if your child has any metal in or on his body.



### How is shaken baby syndrome treated?

- **Medicines** may be given in your baby's IV to decrease brain swelling and prevent seizures.
- **A ventilator** is a machine to help your baby breathe if he has trouble breathing on his own.
- **Surgery** may be needed to place a shunt in your baby's head. A shunt helps relieve pressure from fluid buildup in the space around the brain. Surgery may also be needed to decrease bleeding in or around his brain.

**What are the risks of shaken baby syndrome?** A baby who has shaken baby syndrome may have bleeding into his eyes. This may lead to blindness. He may also have developmental delays, nerve and muscle problems, or slow growth as he gets older. These problems may require lifelong medical care. Shaken baby syndrome can be life-threatening.

**Keep emergency phone numbers handy:** Keep a list of phone numbers where you can find them quickly in an emergency. The Childhelp National Abuse Helpline number is **1-800-422-4453**. Also include phone numbers of people you trust and local police or emergency phone numbers.

### What should I do if my baby will not stop crying?

- **Stop.** Put the baby in a safe place and leave the room. **Do not** touch the baby if you are very upset or angry.
- **Calm down.** Call hotline numbers or a friend or family member for advice and support. Slowly count to 10 and take some deep breaths.
- **Go back to your baby.** When you have calmed down, try again to help him stop crying. Try putting him in a carrier, or taking him for a walk in a stroller. You may also try to comfort him with his favorite blanket or stuffed animal.

### What can I do to prevent shaken baby syndrome?

- **Choose caregivers carefully.** Make sure everyone who cares for your baby, including babysitters, understands the dangers of shaking a baby. Do not leave your baby alone with anyone you have concerns about.
- **Stay patient and focused.** Crying is normal for a baby. A baby cries for many reasons. He may be hungry, need his diaper changed, or may be too cold or hot. Sometimes he cries just because he wants to be held. Crying may also be a way for your baby to release stress or tension. Crying may also tell you that your baby is hurt or sick. You may need to try several things to find out what your baby needs or wants. Stay calm and focus on helping or comforting your baby.

- **Manage your feelings.** It is normal to feel upset and angry when your baby cries and cannot be consoled. Learn how to handle these feelings. Plan ahead to prevent hurting your baby. Call a friend or family member when you feel upset with your baby. Post hotline numbers where you can see them and use them.

**Call 911 for any of the following:**

- You think you might shake your baby or hurt him in some other way.
- Your baby is having trouble breathing or stops breathing completely.
- Your baby is very sleepy, is difficult to wake up, or will not wake up at all.
- Your baby has a seizure.

**When should I seek immediate care?**

- Your baby has no energy or is limp like a rag doll.
- You think your baby has been shaken by another person.
- Your baby does not want to eat or is vomiting.
- Your baby is very cranky and crying more than normal.

**When should I contact my child's healthcare provider?**

- Your child has a fever.
- Your child is crying hard and you cannot console him.
- You have questions or concerns about your baby's condition or care.

## Safe Sleeping for Infants

**Why is safe sleeping important for infants?** Babies should be placed in safe surroundings to decrease the risk of accidental death. Death from suffocation, strangulation, or sudden infant death syndrome (SIDS) can occur in certain sleeping situations. You can help keep your baby safe by learning how to safely put your baby to sleep. Share this information with grandparents, babysitters, and anyone else who cares for your baby.

### How should I put my baby down to sleep?

- **Put your baby on his or her back to sleep.** Do this every time your baby sleeps (naps and at night) until he or she reaches 1 year of age. Do this even if your baby sleeps more soundly on his or her stomach or side.



- **Put your baby on a firm, flat surface to sleep.** Your baby should sleep in a crib, bassinet, or play yard that meets the Consumer Product Safety Commission (CPSC) safety standards. Make sure the slats of a crib are no wider than  $2\frac{3}{8}$  inches and that there are no drop-side rails. Do not let your baby sleep on pillows, waterbeds, soft mattresses, quilts, beanbags, or other soft surfaces. Never let him or her sleep on a couch or recliner. Move your baby to his or her bed if he or she falls asleep in a car seat, stroller, or swing. Your baby may change positions in a sitting device and not be able to breathe well.
- **Put your baby in his or her own bed.** A crib or bassinet in your room, near your bed, is the safest place for your baby to sleep. **Never** let him or her sleep in bed with you. Experts recommend that you have your baby sleep in your room for his or her first 6

months of life. This will help decrease the risk of SIDS. It will also make it easier for you to feed and comfort your baby.

- **Do not leave soft objects or loose bedding in your baby's crib.** His or her bed should contain only a firm mattress covered with a fitted bottom sheet. Use a sheet that is made for the mattress. Do not put pillows, bumpers, comforters, or stuffed animals in his or her bed. Dress your baby in a sleep sack or other sleep clothing before you put him or her down to sleep. Avoid loose blankets. If you must use a blanket, tuck it around the mattress.
- **Do not let your baby get too hot.** Keep the room at a temperature that is comfortable for an adult. Never dress your baby in more than 1 layer more than you would wear. Do not cover his or her face or head while he sleeps. Your baby is too hot if he or she is sweating or his or her chest feels hot.
- **Do not raise the head of your baby's bed.** Your baby could slide or roll into a position that makes it hard for him or her to breathe.

#### **What else can I do to decrease the risk for SIDS?**

- **Breastfeed your baby.** Experts recommend that you feed your baby only breast milk until he or she is 6 months old. Always put your baby back in his or her own bed after you breastfeed him or her at night.
- **Give your baby a pacifier when you put him or her down to sleep.** Do not put it back in his or her mouth if it falls out after he or she is asleep. Do not attach the pacifier to a string. If your baby rejects the pacifier, do not force him or her to take it. If your baby breastfeeds, wait until he or she is breastfeeding well or is 1 month old before you offer a pacifier.
- **Do not smoke or allow others to smoke around your baby.** Also do not let anyone smoke in your home or car. The smoke gets into your furniture and clothing, and this means your baby is breathing smoke. This increases his or her risk for SIDS.
- **Do not buy products that claim to reduce the risk of SIDS.** Examples are sleep wedges and sleep positioners. There is no evidence that these products are safe.

#### **When should I contact my baby's pediatrician?**

You have questions or concerns about how to safely put your baby to sleep.

